

**EXPERIENCES OF EDUCATORS IN DEALING
WITH TEENAGE PREGNANCY**

BY

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DECLARATION

I, Nkoloyakhe Difference Mpanza, hereby declare that **“Educators’ Experiences in Dealing with Teenage Pregnancy”** is my own work, both in conception and execution, and that all sources that I have used or quoted have been acknowledged by means of complete references. I further declare that this thesis has never been submitted at any institution for any purpose, academic or otherwise.

Signed: _____ on the _____ day
of _____ 2012

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DEDICATION

This study is dedicated to my wife Choice Dimakatso for her love, encouragement and support

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ABSTRACT

This study examined the nature of educators' experiences in dealing with teenage pregnancy. The study focused on educators in secondary schools in KwaZulu-Natal province of the Republic of South Africa.

The researcher looked at teenage pregnancy as a major problem in the education system in South Africa. Educators are dealing with pregnant learners almost every day. More learners, mostly teenagers, fall pregnant while they are still at school. Educators have different experiences of such a problem.

The study further examined the influence of educators' biographical characteristics like age, gender, race, teaching experience, educational level and religious affiliation on their experiences in dealing with teenage pregnancy. The study further looked at the extent to which educators experience stress when dealing with teenage pregnancy in secondary schools.

Questionnaires were administered to 516 randomly selected secondary school educators in KwaZulu-Natal. Collected data was analyzed quantitatively (using descriptive and inferential statistics) and qualitatively (using themes). Four hypotheses were formulated and tested by chi-square tests using SPSS.

Findings revealed that, with regard to hypothesis number one, educators differ in terms of nature of their experiences in dealing with teenage pregnancy. Educators forming 50, 2 % of the sample reported a negative experience level (NE) compared to 49, 8 % who reported positive experience level (PE). The findings also showed that educators' biographical characteristics like teaching experience and religious affiliation do have significant influence on the nature of experiences of educators in dealing with teenage pregnancy. The null hypothesis regarding characteristics like age, gender, educational level and race was upheld.

Findings further revealed that educators differ in the extent to which they experience stress in dealing with teenage pregnancy. Though the number of educators who are comfortable in dealing with teenage pregnancy is almost

the same as the number of those educators who are not at all comfortable, most educators find dealing with teenage pregnancy to be very stressful.

The study, further, revealed that educators' biographical characteristics like gender, educational level, race and religious affiliation do not have any significant influence on the extent to which educators find dealing with teenage pregnancy stressful whilst age and teaching experience do. Most respondents (94, 6 %) find it stressful to deal with pregnant and parenting teenagers at school.

Based on the findings, the researcher proposed a model of dealing with teenage pregnancy. The researcher, further, made recommendations directed to learners, educators, School Governing Bodies and the Department of Education.

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CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 Introduction

Teenage pregnancy is a very sensitive issue that parents do not want to discuss openly. Educators in schools are faced with a great task of playing different roles. They have to look after learners in all respect. The problem of teenage pregnancy is rapidly escalating and is becoming more complicated. Secondary schools are mostly affected but the problem has taken its toll even in primary schools. Educators have to be midwives and nurses, using the skills that they were never trained in. Chapter one introduces the study of the experiences of educators in dealing with the problem of teenage pregnancy in secondary schools.

1.2 Motivation for the study

Teenage pregnancy is a major problem in any communities in South Africa. The incidence remains high amongst teenagers in KwaZulu-Natal schools. The Department of Education disclosed the alarming escalation of teenage pregnancy which made headlines in 2006. More than 72000 girls aged between 13 and 19 years of age did not attend school because they were pregnant (Dommissie, 2007).

In one school in a Cape Town suburb, almost every girl is sexually active. Girls as young as 13 years have steady boyfriends- some of them as old as 30 years (Davids, 2006).

The problem of teenage pregnancy is escalating despite the availability of preventative measures and the scare of the HIV/AIDS pandemic. Furthermore teenage pregnancies are occurring at younger ages. Although this trend is noticeable all over the world, the problem seems to be worse in developing countries.

The age at which sexual activity commences is falling and there is an increasing proportion of learners who are sexually active while at school. Nash (2002) cites New Zealand as having the second highest rate of teenage pregnancy among developed organization for economical co-operation and developed countries. Britain has the highest teenage pregnancy rate in Western Europe according to the report on sexual and reproductive health risk to women (Telegraph Media Group, 2007). The report also found that while Britain was one of the safest countries for pregnancy and childbirth it was the 19th safest – behind Croatia, Cuba and the Czech Republic.

A survey by the Medical Research Council reports that children as young as 14 years are engaged in sexual activity (41%), seventy percent of those have had more than one sexual partner and only 29% of teenagers are practicing safe sex (Ferguson, 2004). Research conducted at 120 KwaZulu Natal schools since 2004 found that the age at which most school girls fell pregnant was 16; but noted pregnancies in girls as young as 11. This is according to Bhuyani Mzolo – spokesperson for Department of Health (Masipa, 2007).

Teenage pregnancy is emerging as one of the most serious social and public health problems all over the world. In South Africa, media reports regularly carry stories of school girls falling pregnant and in some cases they are expelled from schools. Unfortunately not enough attention has been paid to this problem.

Pregnancy figures for 2006 include 5 868 pregnancies in KwaZulu Natal schools, 5015 for the Eastern Cape province, 2336 in Gauteng and Limpopo with about 5000 teenagers who fell pregnant (Govender, 2007). The Gauteng figures are double those of 2005 (1169 pregnant teenagers). In one newspaper article a school in Limpopo (Thokampe High) with an enrolment of 450 girls had half of the girls pregnant. Girls as young as 13 years of age were pregnant. The area lacks recreational facilities. Sex and alcohol are the only available recreational alternatives. Learners drink even during school hours (Masipa, 2007).

Another shocking figure of teenage pregnancy is 144 pregnancies reported at Mqikela High School in Lusikisiki in the Eastern Cape (Govender, 2007). “The democratic era has spawned a too-permissive, degenerative environment, which the government is heavily subsidizing. Nothing, not even a public enquiry, has come forth to deal with teenage pregnancy and other pandemics” (Meshack Mabongoane in The Star, March 2006).

Almont Technical High School in Soweto had 71 pregnant teenagers in 2006 and Raphela High School in Orange Farm had 61 pregnancies. Forty five teenagers fell pregnant in TM Lethlake (Westonaria) in 2006

(Maughana, 2007). From the beginning of 2007 up to the end of March, 27 pregnant school girls had visited Shakaskraal Community Clinic, north of Durban in KwaZulu Natal. These learners were between 13 and 18 years of age. In 2007 schools in Mpumalanga province reported a high number of pregnant learners. Jacob Mdluli High School in Pienaar had 48, Inkomazi High, 46, Mayibuye High in Daantjie had 33, Skhwahlawe Primary boasts 30 pregnant learners and KwaPata Secondary School in KwaZulu-Natal with more than twenty pregnant pupils just two months into the school year (Khoza, 2007).

Although teenage pregnancy rates in the United States are at a historic low, a significant number of American teenagers have unintended, often not needed pregnancies each year yielding negative outcomes for teenage parents, their children and the society in general. While children need no permission from their parents to become parents, 35 states currently have laws in effect, that mandate parental consent or notification prior to a minor's abortion. In 2002, approximately 757000 US teenagers aged between 15 and 19 became pregnant; 25% less than in 1999 (Ventura, 2006). Eighty percent of these are unintended. Among the pregnancies reported in 2002, 56, 1% resulted in birth, 28, 4% in abortion and 15, 5% in miscarriages (Ventura, 2006).

The US teenage birth rate is the highest among the most developed countries although they are at a historic low in the world. It is more than two and a half times as high as Australia's, nearly three times as high as Canada's, nearly four times as high as Germany's, nearly five and a half

times as high as France's, nearly seven and a half times as high as Japan's and nearly nine times as high as the Netherlands (Hamilton, 2006).

A number of studies have suggested that there are various reasons for teenage pregnancy. For example, Brits (1989) cites lack of information concerning sexuality and birth control measures, depression (peer pressure), lack of commitment, fear of rejection and longing for affection as some of the reasons for teenagers falling pregnant. Lack of knowledge about teenage sexuality, contraception and too little, if any, sex education cause teenagers to succumb to peer pressure and experiment with sex. Need for money is another reason that is also cited. A sixteen year old grade 11 learner at Inkomazi High School said: "I need money to buy clothes and food, so I fell pregnant..." (Khoza, 2007: 21). Another learner, who is already a mother of two children aged five and three years (from different fathers) and pregnant with her third, had this to say: "I fell pregnant by mistake. The fathers of my two kids did not support me financially. The father of the third child, who is a police officer, gives me between R400 and R500 per month..." (Khoza, 2007; 22)

Some teenagers are motivated to fall pregnant in order to have access to the state's child grant (Mahabeer, 2007). In Shakaskraal Primary Health Care Centre in the KwaZulu Natal north coast, it is reported that learners come in numbers for pregnancy testing and are reportedly very excited when the test comes positive. Those who test negatively are not interested in sexuality education provided by the clinic but run away (Mahabeer, 2007). The Department of Education seems to support

learners' sexual behaviour. Learners are allowed to take time off before childbirth and return to school once the baby is born. In response to this, Mahabeer (2007) asserted that teenagers cannot strike a balance between women empowerment and self destruction.

Other pregnancies are a result of factors beyond the teenager's control. Rape and incest are some of the causes of pregnancy in teenagers. In one incidence a father was arrested for impregnating two of his daughters. He was arrested when his younger daughter was pregnant for the second time. The father was still responsible for the second pregnancy. In most instances, cases are not reported but the matter is rather swept under the carpet because of the family's total dependency on the father whose jailing would mean the family is left with no one to take care of.

Some teenagers fall pregnant without even knowing what had happened. (Davids, 2006). This is because of the high level of drug and alcohol abuse. Girls are victimized sexually while high on drugs. They can't even remember who they slept with. In one high school in Stanger, teenagers dodge (abscond) school and gather in one house for drugs and sex. Teachers were tipped about this and they went and raided the house and the learners were taken back to school. When parents were called and informed about this they denied that their children were behaving in such a way. In their eyes, their children were innocent. Is this how parents should respond to information that is supposed to help them? School principals in the Western Cape are worried about the "... decriminalization of experimentation with non-penetrative sex between children aged 12- 15 years and the age of consent for gay sex being

lowered from 19 years to 16 years, in line with that for heterosexual girls and boys. They believe that law makers are bowing to that youth are consenting to sex at a younger age...” (Davids, 2006: 17)

Families have considerable influence on their children’s sexual pathways. The family’s attitudes towards sexual behaviour and child bearing could be expected to be important to teenagers. Freedman and Rickels discovered that teenagers who gave birth believed that their families supported early child bearing and that teenagers who avoided child bearing believed that their families are against early child bearing. Furthermore, Penn study discovered that black parents were more likely than white parents to approve of contraception because they were concerned about the possible problem of offsprings and were eager to prevent pregnancy. White parents were less likely to approve of contraception and were concerned with the morality of sexual behaviour than with its outcome. Parents as primary educators have attitudes and perceptions about teenage pregnancies that have positive or adverse effects for their children (Freedman & Rickels, 1993).

Resnick (1997) found that adolescents who report a sense of connection to parent, family and school are more likely than their peers to delay having sexual intercourse. Their parents disapprove of their having sex and use of contraception. These parents believe in the moral aspect of parenting

Many factors lead to pregnancy in teenagers. Williams (2005) cites a number of factors that put teenagers at high risk of pregnancy. The

younger a girl is when she starts dating, the greater the risk of pregnancy. The rate of teenage pregnancy is higher nowadays because girls start to have steady boyfriends at an early age. Teenage girls who date older men are likely to have sex and are unlikely to take precautions when they have intercourse. Many teenage girls become sexually active without thinking about the possible consequences of their actions. Some young girls do not connect the actual act of sexual intercourse with the real possibility of having a baby nine months later. Teenage girls who do not use any form of birth control are at risk of falling pregnant. Youngsters are often heard saying their first sexual encounter 'just happened' and they had not planned to have sex. The lack of knowledge about conception leads to the underestimation of the probability to become pregnant. On average, girls who are sexually active wait almost a year before making their first visit to a family planning clinic (Dallimore, 2002).

Teenagers who drop out of school or who anticipate little or no opportunities in the working world are most likely to resort to falling pregnant. Research by Dallimore (2002) indicates that teenagers with education and career goals are less likely to fall pregnant than those without ambition. Poverty is another factor that increases the risk of pregnancy among teenagers. Young girls resort to having sex in exchange for money or other things like food, clothes and entertainment. Poverty forces girls to neglect their self worth and see sex as a means of exchange for survival.

Teenagers who were victims of sexual abuse in their childhood are at greatest risk of being sexually active and falling pregnant. Not only girls but even boys tend to display sexually destructive attitudes.

“Teenagers who live in an environment where teenage pregnancy is accepted as a norm rather than cause for concern are also at risk. In such an environment, society regards it as wrong for a girl (teenager) not to have a baby or not to fall pregnant” (Dallimore, 2002:57). Society exerts pressure on such teenagers. Lastly girls who have a low self esteem or who are depressed may become sexually involved as a way of trying to make themselves feel better. A lonely neglected girl may long for the love and security that she imagines a baby can bring. The greater the number of sex partners the more likely teenagers is to become pregnant. According to Suellentrop & Flanigan (2006)', 37% of teenage girls and 18% of teenage boys with three or more partners have either experienced or have been involved in a pregnancy. When the number of partners drops to less than two, only 25% of teenage girls and 9% of teenage boys have either experienced or have been involved in a pregnancy (Suellentrop & Flanigan, 2006).

Teenagers encounter a lot of problems during pregnancy and childbirth than older women. Because most pregnant teenagers try to hide their pregnancy and don't get early regular pre-natal care, this leads to an increased risk of medical complications. A teenage girl's body isn't physically developed to carry a pregnancy to full-term safely (Macleod, 1999). Physical immaturity increases the risk of pregnancy induced hypertension, anaemia and uterine dysfunction. The risk of premature or

prolonged labour and post partum abdominal bleeding is high. Chances of caesarean septum delivery are high if a teenage mother is carrying a large baby and has a small pelvis. Physical immaturity increases the risk of difficult labour which can result in death (Williams, 2005).

Devastating complications, such as *obstetric fistulae*, leaves the teenage mother unable to control her bladder and bowels. Teenagers account for a significant number of women who suffer complications following an unsafe abortion. Pregnant teenagers are more likely than women who delay child bearing to experience maternal illness, miscarriage, stillbirth and neonatal death (Luker, 1996). Kumar, Singh, Basu, Pandey & Bargava (2007) found that younger age of mother associated with low birth weight of the baby and the birth weight showed significantly increasing trend with increasing maternal age.

Teenage mothers find parenting very difficult. Researchers (Macleod, 1999; Williams, 2005) find that teenage girls often have a reasonable idea of how to take care of a baby physically, but are less able to meet the emotional needs of a baby and less willing to accept parental responsibility. They show mixed feelings towards their babies and increased vulnerability to parental stress. Other problems include that teenage mothers vocalize and talk less to their babies, do not provide enough cuddling and love or may do so inconsistently, alternating with bad moods. This is presumed to lead to psychological maladjustment. Other emotional challenges for teenage mothers include poverty; lack of child care services, problem with baby's father and stress of parenthood.

Teenagers are not emotionally or financially ready to raise the children (Dallimore, 2002). Teenage girls are generally at school and dependent on their parents. The father of the baby is, in most cases, of similar age and equally unprepared for the responsibility and financial burden. These challenges make teenage pregnancy a serious social and economic problem (Macleod, 1999). A snap survey of gymslip mothers collecting child grant was conducted by the Sunday Times newspaper for one week. The results showed that there are 87 teenage mothers out of the 795 Inkomazi High School learners in Mpumalanga who collect child grants and 46 of them were pregnant with a second child. Thembaletu High in George (Western Cape) had 200 out of 670 grant collectors including 19 pregnant for the second time. 30 out of 38 teenage mothers in Lekhulong High School (Free State) who collect child support grant are pregnant again. In the North West Province there are 85 learners from Boijane High School who collect child support grant and 32 of them are pregnant again. Surprisingly, 25 out of 30 girls in the same class are teenage mothers who collect child support grant.

Teenage pregnancy exerts financial pressure on old age citizens in this country. Before the child support grant application is authorized, grandmothers are the sole bread winners responsible for the care of teenage mothers and their children.

Teenage pregnancy poses a substantial financial burden to society, estimated at 7 billion dollars annually lost in tax revenues, public assistance, child health care, foster care and involvement with the criminal justice system in the USA (Anne E. Casey Foundation, 1998).

Teenage pregnancy remains a serious social problem specifically in South Africa and globally in general. Teenage mothers cease to have their own social life. Babies and infants must be cared for around the clock, which means that no dating, no hanging out with friends and no partying. Having a child deprives the teenage mother of being a child. It also deprives a child of having a mother (Macleod, 1999).

Having a baby separates the teenager from her friends, whose interests are now radically different. It is assumed that this causes resentment and jealousy, making teenage motherhood even more difficult, but there is no research to prove this assumption (Macleod, 1999). Giving up your social life is something that all parents must do to some degree, but perhaps this is especially hard for a teenager.

Psychosocial problems generally arise with teenage pregnancy, such as interruption of school, persistent poverty, limited vocational opportunities, separation from child's father and repeated pregnancy (Coughlin, 2005). Poor self esteem and an unsupportive school system can lead to teenager dropping out of school. Leatherwood (2006) views schools as having a responsibility to society to reduce dropout rate. School programmes, where they exist, for pregnant and parenting teenagers have not shown overwhelming success in improving graduation rates among learners.

Department of Education (2006) stipulates guidelines on assisting learners who fall pregnant. Those guidelines seem not to be helpful since

the school dropout rate is increasing, more teenagers give birth at schools and very few pregnant mothers are coping with school work.

Research has shown that child care facilities within the school are needed in order to keep teenage mothers in schools. There is strong opposition from communities and educators regarding school involvement in child care (Pagelow, 1984). To many people, especially 40 years and over, the idea of pregnant teenagers walking openly down the school corridors, not to mention the existence of high school day care centres, is something that does not exist in their imagination. They believe that the school is not for mothers but for children (Masuku, 1998). The researcher is interested in finding out what educators in the South African context say about this issue.

In the South African education system, the establishment of day care centers in high schools is still to be seen. Educators in schools are seen by others as the ones that will object to the idea of day care centres should it be legislated. One educator cited by Davidow (1998) expressed her feeling that pregnant learners should continue to leave school. The researcher is interested in finding out the nature of experiences and attitudes of educators with regard to the issue of teenage pregnancy in schools.

Having teenage pregnancy viewed as a problem in schools, pregnant girls often have nowhere to turn for support and care. They are made to feel like outcasts at schools and at home. The Pretoria Hospital School offers teenage mothers a refuge and a classroom (Msomi, 1999).

The stigma which accompanies pregnancy in schools still exists. Some educators still believe that pregnant girls should continue to leave school. “Within the black community, it is quite a stigma for a girl to fall pregnant. Our view is that a pregnant girl will not learn much with children taunting her,” one educator explains (Davidow, 1998).

In some schools counseling and support for young mothers and mothers-to-be is offered. This shows a positive attitude by the school towards those learners who fall pregnant. In a study on teenage pregnancy and school dropout by Davidow (1998), pregnant girls are mocked and ill-treated by educators to the extent that they would leave school without the knowledge of the headmaster.

The Department of Education (1996) does not discriminate against pregnant learners regardless of their marital status. At present most schools turn a blind eye on pregnant learners. The school does not want to play an active role in dealing with teenage pregnancy or parenthood. Some schools however, still force pregnant learners to leave school which is against stipulations in the Schools Act. Are educators treating learners in a humane way?

The school still has the responsibility to teach teenagers skills needed to provide for their children, that is, “life after childbirth” skills. Research on school programmes for pregnant and parenting teenagers is limited and seldom offers a conclusion that suggests how best to assist their population academically (Leatherwood, 2006).

Reliable research that investigates how these teenagers view their own academic abilities or how they view their opportunities in schools and beyond has not been found (Leatherwood, 2006).

Zachry (2005) through interviews, questionnaires and observations examined how nine pregnant teenagers experience school and how their pregnancies and experiences as mothers affected their views toward school. This study indicated that teenage mothers' tendency to drop out of school is probably based more on their views of school prior to becoming pregnant. The adolescents expressed that their babies were motivators to stay in school, whereas if they had not become mothers they would not have continued to attend school.

The study contradicts the common belief that teenage pregnancy is actually what causes these teenagers to want to leave school as opposed to staying in (Zachry, 2005). It is important to understand the way pregnant teenagers think. This can be advantageous in helping to plan programmes that will assist these learners and improve their chances of finishing school.

In an attempt to reduce the rate of teenage pregnancy, the Department of Education in the Republic of South Africa has proposed a leave of absence for the pregnant teenager and her partner (boy). This leave of up to two years may be requested by or be granted to these "parents-to-be" so that they jointly take care of the baby. This, according to the Department of Education Minister, will encourage learners to exercise

responsibility for parenting. There are already mixed reactions about this proposal. Pregnant and parenting teenagers spend most of their time at school under the care of educators. Educators face challenges and have experienced a number of problems regarding teenagers who fall pregnant and those who already have children. The researcher in this study hopes to find out about those challenges and experiences from educators in schools.

1.3 Statement of the problem

Despite the effort by the Department of Education (1996) to prevent the expulsion of pregnant school girls, the dropout rate resulting from pregnancy is still very high among girls. Mogotlane (1993) views this as temporary while, with other girls, it may be permanent. This may be the result of the lack of facilities within the schools for pregnant girls and teenage mothers and lack of provision thereof by the Schools Act.

Educators might be the cause of such high dropout rates among pregnant teenagers. Masuku (1998) believes that negative attitudes of learners (boys and girls) are a major force that drives pregnant girls out of school. However, Masuku did not look at educators' attitudes and how they treat pregnant girls within the school.

The absence of school nurses in our schools exerts pressure on educators to act like ones when the need arises. Because of the lack of a clear policy on teenage pregnancy, educators are not aware of their roles and responsibilities with regard to pregnant and parenting teenagers. Lack of

medical or even first aid skills, facilities in schools and distance to the nearest clinic put more challenge on educators.

In view of these problems and many others not mentioned in this study the researcher developed an interest in investigating the experiences of educators in dealing with the problem of teenage pregnancy.

More specifically, this study intends to find answers to the following questions:

- a) What is the nature of educators' experiences in dealing with teenage pregnancy?
- b) Do educators' biographical factors like age, gender, teaching experience, educational level, religious affiliation and race have any influence on their experiences in dealing with teenage pregnancy?
- c) To what extent do educators generally find dealing with the issue of teenage pregnancy to be stressful?
- d) Do educators' biographical factors (age, gender, teaching experience, educational level, religious affiliation and race) have any influence on the extent to which they find dealing with teenage pregnancy stressful?

1.4 Objectives of the study

1.4.1 To determine the nature of educators' experiences in dealing with teenage pregnancy.

- 1.4.2 To examine the relationship, if any, between experiences of educators in dealing with teenage pregnancy and educators biographical factors like age, gender, teaching experience, race, educational level and religious affiliation.
- 1.4.3 To ascertain the extent to which educators generally find dealing with teenage pregnancy to be stressful.
- 1.4.4 To determine whether educators' biographical factors (age, gender, teaching experience, educational level, religious affiliation and race) have any influence on the extent to which they find dealing with teenage pregnancy to be stressful.

1.5 Formulation of hypotheses

Hypothesis #1

Educators do not differ in terms of the nature of their experiences in dealing with teenage pregnancy in secondary schools.

Hypothesis #2

Educators' biographical factors such as age, gender, teaching experience, educational level, religious affiliation and race have no significant influence on educators' nature of experience in dealing with teenage pregnancy

Hypothesis #3

Educators do not differ in the extent to which they find dealing with teenage pregnancy to be stressful

Hypothesis #4

Educators' biographical factors such as age, gender, qualifications, teaching experience, rank, religious affiliation and race have no significant influence on the extent to which they find dealing with teenage pregnancy to be stressful.

1.6 Definition of terms

1.6.1 Educators

Department of Education (1996) refers to an educator as a teacher. The definition includes Heads of departments, deputy principals and even principals. In this study the term “educators” shall mean teachers within the school situation, teaching secondary school learners

1.6.2 Secondary school learner

For the purpose of this study, this term will refer to any learner who is enrolled at a school that caters for grade seven (senior phase) up to Grade 12 (FET phase) level of education.

1.6.3 Teenage pregnancy

A teenager is any person who is between thirteen and nineteen years old. In this study, teenager will mean a teenage girl. Pregnancy is the period between conception and childbirth. In this study, teenage pregnancy will mean when a teenage schoolgirl falls pregnant while she is still at school.

1.6.4 Pregnant and parenting learners

Adolescents, male and/or female, enrolled in a secondary school who are currently pregnant and/or who are parents, actively involved in raising their own children (Leatherwood, 2006).

1.7 Research methodology

1.7.1 Research design

The research will be a descriptive study since it aims at precisely measuring and at reporting the characteristics of the phenomenon under investigation. In a descriptive study there is no random assignment of participants into groups and no intervention. Participants in this study are already members of various levels of variables (Huysamen, 1994). A descriptive approach will provide clarification and description of accurate information about educators' experiences that will permit generalization. This approach is suitable because it tests factual hypotheses (Bless & Higson-Smith, 2000).

This study will describe the nature of experiences of educators in dealing with teenage pregnancy in KwaZulu-Natal. The study will further examine the relationship, if any, between experiences and educators' characteristics which include age, gender, qualifications, teaching experience, rank, religious affiliation and race. The researcher will attempt to find out if these educators' characteristics have any influence on educators' experience in dealing with teenage pregnancy. Chi square test be conducted to test formulated hypotheses.

1.7.2 Sampling design

In this study the researcher will use stratified random sampling. This type of sampling will ensure representativeness in terms of all the characteristics. Male and female educators will be included in a sample in the same proportion as they exist in the population. The population consists of all secondary school educators in KwaZulu-Natal province of South Africa. A sample of at least 10% of the population is envisaged. Educators' biographical characteristics will be important elements.

1.7.3 Research instrument

In this study a questionnaire will be used as a data collection instrument. Delano, Kay and Philliber (1999), Makanya (1993), Masuku (1998) and Sibaya (1993) preferred the questionnaire because it has an advantage that the researcher can reach a large number of

respondents at the same time. Questionnaires are quick, efficient and relatively easy to administer. Anonymity is ensured when a questionnaire is used. Most researchers in attitude or perception studies use the questionnaire for its time saving effect (Nene, 1969; Nkosi, 1988, Sibaya, 1984; Nxumalo, 1997; Gokar, 1998; Mgwaba, 2002; Govender, 2002 and Mkhathshwa, 2002).

For purposes of this study the questionnaire will consist of four sections. The first section will consist of biographical information (gender, age categories, religious affiliation qualifications, rank, teaching experience and race) of the respondents. The second section will consist of positively worded statements and negatively worded statements about educators' experiences in dealing with teenage pregnancy. A Likert-type scale to which subjects will respond on a 5-point scale ranging from strongly agree to strongly disagree will be used. The Likert-type scale enables the researcher to measure the direction and intensity of respondents' attitudes. The Likert-type scale, in this study, will be of an advantage in that it is easy to prepare and is based on empirical data regarding subjects' responses rather than subjective opinion of judges.

Burn (2000) preferred the Likert scale because it produces more homogenous scales and increases the probability that a unitary attitude is being measured and therefore the validity and reliability are reasonably high.

The third section consists of a question about the level of stress educator experience when dealing with teenage pregnancy. A 5-point scale ranging from not stressful to extremely stressful is provided for respondents to choose from. The last section has two open-ended questions in which the respondent is required to express his/her experiences in dealing with teenage pregnancy and suggests possible solutions to the problem.

1.7.4 Validity and reliability of the instrument

Validity means the extent to which the instrument measures what it is actually intended to measure (Leedy, 1993). Face validity is explained as the judgment that items in the research instrument appear to be relevant. For this study the instrument was taken to the research expert who scrutinized it to check for both face and content validity.

Reliability is defined as the degree to which a test is internally consistent. To check the instrument for internal consistency, Cronbach's Alpha reliability test was run using SPSS.

1.7.5 Ethical consideration

The researcher has an ethical responsibility, among others, to carry out research in a competent manner; to manage available resources honestly and to fairly acknowledge individuals who have contributed their ideas, time and their effort (Leedy, 1993). To meet these

obligations, the researcher needs to consider numerous ethical issues and questions of proper ethical conduct. The professional code of ethics requires a researcher to make a personal commitment to a lifelong effort to act ethically when conducting research. The researcher is not only required to become familiar with ethical standard but also to practice applying them to real research situations.

Informed consent, privacy, anonymity and confidentiality are ethical standards that were taken into consideration when conducting this study. Although, according to Leedy (1993), informed consent is not necessary when anonymous questionnaires are used to collect data, the researcher used some of the aspects of the informed consent. In this study the participants were given a brief written description of the nature of the study. They were also briefed about what participation will involve in terms of activities and duration. Participants were made aware that their participation is voluntary. The researcher's name and contact details and an offer to provide further details about the study were made available to participants (Leedy 1993).

Regarding privacy, anonymity and confidentiality, participants were given assurance that their responses will be used for research purpose only. They were asked not to write their names or their place of work when responding to the instrument.

1.7.6 Scoring of the instrument

The primary data will be in the form of responses to one of the five possible categories (that is, SA- Strongly Agree, A- Agree, U- Uncertain, D- Disagree and SD- Strongly disagree). Scores of responses to each of the five categories will be calculated (secondary data) by scanning the number of responses to each response category of the completed questionnaire. The positively worded statements will be coded as follows: SA=5; A= 4; U=3; D=2; SD=1. The scoring will be reversed for negatively worded statements (Nene, 1969).

1.7.7 Method of data analysis

Sibaya (1993) maintains that the purpose of inferential statistics is to predict or estimate or surmise the properties of a population from the knowledge of the properties of a sample. Therefore inferential statistics builds upon descriptive statistics. Inferential statistics will be used to test formulated hypotheses in this study. There will be four categories namely: Very Negative Experience (VNE), Negative Experience (NE), Positive Experience (PE), and Very Positive Experience (VPE). With regard to stress the categories will be no stress (NS), Mild Stress (MiS) Moderate Stress (MoS) High Stress (HS) and Extremely High Stress (EHS). The researcher intends to test whether significant difference exist between observed and expected frequencies in these categories. Data analysis will be done using chi-square. Bless and Kathuria (1993) applied Chi-Square test to analyze data recorded in mutually exclusive categories, e.g. gender and

religious affiliations of respondents. This inferential statistical tool is suitable because the anticipated data will be nominal. Heiman (1996) says that when we use a chi square "... we are categorizing subjects along one variable having two or more categories, counting the frequency of subjects belonging to each category, each subject is measured once and can be in one and only category, category membership is independent, the fact that a particular subject falls in one category does not influence the probability of any other subjects' falling into any category, and the computations are based on all the responses of all subjects in the study and the expected frequency in any category should equal at least 5"(Heiman,1996:456).

In this study, Chi Square test is suitable because data is in the form of categories, the sample that is used is representative of the population, each observation is independent of every other observation and the researcher is testing the correspondence between hypothesized and observed distribution of frequency counts (Grimm, 1993).

1.8 Summary

The researcher explained what motivated him to undertake the study. The problem was stated and the aims of the study were pointed out. Terms to be used in the study were operationally defined and the research hypotheses were formulated and are in line with the aims of the study. The next chapter reviews the existing literature on teenage pregnancy and educators' experiences in dealing with pregnant and parenting learners in schools.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Experiences and attitudes are sometimes difficult to separate from each other. What a person experiences results in the formation of attitudes towards that which is experienced. Most literature on attitudes (Bergh&Theron, 1999; Majova, 2002; Govender, 2002; McKenna, 2000 and Nzimande, 1970) describes certain individual characteristics as linked to the attitudes that are being displayed by individuals. Such characteristics include, among other things, age, gender, education qualifications, teaching experience, rank, religious affiliation and race. The researcher believes that peoples' experiences are somehow related to these characteristics. The study is aimed at finding out whether or not the relationship exists between educators' experiences in dealing with teenage pregnancy in schools and the educators' characteristics. What influence, if any, do these characteristics have on educators' experiences when educators deal with the problem of teenage pregnancy?

2.2 Experiences and attitudes

Hawkins and Allen (1991:499) define experience as an actual observation of or practical acquaintance with fact or event, knowledge or skills resulting from this, an event regarded as affecting one, the

fact or process of being so affected. Educators are practically acquainted with an environment where they have to deal with teenage pregnancy. Thus educators observe the event regarded as affecting. They are affected by the pregnancy of teenagers in schools. This observation leads to attitude formation.

Different researchers define attitudes in different ways. Nkosi (1998) defines attitude as acting favourably or unfavourably towards an object. Hawkins and Allen (1991) view attitude as a way of thinking or a settled opinion. Nimbi (Majova, 2002) defines attitude as the individual's tendency to react positively or negatively to some person, object, situation, institution or event. Govender (2002) views attitude as a settled opinion or a way of thinking or a feeling directed towards something.

In the formation of attitudes, therefore, personality and socialization are two important variables. Personality, in terms of introversion or extroversion, is said to create a disposition favourable or unfavourable to the acceptance of attitudes (Nkosi, 1988). Membership to a group (that is, socialization) can be influential in determining the attitudes of individual. Socializing influence at work also plays a role in the formation of attitudes. It is widely acknowledged that, during training, professional people develop attitudes towards the practice of their chosen vocation that colour their vision and affect their approach to the reality of the work situation.

The nature of attitudes may vary according to the extent to which it is more cognitive or more emotional, which is reflected in the behavioural component, through which the attitude becomes perceptible. According to Bergh and Theron (1999), some attitudes are relatively stable and difficult to change. These are central attitudes and they form part of individual's personality structure and are related to individuals' self-concept. Other attitudes are regarded as peripheral attitudes, as they are temporary and subject to change.

Attitudes may be based on beliefs. The cognitive aspect of an attitude is related to individual's value system, that is, the internal frame of reference which diverts his or her behavior. An individual with a humanistic value system, for example, will have a favourable attitude towards democracy and related beliefs on social and political issues. In the work situation this value system may affect his/her attitude towards co-workers and subordinates in that these attitudes will be based on beliefs upholding human dignity, liberty, equality and solidarity (Bergh & Theron, 1999).

According to McKenna (2000), attitude helps individuals to adopt a stable view of the world in which they live. Attitudes facilitate the organization of diverse thoughts into a coherent pattern, thus reducing the uncertainty and allowing individuals to operate without the discomfort of having to evaluate all stimuli in order to make correct responses. An insight into the attitudes of others helps us to understand and interact with them.

Attitudes determine the meaning of facts and situations. An individual may protect his/her attitude by rationalizing about facts that conflict with the attitude (Bergh & Theron, 1999). The research that shows that males ascribe male managers success to intelligence and competence while ascribe success of female managers to luck and favourable circumstances illustrate this point.

Attitudes become substantiated by the organization of facts. A supervisor with a negative attitude towards older workers will associate them as unfavorable although they may be just as productive as younger, less sociable workers.

Attitudes select facts. An individual perceives and communicates facts which confirm his/her attitude and ignore facts that do not (Bergh & Theron, 1999). Attitudes defend the self. They affirm and protect self-esteem and protect the individuals from acknowledging undesirable realities in themselves. Individuals may deny undesirable aspects of themselves such as lack of commitment to work demands that require independent effort to update knowledge, by holding the attitude that the major function of the boss is to provide knowledge and support.

Attitudes express the self in that they can express the individual's central values and incorporate self-concept e.g. an individual who values justice may express this aspect of himself/herself by supporting the causes or mechanisms that incorporate democratic principles.

As it was mentioned that experiences give rise to attitude formation, some attitudes are preconceived. These attitudes determine the way an individual may experience a certain phenomenon. An individual chooses to experience an event being guided by the attitude that was formed before s/he experience or observe a certain event.

2.3 Background to the problem of teenage pregnancy

2.3.1 The problem as it is in schools

Teenage pregnancy is emerging as one of the major social and public health problem all over the world with a varying prevalence rate. A high fertility rate, social customs, poverty and ignorance make this problem to escalate each year. Kumar, Singh, Basu, Pandey and Bhargava (2007) believe that in recent years the incidence of teenage pregnancy is increasing due to early onset of puberty, early sexual activity in girls and relative lack of education on contraceptive methods.

Research on teenage pregnancy was conducted in 120 schools in KwaZulu Natal. Multiple reasons for the growing number of pregnant teenage girls in schools were heard at a Department of Education provincial summit on the topic in Pietermaritzburg in 2006. The latest statistics shows that pregnancy as a result of sexual abuse was more and more prevalent. The survey showed that 887 girls had fallen pregnant in 2006. In 2005 the figure was 727 teenage pregnancies and

in 2004, 632. In 2004, 43 girls reported being pregnant because of sexual abuse. The figure had risen to 60 in 2006 (Saville, 2006).

In Britain, the rate of pregnancy among the 16 year olds is at its highest in a decade. The increase occurs despite a 10 year strategy to half the teenage conception rate, with more than 280 million pounds spent on contraception and sex education. There were 42 918 conceptions among the under 18's in 2007, up from 41800 in 2006. Teenage pregnancy rate rose to 41, 9 per one thousand from 40.9 in 2006 (Bennett, 2009).

In Gauteng, teenagers account for 3, 7% of births in state clinics and hospitals (Molosankwe, 2006). In the USA almost one million teenagers become pregnant at enormous costs to themselves, their children and the society. This is complicated by our attitudes and our behaviour. 56% of young women and 73% of young men today have had sexual intercourse by the age of 18 compared with 35% young women and 55% young men in the early 70's in the USA (The Alan Guttmacher Institute, 1996).

2.3.2 Issues around the consequences of teenage pregnancy and teenage parenting

Pregnancy leads to loss of time to learn in two ways. Firstly, the pregnant teenager absents herself from school because she has to attend antenatal clinic. Secondly, pregnancy in teenagers is associated

with morning sicknesses which may lead to a teenager absenting herself from school or being in class physically but mentally absent.

Once the baby is born, the teenage mother needs more time parenting the baby. This responsibility is also carried out during the night which leaves the teenage mother with less time to study and do homework. There will be limited time to sleep. The teenager will fail to concentrate in the classroom because she is drowsy and exhausted. Poor performance in school leads to failure and a year is wasted (Mogotlane, 1993).

Teenage pregnancy changes the teenager's lives forever and in most instances, in a negative way (Macleod, 1999). They leave school and many never return because of the need to care for their children. Even if they do have the opportunity to continue with their education, many choose not to because of stigmas. The implication of teenage pregnancy is far greater than just having a baby. The young mother misses out on her own development. She can no longer have the experience that other teenagers can, because she has a greater responsibility to her child. Career dreams and goals are shattered.

Teenage pregnancy culminates in a life that is not allowed to develop into its full potential- a great many opportunities are lost while the girls attend to their babies. Many of these girls are forced into mediocre jobs to earn an income. In a society where teenagers are currently exposed to poverty, crime, HIV/AIDS and unemployment, it would seem logical that they would want a better future. However, the

impact of teenage pregnancy has very visible presence in our society. Ramcharan (2007: 3) has this to say ...“each one of us has the responsibility to take care for the wellbeing of our youth. We have to save the future generation to ensure they do not perpetuate cycle of poverty. They have to realize the importance of completing their education and becoming productive members of society. Social supports for teenagers are hopelessly inadequate and need to be developed to afford these girls alternatives to becoming pregnant. More importantly, men need to realize the implications of their behaviour and also take responsibility for their part in this escalating problem”.

In a society where large percentages of teenagers are sexually active, the risk of unplanned pregnancies is very high. This means that unsafe sex demands teenagers to bear responsibilities or consequences of their casual sexual behaviour. Nash (1990) believes that becoming an adolescent parent implies the taking of a particular path to each of the four crossroads: firstly becoming sexually active or remaining chaste, secondly ignoring or using contraceptives correctly, thirdly continuing pregnancy or seeking an abortion and finally parenting instead of adoption. Individual family, dyadic, social and cultural factors exert an influence at each of these crossroads.

Among other consequences that Langeni (1988:17) mentioned are socio-psychological consequences that the pregnant teenager may experience. These include:

- Shock at finding out that she is pregnant
- Emotional problem associated with having to deal with unwanted pregnancy
- Depression as she may be ostracized by her family, friends and boyfriend, the very people she needs support from.
- The resultant career loss and brain drain
- The loss of good job opportunities.

There are not many alternatives available to the pregnant teenager on how to resolve the situation. If they should decide on marriage, statistics reveal that there is a high divorce rate among these couples. This is probably due to the fact that they are not able to cope with the responsibilities of marriage and parenthood. On giving birth to a child, if it is being raised by the parents and/or grandparents, this could lead to more poverty and problems. Raising a child as a single parent can cause stress and strains on both the teenage mother and the child as there is a major identification problem experienced by the child (Langeni, 1988).

Jali (2008) believes that when an adolescent becomes pregnant, this does not only affect the physical, emotional and social well-being of the mother-to-be. The situation has consequences for the father of the unborn baby, families of both parents-to-be, the prospective baby and the community in which they all live. Mohase (2006) also categorizes the consequences of teenage pregnancy as they are experienced by the teenager (mother), the baby, parents of prospective parents, the

school, the biological father of the unborn baby and the country as a whole.

The biological mother (teenage girl) experiences crisis that is characterized by emotional and physical realities of pregnancy, interruption of normal physiological development, and increase in medical risks during pregnancy and the pre-mature assumption of adults role with its associated responsibilities. The shock of unwanted and unplanned pregnancy is traumatic and in the absence of emotional support, a teenager may experience increased anxiety and frustration that can lead to depression. A teenage mother is forced to take responsibility for the needs of the unborn baby.

Mohase (2006) believes that pregnancy changes the teenager's life for ever. All her plans she had for herself may have to change. She no longer talks about "I" but term she learns to use is "my baby and I". Most pregnant teenagers are ostracized by friends, family and community at large. Without support she may fail to cope with such pressure and undergoes radical personality changes or even commits suicide. Being ostracized at school, the teenager may become more confused and frustrated. This would, in some cases, create a negative attitude towards school. Leaving school means slim chances of employment and poor financial prospects which in turn have a bad effect on all other spheres of life for a teenager.

A lot is said about teenage mothers by different researchers, the media and communities, disregarding the consequences that the father of the

baby has. While the father of the unborn baby may deny paternity and escape social stigmatization, he may experience the same feelings as the teenage mother-to-be (Jali, 2008). Many unwed fathers feel a sense of guilt and responsibility for the young girl and the unborn baby. This may result in despair and depression. Jali (2008: 9) believes that... “giving the child up for adoption or abortion by teenage mother means losing the baby, a reality that may never be wiped out from the biological father’s memory. These young men suffer emotional, educational and economic consequences”.

Young fathers are less likely to graduate from secondary school or other tertiary institutions than their counterparts (Stuart in Jali 2008). Should a father be an older man, he may face legal charges. The outcome of the legal action may adversely affect his future lifestyle and relationships with others, especially if he is already married (Jali, 2008).

Research has indicated that the younger the mother is the lower the birth weight of the baby will be. Babies born to teenage mothers are more susceptible to diseases. According to Bezuidenhout (Jali 2008), the natural process of bonding between the mother and the baby begins during pregnancy and/or immediately after birth. Disturbances during pregnancy may affect the future relationship between the mother and her baby. Unwanted pregnancy causes stress to the pregnant teenager. She may fail to adapt to early motherhood and deliberately neglect her child as early as after birth (Mohase, 2006). Later on they may be subjected to all forms of verbal, psychological

and physical abuse. Being inexperienced as she may be the mother (teenager) cannot give the best parental care to the baby. The child becomes an obstacle to the teenager's freedom and enjoyment of life.

The mother who decided to rear her own child may receive a small income (grant), resulting in inadequate feeding and health care. She may be forced to leave the child with someone else during working hours (Bezuidenhout in Jali, 2006).

The families of both parents-to-be are subjected to ridicule, gossip and other forms of stigmatization. Some parents cannot accept the pregnancy and force the pregnant teenager to leave home as she would invite embarrassment to the family. Conflict between the two families develops because of the pregnancy.

A lawsuit may be brought against the father of the baby when he does not accept the pregnancy as his responsibility or when he cannot take care of the baby. Sometimes the biological father and his family want to adopt the baby after birth and the mother does not agree with that arrangement. Such conflict may end up in court, leaving both families financially drained and emotionally traumatized (Jali, 2008)

In some families the baby becomes a burden as these families need to reorganize or readjust their budgets. In other families, parents of a teenager abandon their responsibility on the teenager and focus their attention on the needs of their grandchild. This affects the teenage mother who is still a child and has interests in the latest fashion

(Mohase 2006). Most grandmothers would take a role of a mother from their teenager in order to afford her enough time to focus on her studies. There are two types of problems that are created by this arrangement. The first problem is that the baby will develop a strong bond with his/her grandmother and take her as a mother while the biological mother becomes a sister. The baby loses a sense of identity. Secondly, since the teenage mother did not take responsibility for her baby as a mother, she is deprived a chance of becoming a mother. The result of that is a second pregnancy. The researcher believes that it is the basic right of any baby or child to bond with his/her mother.

Some families promote teenage pregnancy. For young African women, pregnancy may be important in self-evaluation of femininity. Pregnancy may be valued per se, as evidence of women's reproductive powers (Jewkers & Christofides, 2008). In some areas, parents of girls who are not pregnant (or who do not have babies) are ridiculed. This does not go down well with parents, and they become motivators for their young girls to fall pregnant. Some families benefit financial support through their teenagers falling pregnant.

The phenomenon of abandoned babies is related to teenage pregnancy. These babies become the responsibility of the society or community. When these children grow, their lives and their future are affected because effective socialization requires the participation of both parents. Often, the illegitimate child may have to face the attitude of the peer group and community. This may cause stress and result in various forms of deviant behaviour (Jali, 2008). Community

organizations that shelter abandoned children need funds and the community needs to donate for such projects to be successful.

A tendency exists for the daughters of teenage mothers to become pregnant at a teenage stage. The type of the society that is produced is that of teenagers who give birth to children who, in turn, become teenage mothers themselves. One wonders if this is the type of community or society that South Africa would like to see. Teenage pregnancy may lead to high birth rate which, in turn, leads to the escalation of the population size. In South Africa and in developed countries like the USA and Britain, pregnant teenagers become a financial responsibility of the state. The welfare department cannot cope with the problem of teenage pregnancy. Some of the taxpayers' money is spent on child support grants, neglecting some of the important issues facing the country (Rovinsky in Mohase, 2006).

2.3.3 Outcomes of teenage pregnancy

The frequently unhappy outcome of teenage pregnancy ranges from early "termination, i.e. preceded abortion, to abandonment of the baby, neglect and maltreatment, recurrent infections, malnutrition to death of a baby (Burman & Preston-White, 1992). In South Africa, before abortion was legalized, backstreet abortion flourished. In some health institutions, even though Termination of Pregnancy (TOP) is legalized, the issue of abortion is still influenced by cultural and religious beliefs and attitudes. This opens for an illegal industry to

flourish. Sometimes parents, concerned about embarrassment, encourage and assist their teenagers with abortion.

Although this might seem the best option for teenagers who chose to terminate their pregnancy, the trauma and feeling of guilt remains with them for life.

Cases of abandoned babies are featured in the media almost on a daily basis in large numbers in hospitals and drop-in centres nowadays. Some are found in street corners, shopping centres and in toilets. Others are found in welfare agencies, doorsteps of police stations, garbage bins or under shrubs on vacant pieces of land. In elite communities, unwanted children, resulting from unwanted pregnancies, are taken in for adoption. With this outcome, it becomes painful when a grown up child is looking for his/her biological parents. The feeling of guilt is traumatic for parents at a later stage.

Babies resulting from unwanted, unplanned teenage pregnancy are victims of neglect and maltreatment. According to Tailor (in Jali, 2008), there is ample evidence in Britain that the offsprings of teenage mothers are more likely to suffer from poisoning and trauma both accidentally and non-accidentally than are children of older mothers. Reighton and Zuvan (in Jali, 2008) indicate that the parents and caretakers of abused children in America are characterized by early pregnancy and demographic mobility. Furthermore in Chris Hani Baragwanath hospital, of the ten adolescent girls who became

pregnant as a result of abuse, four had been forced into sexual intercourse by a family (Ntombela in Jali, 2008).

Inadequate pre-natal supervision cause pre-maturity and/or inappropriate intra uterine nutrition of the foetus. Infections and pregnancy related problems go untreated (Burman in Jali, 2008).

Breastfeeding is difficult to establish when the baby is prematurely born and the mother, poorly motivated, thus further undermining the infant's resistance and diminishing the chance of bonding (Jali, 2008). In most cases infant mortality is the ultimate result.

2.4 Public perspective on teenage pregnancy

The public look at the issue of teenage pregnancy from different perspectives. Parents do not communicate with their children on issues of sex and the use of contraceptives. They might be aware that their children are undergoing change and are engaging in sexual activities but they prefer not to know what they are doing. This is, according to Greathead (1998), associated with parents' view that talking about sex and contraceptives objectively confirms or encourages sexual activity among teenagers. This is running away from their responsibility. Teenage pregnancy is normally wrong and the effects of the costs and its aftermath should be communicated to teenagers. One parent in a study conducted by Kaya (1994), believes that causes of pre-marital pregnancies and massive problems many

teenage mothers face in trying to further life changes of their children must not be hidden.

Some parents have noticed that condemnation and resentment of unmarried mothers have little effect on teenage pregnancy rates. This has very little effect on the decision by young people to be sexually active. Other public members believe that when secondary schools offer day-care facilities, teenage mothers are increasingly likely to graduate at a rate approaching that of non-pregnant teenagers. The public is divided into two mutually exclusive categories on whether to prevent sexual activity on teenagers or to provide contraceptives. The former group focuses on helping young people to say NO to sex (Luker, 1996). This is viewed by the public as having very little effect on the use of contraceptives. The latter group focuses on contraceptive use and skills. This is viewed by the public as ineffective in teaching young people to avoid sex. There should be consensus between these two methods and results must be seen to assist in bringing down the rate of pregnancy on teenagers.

The distribution or availability of contraceptives in schools is another issue that raises eyebrows to the public. Young people are more likely to use sexual health services if they can access them in schools (Salmon, 2009). This is according to the research done by the University of West England the evaluation reported high levels of satisfaction with the service and also found that young people are attending for information prior to their first sexual intercourse and were using a wide range of services provided including

contraceptives, STI testing and advice about relationships and delaying sex. Commenting on the scheme, Dr Salmon states that sixty one percent of young people we surveyed said that they attended because it was at school and easy to access and that they would not have attended alternative provision (Salmon, 2009).

One wonders whether this project can yield the same results in South African schools. The researcher wonders as to what the community's response will be when such health services are provided in our schools. In 2002, schools in the Ilembe district in KwaZulu-Natal received boxes of thousands of condoms meant to be distributed to learners. Educators were unable to distribute these condoms to learners. There were mixed reactions to the delivered "cargo". Most educators were concerned that the Department of Education did not notify or train them with regard to sex education or issue of teenage pregnancy or prevention thereof. The decision was taken somewhere without consulting with educators. Educators believed that issuing condoms to learners will promote sexual behaviour (activity) even within the school premises.

If learners asked innocently as to what they have to do with condoms given to them by educators, how would educators have to respond? Some naughty learners would also tease educators. They would ask the school to provide suitable place where they would use the condoms given to them at school.

The researcher is interested in how parents will respond when condoms are distributed to learners in schools. Parents, mostly in the African communities; do not discuss sex issues with their teenagers. They also raise eyebrows when their children learn about sex from school. They are concerned that the school promotes sexual behaviour in their children. Teenagers have to learn the hard way from their experimenting with sex. When teenagers fall pregnant, the school is blamed while parents do not want to admit failure to take responsibility of their children.

To many people, especially forty years and older, the idea of pregnant teenagers walking openly down the school corridors, not to mention the existence of school day-care centres, is something that does not exist in their imagination. In the South African education system, the establishment of day-care centres is still to be seen. Educators in schools and parents are seen by others as the ones that will object to the idea of day-care centres even if it might be legislated.

2.5 General attitudes of the public on supporting teenage mothers and their children

Should teenage mothers be assisted in raising their children? This question has raised controversy among many people all over the world. Logically the introduction of state child grants received mixed reaction from the public. Some believe that when teenagers fall pregnant, the state will support them by offering free medical or health care. Currently, when the baby is born, it becomes entitled to

R220 child grant and this amount is increasing annually. Once the baby is a year or older, the teenager plans another pregnancy in order to double the income. Eventually we find teenagers with three to four very weak, unhealthy babies within a short period of time. People, who believe that state should support teenage parents financially and otherwise, promote teenage pregnancies. Perverse incentive incites teenagers to fall pregnant and get paid for it.

The Alliance for Children Entitlement to Social Security (ACCESS) is an alliance of over 1300 children's organizations across the country committed to the realization of a comprehensive social security package made up of grant, health care, education, nutrition and basic services to address the needs of poor and vulnerable children in South Africa. ACCESS responded to three articles that were published in the Sunday Times about teenage pregnancy and child support grants. This is what they said in their response:

“ACCESS is dismayed at the subjective, biased and simplistic reporting on the issue of teenage pregnancy in the last two editions of the Sunday Times. The lead article ‘school pregnancy shock teenagers encouraged to have babies to qualify for R220 child support grant’ and follow-up contributions from readers relating to ‘babies turned into cash cows’ and ‘teens use money for themselves’ are media headlines one would expect to find in the tabloids”(Sunday Times, 2010:15).

Most of the arguments put forward are based on hearsay and are not supported by any credible research or facts. Yet, despite evidence to the contrary the Sunday Times insists on perpetuating some of the biggest myths associated with the uptake of grants. However for the

benefit of the more discerning Sunday Times readers who seek to base their opinion on an informed decision, ACCESS seeks to debunk some of these myths.

ACCESS views the belief that teenagers are falling pregnant to access the grant as a myth. The fact is that research undertaken by the Department of Social Development released in November 2006 failed to show any link between teenage pregnancy and the uptake of the Child Support Grant (CSG) as there was no significant hike in the uptake of the CSG by teenage mothers.

According to a number of reputed studies (Dallimore, 2002; Langeni, 1988; Mcleod, 1999; Masuku, 1998), the high rate of teenage pregnancies in South Africa is caused by insufficient knowledge of sex and reproductive health, disempowerment, sexual violence, cohesion and the absence of adequate role models for boys.

There is no support for the argument that girls are falling pregnant deliberately to obtain the CSG, and perpetuating such a myth shows a lack of understanding of a very complex issue.

Another myth is that children's grants are abused and do not benefit children. Child support grants are used for the benefit of the mother or care-giver to pay for expensive hairdos, clothes, cell phones, alcohol or other luxuries. The reality is that a study conducted by Economic Policy Research Institute confirms that the Child Support Grant is spent on the food, education and health needs of vulnerable

households and is to date the most effective and far reaching State intervention to alleviate poverty. The mistaken belief about the abuse of grants portrays women and in this case teenagers as irresponsible, selfish, grasping individuals who do not care for their own children. This is a gross misrepresentation of poor and vulnerable care-givers, the majority of whom are living in abject poverty and in the face of high levels of unemployment and HIV infection, the child support grant is a lifeline in the fight for survival. It is hard to imagine how any recipient could afford anything other than the basics bearing in mind that the value of the child support grant is R220 a month.

According to ACCESS it is a myth that teenagers, young women and grandmothers are defrauding the system with fake birth certificates to gain grants for nonexistent children or children that are not in their care. ACCESS believes that the South African Social Security Agency who is responsible for the delivery of grants has a number of stringent regulations that have to be adhered to in order to successfully apply for a Child Support Grant. The CSG is “means’ tested so it is only available to the caregivers (of children younger than 14) who earn less than R800 in the urban areas and R1100 in the rural areas. Eligible caregivers require a valid 13 digit bar coded identity document and a 13 digit bar coded birth certificate for the child. Each application is investigated and monitored. Despite growing concern about the individual abuse of grants, research indicates that most fraud and corruption takes place at the hand of officials and not applicants. With reference to the issue of caregivers receiving grants for children not in their care, studies show that the majority of children receiving grants

were living in the same households as their mothers. Although CSG applications are processed taking into consideration stringent regulations, the researcher believes that we should not shy away from insurmountable fraud which is reported in the Home Affairs Department which is committed by the Department's officers.

Ideas put forward in the previous Sunday Times articles buy into and reinforce the obvious falsehoods surrounding grants which are based on myths and not facts. Instead of arguing about punitive measures for “undeserving” teenage grant applicants, the real issue of how best to address poverty and vulnerability should be debated and creative solutions to address the issue of teenage pregnancy should be found.

ACCESS believes that the introduction of a comprehensive social security package is the only way to effectively reduce poverty and realize peoples' basic rights to social security, education, health, nutrition and basic services (as guaranteed by the constitution).

In order to ensure that basic needs are addressed and that poor and vulnerable children and young adults are assisted with making informed and responsible decisions about their lives, ACCESS recommends the following:

- Extension of the child support grant to 18 years as a first phase of a Basic Income Grant,
- Provision of adequate food and nutrition
- Access to water and sanitation

- Free quality education
- Sex education
- ARV roll-out and literacy
- Prevention from abuse and neglect
- Effective gender empowerment programme
- Skills training and job creation (Sunday Times, 2010)

The British government was criticized for what the people called policy disaster as teenage pregnancy rate rises very high (Wells in Bennett, 2009). More money was pumped into the strategy that does not work. Norman Wells, the director of the Family Education Trust believes that Government was making things worse. He argued that: “the government’s teenage pregnancy strategy has been a disaster. The expansion of confidential contraceptive services for young people under sixteen is making it more difficult for girls to resist the advances of boyfriends and is giving the green light for boys to pressurize girls into sexual activity. What young people really need is not more talk about the mechanics of sex and contraception, but encouragement to develop the character qualities of stability, faithfulness and commitment” (Wells in Bennett, 2009).

The public in Britain is blaming the support (grants) given to pregnant and parenting teenagers. This is what these people say: “the cure is; no child support payments or other such benefits, no housing provision at all. Responsibility is placed on the families of both children for looking after the baby at their cost. With no inducements to get pregnant the rate should fall” (Dr Nick Ashley). “What is there for

these kids but motherhood? Financed by a Labour government, it is a viable alternative to work. The sad part is that these young stars miss out on freedom before they are tied down by responsibility (Judy). Even in Australia you find comments like: “why spend any money at all? Contraception does not need promotion, it’s common sense. Pay no benefits to any single mother under 18 not in full-time education. Offer free abortions and cash payments for giving babies up for adoption within the first four weeks” (Chris). This reveals how people feel about teenage pregnancy and support.

Peoples’ attitudes differ. They are not feeling the same with regard to helping pregnant and parenting teenagers. Comments like “we should be giving more education to young people, not passing the blame. Parents should also have more education as to how to educate their children on sexual issues. Many young moms have not had babies to get houses and most chose to stay with parents. More education in schools is needed” (Kelly).

“Sweden has the world’s lowest teenage pregnancy rate and that is certainly not because teenagers are not having sex or that they don’t receive benefits if they have babies. Rather, having children young is not viewed as preferable by most girls- education, jobs and independence is valued higher”. These comments show that people are more concerned about the problem of teenage pregnancy. Teenagers are not falling pregnant because of the state support. Education, self-concept and individuals’ dreams and goals or lack of is an important factor.

Mohase (2006:51) provides guidelines for schools to help support pregnant and parenting teenagers. He proposed the following:

- Educators need to be trained on how to deal with learners who fall pregnant
- Schools should provide a support system for learners who fall pregnant
- Schools should provide information on sexuality and sex education on a continuous basis
- There should be programmes to assist learners who lose time from school due to pregnancy related matters.
- Schools should provide contraceptives in the form of birth control pills or condoms to learners in order to prevent or minimize pregnancy among learners.
- Educators should stop ridiculing but guide learners who fall pregnant or have children
- Individual attention, which is positive, should be provided to such learners as they need more educational assistance than the others.
- Educate parents during parents meetings on how to deal with a pregnant learner.

Mohase (2006) strongly believes that these guidelines could turn a school to be child- friendly for a learner who falls pregnant or has a child. This would even boost their self-esteem and it is noticed as more and more learners are reluctant to return to school because they

know the school is not ready for them even though they may be ready for school.

Richter, Norris and Ginsburg (2006) identify barriers in assisting teenagers when they fall pregnant. They believe that... “one of the greatest barriers to assisting young people is their fear and shame about talking to the people who could potentially help them like family, educators and health professionals. To date none of the young women the researchers have seen told such people that they were pregnant until it was too late. They and their partners- at least those men who knew about the pregnancy-were depressed and anxious and did not know what to do about the situation ...” (Richter, Norris and Ginsburg, 2006:122). Other studies, according to Richter, Norris and Ginsburg (2006) suggest that young people who become pregnant feel confused about their options and are ashamed and worried about the response of their families, teachers and others.

2.6 Educators’ daily experiences and their problems regarding teenage pregnancy and parenting

The inability of educators or the Department of Education to introduce sexuality education at schools makes it possible to a certain extent for learners to involve themselves in unsafe and unprotected sexual practices, thus subjecting themselves to be vulnerable to sexually related diseases or teenage pregnancy and early parenthood. There is little or no sex education in schools. Schools are guilty of having no facilities to arm a teenager with contraceptive protection. Most

educators are uninformed when it comes to handling problems which are related to sex and sexuality. There are no contraceptives readily available in schools. There is a serious need to train educators on this issue as it appears most of them still hold conservative attitudes towards sex-related issues.

At schools children only learn about their body organs and their physiological function, that is, the reproductive system and sex organs. This leads teenagers to experiment what they have been taught. The result is pregnancy and unwanted babies who in turn disturb their progress at school (Davis, 2000). Educators are not trained to handle learners who fall pregnant yet they are faced with such a problem on a daily basis.

Parents of pregnant teenagers often run away from their responsibility. They have to inform the school about the pregnancy but they do not do so and wait for the school to discover it for itself. When they are invited to the school in order to discuss the matter they either do not come giving reasons that they don't have time because they are working or in some instances they send an old granny (or a neighbour) to represent them. Such a person cannot take decisions regarding the child's schooling and the child's future. All what parents want is for their pregnant teenager to remain at school. The responsibility of taking care of the pregnant teenager thus is shifted to educators, yet Circular No.120 of 2006 states clearly that... "deciding that a learner is pregnant is not the function of the school or the School Governing Body (SGB)".

In most instances pregnant learners cannot attend antenatal clinics, which is a grave danger both for the pregnant learner herself as well as the school should the learner experience complications with the pregnancy. Educators would be expected to act as midwives as they wait for the ambulance to arrive. Some pregnant teenagers insist on remaining at school for the full term of the pregnancy which is a great risk since educators in whose care are not trained as midwives. Their attitude might be positive but lack of skills in dealing with pregnant learners poses a problem for educators. This means learners at schools are placed in hands of ‘unskilled midwives’ educators who do not know what to do in times of emergency when the teenage girl goes to labour.

When educators try to help, they might cause death of both baby and mother due to lack of skills. Not all educators have First Aid training, let alone being trained to help a woman in labour. When they don’t help, they are negligent in their action and are charged by the Department of Education. Secondly, educators complained about lack of facilities conducive for pregnant learners in schools. This threatens the life of a pregnant learner at school thus depriving the teenager a democratic right to attend school even if she is pregnant.

In instances where pregnant learners do attend antenatal clinics, learning time is lost as learners absent themselves from school. When they are highly pregnant they experience physiological complications that force them to stay out of school for long periods of time. Those who force their way to school end up becoming a burden to other

learners during break times when they need refreshments or help of whatever kind. The set-up of school buildings may also pose problems in instances where the buildings are multistoried and a pregnant learner has to climb a flight of stairs to attend some lessons.

The performance of pregnant learners at school is another issue. Pregnant learners tend to sleep in class which causes doubts whether they are learning anything or merely wasting time. Problems educators experience with parenting teenagers cannot be underestimated. They tend to frequently absent themselves from school citing the health of the new-born baby and the collection of child grants as some of the reasons that cause them to stay away from school. One school in Mpumalanga province reported that it experienced the problem of absenteeism even on days when tests were scheduled to a point where it had to ensure that tests were not scheduled on days when social grants were paid out. One educator was cited as saying: ...“we cannot do anything on these days because pupils go to banks and pension pay points to collect their grants...” (Khoza, 2007:12).

One school in Maphumulo in KwaZulu-Natal happened to be a stone's throw away from the pension point and it is reported that learners left at break time to collect grants and did not return to school until the school, in liaison with the neighboring Department of Social Welfare had to make a ruling that grant payments could only be collected after 13:00. From the researcher's point of view, the cases cited above indicate far-reaching implications that teenage pregnancy

and parenting has on teaching and learning times. The most evident implication is the loss of learning time as the school day is cut short during the days when grants are collected.

2.7 Teenage pregnancy and the state (Department of Education)

The Department of Education (1996) does not allow discrimination against learners regardless of their marital status. At present most schools turn a blind eye on pregnant learners. The school does not want to play an active role in dealing with teenage pregnancy or teenage parenting. Some schools, however, still force pregnant learners to leave school although this is against the Schools Act.

The National Department of Education (DoE, 2006), later in 2006, came up with Guidelines for the Prevention and Management of Learner Pregnancy in Public Schools. The DoE stated the purpose and context as follows:

- The development of the Guidelines for the Prevention and Management of Learner Pregnancy in Public Schools became necessary because of an alarming escalation of learner pregnancy in public schools. The Department of Education supports the HIV and AIDS prevention methods, including the ABC principles (Abstain, Be faithful and Condomise) but particularly advocates abstinence from sexual activity among learners.
- Pregnant learners are found in many secondary schools, with the trend spreading to primary schools as well. The stigma attached to

this is very real, and denial by all is a stumbling block, which is inherent in dealing with this phenomenon.

- As part of the basic prevention strategy, the Department's position is that learners aged 0-16 years should not engage in sexual relations. If any learner within this age group falls pregnant or engages in sexual relations, the DoE working together with the parents, should establish who the perpetrators of these deeds are and ensure that they are charged with statutory rape. As for learners from age 16-18 years, even though they can legally consent to sex, the message of the DoE is very clear, namely, that all learners should abstain from sex in their teenage school life.
- The Department of Education recognizes the reality, responsibility and influence of the education system within the community at large and therefore takes up the important role it has to play- as contemplated in section 8 of the South African Schools Act No. 84, 1996 concerning learner pregnancy. The Guidelines are underpinned by principles that are inherent in the Constitution, and have been developed, taking into consideration, the legal and other requirements pertaining to pregnancy.
- These guidelines seek to address the important issues like prevention, intervention and management, that is, balancing the rights of pregnant learners and those who are not pregnant (Department of Education, 2006).

With regard to the policy statement and principles, the Department of Education claims that they supports the HIV and AIDS prevention

methods, including the ABC principles (Abstain, Be faithful and Condomise) but particularly advocates abstinence from sexual activity among learners. Hence the many pregnancy preventative programmes emphasizing abstinence, such as Life Orientation, Life Skills Education, HIV/AIDS preventative programmes, human rights and values in the education, are in place for public schools.

The core function of the DoE as outlined in its legislation and policies is to ensure that all learners access and exercise their right to education. The best interests of the child shall be the guiding principle of those responsible for his/her education and guidance. That responsibility lays in the first place with his/her parents. Every child, without any exception whatsoever, shall be entitled to these rights, without distinction or discrimination on account of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, whether of her/himself or of her or his family in line with the principles. The child's right to develop is another core function of the State. All children have equal rights to education, which will promote their general culture and enable them, on a basis of equal opportunity, to develop their abilities, their individual judgment and their sense of moral and social responsibility. Protection against all forms of sexual exploitation and sexual abuse is vital. Children shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable them to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner, and in conditions of freedom and dignity (Department of Education, 2006).

The guidelines were developed based on the following legislative imperatives or mandates:

- The South African Constitution, Act No108 of 1996, Chapter 2, Section 9(3) forbids “discrimination on the basis of pregnancy”; Chapter 2, Section 28(1) (d) states that “every child has the right to be protected from maltreatment, neglect, abuse or degradation”; Chapter 2, Section 29(1) states that everyone (including pregnant learners) has a “right to basic education, including adult basic education and to further education, which the state, through reasonable measures, must make progressively available and accessible”.
- United Nations Convention on the Rights of the Child (adopted and opened for signature, ratification and accession by General Assembly Resolution 44/25 of 20 November 1989) highlights the reaffirmation contained in the Declaration of the Rights of the Child, “the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth”. It further states the importance of the traditions and cultural values of each people for the protection and harmonious development of the child.
- South African Schools Act No 84 of 1996, in its Guidelines to Consideration of Governing Bodies in adopting a Code of Conduct for Learners Section 3 (3.9), states that “a learner who falls pregnant may not be prevented from attending school. A pregnant girl may be referred to a hospital school for pregnant girls”. Section 4(4, 2) on Principles and Values, lists non-discrimination and equality as the rights of learners. The act also stipulates that the school’s code of

conduct should reflect the values that are underpinned by the constitution.

- Section 8 (f) of the Promotion of Equality and Prevention of Unfair Discrimination Act No. 4 of 2000 prohibits discrimination on the basis of pregnancy.
- Section 14 of the Sexual Offences Act No. 23 of 1957 states that “any male person who has or attempts to have unlawful carnal intercourse with a girl under the age of 16 years; or commits or attempts to commit with such a girl or with a boy under the age of 19 years an immoral or indecent act; or solicits or entices such a girl or boy to the commission of an immoral or indecent act, shall be guilty of an offence”.
- In July 2000, the Council for Education Ministers issued a press statement indicating that pregnant learners may not be expelled from schools, and that Heads of Provincial Education Departments should send circulars to schools to implement this decision (Department of Education, 2006).

With regard to prevention the Department of Education has put in place pregnancy preventive programmes, emphasizing abstinence such as contained in the Life Orientation learning area, and HIV/AIDS programmes that should be in place in schools. These programmes are to ensure that all children receive information and guidance about education to help them, amongst others, to choose the kind of education that suits them best, encourage them to attend school every day, reduce the number of children who leave school early, and to practice healthy life style.

The programmes, among other things, provide information and education that builds upon the learner's knowledge, skills, values and attitudes to make responsible decisions about life and particularly about drugs. The National Curriculum Statements include life skills education in the Learning Area of Life Orientation. They also provide information and support to parents/ guardians through:

- a) Their involvement in the governance of the school (SGB), offering special skills/ knowledge, and consultation on the development of the school's Code of Conduct with strategies to reduce and eventually eliminate learner pregnancy in learning sites;
- b) School newsletters, special purpose pamphlets, meetings, audio-cassettes, and other school communication media; and
- c) Workshops on pertinent issues (parenting, human rights, values in education, drugs and substance abuse, gender-based violence and HIV/AIDS).

The programmes build capacity of educators to ensure that they are knowledgeable and skilled to fulfill their task, appropriate development for all staff to assist them to deal with contentious issues such as sexuality in a manner which is constructive to both themselves and the learners they work with. Values and attitudes should be explored and roles and responsibilities should be clarified and clearly defined.

They create links between the school and the community it serves. Liaise with various sectors, organizations and individuals to forge a strong and a co-operative society. The role of parents/guardians, as liaison between the community and the school, is of primary importance to create learner pregnancy free learning sites. Support community activities and invite the community to participate in relevant school programs and activities. Develop and share a common vision regarding the well-being of the community's children.

The DoE, with these programmes, aims to support healthy lifestyles through positive role modeling educators; encouraging learners to participate in a sport and/or cultural activities; creating awareness on the positive consequences of healthy lifestyles; dealing with issues in a fair and consistent manner; reinforcing positive behavior; promoting a realistic self-image; promoting and implementing School-Based Support Teams (SBST), which will be specifically responsible for the management of issues pertaining to vulnerable or troubled learners; and through the Learner Support Programme Team.

The responsibilities shall include compiling a comprehensive list of orphans/children heading households; managing the intervention process- providing referrals and help lines; involving parents/guardians in the ongoing support for their children; supporting and managing the prevention program; and maintaining relevant but confidential records (Department of Education, 2006).

In the event where there are pregnant learners at school, the Department of Education stated recommendations that the learner, parents/guardians, the school management team (SMT) and educators, the school governing bodies (SGB), the District Managers and the Head of Provincial Education Department should follow in dealing with the problem (situation). According to the DoE, the learner/s:

- Must orally or in writing , inform the School Management Team (SMT) or School Based Support Team (SBST) or School Governing Body (SGB) of her condition;
- Must attend ante natal classes, produce on a monthly basis, the signed clinical record as proof of the pregnancy term and post natal check up to confirm their health status after birth;
- Must request a compulsory “absence with approval” leave/period. The duration of the pre- and post natal leave/period of “absence with approval” should be at least six weeks. The learner must produce a medical report declaring that she is fit and healthy to resume classes;
- Must be sensitized that there are no full-time medical staff and equipment to handle the delivery of babies at school and the potential health risks and trauma to the mother, newly born baby and the rest of the school community;
- Must avoid actions listed as constituting discrimination against pregnant learners. The pregnant learner should also understand that some members of the school community may not readily accept and be supportive of the pregnant ones because of the value systems to which they subscribe;

- Must be made aware that after childbirth , the rights of the newly-born baby will also be protected and must be adhered to;
- Must be made aware that the leave of absence is for the purpose of creating a space for the mother and the newly-born baby to bond. It is therefore crucial for pregnant learner to be prepared for parenthood (Department of Education, 2006).

Disclosing that a teenager is pregnant is still a challenge in our schools. Learners hide their pregnancies until very late when they cannot be properly assisted. KZN Circular 120 of 2006 stated clearly that ... “deciding that a learner is pregnant is not the function of the school or SGB”. This means that even though educators see that a learner is pregnant, they cannot tell or ask her until a learner or her parents decide to disclose that information to the authorities of the school. In some schools, principals or educators break the law by summoning parents of teenagers who are suspected to be pregnant to school. In very few instances parents respond positively. Most parents who are called to school regarding their pregnant teenagers ignore the call and prioritize other matters.

It is also stated in the guidelines that...“learner/s must request a compulsory “absence with approval” leave/period. The duration of the pre- and post natal leave/period of “absence with approval” should be at least six weeks. The learner must produce a medical report declaring that she is fit and healthy to resume classes” (Department of Education, 2006).

Some pregnant learners do not disclose to the school that they are pregnant. They keep on attending classes with all symptoms and complications of a pregnant person. They do not want to take “absence with approval” leave. They only disappear for two to five days, during which they give birth and come back to school immediately. They do not produce medical reports and educators do not have any knowledge whether or not they are fit to resume classes. These are learners who are a burden to educators, because while they are at school, they are under the care and supervision of educators. When their calculations went wrong, they go on labour in the school premises. Other learners disappear for a month or two without anyone knowing their whereabouts. When they come back, it is as if nothing has happened. It becomes a struggle to call a parent. When a parent or any representative friend eventually comes, he/she thinks that the school is wasting his/her time. Parents are not playing their role as parents.

Parents or guardians have to work closely with the school to monitor their pregnant child’s health and progress. They cannot be absolved from their responsibilities as parents regarding the status of their pregnant child. Parents or guardians must orally or in writing, inform the school management team (SMT) or school based support team (SBST) or school governing body (SGB) of the condition of their girl-child (considering the age variation and circumstances under which learners may fall pregnant). Parents must ensure that their girl-child receives her class tasks and/or assignments during her pre- and postnatal leave/ period of “absence with approval”, and that all completed class tasks/ assignments

are returned to the school on time for the purpose of continuous assessment. They must assist the school in the relocation of their child, if such relocation is in the best interest of the child. It is the duty of parents to ensure that their pregnant child attends antenatal classes, and that the report is communicated to the school authorities (Department of Education, 2006).

Regarding the responsibilities of parents or guardians, most parents even if they know that their children are pregnant do not inform the school. They do not work closely with the school. Parents leave the burden to the educators and do not communicate with the school. When the school makes an attempt to communicate with parents or guardians, they always say they do not have time since they are working. In one school a grandmother was sent to school only when a teenager has given birth to a baby in the classroom with the help of educators who are not trained to deal with such situations. Pregnant learners lose a lot of learning due to absenteeism and parents fail even to arrange for work to reach the pregnant learner who is on leave. This is violation of the right of learners since it is the parents' responsibility to arrange for school work to reach the learner.

With regard to the school management team (SMT) and educators, the Department of Education recommends that they are to ensure the existence of an enabling environment, promoting a climate of understanding, mutual respect and equality, for the implementation of these guidelines. The SMT and educators must put in place appropriate internal mechanisms to deal with any complaints of unfair discrimination,

hate speech or harassment that may arise against the pregnant learner, and vice versa. They need to ensure that a database of teenage pregnancy is maintained and that quarterly reports are submitted to the relevant monitoring section at the district and provincial offices, and the SBST or psychological services as the support structure to aid in counseling learners.

Educators must continue offering educational support for purposes of continuous assessment, accepting and treating the learner in a non-discriminatory and non-threatening manner. The Life Orientation educator and/or psychological services staff member and/or any trained member of the SBST should offer the pregnant learner and involved boy-learner, where applicable, basic counseling on their new roles and responsibilities as parents. They may also do referrals to relevant support services such as social workers or NGO's operating in the community.

In case where a miscarriage happens on the school premises, educators and/or learners, support staff members and/or SGB members who helped the learner, must receive professional counseling thereafter. It is the responsibility of the SMT and educators to ensure that the learner is granted special leave of absence from attending classes based on the written medical opinion and that sessions for remedial work are planned when necessary to support the learner after returning to school. Educators and SMT should avoid committing actions listed as constituting discrimination against pregnant learners. In case where abortion or a miscarriage happens at school, the principal, or designated educator,

should call the ambulance to attend to the learner and then report the matter to the nearest police station (Department of Education, 2006).

The guidelines stated as the responsibility of the SMT and educators to ... “ensure that educators continue offering educational support for the purpose of continuous assessment, accepting and treating the learner in a non-discriminatory and non-threatening manner” (Department of Education, 2006). Educators are more than willing to offer help where they can. One major obstacle is the unavailability of means of conveying such assistance. The pregnant learner is now at home, no one can take the work from school to home since parents have shunned away from their responsibility. When an educator, generously, uses his/her own car to take the school work or tasks to the learner at home, the community suspects and even concludes that the educator has something to do with the pregnancy of that learner. Educators are always on the receiving end in this situation.

Another point that can be highlighted is the fact that those educators, learners or SGB members who helped the learner going on labour or experiencing miscarriage are not trained to handle the situation. When the ambulance is called, the response rate is very poor. When any untrained person tries to help, and something goes wrong, that person is in trouble. He /she will face attacks from both the DoE and the teenager’s family. When educators refuse to help because they do not have needed skills, they are deemed negligent and can be charged.

The school governing body (SGB), among other responsibilities, must ensure that the school based support team (SBST) is established. The SBST could assign and/or refer pregnant learners for prenatal and/or antenatal counseling. It is the responsibility of the SGB to ensure that pregnant learners do not engage in physically strenuous sporting activities. The SGB must inform the Department of Social Development about pregnant learners who may be orphans, and assist in registering these learners for support and counseling during pregnancy and after giving birth. It is also the SGB that must ensure that when informed of alleged cases of rape (including statutory rape), as defined in the Sexual Offences Act No. 23 of 1957, they report the alleged case to the nearest police station. They should ensure that learners are allowed and encouraged to continue with schooling after the delivery of the baby, and where practically possible, that learners, after giving birth, are afforded with counseling on motherhood and child-rearing. The SGB must also ensure that they avoid committing actions listed as constituting discrimination against pregnant learners (Department of Education, 2006).

The responsibility of District Managers and Head of Provincial Education Department is to issue circulars to schools to ensure compliance with the South African Schools Act, Act No. 84, 1996, with regard to stipulations related to the pregnant learners. They could, after consultation with the Department of Health and Social development, consider assigning a professional nurse and social worker to service a cluster of schools as the first option. The second option is to consider empowering educators and/or support staff and/or assigned SGB or SBST members to deal with

challenges related to learner pregnancy. District Managers and Head of Provincial Education Department must ensure that monitoring tools capture the rate of pregnancy in schools so as to evaluate the effectiveness of intervention programmes that are in place. They must also avoid committing actions listed as constituting discrimination against pregnant learners (Department of Education, 2006).

With regard to the guideline that ...“in cases where a miscarriage happens on the school premises, educators and/or learners, support staff members and/or SGB members who helped the learner, must receive professional counseling thereafter...”(Department of Education, 2006) , there are few issues that the researcher wish to raise. When the services of a psychologist are requested because of a traumatic situation that has occurred in schools, it takes about three to four weeks for such request to be acknowledged or honoured. Secondly, giving birth in a classroom is traumatic to other learners and to educators as well. The researcher has not heard of any school being visited by a psychologist to counsel educators and learners after such incident. In actual fact, the incident of pregnant teenagers going on labour in a school or a classroom is common in schools nowadays.

According to the National Department of Education (DoE, 2006), expulsion from school; name-calling of a sexual nature, jokes demeaning the dignity of a person, self-image and concept, as that will affect the self-actualization of the pregnant learner and her academic performance; written or graphic discrimination in the form of negative notes or suggestive material relating to the pregnant learner; all other ridiculing

cultural or religious myths as factors which may force pregnant learners to drop out from school, or delay their postnatal return to school; breaking confidentiality in a judgmental manner; and unfair discrimination, harassment and hate speech against pregnant learners constitute discrimination against pregnant learners.

The DoE, (2006) stated as the responsibility of District Managers and Heads of Provincial Education Department to issue circulars to schools to ensure compliance with the South African Schools Act No. 84, 1996, with regard to stipulations related to the pregnant learners. The KwaZulu-Natal of Provincial Education Department issued Circular No 120 of 2006 to all schools in the province.

According to KZN Circular No. 120 of 2006, a learner who falls pregnant may not become subject to any disciplinary action. The Bill of Rights in the Constitution makes it clear that the State may not unfairly discriminate against a person on the grounds of pregnancy. The Constitution also states that “the child’s rights are of paramount importance in every matter concerning the child”.

In terms of the law of general application a girl who is under the age of 16 years and who is pregnant should have her case referred to the Child Protection Unit and/or the South African Police Services, since in a situation such as this, there are likely to be grounds for a charge of statutory rape to be laid.

According to the Department of Education (2006) and KZN Circular 120 of 2006, it is not the function of the school or the governing body to decide that a learner is pregnant or not. It is the responsibility of the learner and/or the head of the household in which the learner lives to reveal that she is pregnant. One wonders what should happen if neither the pregnant learner nor the head of the family disclose that the learner is pregnant and the learner keeps on coming to school as if nothing has happened. Eventually, educators will be responsible for helping a teenager should complications occur.

It is further stated in the Circular 120 of 2006 that... “a girl of school going age and who has given birth to a baby is obliged to return to school. However her parents may apply for exemption from attending school, which only the Superintendent-General may grant.

A girl over compulsory school-going age has the right to return to the school she attended when she fell pregnant. Should she wish to attend another school she/her parents would have to apply to that school and her application would be treated as would any other application...”(Department of Education ,2006).

The guidelines discussed above aimed at assisting learners who fall pregnant; hence these guidelines are learner friendly and protect the rights of learners in schools. These learners will be in the care of educators in schools yet there are no provisions made in the guidelines to support educators. One wonders whether educators are equipped enough to face this mammoth task.

With these guidelines emphasizing the rights of the pregnant learners, there is a concern among educators. Most educators believe that more learners will be encouraged to fall pregnant since the other learners see how pregnant learners enjoy abundance of rights without being rebuked about the wrongs they have done.

2.8 Educators' attitudes towards teenage pregnancy

The nature of an attitude has three components, that is, the cognitive component, the affective (feeling) component and the action tendency. The cognitive component incorporates beliefs, perceptions and expectations of an individual about the attitude object. This may be negative or positive stereotype. The affective component is pleasing or displeasing emotions about the object.

Action tendency deals with the behaviour readiness of an individual in connection with the object of an attitude. If the attitude is hostile, it presupposes an action to punish, injure or destroy the object. If the attitude is favourable, it presupposes the action of helping, nursing, protecting and supporting the object of an attitude. Nzimande (1970) believes that these components of an attitude have direction (that is, favourable or unfavourable) and the strength or intensity (strongly hostile or strongly favourable).

Department of Education (1996) does not allow discrimination against learners regardless of their marital status. At present, most schools turn a

blind eye on pregnant learners. The school does not want to play an active role in dealing with teenage pregnancy or teenage parenting. Some schools, however, still force pregnant learners to leave school although this is against the Schools Act. Research has shown that child care facilities within the school are needed in order to keep teenage mothers at schools but there is a strong opposition from communities and educators to school involvement in child care (Pagelow, 1984).

The stigma which accompanies pregnancy in schools still exists. Some educators still believe that pregnant girls should continue to leave school. “Within the African communities, it is quite a stigma for a girl to fall pregnant. Our view is that a pregnant girl will not be able to learn much, with other children taunting her” (Davidow, 1998:8). One headmaster was cited by Davidow (1998) expressing her feelings that pregnant learners should continue to leave school.

Some schools offer counseling and support for young mothers and mothers-to-be. This shows positive attitude by the school towards those learners who fall pregnant. In a study by Davidow (1998) on teenage pregnancy and school drop-outs, pregnant girls were mocked and ill-treated by educators to the extent that they would leave school without the knowledge of the headmaster.

Having teenage pregnancy viewed as a problem in local schools, pregnant girls often have nowhere to go for support and care. They are made to feel like outcasts at schools and homes. The Pretoria Hospital School offers teenage mothers a refuge and a classroom (Msomi, 1999).

The researcher wonders how educators and parents would perceive the establishment of such schools within their communities.

Educators tend to polarize, falling into two opposite extremes. There is no neutrality in their attitudes. Negative attitude of educators is shown by the stigma which accompanies pregnancy in schools (Davidow, 1998). In his study Davidow (1998) found that pregnant girls were mocked and ill-treated by educators to the extent that they would leave school without the knowledge of the headmaster. In interviews with educators, Masuku (1998) found that the lack of training among educators and lack of first aid equipment in schools create the negative attitude.

Educators, on the other hand, show support for and willingness to help pregnant teenagers. In one study, educators believe that the school should be equipped to cater for pregnant learners. The provision of a school nurse by the Department of Education was recommended by educators. This shows willingness to help, but lack of skills is a buffer. In the study conducted by a researcher in 2006, one of the aims was to determine the nature of attitudes of educators towards teenage pregnancy. With regards to this aim, the researcher found that most educators (68 %) have a positive attitude towards teenage pregnancy. Thirty two percent displayed negative attitude.

Although the majority of respondents displayed positive attitudes, the lack of capacity in dealing with pregnant learners poses a problem for educators. Educators were not comfortable with highly pregnant learners

attending school. The delayed response by ambulance services creates a problem and is sometimes fatal.

2.9 Empirical studies on teenage pregnancy

There are a number of studies that have been conducted on the topic of teenage pregnancy. The researcher will concentrate on those that deal with attitudes, perceptions of people regarding teenage pregnancy, outcomes, results and consequences of teenage pregnancy, and those studies that aimed at providing solutions to the problem of teenage pregnancy.

Masuku (1998) conducted a study, looking at the perception of learners about teenage pregnancy at KwaMgaga High School in Umlazi township of KwaZulu-Natal. Her main concern was the high rate of dropout resulting from teenage pregnancy. This happens despite the effort made by the South African Schools Act that prevents the expulsion of pregnant school girls. She highlighted the fact that negative attitude of learners is a major force that drives pregnant girls out of school. Masuku believes that... “if the school environment can be made conducive for the continuing education of pregnant school girls, South Africa will contribute towards solving the situation where the majority of people live in poverty” (Masuku,1998:4).

Dallimore (2002) explored adolescents risk taking behaviour in an era of HIV/AIDS infections in KwaZulu-Natal. In her study she found that parents who maintain high level of communication and close

relationship with their children by creating a connected and supportive environment are more likely to have children who delay the onset of sexual intercourse. She also found that adolescents who have low educational aspirations and do not do well at school are more likely to become sexually active at an earlier age. Dallimore concluded that adolescents from households that were lacking in discipline and parental rules were considered to be at greater risk of teenage pregnancy. Configuration of the family has also been found to be important with the sexual behaviour of the older siblings influencing that of their younger siblings; and youth who attend church frequently and who placed a high value on religion in their lives were found to hold less permissive attitudes, and were less likely to be sexually active (Dallimore,2002)

Recent South African research, related to teenage pregnancy and sexual behaviour amongst youth, have contributed an important insight from two key areas of adolescents sexuality (Richter, Norris, & Ginsberg, 2006; Mash, Kareithi & Mash 2006). Regarding teenage pregnancy, the veil of secrecy as a consequence of shame has been highlighted as a failing of both family and health services to provide a secure and trusting environment that promotes open communication (Richter, et.al, 2006).

Findings of a social survey on sexual behaviour among Anglican youth in the Western Cape found that religious affiliation and involvement with church related activities did not differentiate Anglican youth from other youth. Specifically, they were as likely to be engaged in sexual activity (31 % of the sample in the 12-19 year old age group) as the broader peer group. The report cited the need for parental capacity to

deal with such issues as being an important focus, specifically as this adolescent sample cited parents as an important source of information, albeit not perceiving them to be comfortable answering questions about sex (Mash, et.al, 2006).

Pregnancy and parenthood during adolescence is an undesirable social phenomenon and is largely an unintended consequence of adolescence social behaviour (Jali, 2008). Teenage pregnancy has received significant national attention because of the moral, legal, health and social issues that it has raised. Wilson & Ramphole (1989) identify three perspectives associated with adolescence pregnancy.

Adolescence pregnancy can be viewed namely as a problem created by the availability of contraception and particularly abortion services, or a social burden revisiting from serious social and economic consequences of adolescent parenting, or as an indicator of early non-marital sexual activity among adolescents. The pregnancy and birth rate for adolescents has been variable and is related to the proportion of the sexual activity.

Leatherwood (2006) conducted a study to compare teachers' and students' perception of academic performance and opportunities focusing on pregnant and parenting students. One of the research questions asked how teachers (educators) of pregnant and parenting teenagers view the academic performance and opportunities of those students. The data showed that 87 percent or teachers of pregnant and parenting students see these students as high achieving and ore motivated to do well. The teachers expressed overwhelmingly that this

group of students performed better than the non-pregnant /non-parenting group of students.

As many of the teachers stated, the responsibility of taking care of another person can contribute to the higher levels of performance. Society may not necessarily have the same view of these students, especially because pregnancy is the number one reason for female adolescents to drop out of school. Leatherwood (2006) believes that this positive attitude by teachers toward the students could improve the high dropout rate. Schools may need to find a way to translate the positive attitudes teachers to the students to ensure that they stay in school and remain motivated.

2.10 Summary

This chapter highlighted different views by a number of researchers on experiences, attitudes and various educators' characteristics that may have influence on them. Different views of the public on teenage pregnancy confirmed that there are disadvantages of teenage pregnancy even though teenagers may see it otherwise. Teenage pregnancy, the problems experienced by educators, the public perceptions and the perceptions of the Department of Education were discussed in this chapter. The next chapter discusses research methodology of the study.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

The purpose of this chapter is to discuss research design and methodology used in collecting and analyzing data. Data was collected and analyzed in order to test the hypotheses that were formulated in the first chapter. The rationale for the use of specific methodology will also be discussed.

3.2 Objectives of the study

The main aim of the study was to investigate the experiences of educators in dealing with teenage pregnancy. The following specific objectives of the study were formulated.

- 3.2.1** To ascertain the nature of educators' experiences in dealing with teenage pregnancy.
- 3.2.2** To examine the relationship, if any, between educators' experiences in dealing with teenage pregnancy and educators' biographical factors such as age, gender, educational level, teaching experience, religious affiliation and race.

3.2.3 To ascertain the extent to which educators generally find dealing with teenage pregnancy to be stressful, and

3.2.4 To determine whether educators' biographical factors (age, gender, educational level, teaching experience, race and religious affiliation) have any influence on the extent to which educators find dealing with teenage pregnancy to be stressful.

3.3 Formulation of hypotheses

Based on the aims of the study, the following hypotheses were formulated:

3.3.1 Hypothesis #1

Educators do not differ in terms of the nature of their experiences in dealing with teenage pregnancy in schools.

3.3.2 Hypothesis #2

Educators' biographical factors such as age, gender, educational qualifications, teaching experience, religious affiliation and race have no significant influence on educators' nature of experiences in dealing with teenage pregnancy.

3.3.3 Hypothesis #3

Educators do not differ in the extent to which they find dealing with teenage pregnancy to be stressful.

3.3.4 Hypothesis #4

Educators' biographical factors such as age, gender, educational level, teaching experience, religious affiliation and race have no significant influence on the extent to which educators find dealing teenage pregnancy to be stressful.

3.4 Research design

The study followed a quantitative research paradigm and was descriptive in nature. This study aimed at measuring and reporting the characteristics of the phenomenon under investigation. In descriptive research there is no random assignment of participants into experiment and control groups. Participants in this study were already members of various levels of variables e.g., gender, age categories, race, etc. (Huysamen, 1994). Descriptive approach provided clarification and description of accurate information about educators' experiences that permitted generalization. This approach was considered suitable because it tests factual hypotheses (Bless & Higson-Smith, 2000). Newman (2002) believes that much of social research is descriptive in nature. Descriptive approach is viewed by Govender (2002) as an accurate quantitative account of a phenomenon rather than discovering the cause of it. It answers the question how and who, not why.

According to Majova (2002), in descriptive research there is no manipulation of subjects. The researcher measures things as they are. Descriptive study provides answers to the research questions. Majova

(2002) believes that this approach is suitable in cases where time and resources are limited.

Descriptive study provides an accurate profile of a group and presents a picture of the specific details of a situation, status of events, social setting or relationship (Ntsholo, 2002). The researcher began with a well-defined subject and conducted research to describe it accurately. In describing the subject, the researcher found out how many members of a population have specific attribute or how often certain events occur. In descriptive study, the researcher establishes boundaries of research problem. The results of this study therefore indicated the percentages of educators who had positive or negative experiences of dealing with teenage pregnancy.

The study described the nature of educators' experiences in dealing with teenage pregnancy in KwaZulu-Natal secondary schools. The researcher attempted to find out if educators' characteristics had any influence in their dealing with teenage pregnancy. The extent to which educators' dealing with teenage was stressful was also investigated.

3.5 Description of the population

The study was conducted in KwaZulu-Natal which is one of the nine Provinces of the Republic of South Africa. It is about 92 180 square m² in size and is made up of twelve (12) educational districts. These districts, in alphabetical order, are Amajuba; Empangeni; Ilembe; Obonjeni; OThukela; Pinetown; Sisonke; uGu; uMgungundlovu;

uMlazi; uMzinyathi and Vryheid districts. There are 2114 public secondary schools in total. All secondary school educators in KwaZulu-Natal Province form the population of the study. The researcher chose KwaZulu-Natal Province because of its accessibility. Schools in this province cater for educators' characteristics such as gender, race, religious affiliation, and so on.

3.6 Sampling Design

The population consists of 2114 public secondary and combined schools in KwaZulu-Natal. These schools are distributed among twelve educational districts. There are 106 secondary schools in Amajuba; 218 in Empangeni; 149 in Ilembe; 169 in Obonjeni; 164 in OThukela; 158 in Pinetown; 204 in Sisonke; 161 in UGU; 164 in uMgungundlovu; 154 in Umlazi; 186 in UMzinyathi and 281 in Vryheid district.. The sample consists of 5 percent of secondary and combined schools randomly selected from each district. This means that there are 5 secondary schools randomly selected from Amajuba; 11 from Empangeni; 8 from Ilembe; 9 from Obonjeni; 9 from OThukela; 8 from Pinetown; 10 from Sisonke; 8 from uGU; 8 from uMgungundlovu; 8 from uMlazi; 9 from uMzinyathi and 14 schools from Vryheid district.

The sample consists of educators from 106 public secondary and combined schools, forming five (5) percent of the population. The name of each school in each district was written on a piece of paper.

Papers with names of schools were put in a box marked the name of a specific district. There were twelve boxes in total. Five percent of schools were randomly drawn from each box. This ensured representativeness of a sample in each district.

Using 15 as an estimate average number of educators in each randomly selected secondary school and 106 as a total number of secondary and combined schools that are included in the sample of the final study, the estimated size of the sample was ± 1590 respondents. Since the list of all educators (total population) was not available, and the researcher was unable to select a random sample of individual educators, schools rather than individual educators were randomly selected.

Cluster sampling is more effective with large population size where an expansive area is subdivided into smaller units (Leedy, 1993).

3.7 Research instrument

3.7.1 The questionnaire

In this study, the researcher used questionnaire as a method of collecting data. Vadum and Rankin (1998) describe a questionnaire as a method of systematically collecting data from people about their behaviour, attitudes and beliefs. Van Heerden (1999) employed questionnaires in issues of attitudes, behaviour and identity among black and white pupils in desegregated South African schools.

Delano, Kay and Philliber (1999); Makanya (1993); Masuku (1998) and Sibaya (1993) preferred questionnaire because it has an advantage that the researcher can reach large number of respondents at the same time. Researchers in attitudes and perception studies preferred to use questionnaire for its time saving effect (Nene, 1969; Nkosi, 1988; Nxumalo, 1997; Gokar, 1998; Mgwaba, 2002; Govender, 2002; Mkhathswa, 2002).

According to Sibaya (1992), the questionnaire serves two purposes. Firstly, it translates the research objectives into specific questions, the answers to which will provide the data necessary to test the hypotheses or to explore the area set by research objectives. The second purpose is to motivate the respondent to communicate the required information.

The researcher used close-ended questionnaire. The advantage of such questionnaire is that it eliminated irrelevant responses and allowed respondents to focus on most important issues at hand and save time. The questionnaire is quick, efficient and relatively easy to administer. Anonymity is ensured when a questionnaire is used as a research instrument. This was also the case in this study. It is explained to respondents that to ensure confidentiality and anonymity, they are not required to write their names in the questionnaire. The researcher also included two open-ended questions items. The researcher aimed to elicit more and quality data from respondents without being restricted by given options.

3.7.2 Advantages of the questionnaire

According to Mahlangu (1987), the questionnaire is one of the most commonly used methods of gathering information. It is also time-saving and conducive to reliable results. The researcher used written questionnaire as a research instrument taking into consideration certain advantages cited by Cohen and Manion (in Maphalala ,2006:72). They are as follows:

- Affordability is the primary advantage of a written questionnaire because it is the least expensive means of data gathering
- Written questionnaires preclude possible interview bias. The way the interviewer asks questions and even the interviewer's general appearance or interaction may influence respondent's answers. Such bias can be completely eliminated in the written questionnaire.
- A questionnaire can be given to many people simultaneously, that is to say that a large sample of targeted population can be reached.
- They permit a respondent, sufficient amount of time to consider answers before responding.
- They provide a greater uniformity across the measurement situations than do interviews. Each person responds to the same questions because standard instructions are given to the respondents.

- Generally, the data provided by the questionnaires can be more easily analyzed and interpreted than the data obtained by verbal responses.
- Using a questionnaire solves the problem of non-contact “when the researcher calls”. When the target population to be covered is widely and thinly spread, the mail questionnaire is the only possible method of approach.
- Through the use of the questionnaire approach, the problems related to interviews may be avoided. Interview “errors” may seriously undermine the reliability and validity of the survey results.
- A respondent may answer questions of a personal nature more willingly and frankly on a questionnaire than in a face to face situation with an interviewer who may be a complete stranger. In some cases it may happen that respondents respond less than expected and make more critical comments in a mail questionnaire.
- Questions requiring considered answers rather than immediate answers could enable respondents to consult documents in the case of mail questionnaire.
- Respondents can complete questionnaires in their own time and in a more relaxed atmosphere.
- Questionnaire design is relatively easy if the set guides or guidelines are followed.
- The administration of questionnaires, the coding, analysis and interpretation of data can be done without any special training.

A questionnaire is not simply thrown together. A poorly designed questionnaire can invalidate any research results. A well designed data collecting technique can boost its reliability and validity (Schumacher & Mallain, 1993). Dane (Luthuli, 2003:56) believes that... “the length of questions, the number of response options as well as the format and wording of questions are determined by the aims of the research study; the size of the research sample, the method of data collection and method of data analysis ”. The researcher has considered all these prerequisites when planning and designing a questionnaire. Questionnaire was planned in such a way that the aims of the study were fulfilled.

3.7.3 Construction of the questionnaire

The questionnaire consists of four sections. The first part (section A) consists of educators’ biographical information such as age, gender, educational qualifications, teaching experience, rank, religious affiliation and race. This information was used in relation to aim number two and aim number four of the study. These aims intended to determine whether respondents’ biographical factors have any influence on educators’ experiences in dealing with teenage pregnancy as well as on the extent to which educators find dealing with teenage pregnancy to be stressful.

The second part (section B) consists of positively worded statements and negatively worded statements about educators’ experiences in dealing with teenage pregnancy. A Likert-

type scale to which subjects responded on a 5- point scale ranging from strongly agree to strongly disagree was used. Likert-type scale enabled the researcher to measure the direction and the intensity of respondents' attitudes and experiences. The Likert-type scale, in this study, was of advantage in that it was easy to prepare and was based on empirical data regarding subjects' responses rather than subjective opinion or judgment. Burn (2000) preferred Likert-type scale because it produces more homogenous scales and increases the probability that a unitary attitude is being measured and therefore the validity and reliability are reasonably high. This section of the questionnaire consists of statements which were in line with aim number one of the study. They elicited responses which determined the nature of educators' experiences in dealing with teenage pregnancy.

The third part (section C) consists of a question about the level of stress educators experience when dealing with teenage pregnancy. A 5-point scale ranging from not stressful to extremely stressful was provided for respondents to choose from. This aimed at providing response that ascertained the extent to which educators find dealing with teenage pregnancy to be stressful (aim number three).

Section D contains two open-ended question items. In this section, respondents were required to discuss the experiences they had when dealing with teenage pregnancy. Respondents were also asked to provide suggestions that they thought would help in solving the problem of teenage pregnancy.

3.7.4 Method of coding or scoring and planning for data analysis

3.7.4.1 Scoring the research instrument

Data obtained from section A of the questionnaire (biographical information of educators) was assigned numerical values since these responses did not have quantitative relationship to each other. For gender, for example, 1= Male and 2 = Female. In this study, respondents were requested to make a cross (X) through the SA, A, U, D and SD continuum to indicate the statement which suits their experiences in dealing with teenage pregnancy (section B) they were also requested to make a cross (X) through Not at all Stressful(1), Mildly Stressful(2), Moderately Stressful(3), Very Stressful(4) and Extremely Stressful(5) continuum to describe the degree to which they generally found dealing with teenage pregnancy to be stressful (section C). The statements were pre-coded in the questionnaire.

The primary data was in the form of responses to one of the five possible categories (that is SA-Strongly Agree, A- Agree, U-Uncertain, D- Disagree and SD- Strongly Disagree). Scores of the responses to each of the five categories in section B were calculated (secondary data) by scanning the number of responses to each response category of the completed questionnaire. The positively worded statements were coded as follows:

SA = 5; A = 4; U = 3; D =2 and SD = 1.

The scoring was reversed for negatively worded statements. This is a usual procedure; typically the highest score is assigned to the most positive response and the lowest score to the most negative response (Sibaya, 1993). Once the questionnaire was completed and returned, the codes were manually entered into a code sheet. Thereafter, they were punched onto the SPSS computer programme designed for research purposes.

3.7.4.2 Determination of the nature of educators' experiences in dealing with teenage pregnancy

For the purpose of testing the hypothesis that educators do not differ in the nature of their experiences in dealing with teenage pregnancy (aim number one), the researcher decided to divide respondents into groups. Since the scoring pattern for positively worded statements was 5, 4, 3, 2, 1 and 1, 2, 3, 4, 5 for negatively worded statements, the lowest possible score was 45 (could be theoretically obtained by a respondent who selected strongly disagree responses to every positively worded items and strongly agree to every negatively worded item) and the highest possible score is 225 (could be theoretically obtained by a respondent who selected strongly agree responses to every positively worded items and strongly disagree to every negatively worded item).

With scores that could range from 45 to 225, the following four groups were created:

- VNE GROUP: A Very Negative Experience group consists of respondents with score in the range of 45-90

- NE GROUP: A Negative Experience group consists of respondents with scores in the range of 91-135

- PE GROUP: A Positive Experience group consists of respondents with scores in the range of 136-180

- VPE GROUP: A Very Positive Experience group consists of respondents with scores in the range of 181-225

The above groups were devised by grouping scores into class intervals (Sibaya, 1993). This method was successfully used by Maphalala (2006) in his study.

3.7.4.3 Determination of the extent to which educators generally find dealing with teenage pregnancy to be stressful.

For the purpose of testing hypothesis for aim number three, respondents will be required to respond to the item in Section C. Respondents were categorized into five groups namely, No Stress Group; Mild Stress Group; Moderate Stress Group; High Stress Group and Extreme Stress Group.

Responses from the subjects were coded or scored as follows:

- NS GROUP No Stress Group = 1
(Not at all stressful)

- MiS GROUP Mild Stress Group = 2
(Mildly stressful)

- MoS GROUP Moderate Stress Group = 3
(Moderately stressful)

- HS GROUP High Stress Group = 4
(Very stressful)

- ES GROUP Extreme Stress Group = 5
(Extremely stressful)

3.8 Pilot Study

Researchers (Shezi, 1994; Sibaya, 1984; Mcleod, 1999; Bless & Kathuria, 1993) recommend that before the researcher can administer research instrument in the field, it is essential that a preliminary trial of the research measure be undertaken in order to evaluate the validity and reliability of the research instrument Pilot work can bring to light the vulnerability in the procedure of the administration of the research instrument. This include, among other things, poor wording;

incomprehensibility of instructions and questions sensitive to respondents.

Dane (in Luthuli, 2003) describes pilot study as an abbreviated version of a research process (project) in which the researcher practices or tests the procedures to be used in the subsequent full scale project or study. The basic purpose of the pilot study is to determine how the design of the subsequent study can be improved and to identify flaws in the measuring instrument (Kidder & Judd, 1986).

A pilot study gives a researcher an idea of how the method will actually look like in operation and what effects (intended or unintended) it is likely to have. When there are many problems that arise, the pilot study enables the researcher to avert these problems by changing the procedure; instructions and/or questions (Maphalala, 2006).

Plug, *et.al* (in Maphalala, 2006:94) stated the following as the main purposes of a pilot study:

- A pilot study permits a testing of the hypothesis that leads to testing more precise hypotheses in the main study.
- It provides the researcher with ideas, approaches and clues not foreseen prior to the study.
- It permits a thorough check of the planned statistical and analytical procedures, thus allowing an appraisal of their adequacy in treating the data.

- It greatly reduces the number of errors because unforeseen problems revealed in the pilot study results in the redesigning of the main study.
- It saves researchers major expenditure of time and money on aspects of the research which would have been unnecessary.
- Feedback from other persons involved is made possible and leads to important improvements in the main study.
- In the pilot study the researcher tries out a number of alternative measures and selects only those producing the best results for the final study.
- The approximate time required to complete the questionnaire is established in the pilot study.
- Questions and/or instructions that were misinterpreted are reformulated.

A pilot run of the research instrument was conducted among Secondary school educators from schools in the ILembe District of KwaZulu-Natal Province. These schools were not included in the final study sample. Through the use of a pilot study as a preliminary or pre-test, the researcher was satisfied that the questions asked, and the procedure followed adequately complied with the requirements of the study.

3.9 Validity and reliability

All social researchers want their measures to be reliable and valid in order to establish the truthfulness, credibility and believability in their

research studies (Newman, 2000).

3.9.1 Validity of the research instrument

The validity of the measuring instrument is the extent to which the instrument measures what it is actually intended to measure (Leedy, 1993). In this study there are two types of validity which were used. Face validity is the extent to which, on the face, the instrument looks like it measures a particular characteristic. According to Sibaya (1993), this does not denote validity in the true sense of the term. It means that a cursory examination seems to show that the instrument does measure what it intended to measure. McMillan and Schumacher (in Majova, 2002) describe face validity as the judgment that items in the research instrument appear to be relevant. The research instrument, in this study, was shown to some experts. These experts were asked to scrutinize the instrument to ascertain its validity.

Content validity is the extent to which the measuring instrument is the representative sample of the content area (domain) being measured (Leedy, 1993). Sibaya (1993) suggests that content validity must be a matter of judgment, not empirical correlation: this really means a systematic examination or scrutiny of the content, to find out if it covers all the information on which the tester means to test the subjects.

A measurement instrument has a high content validity if its items or questions reflect the various parts of the content domain in an appropriate proportions or skills that are central to the domain (Leedy, 1993). The researcher consulted experts in the field of Educational Psychology research at the University of Zululand, to scrutinize the items in the research instrument. These are the ...“people whose opinion matters...” (Govender, 2002:48)

3.9.2 Reliability of the research instrument

The reliability of the research instrument is the extent to which it yields consistent results when the characteristics being measured haven't changed (Leedy, 1993). Sibaya (1993:154) explains reliability as...” the degree to which a test is internally consistent”. The internal consistency reliability indicates the extent to which all the items within a single instrument yield similar results.

In this study, the researcher enhanced the reliability of a measuring instrument by;

- Always administering the research instrument in a consistent fashion. This means that there was standardization in the use of the instrument from one person (situation) to the other.
- Specific criteria were established that dictated the kinds of judgments the researcher made. The nature of the instrument encouraged objectivity in each item or question.
- Research assistants who were using the research instrument were well trained in order to obtain similar results (Leedy, 1993).

Furthermore, in order to ensure that all items in the research instrument are internally consistent, Cronbach's Alpha Reliability Co-efficient was calculated.

3.10 Procedure for the administration of the research instrument

Permission to conduct research in selected Secondary schools was requested. A letter of request was sent to the Director: Research Strategy Development and ECMIS in the Head office of the KwaZulu-Natal Department of Education. Copies of the letter of approval were made and they accompanied questionnaires to educators of the sampled secondary schools for the attention of the principals concerned. A pilot run of the research instrument was conducted among educators of Secondary schools in the ILembe District. Secondary schools used in the pilot study did not form part of the final sample of the full-scale study. The researcher, with the help of the research assistants, distributed the questionnaires to schools and collected the completed questionnaires from schools.

3.11 Method of data analysis

Qualitative data, in this study, was analyzed in two different ways. The analysis of data involved descriptive statistics and inferential statistics. The differences and procedures involved in these methods are discussed. Qualitative data was analyzed by creating themes.

3.11.1 Descriptive analysis of data

The term descriptive statistics (also known as summary statistics) refers to statistical methods used to describe data which have been collected on a research sample (Borg & Gall in Maphalala, 2006). Descriptively, the data are summarized and reduced to a few statistics for the actual sample (Abhilak, 1994). Descriptive statistics serves as a tool for organization, tabulation, depicting and describing, summarization and reduction of comprehensible form of an otherwise unwieldy mass of data (Sibaya, 1993). Therefore, it does not involve testing of hypotheses for making generalizations about the population parameters.

In this study, descriptive statistics was used for summarization and reduction of the data which was collected on a research sample. An analysis of the respondents in the sample according to their personal particulars (Section A of the questionnaire) was done first. Descriptive analysis of the sample data for the 40 statements (Section B of the questionnaire) was then done, using respondent counting, percentages, and average (mean) for the responses to each statement. These concepts are discussed in the following section.

a) Respondent counting and percentages

Orlich (in Maphalala, 2006), maintains that the preliminary step in analyzing data is usually counting the responses for every item or respondent counting, using either hand tabulations or electronic data processing. Electronic data processing is used in this study. Respondent

counting involves counting the number of respondents who marked SA, A, U, D and SD categories in each statement. Respondent counting provides a summary of the tabulated frequency for which each category is marked. Therefore, frequency data can be converted to percentages, indicating the number of respondents who marked a particular category in relation to the total number of respondents (Orlich in Maphalala, 2006). In order to test research bias and avoid giving misleading information, the number of respondents who marked a particular category is always given with the reported percentages in brackets.

b) The mean (average) for the responses to each statement

Henelson, Morris & Fitz-Gibbon (1987:174), believe that... “By averaging group scores on a set of items, you are reducing or summarizing data in order to make them easier to work with and interpret” .When the mean or average for the responses to each item is converted to the nominal categories, it gives an indication of the group’s response to a particular statement (Maphalala, 2006). In this study, it means that when the mean or average for the responses to each item are converted to SA, A,U, D and SD categories, it gave an indication of the educators’ responses to a particular statement.

3.11.2 Inferential Statistics

While descriptive statistics is concerned with summarizing or describing data of a sample, inferential statistics is concerned with generalizing from a sample to make estimates and inferences about a wider

population (Leedy, 1993). Rowntree (in Maphalala, 2006) asserts that the distinction between descriptive and inferential statistics depends upon another: the distinction between samples and populations. Borg and Gall (1983) also affirms that inferential statistics is used to make inferences from sample statistics to the population parameter. Sibaya (1993) maintains that the purpose of inferential statistics is to predict or estimate or surmise the properties of a population from knowledge of the properties of only a sample of a population. Therefore, inferential statistics builds upon descriptive statistics. However, the descriptive characteristics of a sample can be generalized to the entire population, with a known margin of error, using the techniques of inferential statistics (Sibaya, 1993). Inferential statistics is also used to determine whether differences between groups might be due to chance. It therefore involves hypotheses testing. Inferential statistics is used for the same purpose in this study.

To test the hypothesis that educators do not differ in nature of their experiences in dealing with teenage pregnancy (aim number one), as well as the hypothesis that educators do not differ in the extent to which they generally find dealing with teenage pregnancy to be stressful (aim number three), a Chi-Square (χ^2) one sample test was used

The Chi-Square (χ^2) test is the most frequently used non-parametric statistics for significance (Orlic, 1978; Behr, 1988). The Chi-Square (χ^2) test of significance is used when the investigation concerns the category variables, which is, comparing how many members of a sample fall into each one of the number of descriptive categories. It is concerned with

comparing differences in the actual (observed) frequencies (or counts) with the expected frequencies (Behr, 1988). The Chi- Square (χ^2) test is a test that tells the researcher the extent to which the observed set of frequencies differ from the frequencies that were expected. It is suitable when research data is in the form of frequency counts (Borg & Gall, 1983). In other words, it is used to test the hypotheses about proportions (Sibaya, 1993).

In this study the researcher had, in the single sample, four groups or categories, namely Very Negative Experience, Negative Experience, Positive Experience and Very Positive Experience categories. The researcher also has No Stress Group; Mild Stress Group; Moderate Stress Group; High Stress Group and Extreme Stress Group. The researcher intends to test whether significant differences exist between the observed frequencies and the expected frequencies in these respective categories. This type of Chi- Square (χ^2) test is called one-sample test.

Since the researcher's hypotheses were null hypotheses (which is 'no difference' statistical hypotheses), it was decided that if there is no significant difference between the frequencies in the respective categories or groups, the null hypothesis is accepted. The null hypothesis is rejected at 0,05 level of significance, which means that the likelihood of the results occurring by chance is less than five times in 100 (that is less than 5% chance). If the calculated probability value of the results (p) is greater than 0, 05 level of significance, the null hypothesis is

accepted. This is recorded as $p > 0,05$. If it is less, the null hypothesis is rejected. This is recorded as $p < 0,05$ (Sibaya, 1993).

3.10 Summary

This chapter gave a detailed description of the research methodology that was used in this study. The rationale and theoretical support for the methodology and tools used was explained. In the next chapter (chapter four) the empirical research will be conducted, and the analysis and interpretation of data obtained by means of empirical research will be discussed

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF DATA

4.1 Introduction

The study investigated educators' experiences in dealing with teenage pregnancy in secondary schools in KwaZulu-Natal province of the Republic of South Africa. Chapter three discussed in detail the research design and methodology that was used in this study. In this chapter the analysis and interpretation of data is discussed. Descriptive statistics was used to summarize educators' responses to the statements or items without testing the hypotheses of the study. Inferential statistics was used to hypotheses postulated in chapter one.

4.2 Administration of the research instrument

The Statistical Programme for Social Sciences (SPSS) was used for analyzing data. To determine the internal consistency reliability for items 1-45 (section B), which measure the nature of educators' experiences in dealing with teenage pregnancy; Chronbach's coefficient alpha test was conducted. Due to the reason that we had positive and negative statements, the test was run separately. The internal-consistency reliability estimate for positive statements was 0,844 which is very high and indicates strong internal consistency. The overall alpha for negative statements was 0,915 which is even higher compared to that of positive statements and indicates a very strong

internal consistency. The overall alpha was 0, 880 which is acceptable (Tabachnick & Fidell, 1989).

4.3 Demographic statistics

A sample of 1590 educators was requested to complete a questionnaire. The total number of questionnaires returned was 516, making 32, 5 % of the planned sample. According to Leedy (1993), generally the larger the sample, the better. Gay and Airasian (2003:113) have offered the following guidelines for selecting a sample size:

- For small population (with fewer than 100 people or other units), there is little point in sampling. Survey the entire population,
- If the population size is around 500, 50% of the population should be sampled,
- If the population size is around 1500, 20% should be sampled,
- Beyond a certain point (at about 5000 units or more), the population size is almost irrelevant, and a sample size of 400 should be adequate.

Based on the guidelines stated above, the sample of 516 educators was sufficient enough to make a generalization on the findings. The breakdown of the study sample was as follows:

Table 4.1 Frequency distribution of subjects by gender

Gender	Frequency	Percentage
Male	226	43,8
Female	290	56,2
Total	N= 516	100%

Male respondents made 43, 8 % of the study sample. Two hundred and ninety female educators made 56, 2 % of the final sample. This is proportional to the percentages of male and female educators in KwaZulu Natal province.

Table 4.2 Frequency distribution of subjects by age group

Age group	Frequency	Percentage
20-29 Years	93	18,0
30-39 Years	206	39,9
40-49 Years	166	32,2
50 and above	51	9,9
Total	N= 516	100%

Most respondents fell within the 30-39 years age bracket and they make 39, 9 % of the study sample. Educators whose age ranges from fifty years and above had the lowest frequency. Respondents of various ages were well distributed in the final sample.

Table 4.3 Frequency distribution of subjects by racial group

Race	Frequency	Percentage
African	395	76,6
Coloured	52	10,1
Indian	67	12,9
White	2	0,4
Other	0	0,0
Total	N= 516	100%

African educators formed the majority of respondents in this study. They form 76, 6 % of the final study sample. Very few Coloureds and Indians participated in the study. Only two White respondents were part of the study, making 0, 4 % of the total who took part.

Table 4.4 Frequency distribution of subjects by their teaching experience

Experience	Frequency	Percentage
Less than 6 Years	79	15,3
6-10 Years	101	19,6
11-15 Years	106	20,5
16- 20 Years	151	29,3
21- 25 Years	47	9,1
More than 25 Years	32	6,2
Total	N= 516	100%

The majority of respondents had between 16-20 years of teaching experience. Most educators who participated in the study had teaching

experiences of between six and twenty years. 15, 3% had less than 6 years while 32 (6, 2 %) educators have taught for more than 25 years.

Table 4.5 Frequency distribution of subjects by their religious affiliation

Religion	Frequency	Percentage
African Belief System	31	6,0
Buddhism	3	0,6
Christianity	401	77,7
Hinduism	35	6,8
Islamic	7	1,4
Jehovah's Witnesses	7	1,4
Jewish	3	0,6
Shembe (Nazareth)	25	4,8
Other	4	0,7
Total	N= 516	100%

Almost all religions practiced in South Africa were represented in the study. The highest frequency was observed in Christianity, with 401 respondents forming 77, 7 % of all respondents. Four respondents subscribed to other religions that they did not specify.

Table 4.6 Frequency distribution of subjects by their educational level

Educational Level	Frequency	Percentage
Matric only	23	4,5
Matric+Teachers' Certificate	20	3,9
Matric+Teachers' Diploma	105	20,3
Matric+Degree	94	18,2
Matric+Degree+Diploma	104	20,2
Matric+Senior Degree	61	11,8
Matric+Senior Degree+Diploma	109	21,1
Total	N= 516	100%

Twenty three respondents had Matriculation certificate only as their highest qualification. They form 4, 5 % of the sample .The majority of educators who participated in this study had post matriculation teacher qualification. Educators forming 21, 1 % had senior degree plus a teachers' diploma.

4.4 Results of the study, Quantitative analysis of data

4.4.1 Descriptive analysis of data

According to Terre Blanche and Durrheim (1999), descriptive data analysis aims at describing data by investigating the distribution of scores on each variable and whether scores on different variables are related. Descriptive statistics serve as a tool for organization, tabulation, depicting and describing, summarization and reduction of

comprehensible form of an otherwise unwieldy mass of data (Sibaya, 1993). This helps the researcher to gain initial impression of data that was collected and to determine whether relationships exist between variables. In this study descriptive statistics was used to summarize data which was collected from a research sample and present it in a more comprehensible manner.

Table in Annexure E reveals the following information pertaining to educators' experiences in each statement:

Statement 1

I do not mind being a class educator of a pregnant learner

The statement is positively worded. Table 4.7 reveals that 80 (15, 5%) respondents strongly agree and 74(14, 3%) respondents agree that they do not mind being a class teacher of a pregnant learner. There were 220 (42, 6%) respondents who disagree with statement 1.

Statement 2

Pregnant learners should not be allowed to attend classes

This statement is negatively worded. Most respondents disagree with this statement. One hundred and seventy one educators (33, 1%) disagree while 63 educators forming 12, 2 % of the total respondents strongly disagree. One hundred and forty educators were not sure on which side they are in.

Statement 3

I do not have a problem teaching a pregnant learner

The statement is positively worded. Table 4.10 reveals that 61(11, 8%) respondents strongly agree and 84(16, 3%) respondents agree that they do not have a problem teaching a pregnant learner. There were 245 (47, 5%) respondents who disagree and 43 respondents who strongly disagree with statement 3.

Statement 4

When pregnant learners are assisted, they learn a lesson and never repeat the mistake of falling pregnant

The statement is positively worded. Table 4.7 reveals that 72 (13, 9%) respondents strongly agree and 158 (30, 6%) respondents agree that they do not mind being a class teacher of a pregnant learner. There were 136 (26, 4%) respondents who disagree with statement 4. Twelve percent of respondents strongly disagree.

Statement 5

There is no need of a mini clinic and a nurse at schools

This statement is negatively worded. Most respondents disagree with this statement. One hundred and eighty one educators (34, 9%) disagree while 95 educators forming 18, 4 % of the total respondents strongly disagree. Fifty eight educators were not sure on which side they are in.

Statement 6

Educators are coping well with pregnant learners

The statement is positively worded. Table 4.7 reveals that 98 (19, 0%) respondents strongly agree and 159 (30, 8%) respondents agree that they are coping well with pregnant learners. There were 88 (17, 1%) respondents who disagree with statement 6.

Statement 7

Pregnant learners should be left on their own so that they can learn a lesson

This statement is negatively worded. Most respondents disagree with this statement. Two hundred and forty four educators (47, 3%) disagree while 89 educators forming 17, 2 % of the total respondents strongly disagree. Eighty eight educators (17, 1%) were not sure on which side they are in.

Statement 8

Pregnant learners need support from educators at school

This is a positively worded statement. Table 4.7 reveals that most respondents (44, 0%) disagree and 56 (10, 8%) respondents disagree with the statement. There were 125 (24, 2%) respondents who were not sure about this statement. Only 108 respondents agree with statement 8

Statement 9

It is sad to see pregnant learners forced to leave school

The statement is positively worded. Table 4.16 reveals that 180 (34, 9%) respondents disagree and 72(13, 9%) respondents strongly disagree that they do not mind being a class teacher of a pregnant learner. There were 98 (19,0%) respondents who agree with statement 9.

Statement 10

I am not responsible for taking care of pregnant learners

This statement is negatively worded. Most respondents disagree with this statement. One hundred and sixty four educators (31, 8%) disagree while 48 educators forming 9, 3 % of the total respondents strongly disagree. Seventy one educators were not sure on which side they are in.

Statement 11

Pregnant learners should not be treated as outcasts at school

The statement is positively worded. Table 4.7 reveals that 38(7, 4%) respondents strongly agree and 46(8, 9%) respondents agree that pregnant learners should not be treated as outcasts. There were 273 (52, 9%) respondents who disagree with statement 11.

Statement 12

Everything possible should be done to make the life of a pregnant learner a happy one

The statement is positively worded. Table 4.7 reveals that 56(10, 9%) respondents strongly agree and 69 (13, 4%) respondents agree with the statement. There were 206 (39, 9%) respondents who disagree with the statement.

Statement 13

Pregnant learners have a right to education (to attend school)

This is a positively worded statement. Table 4.7 reveals that most respondents (280) respondents strongly disagree and 89 (17,2%) respondents disagree that pregnant learners have a right to attend school. There were 42 (8,1%) respondents who disagree with statement 13.

Statement 14

Learners, whether pregnant or not, are my responsibility

The statement is positively worded. Table 4.7 reveals that 41(7, 9%) respondents strongly agree and 32(6, 2%) respondents agree that they do not mind being a class teacher of a pregnant learner. There were 272 (52, 7%) respondents who disagree with the statement.

Statement 15

If pregnant learners are assisted, they will not learn a lesson and they will fall pregnant again

This is a negatively worded statement. Most respondents disagree with this statement. One hundred and ninety nine educators (38, 6%) disagree while 48 educators forming 9, 3% of the total respondents strongly disagree. Eighty four educators (16, 3%) were not sure on which side they are in.

Statement 16

Taking care of pregnant learners is an extra burden

This statement is negatively worded. One hundred and ninety six educators (38, 0%) agree while 121 educators forming 23, 4 % of the total respondents strongly agree.

Statement 17

Pregnant learners affect other learners negatively in a class (room)

This statement is negatively worded. The distribution of responses is almost even, except for a strongly disagree category. One hundred and twenty two educators (23, 6%) strongly agree, 123 educators (23, 8%) agree, 126 educators were not sure on which side they are in and 107 educators (20, 7%) disagree with the statement. Only 38 educators strongly disagree with this statement.

Statement 18

It is stressful to deal with pregnant learners in a class (room)

This statement is negatively worded. The frequencies of responses is almost evenly distributed, except for a strongly disagree category. One hundred and twenty educators (23, 3%) strongly agree, 135 educators (26, 2%) agree, 122 educators were not sure on which side they are in and 105 educators (20, 3%) disagree with the statement. Only 38 educators strongly disagree with this statement.

Statement 19

Parents of pregnant learners are not supportive to educators

This statement is negatively worded. Most respondents agree with this statement. One hundred and fifty eight educators (30, 6%) agree while 110 educators forming 21, 3 % of the total respondents strongly agree. One hundred and thirteen educators (22, 0%) were not sure on which side they are in.

Statement 20

A pregnant learner cannot cope with school work

This statement is negatively worded. Most respondents disagree with this statement. One hundred and seventy one educators (33,1%) were not sure on which side they are in. One hundred and twenty seven educators (24, 6%) disagree while 28 educators forming 5, 4 % of the total respondents strongly disagree.

Statement 21

It is every educator's responsibility to take care of a pregnant learner

The statement is positively worded. Table 4.7 reveals that 159(30, 8%) respondents agree and 150(29, 1%) respondents disagree with the statement.

Statement 22

It is the female educators' responsibility to deal with pregnant learners

This statement is negatively worded. Most respondents disagree with this statement. Two hundred and fifty one educators (48, 6%) disagree while 98 educators forming 19, 0 % of the total respondents strongly disagree. Eighty five educators were not sure on which side they are in.

Statement 23

Taking care of pregnant learners wastes a lot of my time

This statement is negatively worded. One hundred and fifty three educators (29, 6%) disagree while 37 educators forming 7, 1 % of the total respondents strongly disagree.

Statement 24

Helping a pregnant learner is a self-fulfilling experience

The statement is positively worded. Table 4.7 reveals that 51(9, 9%) respondents strongly agree and 103(19, 9%) respondents agree that

helping a pregnant learner is a self-fulfilling experience. There were 162 (31, 4%) respondents who disagree with the statement.

Statement 25

All pregnant learners should be placed in a hospital school to minimize problems in ordinary schools

This statement is negatively worded. Most respondents disagree with this statement. One hundred and ninety one educators (37, 0%) disagree while 39 educators forming 7, 6 % of the total respondents strongly disagree

Statement 26

I have difficulty in helping a pregnant learner

This is a negatively worded statement. One hundred and seventy seven educators (34, 3%) agree while 158 educators forming 30, 6 % of the total respondents disagree. Eighty three educators (16, 1%) were not sure on which side they are in.

Statement 27

Pregnant learners should be helped by their parents at home, not educators

This statement is negatively worded. Most respondents disagree with this statement. One hundred and eighty two educators (35, 3%) disagree while 100 educators forming 19, 4% of the total respondents strongly agree.

Statement 28

When a pregnant learner goes on labour at school, I simply run away

This statement is negatively worded. Most respondents disagree with this statement. One hundred and ninety four educators (37, 6%) disagree while 141 educators forming 27, 3% of the total respondents were not sure on which side they are in.

Statement 29

I have never been trained to take care of pregnant learners

This statement is negatively worded. Most respondents disagree with this statement. Two hundred and thirteen educators (41, 3%) agree while 160 educators forming 31, 0% of the total respondents strongly agree. Only 19 educators strongly disagree with the statement.

Statement 30

I am not satisfied with the way the Department of Education wants educators to assist pregnant learners

This statement is negatively worded. One hundred and fifty one educators (29, 3%) agree while 123 educators forming 23, 8 % of the total respondents strongly agree.

Statement 31

Psychologists from the Department of Education visit schools for counseling sessions with educators who deal with pregnant learners

The statement is positively worded. Table 4.38 reveals that 163(31, 6%) respondents strongly agree and 119(23, 1%) respondents strongly agree with the statement. There were 122 (23, 6%) respondents who were not sure about the statement.

Statement 32

When I help a pregnant learner who is in labour, I can be charged if something wrong happens

This statement is negatively worded. Most respondents disagree with this statement. One hundred and forty three educators (27, 7%) agree while 119 educators forming 23, 1% of the total respondents strongly agree.

Statement 33

When a pregnant learner is in labour and I do not help, I can be charged of negligence

This is a negatively worded statement. Most respondents (168) were uncertain about this statement. One hundred and thirty three educators (25, 8%) disagree while 53 educators forming 10, 2 % of the total respondents strongly disagree. Ninety two educators agree and only 70 strongly agree with statement 33.

Statement 34

It is stressful to see a pregnant learner in labour.

This statement is negatively worded. Most respondents disagree with this statement. Two hundred and twenty one educators (42, 6%) disagree while 130 educators forming 25, 2% of the total respondents strongly disagree. One hundred and four educators (20, 2%) were not sure on which side they are in.

Statement 35

The paramedics do not respond promptly to help the pregnant learner

This statement is negatively worded. One hundred and seventy five educators (34, 0%) were not sure on which side they are in. Fifty nine respondents strongly agree while 129 educators forming 25, 0 % of the total respondents agree that the paramedics do not respond promptly to help the pregnant learner.

Statement 36

It is important for educators to be trained on how to deal with pregnant learners

The statement is positively worded. One hundred and ninety nine (38, 6%) respondents disagree and 101(19, 6%) respondents strongly disagree with the statement. There were only 91 (17, 6%) respondents who agree and 54 respondents who strongly agree with statement 36.

Statement 37

Parents leave the responsibility of taking care of pregnant learners totally to educators

This statement is negatively worded. Most respondents agree with this statement. One hundred and sixty one educators (31, 2%) agree while 87 educators forming 16, 9 percent of the total respondents strongly agree. One hundred and thirty nine educators (26, 9%) disagree and only 23 forming 4, 5% strongly disagree with the statement.

Statement 38

I need professional training on how to deal with teenage pregnancy

The statement is positively worded. Table 4.45 reveals that 216(41, 9%) respondents disagree and 113(21, 9%) respondents strongly disagree that they need professional training on how to deal with teenage pregnancy. There were only 80 (15, 5%) respondents who were positive about statement 38.

Statement 39

I have received maximum support from the parents of a pregnant learner

The statement is positively worded. Table 4.46 reveals that 87(16, 9%) respondents strongly agree and 121(23, 4%) respondents agree with the statement. There were 113 (21, 9%) respondents who disagree with the statement.

Statement 40

Helping a pregnant learner is helping a nation

The statement is positively worded. One hundred and ninety three (37, 4%) respondents disagree and only 45(8, 7%) respondents agree that helping a pregnant learner is helping a nation. A large number of respondents (165) were not sure about the statement.

Statement 41

I feel happy when I have supported a pregnant learner

The statement is positively worded. One hundred and eighty seven (36, 2) respondents disagree with the statement. There were only 135 (26, 2%) respondents showed positive response to the statement.

Statement 42

Schools should assist pregnant and parenting learners with welfare issues

The statement is positively worded. Table 4.49 reveals that 203(39, 3%) respondents disagree and 52(10, 1%) respondents disagree with the statement that schools should assist pregnant and parenting learners with welfare issues. There were 118 (42, 6%) respondents who agree with the statement.

Statement 43

The Department of Education prioritizes the rights of a pregnant learner over those of an educator who assists a pregnant learner

This statement is negatively worded. One hundred and thirty two educators (25, 6%) disagree while 124 educators forming 24, 0 % of the total respondents disagree. One hundred and fifty two educators (29,5%) were not sure on which side they are in.

Statement 44

Given a chance, pregnant learners can perform well at school

The statement is positively worded. Table 4.51 reveals that 58(11, 2%) respondents strongly agree and 60(11, 6%) respondents agree that given a chance, pregnant learners can perform well at school .There were 179 (34,7%) respondents who disagree with statement 44.

Statement 45

Pregnant learners need extra care compared with non-pregnant learners at school

This statement is negatively worded. Most respondents disagree with this statement. One hundred and forty five educators (28, 1%) disagree while 69 educators forming 13, 4 % of the total respondents strongly disagree. Ninety one educators (17, 6%) strongly agree and 82 educators (15, 9%) agree with the statement.

The responses to 45 items revealed that respondents who agree with positively worded statements generally disagree with negatively worded statements. The opposite was found to be true. This confirmed the validity and reliability of the instrument. Items in the research instrument were successful in testing what they were required to test.

Respondents who agree with a positively worded statement and/or disagree with a negatively worded statement were regarded as having a positive experience when dealing with teenage pregnancy. Their attitudes are positive with regard to helping pregnant and parenting teenagers. Respondents who agree with negatively worded statements and/or disagree with positively worded statements had negative experiences with the problem of teenage pregnancy. Their attitudes are negative.

4.4.2 Data analysis using inferential statistics

Hypotheses were tested by using a chi-square (χ^2) test in this section. Terre Blance and Durrheim (1999) describe a chi-square as the estimate of the degree to which the observed frequencies differ from the expected frequencies if two variables are independent. The researcher used chi-square (χ^2) test since the data obtained was categorical. Data was recorded in mutually exclusive categories. This statistical tool was suitable since the researcher was dealing with nominal data. Since data collected was in the form of frequencies, a chi-square one sample test; chi-square (χ^2) k -independent sample and chi-square (χ^2) for two independent sample tests were used. Data was

analyzed using Statistical Programme for the Social Sciences (SPSS). According to Newman (2000: 339), "...the scientific community has informally agreed to use $\alpha = 0, 05$ as a rule of thumb for most purposes. Being 95 percent confident of the result is the acceptable standard for explaining the social world".

The results are presented in tables and in graphs. There are four hypotheses that were tested in this study. Each hypothesis was reiterated before the result was presented.

4.4.2.1 Testing hypothesis number one

The nature of educators' experiences in dealing with teenage pregnancy.

Reiteration of hypothesis number one:

"Educators do not differ in terms of the nature of their experiences in dealing with teenage pregnancy in schools"

Chi-square (χ^2) for one sample test was use in testing hypothesis number one. This statistical test was appropriate because testing hypothesis number one is concerned with the number of respondents who fall into each of the descriptive categories, namely, very negative experience (VNE); negative experience (NE); positive experience (PE) and very positive experience (VPE). Chi-square test is also used when the data collected is nominal and categorical.

The chi-square (χ^2) one sample test compares the differences in the observed frequencies with the expected frequencies in a single sample with various categories to determine whether differences are typical of the population in which the sample was drawn (Behr, 1988).

A chi-square (χ^2) value of 332,667 at the degree of freedom equal to 3 was obtained. The tabled (critical) value is 6, 25; $p = 0,000$. Since the obtained chi-square (χ^2) value was greater than the set critical value, and $p < 0, 05$, the null hypothesis was rejected.

**Table 4.7 Group frequency and experience levels
classified educator experiences**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid VNE	20	3.9	3.9	3.9
NE	234	45.3	45.3	49.2
PE	231	44.8	44.8	94.0
VPE	31	6.0	6.0	100.0
Total	516	100.0	100.0	

4.4.2.2 Testing hypothesis number two

The relationship between educators' experiences in dealing with teenage pregnancy and various educators' biographical characteristics.

Reiteration of hypothesis number two:

“Educators’ biographical factors such as age, gender, educational qualifications, teaching experience, race and religious affiliation have no significant influence on educators’ nature of experience in dealing with teenage pregnancy”

A statistical test suitable for testing significant difference among three or more unrelated groups is the chi-square (χ^2) test for k -independent samples. This test was conducted using SPSS. Chi-square (χ^2) test for k -independent samples was appropriate because respondents in the sample were categorized in terms of their personal characteristics and their responses were considered to be independent.

(a) The relationship between educators’ age and their experiences in dealing with teenage pregnancy

Table 4.8 Age * classified educator experience cross tabulation

		classified educator experiences				
	Count	VNE	NE	PE	VPE	Total
Age	20-29years	3	33	51	6	93
	30-39years	6	92	94	14	206
	40-49years	7	90	63	6	166
	50years+	4	19	23	5	51

A chi-square (χ^2) value of 15,263 was obtained. The chi-squared statistic has 9 degrees of freedom. There was a two-tailed p-value associated with the chi-squared value. The tabled value associated with two-tailed p-value is 16, 92. In this case the p value is 0,084 which is greater than 0, 05. Since the p value is greater than the critical value of p (which was 0, 05) and a chi-square (χ^2) value of 15,263 is less than the tabled level of significance, the null hypothesis could not be rejected. The null hypothesis was upheld.

- (b) The relationship between educators' gender and their experiences in dealing with teenage pregnancy.

Table 4.9 Gender * classified educator experience cross tabulation

Count		classified educator experiences				Total
		VNE	NE	PE	VPE	
Gender	Male	6	109	98	13	226
	Female	14	125	133	18	290
Total		20	234	231	31	516

A chi-square (χ^2) value of 2,504 at $df= 3$ was obtained. There is a two-tailed p-value that is associated with a chi-squared value. The critical value for the two-tailed p-value is 7, 82 which is greater than the obtained chi-square (χ^2) value .The p-value was 0,475. This p-value is greater than the chosen value which was 0, 05. Therefore, the researcher failed to reject the null hypothesis. The null hypothesis was upheld.

- (c) The relationship educators' educational level and their experiences in dealing with teenage pregnancy

Table 4.10 Educational level * classified educator experience cross tabulation

		classified educator experiences				Total
		VNE	NE	PE	VPE	
Count						
Educational Level	Matric Only	1	7	15	0	23
	Matric + Teachers' Certificate	1	7	11	1	20
	Matric + Teacher's Diploma	7	60	34	4	105
	Matric + Degree	1	43	43	7	94
	Matric + Degree + Diploma	4	48	45	7	104
	Matric + Senior Degree	1	25	28	7	61
	Matric + Senior Degree + Diploma	5	44	55	5	109
	Total	20	234	231	31	516

A chi-square (χ^2) value of 23,897 at df= 18 was obtained. There is a two- tailed p-value that is associated with a chi-squared value. The critical value for the two-tailed p-value is 28, 87 which is greater than the obtained chi-square (χ^2) value .The p-value was equal to 0,158. This value is greater than the chosen value which was 0, 05.

Therefore, the researcher failed to reject the null hypothesis. The null hypothesis was upheld.

(d) The relationship between educators' teaching experience and their experiences in dealing with teenage pregnancy

Table 4.11 Teaching experience * classified educator experience cross tabulation

		classified educator experiences				
Count		VNE	NE	PE	VPE	Total
Teaching Experience	Less than 6 years	4	28	44	3	79
	6-10years	7	42	45	7	101
	11-15years	2	61	34	9	106
	16-20years	2	72	71	6	151
	21-25years	3	21	21	2	47
	26 years and above	2	10	16	4	32
Total		20	234	231	31	516

A chi-square (χ^2) value of 26,345 at $df= 15$ was obtained. There is a two- tailed p-value that is associated with a chi-squared value. The tabled value associated with two-tailed p-value is 25, 00. The p-value was 0,035. This value was less than the chosen value which was 0, 05.

It was also noticed that the obtained chi-square (χ^2) value of 26,345 is greater than the critical value of 25, 00. Therefore, the null hypothesis was rejected

(e) The relationship between educators' race and their experiences in dealing with teenage pregnancy

A chi-square (χ^2) value of 11,894 at $df= 9$ was obtained. There is a two- tailed p-value that is associated with a chi-squared value. The critical value for the two-tailed p-value is 16, 92. The p-value was equal to 0,219. This value is greater than the chosen value which was 0, 05. Since the p-value obtained was greater than 0, 05 and the chi-square (χ^2) value that was obtained was less than the tabled value, the null hypothesis was upheld.

Table 4.12 Race * classified educator experience cross tabulation

Count		classified educator exp				Total
		VNE	NE	PE	VPE	
Race	African	16	173	179	27	395
	Coloured	0	33	19	0	52
	Indian	4	27	32	4	67
	White	0	1	1	0	2
	Total	20	234	231	31	516

- (f) The relationship between educators' religious affiliation and their experiences in dealing with teenage pregnancy.

A chi-square (χ^2) value of 41,085 at $df= 24$ was obtained. There is a two- tailed p-value that is associated with a chi-squared value. The tabled value associated with two-tailed p-value is 36, 42 which is less than the obtained chi-square (χ^2) value of 41,085. The p-value obtained was 0,016. This value is less than the chosen value which was 0, 05. The researcher therefore rejected the null hypothesis.

Table 4.13 Religious affiliation * classified educator experience cross tabulation

Count		classified educator experiences				Total
		VNE	NE	PE	VPE	
Religious	African belief	0	7	20	4	31
Affiliation	System					
	Buddhism	0	1	2	0	3
	Christianity	16	199	166	20	401
	Hinduism	2	10	20	3	35
	Islamic	0	2	4	1	7
	Jehovah's					
	Witnesses	2	3	2	0	7
	Jewish	0	3	0	0	3
	Shembe					
	(Nazareth)	0	7	15	3	25
	Other	0	2	2	0	4
	Total	20	234	231	31	516

4.4.2.3 Testing hypothesis number three

The extent to which educators find dealing with teenage pregnancy stressful.

Reiteration of hypothesis number three:

“Educators do not differ in the extent to which they find dealing with teenage pregnancy stressful.”

Chi-square (χ^2) one sample test was use in testing hypothesis number three. This statistical test was appropriate because testing hypothesis number three is concerned with the number of respondents who fall into each of the descriptive categories, namely, not at all stressful (NS); mildly stressful (MiS); moderately stressful (MoS) ; very stressful(HS) and extremely stressful (ES). Chi-square (χ^2) test is also used when data collected is nominal and categorical. “The chi-square (χ^2) test is used to determine whether a set of frequencies is significantly different from those frequencies expected under the null hypothesis” (Rose & Sullivan, 1996:185).

Table 4.14 Level of stress*classified educator experience cross tabulation

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Not Stressful	28	5.4	5.4	5.4
Mildly Stressful	36	7.0	7.0	12.4
Moderately Stressful	137	26.6	26.6	39.0
Very Stressful	211	40.9	40.9	79.8
Extremely Stressful	104	20.2	20.2	100.0
Total	516	100.0	100.0	

A chi-squared (χ^2) value of 222,236 at $df= 4$ was obtained. The tabled value is 7, 78 which is less than the calculated chi-squared (χ^2) value .The p-value was 0,000. This value is less than the chosen value which was 0, 05. The researcher, therefore, rejected the null hypothesis.

4.4.2.4 Testing hypothesis number four

The relationship between educators' stress level and various educators' biographical characteristics.

Reiteration of hypothesis number four:

“Educators’ biographical factors such as age, gender, educational qualifications, teaching experience, race and religious affiliation will have no significant influence on the extent to which educators find dealing with teenage pregnancy to be stressful”

A statistical test suitable for testing significant difference among three or more unrelated groups is the chi-square (χ^2) test for k -independent samples. This test was conducted using SPSS. Chi-square (χ^2) test for k -independent samples was appropriate because respondents in the sample were categorized in terms of their personal characteristics and their responses were considered to be independent.

(a) The relationship between educators’ age and the extent to which educators find dealing with teenage pregnancy stressful

Table 4.15 Age * Level of stress cross tabulation

		Level of stress					Total
		Not Stressful	Mildly Stressful	Moderately Stressful	Very Stressful	Extremely Stressful	
Age	20-29 years	12	8	27	26	20	93
	30-39 years	13	17	54	82	40	206
	40-49 years	3	8	37	85	33	166
	50 years+	0	3	19	18	11	51
	Total	28	36	137	211	104	516

A chi-square (χ^2) value of 31,010 at $df= 12$ was obtained. There is a two- tailed p-value that is associated with a chi-squared value. The tabled value associated with two-tailed p-value is 21; 03. The-p value is equal to 0,002. Since the calculated p-value was less than the chosen value which was 0, 05 and the calculated chi-square (χ^2) value is greater than the tabled value, the null hypothesis was therefore rejected.

(b) The relationship between educators' gender and the extent to which educators find dealing with teenage pregnancy stressful

Table 4.16 Gender * Level of stress cross tabulation

		Level of stress					Total
		Not Stressful	Mildly Stressful	Moderately Stressful	Very Stressful	Extremely Stressful	
Gender	Male	8	15	59	100	44	226
	Female	20	21	78	111	60	290
Total		28	36	137	211	104	516

A chi-square (χ^2) value of 3,935 at $df= 4$ was obtained. There is a two-tailed p-value that is associated with a chi-squared value. The tabled value associated with two-tailed p-value is 9, 49 which is greater than the calculated chi-square (χ^2) value of 3,935 .The p-value was 0,415. This value is greater than the chosen value which was 0, 05. Therefore, the researcher failed to reject the null hypothesis. The null hypothesis was upheld.

- (c) The relationship between educators’ educational level and the extent to which educators find dealing with teenage pregnancy stressful

Table 4.17 Educational Level * Level of stress cross tabulation

Count		Level of stress					Total
		Not Stressful	Mildly Stressful	Moderately Stressful	Very Stressful	Extremely Stressful	
Educational Level	Matric Only	1	2	7	9	4	23
	Matric + Teachers' Certificate	1	2	7	4	6	20
	Matric + Teacher's Diploma	4	11	22	43	25	105
	Matric + Degree	5	9	22	35	23	94
	Matric + Degree + Diploma	5	8	26	50	15	104
	Matric + Senior Degree	3	2	20	27	9	61
	Matric + Senior Degree + Diploma	9	2	33	43	22	109
	Total	28	36	137	211	104	516

A chi-square (χ^2) value of 23,794 at $df= 24$ was obtained. There is a two- tailed p-value that is associated with a chi-squared value. The tabled value associated with two-tailed p-value is 36, 42. This value is greater than the calculated chi-square (χ^2) value of 23,794 .The p-value is equal to 0,473. This value is greater than the chosen value which was 0, 05. Therefore, the null hypothesis was upheld

(d)The relationship between educators’ teaching experience and the extent to which educators find dealing with teenage pregnancy stressful

Table 4.18 Teaching Experience * Level of stress cross tabulation

Count		Level of stress					Total
		Not Stressful	Mildly Stressful	Moderately Stressful	Very Stressful	Extremely Stressful	
Teaching Experience	Less than 6 years	6	11	22	25	15	79
	6-10years	9	7	21	36	28	101
	11-15years	6	5	32	44	19	106
	16-20years	6	7	32	80	26	151
	21-25years	1	3	17	13	13	47
	26years and above	0	3	13	13	3	32
Total		28	36	137	211	104	516

A chi-square (χ^2) value of 38,176 at $df= 20$ was obtained. There is a two-tailed p-value that is associated with a chi-squared value. The tabled value associated with two-tailed p-value is 31, 41 which is less than the calculated chi-square (χ^2) value. The p-value was 0,008 which is also less than the chosen value which was 0, 05. The null hypothesis was therefore rejected.

(e) The relationship between educators' race and the extent to which educators find dealing with teenage pregnancy stressful.

Table 4.19 Race * Level of stress cross tabulation

Count	Level of stress					Total
	Not Stressful	Mildly Stressful	Moderately Stressful	Very Stressful	Extremely Stressful	
Race African	26	28	100	152	89	395
Coloured	0	4	14	30	4	52
Indian	2	4	21	29	11	67
White	0	0	2	0	0	2
Total	28	36	137	211	104	516

A chi-square (χ^2) value of 20,838 at $df= 12$ was obtained. There is a two-tailed p-value that is associated with a chi-squared value. The tabled value associated with two-tailed p-value is 21,03. The p-value was 0,053. This value is greater than the chosen value which was 0,

05. The calculated chi-square (χ^2) value of 20,838 was less than the tabled chi-square (χ^2) value of 21, 03. Therefore, the null hypothesis was upheld.

(f) The relationship between educators' religious affiliation and the extent to which educators find dealing with teenage pregnancy stressful

Table 4.20 Religious Affiliation * Level of stress cross tabulation

Count	Level of stress					Total
	Not Stressful	Mildly Stressful	Moderately Stressful	Very Stressful	Extremely Stressful	
Religious African Affiliation belief system	5	1	14	6	5	31
Buddhism	0	0	2	1	0	3
Christianity	18	28	98	171	86	401
Hinduism	1	3	13	13	5	35
Islamic	0	0	3	3	1	7
Jehovah's witnesses	1	0	0	4	2	7
Jewish	0	0	0	3	0	3
Shembe	3	3	7	8	4	25
Other	0	1	0	2	1	4
Total	28	36	137	211	104	516

A chi-square (χ^2) value of 39,494 at $df= 32$ was obtained. There is a two- tailed p-value that is associated with a chi-squared value. The tabled value associated with two-tailed p-value is 46, 19 which is greater than the calculated chi-square (χ^2) value. The p-value was 0,170. This value is greater than the chosen value which was 0, 05.

Therefore, the researcher failed to reject the null hypothesis. The null hypothesis was upheld.

4.5 Qualitative analysis of data

Section D of the questionnaire contained two open-ended questions. It required respondents to air their views on two questions asked. The first question required respondents to share the experiences they have in dealing with teenage pregnancy in their schools. In the second question, respondents were asked to suggest ways in which the problem of teenage pregnancy can be solved. Table 4.21 and table 4.22 show the summary of responses of educators with regard to the two questions asked.

Table 4.21 Summary of educators’ experiences in dealing with teenage pregnancy.

NO	EDUCATORS’ EXPERIENCES	FREQUENCY
1	Learners hide their pregnancy	25
2	Pregnant learners are victimized by other learners at school	12
3	Pregnant learners are always absent and come to school late	59
4	Parents of pregnant learners are not supportive to educators/ the school	18

5	Pregnant learners experience mood swing/ they are rude/have bad attitude towards teachers	59
6	No comments	19
7	Learners come back to school immediately after giving birth	4
8	Pregnant learners don't do their school work	43
9	Pregnant learners' performance is negatively affected	33
10	Pregnant learners drop out of school	11
11	Pregnant learners have negative influence on other learners	23
12	I don't have any experience, I have never dealt with pregnant learners	58
13	Miscarriages , Learners giving birth (on labour)at school	34
14	I was unable to help, I did not know what to do	8
15	I transported Pregnant learners to the hospital/clinic	11
16	Only female educators help Pregnant learners	11
17	Paramedics respond very late/ did not respond	32
18	Pregnant learners attend school until they	1

	give birth	
19	Pregnant learners are difficult to teach	37
20	Section D is BLANK, educators did not respond to this section	241

The number of questionnaires with blank section D was a cause for concern. Most respondents (241 educators) left section D without responding to it. It is amazing to see that educators do not want to express their views about the problem of teenage pregnancy. The researcher believed that educators would grab the opportunity and share their views on this issue. Looking at Table 4.21, it is shocking to see challenges that educators are faced with in schools. With parental involvement lacking, educators are left on their own to deal with challenges posed by pregnancy in schools. They cannot fold their arms and watch while emergencies occurred.

Table 4.22 Summary of responses on suggested solution to the problem of teenage pregnancy.

NO	WHAT MUST BE DONE (PROPOSED SOLUTION)	FREQUENCY
1	Meeting with parents to discuss openly on the subject of teenage pregnancy	11
2	Department of Education to solve the problem	36
3	Schools to have counsellors and school nurse to take care of Pregnant learners	59

4	Pregnant learners must attend hospital school/have their own special class	23
5	Leave for Pregnant learners (4 months to a year)	83
6	Advocacy programmes/sex education/awareness campaigns	104
7	Parents should take full responsibility, without passing it to educators	38
8	Provide condoms to learners	7
9	Pregnant learners must be expelled from school	31
10	Leave for male partners (boys)	6
11	Educators/female educators to be trained on how to deal with Pregnant learners	31
12	Stop child support grants	5
13	No need to comment	16
14	Section D is BLANK, educators did not respond to this section	241

Table 4.22 reveals very important suggestion by educators. Based on their experiences, the majority of respondents (104) saw the need for awareness campaigns where learners in schools are taught about sex. Another proposal that educators raised is a compulsory leave of absence for pregnant learners. This will solve the problem of pregnant teenagers giving birth at school. Another suggested solution is granting leave to the male partners (boyfriends) of pregnant teenagers

so that they assist and support their partners. This will also allow boys to learn a lesson of not engaging in sexual intercourse at an early age.

4.6 Summary

In this chapter, data was presented, analyzed and interpreted for both descriptive and inferential statistics. The next chapter (chapter five) presents the detailed discussion of the results.

CHAPTER FIVE

DISCUSSION OF THE RESULTS

5.1 Introduction

Chapter four presented detailed analysis and interpretation of data. In this chapter results are discussed and the findings that emanated from data analyzed in chapter four are presented.

5.2 Results from descriptive data analysis

Results revealed that, on average, the majority of respondents disagreed with eighteen out of twenty two positively worded statements. The statements which respondents disagreed with are statement numbers 1, 3, 8, 9, 11, 12, 13, 14, 24, 31, 34, 36, 38, 40, 41, 42, 44 and 45. The only four statements that educators agreed with are statement numbers 4, 6, 21 and 39. More than one hundred respondents chose the “Unsure” response in statements numbers 6, 8, 9, 12, 24, 31, 34, 38, 39, 40, 41, 42, 44 and 45. There were one hundred and forty or more respondents who chose the “Unsure” response in statements numbers 6, 12, 24, 39, 40, 42 and 44. These respondents did not want to commit themselves in making a clear decision about their experiences.

Regarding negatively worded statements, the results further revealed that, on average, most respondents agreed with thirteen out of twenty three negatively worded statements. The statements which

respondents agree with are statement numbers 10, 16, 17, 18, 19, 20, 26, 29, 30, 32, 35, 37 and 43. The nine statements that respondents disagreed with are statement numbers 2, 5, 7, 15, 22, 25, 27, 28 and 33. In statement number 23 the number of respondents who agreed with the statement was similar to those who disagreed. More than one hundred respondents chose the “Unsure” response in statements numbers 2, 17, 18, 19, 20, 23, 25, 27, 28, 30, 32, 33, 35, 37 and 43. Statement number 23 showed the same number of respondents who agreed and disagreed respectively. One hundred and ninety respondents showed positive response. There were 113 respondents who agreed and 77 strongly agreed with the statement. Respondents who disagreed were 153 while 37 strongly disagreed. This made a total of 190 respondents. There were one hundred and forty or more respondents who chose the “Unsure” response in statements numbers 2, 20, 28, 32, 33, 35 and 43.

5.3 Results from inferential statistics

5.3.1 Findings with regard to the nature of educators’ experiences in dealing with teenage pregnancy

The findings revealed that hypothesis number one was rejected. This means that educators differ significantly in terms of their experiences in dealing with teenage pregnancy. Educators forming 45, 9 %t of the sample reported a negative experience level (NE) compared to 44, 2% who reported positive experience level (PE). The overall percentage of educators who reported a positive experience level (combining the

positive experience group and the very positive experience group) was 50, 2 %. The overall percentage of educators who reported a negative experience level (combining the negative experience group and the very negative experience group) was 49, 8 %. The implication for this finding is that the number of educators who are comfortable with dealing with teenage pregnancy is almost the same as the number of those educators who are not at all comfortable. The null hypothesis that stated that educators do not differ in terms of the nature of their experiences in dealing with teenage pregnancy in schools was rejected. This means that educators differ in terms of the nature of their experiences in dealing with teenage pregnancy.

5.3.2 Findings with regard to the influence of educators' biographical characteristics on the nature of their experiences in dealing with teenage pregnancy

The findings revealed that educators' biographical characteristics like teaching experience and religious affiliation do have significant influence on the nature of experiences of educators in dealing with teenage pregnancy. The null hypothesis regarding characteristics like age, gender, educational level and race was upheld. This means that these educators' characteristics did not have any influence on the nature of educators' experiences.

5.3.3 Findings with regard to which educators generally find dealing

with teenage pregnancy to be stressful

The findings indicated that educators differ in the extent to which they experience stress in dealing with teenage pregnancy. Though the number of educators who are comfortable in dealing with teenage pregnancy is almost the same as the number of those educators who are not at all comfortable, most educators find dealing with teenage pregnancy to be very stressful.

Table 4.14 shows that 28 educators indicated no stress at all while 36 educators were found to be mildly stressed. Four hundred and fifty two educators (87, 6 %) experienced moderate to extreme level of stress. The hypothesis that educators do not differ in the extent to which they find dealing with teenage pregnancy stressful was rejected since p- value was less than 0, 05. Generally; educators are stressed when dealing with pregnant teenagers in schools.

5.3.4 Findings with regard to the influence of educators' biographical characteristics on the extent to which they find dealing with teenage pregnancy to be stressful

The findings revealed that, with regard to educators' biographical characteristics like age and teaching experience, the hypothesis was rejected. This means that these characteristics have significant influence on educators' experiences. The study, further, revealed that educators' biographical characteristics like gender, educational level, race and religious affiliation do not have any significant influence on

the extent to which educators find dealing with teenage pregnancy stressful. The hypotheses tested with regard to these characteristics were upheld since all had $p > 0,05$.

5.4 Summary

Chapter five discussed the results and presented the findings of the study in details. The results of the study confirmed that experiences influence the development of attitudes. Burns (2000) describes attitudes in terms of three components. These are the cognitive, the affective and the action tendency components. Cognitive component incorporates beliefs, perceptions and expectations towards an attitude object. This may be positive or negative in nature. Affective component of an attitude is a pleasing or displeasing emotion about an object. The action tendency is the behavior readiness towards an object. Action tendency can either be hostile or favourable towards an attitude object. If it is hostile, the behavior will punish, injure or destroy the object. Favourable behavior readiness presupposes the act of helping, nursing, protecting or supporting an object. Nzimande (1970) explains the components of attitude as having the direction (hostile or favourable) and strength (very hostile or very favourable).

The results of the study show that educators tend to polarize, falling into two opposite extremes. Even educators who have no experience in dealing with teenage pregnancy have developed attitudes towards pregnant and parenting teenagers. Negative attitude of educators is evident in the stigma which accompanies pregnancy in schools

(Davidow, 1998). The study conducted by Davidow (1998), revealed that pregnant girls are mocked and ill-treated by educators to the extent that they would leave school without the knowledge of the school principal. Masuku (1998) cited lack of capacity and equipment as a cause of negative attitude towards helping pregnant teenagers.

Educators, on the other side, show support and help pregnant and parenting teenagers. Educators believe that schools should be equipped to cater for pregnant learners. The provision of health officials to schools was recommended by educators. This shows willingness to help pregnant teenagers in schools.

Chapter six presents the summary, recommendations, the proposed model, limitations and the conclusion of the study.

CHAPTER SIX

SUMMARY, FINDINGS, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

6.1 Introduction

Chapter six presents the overall summary of the study. Based on the findings of the study, recommendations are made and a model is proposed. Limitations of the study and avenues for future research are discussed in this last chapter.

6.2 Summary

6.2.1 The problem

The study was planned and designed to investigate experiences of educators in dealing with teenage pregnancy. The problem was stated as research questions. The study aimed to provide answers to the following research questions:

- a) What is the nature of educators' experiences in dealing with teenage pregnancy?
- b) Do educators' biographical factors (age, gender, qualifications, teaching experience, race and religious affiliation) have any influence on their experiences in dealing with teenage pregnancy?

- c) To what extent do educators generally find dealing with the issue of teenage pregnancy to be stressful?
- d) Do educators' biographical factors (age, gender, qualifications, teaching experience, race and religious affiliation) have any influence on the extent to which they find dealing with teenage pregnancy stressful?

6.2.2 The objectives of the study

The study aimed to find the following:

- (a) To determine the nature of educators' experiences in dealing with teenage pregnancy?
- (b) To examine the relationship, if any, between experiences in dealing with teenage pregnancy and educators' biographical factors like age, gender, qualifications, teaching experience, race and religious affiliation
- (c) To ascertain the extent to which educators generally find dealing with teenage pregnancy to be stressful
- (d) To determine whether educators' biographical factors (age, gender, educational level, teaching experience, race and religious affiliation)

have any influence on the extent to which they find dealing with teenage pregnancy stressful.

6.2.3 Postulated hypotheses

The following hypotheses were postulated in this study:

(a) Hypothesis number 1

Educators will not differ in terms of the nature of their experiences in dealing with teenage pregnancy in secondary schools.

(b) Hypothesis number 2

Educators' biographical factors such as age, gender, educational level, teaching experience, race and religious affiliation will have no significant influence on educators' nature of experience in dealing with teenage pregnancy

(c) Hypothesis number 3

Educators will not differ in the extent to which they find dealing with teenage pregnancy to be stressful

(d) Hypothesis number 4

Educators' biographical factors such as age, gender, qualifications, teaching experience, race and religious affiliation will have no significant influence on the extent to which they find dealing with teenage pregnancy to be stressful.

6.2.4 Research methodology

A questionnaire was used to collect data. It was administered to a sample of 516 randomly selected secondary school educators. Collected data was analyzed quantitatively and qualitatively. Both descriptive and inferential statistics were used to analyze data. Responses from educators were counted and summarized in tables and graphs. Percentages as well as mean of scores were calculated. The chi-square one sample test and chi-square test for k independent samples were used for testing postulated hypotheses of the study.

6.2.5 Findings

Data analysis in the study led to the following findings:

- i. Educators differ in terms of the nature of their experiences in dealing with teenage pregnancy
- ii. Educators' biographical characteristics like teaching experience and religious affiliation have a significant influence on the nature of educators' experiences in dealing with teenage pregnancy. Other characteristics (age; gender; educational level and race) have no significant influence.
- iii. Educators differ in the extent to which they generally find dealing with teenage pregnancy to be stressful
- iv. Educators' biographical characteristics (age and teaching experience) have a significant influence on the nature of educators' experiences in dealing with teenage pregnancy. Other biographical characteristics

like gender; race; educational level and religious affiliation have no significant influence.

6.3 Recommendations

Based on the findings of the study, the researcher made recommendations that will help in solving the problem of teenage pregnancy in schools. These recommendations are specifically directed to learners, educators, school governing body and to the Department of Education. Over and above these recommendations the researcher made one recommendation that is important in all the different stakeholders mentioned above. The involvement of males in teenage pregnancy prevention initiatives is vital in dealing with the problem. Teenage boys, male educators, male parents (fathers) and male education officials need to be part of the solution to the problem.

Studies conducted (Wood, Maforah & Jewkes, 1998; Sonenstein, Stewart, Lindberg, Pernas & Williams, 1997) provided reasons for the involvement of males. One reason is that boys initiate sex earlier than girls so they need to be taught early. Little is known about how to teach boys or how to influence their reproductive behavior. In a study conducted by Sonenstein, , Stewart, Lindberg, Pernas, & Williams, (1997), they tried to find out how many sexually experienced teenage males experience pregnancy and fatherhood. They found that among sexually experienced males ages 15 to 19, 14 percent have made a partner pregnant. Six percent of experienced males in this group have fathered a child. According to Wood and Jewkes (2006), research has found that teenage women often report their partners forbidding them

from using contraceptives. The male partners are begging the girls to fall pregnant in order to 'to prove love'. This is evidence that many young men seek an opportunity to father children which they view as pride and evidence of masculinity. It is amazing that African men are left out of the equation yet the ideas of manhood that are predicted on control of women reduce women's ability to control their own fertility.

The teenage pregnancy prevention intervention with males and their families will change the expectations of engagement in child care (Jewkes & Christofides, 2008). The initiative will help paternity establishment to create bonds of economic responsibility between children and their fathers.

6.3.1 Recommendations directed to learners

Mutual trust need to be established and maintained between learners and educators. Learners need to disclose as soon as possible that they are pregnant. This will allow educators enough time to plan different ways of support. If learners feel that they will be expelled from school, or that they will be stigmatized by educators, they will have no trust in any educator. Learners must know that if they hide their pregnancy, they will not be helped or supported. Mutual trust should be evident between educators and pregnant teenagers.

Learners, especially teenagers, must learn to listen to the adults. Abstinence has been taught to learners for a long time, yet they still

engage in sex (protected or unprotected) as often as they wish. Learners should know that in life everything has its own time. Doing what one is not supposed to be doing has serious consequences that affect a person for the rest of his/her life. Learners must learn to wait patiently for the right time for sex.

6.3.2 Recommendations directed to educators

As educators act *in loco parentis*, they need to develop a “parent-like” attitude with regard to pregnant and parenting teenagers. Since educators are faced with a problem of how to handle pregnant teenagers, they need to develop skills that will help them meet the needs of such learners. This will help them to handle pregnant teenagers in many different ways. Educators need to lead by example in so far as sexual behaviour is concerned. Learners emulate what their role models do. The behaviour of the educator is imitated by learners who hold educator in high esteem.

Educators need to teach learners holistically. Learning areas like Life Skills and Life Orientation must be taken seriously. Life Orientation in most schools is treated as an additional subject that is allocated to educators with less teaching load. Hence, Life Orientation in most schools is taught by any educator who is not trained in the subject. Prevention of deviant sexual behaviour is better than solving the problem of teenage pregnancy.

Educators need to acknowledge that their attitudes, dedication, self-discipline and conduct within the teaching profession determine the quality of education and hence the society they produce. They need to be sensitive to the feelings of others in all situations. No one should be treated as an outcast. Educators need to strive to interact with learners in a manner that the values and respect for human rights are demonstrated.

6.3.3 Recommendations directed to School Governing Bodies

School governing bodies (SGBs) represent parents' interests in all schools. SGBs are responsible for governance in schools. Policies relating to learner pregnancy need to be developed and implemented effectively. These policies are developed with the help of the South African Schools Act and inputs from parents. School governing bodies need to exercise power vested in them to make sure that policy on teenage pregnancy is implemented properly. Educators should use time to teach while SGBs deal with other issues. SGBs are in a better position to educate parents about their role and responsibilities when it comes to teenage pregnancy. Parents usually burden educators with their responsibilities.

6.3.4 Recommendations directed to Department of Education

The absence of capacity building programmes minimizes the productive involvement of educators. This gap in skills education for educators translates into poor utilization of support relationship

between educators and pregnant teenagers. Educators need to be skilled with elementary midwifery skills or course. This can be made possible by forming partnership with the Department of Health. Workshops of this nature may minimize risks and dangers involved when educators assist highly pregnant learners in schools. It is further recommended that school nurses be available and accessible in each educational district. When there is an emergency in schools, nurses would be available as soon as possible.

Facilities in each school should cater for pregnant learners. There are still schools that are without a first aid kit. If learners are allowed to attend school while they are pregnant, the environment at schools should be conducive for them. Additional human and physical resources like a fully functional sick room are needed.

When learners are allowed back to school after the delivery, it is recommended that a day care facility be provided in each school. Parenting teenagers will come to school daily, and someone (including a school nurse) will attend to the baby while learners attend to their classes.

In South Africa, there are very few hospital schools. The government needs to increase a number of such schools. Also needed are special schools for pregnant learners. Teenagers will be well cared for during pregnancy and even after delivery.

Circulars and guidelines developed by the Department of Education seem to emphasize the rights of the pregnant teenager, disregarding the responsibilities that come with the rights. The rights of educators are neglected. These guidelines are very quiet when it comes to parents who do not play their role when their teenager falls pregnant. When parents insist that pregnant teenagers must attend school, they should know that they are pushing their responsibility to educators. The moral values of the society are instilled at home. When those morals are breached, it is parents at home who need to take care of that. When parents expect quality education for their children, they need to ensure that their children are in the right state to receive such education. Clear policy on teenage pregnancy is needed.

6.4 A proposed model for dealing with teenage pregnancy in schools

The main purpose of this study was to investigate the experiences of educators in dealing with teenage pregnancy. Based on the findings of the study, a model for dealing with teenage pregnancy was proposed. The researcher believes that the proposed model, once implemented, will ease the pressure on educators and they will be able to focus on teaching, which is what they were trained to do.

The proposed model provides information about the basic elements that need to be considered in reducing the problem of teenage pregnancy particularly in schools, and generally in the community.

The model has its basis on nine pillars. These pillars are:

- Policy on pregnant and parenting learners
- School-based health professionals
- Disclosure of pregnancy
- Pregnancy test
- Leave of absence
- Sex education
- Parenting education
- Child support grant
- Re-introduction of youth centres

The first pillar of the model deals with the development of the realistically sound policy on pregnant and parenting learners. In developing such policy, the point of departure should be the review of the guidelines that the Department of Education is currently using. Research into matter (what other counties are doing to reduce teenage pregnancy) is vital. The policy will not be imposed upon a certain sector of the community by others but each and every stakeholder will own it. Input from all stakeholders should be encouraged. The policy should not only focus on learners rights, but learners' responsibility and the rights of educators should be taken into consideration.

The second pillar discusses the need for school-based health professionals. Schools experience an abundance of health related problems over and above the issue of pregnant learners. Educators are not trained in dealing with such problems. The presence of health professionals in schools or cluster of neighbouring schools will help in

reducing the rate of absenteeism. Pregnant and parenting learners will not have to absent themselves to attend ante-natal or post-natal clinics.

The pillar on disclosure of pregnancy by pregnant teenagers is very critical. Teenagers hide their pregnancy until it is in its late stages. This makes it difficult for adults to help the pregnant teenager. Disclosing pregnancy early will make assistance available and minimize complications that are associated with pregnancy. It must be made compulsory for a pregnant teenager to disclose her pregnancy

The fourth pillar is related to disclosure of pregnancy. This pillar deals with compulsory pregnancy test for all teenagers who are suspected to be pregnant but are not willing to disclose their suspected pregnancy. Parental involvement is vital. Compulsory testing will minimize a lot of problems and help the stakeholders in taking decisions early. Pregnant teenagers will also be guided properly and learn early about the options she has.

Leave of absence is the fifth pillar of the model. This pillar is related to the first pillar that deals with policy. In the interest of education and of the pregnant and parenting teenager, it is recommended that pregnant and parenting teenagers be granted a compulsory leave of absence. Learners who were interviewed (Govender, 2007), expressed the need for the leave of absence after delivery. The father of the baby, if he is a learner at that school, must not be exempted from this rule. This will give pregnant teenagers enough time to rest and prepare for delivery. Parenting teenagers will have sufficient time to bond

with their children. Male parents should not be deprived of opportunity to play their role as parents.

Pillar number six looks at sex or sexuality education in schools. This should be incorporated into the curriculum and become a subject on its own. This sex education needs to be started very early. In secondary schools, it is recommended that learners as early as grade 8 should be exposed to sex education. This is the critical stage where learners are excited about the high school life. Relevant learning content, learning material, methodology and training of educators is of utmost importance. Sex education should be taught at least once per week. The range of strategies including promoting abstinence; teaching about contraception; promoting male responsibility and male involvement should be included in the curriculum. When the subject of sex and sexuality is properly dealt with all the myths, stereotypes and misconceptions about sex will be removed.

The next pillar in the model is parenting education for pregnant and parenting teenagers. These teenagers should be empowered with parenting skills necessary for them and their children to live. Teenagers need to be taught how to take care of the baby; the importance of post-natal care and the importance of bonding with their babies. Parenting teenagers should not be in a hurry to go back to school at the expense of the baby. Teenage mothers need to be guided on how to access child support grant. They need to be guided on the right time to go back to school. Research shows that children of teenage mothers do not receive parental care (Maynard, 1996).

Teenagers have a tendency of leaving their babies with their mothers or grandmothers.

The eighth pillar deals with the provision of child support grant by the state. The money that the state provides for child support is misused. Teenagers buy cell phones, air time and pay for their beauty whilst children are hungry. The state should revise the manner in which it provides for needy children. One of the methods should be to give teenage mothers coupons that will be used for basic necessities like milk formula; baby soaps; baby lotions. These coupons should not be exchangeable for anything other than those it is intended for. This will minimize the misuse and abuse of state's resources.

The last pillar looks at re-introduction of community youth centres. Youth centres played an important role in providing youth with life skills. Young people used to spend time doing something constructive with their lives. They played different sports, learnt different skills like drama; dance and many more. They went to youth camps and socialize with youth from other areas. Youth centres kept young people out of the street. Youth activities at youth centres complement and reinforce what learners do at school. During that time, teenage pregnancy rate was very low as quality time was spent productively. At youth centres, sexuality education is provided; abstinence is promoted; youth development is advocated; knowledge about access to health services is provided and male responsibility and involvement is promoted. Young people are engaged in community outreach

programmes. The government should re-introduce the concept of youth centres in each community.

6.5 Limitations of the study

The study on the experiences of educators in dealing with teenage pregnancy worked within seven limitations. These limitations are outlined with the aim of directing future research.

- Request to address the staff at schools was denied by some principals. They only allowed the researcher to leave questionnaires and collect them later
- There were very few respondents in predominantly White schools. Most educators were not willing to respond to questionnaires.
- The sample was restricted to secondary school educators. Primary schools, where cases of teenage pregnancy have been reported, were not part of the study
- Low response rate to questionnaires. The people who returned questionnaires are not necessarily representative of the original selected sample. The sample size became smaller than it was planned
- Most respondents did not respond to two open-ended questions
- Only public secondary schools were target population in this study
- The only research instrument used to collect data was the questionnaire.

The researcher believes that limitations that have been highlighted can be eliminated when avenues for future research can be considered by researchers when they pursue studies in the same field in future.

6.6 Avenues for future research

- There is a need for the study of this nature to be conducted in primary schools
- Further studies need to be conducted in other provinces of the Republic of South Africa
- More research with a bigger sample, preferably a nationwide study, is essential so that the results can be generalised nationally with great confidence
- Further research, using a combination of data collecting tools (questionnaires and interviews) is needed
- Research that will also include independent schools is needed

6.7 Conclusion

The study has made an attempt in determining the nature of experiences educators have when dealing with teenage pregnancy in secondary schools. The level of stress that educators felt was also investigated. Data was collected by means of anonymous questionnaires. The questionnaire consisted of a section with 45 close-ended items and another section of 2 open-ended questions. Ethical issues were considered in this study.

Data obtained from respondents was analysed in two ways. Data from close-ended items was analysed quantitatively using descriptive and inferential statistics. SPSS was used to perform Chi-square tests in order to test postulated hypotheses. Qualitative data analysis was also done with responses to open-ended questions.

Findings of quantitative analysis revealed that 50, 2% of respondents had negative experiences while 49, 8% reported positive experience. The findings further showed that 94, 6% of respondents find it stressful to deal with pregnant and parenting teenagers in schools. Qualitative analysis results grouped all the problems identified by respondents into 20 themes and all proposed solutions into 14 themes.

Based on the findings of the study, the researcher formulated recommendations that are directed at learners; educators; SGB and the Department of Education. The researcher, further, proposed a model that can be used in dealing with teenage pregnancy. It is believed that the recommendations and the proposed model will help in solving the problem in schools

In spite of the limitations, the study achieved its objective of understanding the experiences of educators in dealing with teenage pregnancy.

References

- Abhilak, V. (1994). *The Indian Teachers' Perception of Black Teachers' occupational World*. Unpublished D.Ed. Thesis. KwaDlangezwa: University of Zululand.
- Alan Guttmacher Institute. (1996). *Risks and realities of early childbearing worldwide*. New York: The Alan Guttmacher Institute.
- Annie, E. Cassey Foundation. (1998). *When teens have sex: Issues and trends*. Battimore, M.D.: Annie, E. Cassey Foundation.
- Behr, A.L. (1988). *Empirical Research Methods for Human sciences*. Durban: Butterworth.
- Bennet, R. (2009). Policy 'disaster' as teenage pregnancy rate rise to its highest in ten years. *The Times*, 27 February 2009.
- Bergh,Z.C & Theron,A.L (1999).*Psychology in the Work Context*. Johannesburg: International Thompson Publishing (Southern Africa).
- Bless,C.& Higson-Smith,C.(2000). *Fundamentals of Social Research Methods:An African Perspective*. Third edition. Cape Town: Juta and Co.
- Bless,C & Kathuria,R(1993). *Fundamentals of Social Statistics: An African Perspective*. Cape Town: Juta and Co.

Borg, W.R. & Gall, M.D. (1983). *Educational Research. Fourth Edition*. New York: Longman.

Brits, W.J. (1989). *The inadequate realization of socio-pedagogical essence as a cause of Teenage pregnancy*. Unpublished M.Ed. Dissertation. University of Pretoria.

Burman, S. & Preston-White, E. (Eds). (1992). *Questionable Issues. Illegitimacy*. Cape Town: Oxford University Press.

Burns, R.B. (2000). *Introduction to Research Methods*. London: Sage Publication.

Coughlin, L. (2005). AAP Report on pregnancy in adolescents. *American Faculty Physician*, 72(2) 1398-1399.

Dallimore, A. (2002). *Adolescent Risk Taking Behaviour in an Era of HIV/AIDS infection. A case study of youth in KZN Province, South Africa*. Unpublished Masters Dissertation. Durban: University of Natal.

Davids, N. (2006). Teachers worried about loss of morals among pupils. *Sunday Times*, 13 August 2006.

Davidow, A. (1998). Back to school with a baby. *The Teacher*, 10(2), 8.

- Davis, S. (2000). Teenage pregnancy, teenage sex- The South African Experience. *www.african palace.com* [online].
- Delano D.F.;Kay, J.W. & Philliber, S. (1999). Students' and faculty attitudes towards a programme for teenage parents and their children. *Social work in Education*, 14(2), 167.
- Department of Education. (2006). *Draft Policy on the Management of Learner Pregnancy in Public Schools*. Pretoria: Government Printers.
- Department of Education. (2000). *KZN Circular No. 120*.
- Department of Education. (1996). *South African Schools Act No. 84*. Pretoria: Government Printers.
- Dommissie, J. (2007). Teenage Pregnancy, crime bomb. *Mail & Guardian online*, 13 March 2007.
- Ferguson, M. (2004). The truth about teenage sex. *True Love*, issue 300, February 2004.
- Freedman, E.W. & Rickels, K. (1993). *Early childbearing: Perspectives of Black adolescents on pregnancy, abortion and contraceptives*. New Bury Park: Sage.

- Gay, L.R. & Airasian, P.(2003). *Educational Research: Competencies for Analysis and application* (7th ed.). Upper Saddle River, NJ: Merryll/Prentice Hall
- Gokar, K.K.(1998). *The Attitudes of Secondary School Teenagers Towards Parental Involvement in School Governance*. Unpublished Masters dissertation. Durban: University of Natal
- Govender, P. (2007). Teen moms to be forced to take a year off school. *Sunday Times*, 27 May 2007.
- Govender, P. (2007). Maternity leave for SA's pregnant pupils. *Sunday Times*, 30 May 2007.
- Govender, P. (2007). School pregnancy shock. *Sunday Times*, 18 November 2007.
- Govender, S (2002). *A Study of the attitudes of High School learners Towards Desegregation*. Unpublished M.Ed .Dissertation. KwaDlangezwa : University of Zululand.
- Greathead,E. (Ed.) (1998). *Responsible Teenage Sexuality*. Pretoria: J.L. van Schaik.
- Grimm, L.G.(1993). *Statistical Applications for the Behavioural Sciences*. New York: John Wiley & Sons, Inc.

- Hamilton, B.E. (2006). Births: Preliminary data for 2005. *National vital statistics report*, 55 (11).
- Hawkins, J.M & Allen, R. (eds.) (1991). *The Oxford Encyclopedic English Dictionary*. Oxford: Clarendon Press.
- Heiman, G.W. (1996). *Basic Statistics for Behavioural Sciences*. USA: Houghton Mifflin Company.
- Herelson, M.E.; Moris, L.L.; & Fitz-Gibbon, C.T. (1987). *How to Measure Attitudes*. California; SAGE Publications Inc.
- Huysamen, G.K. (1994). *Methodology for the Social and Behavioural Sciences*. alway House: Southern Book Publishers.
- Jali, T.I. (2008). *Adolescents' experience during pregnancy in a Township*. Unpublished M.ED Dissertation. Johannesburg: University of Johannesburg.
- Jewkers, R. & Christofides, N. (2008). Teenage Pregnancy: Rethinking prevention. *Keynote Addresss at the 5th Youth Policy Initiative Roundtable on Teenage Pregnancy*. 6th March 2008.
- Kaya, H.O. (1994). *Knowledge and Attitudes Towards Sex Among Youth in South frica with Special Reference to the North West Province*. Unpublished Report. Rustenburg: University of North West

- Khoza, T. (2007). When kids have kids: It's schoolgirls sex. *Daily Sun*, 29 November 2007.
- Kidder, L.H. & Judd, C.M. (1986). *Research Methods in Social Relations*. New York: Houghton Mifflin Company.
- Kumar, A.; Singh, T.; Basu, S.; Panday, S. & Bargava, V. (2007). Outcomes of Teenage pregnancy. *The Indian Journal of Pediatrics*, 74(10), 927-931.
- Langeni, N.T. (1988). Teenage Pregnancy- A fact of life? *Fiat Lux*, 23(2), 17
- Leatherwood, H. (2006). *Comparison of teachers' and students' perceptions of academic performance and opportunities. A focus on pregnant and parenting students*. Unpublished paper.
Heatherwood.79@yahoo.com.
- Leedy, P.D. (1993). *Practical Research: Planning and Design*. New York: MacMillan
- Luker, K. (1996). *Dubious conceptions: The politics of teenage pregnancy*. Cambridge, M.A. Harvard University Press.
- Luthuli, T.M. (2003). *African learners' Perception of Vernacular Language in Desegregated Schools*. Unpublished Masters Dissertation. KwaDlangezwa: University of Zululand.

Macleod, C. (1999). The cause of teenage pregnancy. *South African Journal of Psychology*, 29(1), 8-16.

Mahabeer, R. (2007). Teenage pregnancy on the increase. *The North Coast Courier*, 23 March 2007.

Mahlangu, D.M.D. (1987). *Educational Research Methodology*.
Pretoria: HAUM Printers.

Majova, C.N. (2002). *Secondary School Learners' Attitudes Towards Sex Education*. Unpublished M.Ed Dissertation. KwaDlangezwa: University of Zululand.

Makanya, J.N. (1993). *Exploration of sexuality educational experienced by black Adolescents in urban area*. Unpublished M.Ed Dissertation. Durban: University of Natal.

Maughan, K. (2007). School of pregnant learners. *The Star*, Monday, 5 March 2007.

Maphalala, M.C. (2006). *Educators' experiences in implementing the revised national Curriculum Statements in the GET Band*. Unpublished Doctoral Thesis. KwaDlangezwa: University of Zululand.

- Mash,R.; Kareithi, R. & Mash, B.(2006). Survey of sexual behaviour among Anglican youth in the Western Cape. *South African Medical Journal*. 96 (2): 124-127.
- Masipa, N. (2007). Half of school girls pregnant. *Daily Sun*, 25 April 2007.
- Masuku, N. (1998). *Pregnancy among school girls at KwaMgaga High School Umlazi: Pupils' perceptions and the school's response*. Unpublished M.Ed Dissertation. Durban: University of Natal.
- Maynard, R.A. (Ed.) (1996). *Kids having kids*. New York: Robin Hood Foundation
- McKenna, E.(2000). *Business Psychology & Organizational Behaviour. A Student's Handbook*.3rd Edition. Canada: Psychology Press Ltd.
- Mgwaba, M. (2002). Adolescents' perception of risk of AIDS and condom use. Unpublished M.Ed Dissertation. Durban: University of Natal.
- Mkhatshwa, M.M.(20020. *An Exploratory Study of Social Perceptions and Attitudes Towards HIV/AIDS Orphans in Esikhawini and Surroundings*. Unpublished M.Ed Dissertation. KwaDlangezwa: University of Zululand.
- Mogotlane, S. (1993). *Teenage pregnancy: An unresolved issue*. Unpublished Masters Dissertation. Cape Town: Medical University of Southern Africa.

Mohase, T.B. (2006). *The influence of Teenage Pregnancy and Parenting on performance of Soshanguve Secondary School learners*. Unpublished Masters Dissertation. Pretoria: Tshwane University of Technology

Msomi, T. (1999). School for pregnant pupils. *Drum magazine*, Issue 362, p 18-19.

Nash, E.S. (1990). Teenage Pregnancy: Need a child, bear a child. *South African Outlook*, 120(14320), 137.

Nash, R. (2002). Sex and schooling: The sexual activity of young people and implication for education. *Gender and Education*, 24(2), 149-165.

Nene, L.M. (1969). *The attitude of Bantu students towards university education*. Unpublished M.Ed Dissertation. Pretoria: University of South Africa.

Newman, L.W. (2000). *Social Research Methods. Qualitative and Quantitative Approaches*. USA: Allyn and Bacon.

Newman, L.W. (2002). *Social Research Methods. Qualitative and Quantitative Approaches*. USA: Allyn and Bacon.

- Nkosi, L.G. (1988). *A Study of Black Professional Nurses' Attitudes Towards the New Comprehensive Nursing Diploma*. Unpublished Honours dissertation. Pretoria: Medunsa.
- Ntsholo, A.B. (2002). *Attitudes of High School Learners Towards Mathematics and the Use of Calculators*. Unpublished M.Ed Dissertation. KwaDlangezwa: University of Zululand.
- Nxumalo, Z.E. (1997). *Teenage Pregnancy. Psychological and Educational Implication*. Unpublished Masters Dissertation. Durban; University of Natal.
- Nzimande, A.M. (1970). *A Study of the Attitudes of Two Groups of Zulu Tribes Towards the Indians*. Unpublished Doctoral Thesis. Pretoria: UNISA.
- Orlich, D.C.(1978). *Designing Sensible Survey*. New York: Redgrave Publishing Company
- Pagelow, M.D. (1984). *Family violence*. New York: Praeger.
- Ramcharan, K.P. (2007). *Teenage Pregnancy. Satyagaha*
- Resnick, M.D. (1997). Protecting adolescents from harm: findings from the National Longitudinal Study on Adolescents health. *JAMA*, 1278 (10), 483.

- Richter, L.M.; Norris, S.A. & Ginsburg, C. (2006). The silent truth of teenage pregnancy- Birth to twenty cohorts' next generation. *SAMJ*, 96 (2), 122.
- Salmon, D. (2009). *School Sexual Health Clinics could reduce teenage pregnancy rate*. A paper presented at 2009 RCN International nursing Research Conference, 24-27 March 2009.
- Saville, S.(2006). Study finds teenage pregnancy 'fashionable'. *The Mercury*, 25 October 2006, p.3.
- Sonenstein, F.L.; Stewart, K.; Lindberg, L.D.; Pernas, M. & Williams, S. (1997). *Involving Males in Preventing Teenage Pregnancy: A Guide for Program Planners*. USA: Urban Institute
- Schumacher,J.E & Mallain, R. (1993). *Understanding Educational Research*. Boston: Houghton Mifflin Company.
- Shezi,N.H. (1994). *The Effects of Cultural Diversity on the Minority Children in the desegregated Secondary Schools in the Durban Metropolitan Area*. Unpublished Masters Dissertation. KwaDlangezwa: University of Zululand.
- Sibaya, P.T. (1984). *A study of Black university students' perception of the handicapped person in the country*. Unpublished M.Ed Dissertation. Pietermaritzburg: University of Natal

Sibaya, P.T. (1993). *Educational Research Methods. B.Ed Study Guide No. 2*. KwaDlangezwa: University of Zululand.

Suellentrop, K. & Flanigan, C. (2006). *Science says: pregnancy among sexually experienced teens*. 2002 [online].

Sunday Times. (2010). School pregnancy shock, 13 March 2010.

Sunday Times. (2010). Babies turned into cash cows, 20 March 2010.

Telegraph Media Group Ltd. (2007). Britain worst for teenage pregnancy. *Telegraph.co.uk*

Terre Blance, M. & Durrheim, K. (1999). *Research in practice: Applied methods for the Social Sciences*. Cape Town. University of Cape Town Press.

Tabachnick, B.G. & Fidell, L.S. (1989). *Using Multivariate Statistics*. New York: Harper & Row.

The Star. (2006). *The problem of teenage pregnancy*, 20 March 2006, p5.

Vadum, A.C & Rankin, N.O. (1998). *Psychological Research: Methods for Discovery and Validation*. USA: McGraw-Hill Co. Inc.

- Van Heerden, M.E. (1999). My School, Your School, Our School? Issues of Attitudes, Behaviour and Identity among Black and White Pupils in the desegregated South African High School. *Ethnology*, 67-68.
- Ventura, S.J. (2006). *Recent trends in teenage pregnancy in the United States, 1990-2002. Health E-Stats*, Hyattsville, M.D: National Centre for Health Statistics.
- Williams, P. (2005). When children have children. *Bona*, Issue 6, p.74-76
- Wilson, V & Ramphela, M. (1989). *Uprooting Poverty: The South African challenge*. Cape Town: David Phillips.
- Wood, K.; Maforah, F. & Jewkes, R. (1998). "He forced me to love him": Putting Violence on adolescent sexual health agendas. *Soc Sci Med*; 47: 233- 242.
- Zachry, E.M. (2005). Getting my education: Teen mothers' experiences in school before and after motherhood. *Teachers College Record*, 107(2), 2566-2598.

ANNEXURE A

QUESTIONNAIRE

EXPERIENCES OF EDUCATORS IN DEALING WITH TEENAGE PREGNANCY

My name is Nkoloyakhe Mpanza and I am an Educator employed by the Gauteng Department of Education at Johannesburg South District. I am currently studying part-time for a Doctoral Degree in Education at the University of Zululand. My topic looks at the Experiences of Educators in Dealing with Teenage Pregnancy in Secondary Schools in KwaZulu-Natal province of the Republic of South Africa.

As you are aware, "...a learner who falls pregnant may not become subject to any disciplinary action. The Bill of Rights in the constitution makes it clear that the state may not unfairly discriminate against a person on the grounds of pregnancy. A girl of school going age and who has given birth to a baby is obliged to return to school..." (KZN Circular No. 116 of 2000).

I would appreciate it if could complete the attached questionnaire and return it to me as soon as possible. I assure you that the information will be used for research purpose only, and that confidentiality is guaranteed. Please **do not** write your name.

I understand that this requires some of your valuable time, nevertheless your contribution to this study is highly valued. I hope you view this study as an opportunity to voice out your thoughts and opinions on the vital issue of teenage pregnancy in schools.

Your co-operation will be highly appreciated.

Please feel free to contact me should you require clarification on the study.

Thank you

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SECTION A: BIOGRAPHICAL DATA

Mark your option with a cross (X) in the space provided

Age

20-29 yrs	30-39 yrs	40-49 yrs	50 and above

Race

African	Coloured	Indian	White	Other

Gender

Male	Female

Teaching Experience

Less than 6 yrs	6-10yrs	11-15yrs	16-20 yrs	21-25 yrs	More than 25 yrs

Religious Affiliation

African Belief System	
Buddhism	
Christianity	
Hinduism	
Islamic	
Jehova's Witnesses	
Jewish	
Shembe (Nazareth)	
Other(Specify)	

Educational Level

Matric only	
Matric + Teachers' Certificate	
Matric + Teaches's Diploma	
Matric + Degree	

Matric + Degree + Diploma	
Matric + Senior Degree	
Matric + Senior Degree + Diploma	

SECTION B

In this section there are statements concerning your experiences in dealing with teenage pregnancy in your school. Please respond to each statement by making a cross on the option of your choice. The meaning of the letters is as follows:

SA = Strongly Agree

A = Agree

U = Uncertain/Unsure

D = Disagree

SD = Strongly Disagree

e.g.	I am a dedicated educator	SA	A X	U	D	SD
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No	STATEMENT	OPTIONS				
1	I do not mind being a class educator of a pregnant learner	SA	A	U	D	SD
2	Pregnant learners should not be allowed to attend classes (come to school)	SD	D	U	A	SA
3	I do not have a problem teaching a pregnant learner	SA	A	U	D	SD
4	When pregnant learners are assisted, they learn a lesson and never repeat the mistake of falling pregnant	SA	A	U	D	SD
5	There is no need of a mini clinic and a nurse at schools	SD	D	U	A	SA

6	Educators are coping well with pregnant learners	SA	A	U	D	SD
7	Pregnant learners should be left on their own so that they can learn a lesson	SD	D	U	A	SA
8	Pregnant learners need support from educators at school	SA	A	U	D	SD
9	It is sad to see pregnant learners forced to leave school	SA	A	U	D	SD
10	I am not responsible for taking care of pregnant learners	SD	D	U	A	SA
11	Pregnant learners should not be treated as outcasts at school	SA	A	U	D	SD
12	Everything possible should be done to make the life of a pregnant learner a happy one	SA	A	U	D	SD
13	Pregnant learners have a right to education (to attend school)	SA	A	U	D	SD
14	Learners, whether pregnant or not, are my responsibility	SA	A	U	D	SD
15	If pregnant learners are assisted, they will not learn a lesson and they will fall pregnant again	SD	D	U	A	SA
16	Taking care of pregnant learners is an extra burden	SD	D	U	A	SA
17	Pregnant learners affect other learners negatively in a class(room)	SD	D	U	A	SA

18	It is stressful to deal with pregnant learners in a class (room)	SD	D	U	A	SA
19	Parents of pregnant learners are not supportive to educators	SD	D	U	A	SA
20	A pregnant learner cannot cope with school work	SD	D	U	A	SA
21	It is every educators' responsibility to take care of a pregnant learner	SA	A	U	D	SD
22	It is the female educators' responsibility to deal with pregnant learners	SD	D	U	A	SA
23	Taking care of pregnant learners waste a lot of my time	SD	D	U	A	SA
24	Helping a pregnant learner is a self-fulfilling experience	SA	A	U	D	SD
25	All pregnant learners should be placed in a hospital school to minimize problems in ordinary schools	SD	D	U	A	SA
26	I have difficulty in helping a pregnant learner	SD	D	U	A	SA
27	Pregnant learners should be helped by their parents at home, not educators	SD	D	U	A	SA
28	When a pregnant learner goes to labour at school, I simply run away	SD	D	U	A	SA
29	I have never been trained to take care of pregnant learners	SD	D	U	A	SA

30	I am not satisfied with the way the Department of Education wants educators to assist pregnant learners	SD	D	U	A	SA
31	Psychologists from the Department of Education visit schools for counseling sessions with educators who deal with pregnant learners	SA	A	U	D	SD
32	When I help a pregnant learner who is in labour,I can be charged if something wrong happens	SD	D	U	A	SA
33	When a pregnant learner is in labour and I do not help, I can be charged of negligence	SD	D	U	A	SA
34	It is stressful to see a pregnant learner in labour	SA	A	U	D	SD
35	The paramedics do not respond promptly to help the pregnant learner	SD	D	U	A	SA
36	It is important for educators to be trained on how to deal with pregnant learners	SA	A	U	D	SD
37	Parents leave the responsibility of taking care of pregnant learners totally to educators	SD	D	U	A	SA
38	I need professional training on how to deal with teenage pregnancy	SA	A	U	D	SD
39	I have received maximum support from the parents of a pregnant learner	SA	A	U	D	SD
40	Helping a pregnant learner is helping a nation	SA	A	U	D	SD

41	I feel happy when I have supported a pregnant learner	SA	A	U	D	SD
42	Schools should assist pregnant and parenting learners with welfare issues	SA	A	U	D	SD
43	The Department of Education prioritize the rights of a pregnant learner than those of an educator who assists a pregnant learner	SD	D	U	A	SA
44	Given a chance, pregnant learners can perform well at school	SA	A	U	D	SD
45	Pregnant learners need extra care compared with non-pregnant learners at school	SA	A	U	D	SD

SECTION C

Make a cross (X) in the space provided below the number that best describes the degree to which you generally find dealing with teenage pregnancy to be stressful The meaning of the numbers is as follows:

1 = Not at all stressful

2 = Mildly stressful

3 = Moderately stressful

4 = Very stressful

5 = Extremely stressful

Statement	1	2	3	4	4
In general, how do you find dealing with teenage pregnancy to be stressful?					

Thank you

ANNEXURE B

A LETTER OF REQUEST TO CONDUCT RESEARCH

9 Draaibos Street

Mayberry Park
Alberton
1448
29 January 2010

KZN Department of Education
145 David Alexander House
Church Street
Pieter Maritzburg
3200

Dear Sir/Madam

Request: Permission to conduct Research

I am an educator employed by the Gauteng Department of Education at the Johannesburg South District. I am currently studying part-time towards a Doctoral Degree in Education at the University of Zululand.

I need to undertake research for my thesis on “The Experiences of Educators in Dealing with Teenage Pregnancy” and intend using secondary schools in KwaZulu Natal.

I hereby request permission to administer questionnaires to educators in selected secondary schools. I have attached a list of sampled secondary schools together with my proposal to this letter. This will assist me in completing my thesis.

Thanking you in advance

Yours faithfully

Nkoloyakhe D. Mpanza

083 613 0393

nkoloyakhe.mpanza@gauteng.gov.za or
nkoloyakhe@gmail.com

ANNEXURE C

PERMISSION TO CONDUCT RESEARCH



kzn education

Department:
Education
KWAZULU-NATAL

**N.D MPANZA
9 DRAAIBOS STREET
MAYBERRY PARK
ALBERTON
1448**

Enquiries: Sibusiso Alwar

Date: 26/03/2010

Reference: 0028/2010

RESEARCH PROPOSAL: EXPERIENCES OF EDUCATORS IN DEALING WITH TEENAGE PREGNANCY

Your application to conduct the above-mentioned research in schools in the attached list has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educator programmes are not to be interrupted.
5. The investigation is to be conducted from 26 March 2010 to 26 March 2011.
6. Should you wish to extend the period of your survey at the school(s) please contact Mr Sibusiso Alwar at the contact numbers above.
7. A photocopy of this letter is submitted to the principal of the school where the intended research is to be conducted.
8. Your research will be limited to the schools submitted.
9. A brief summary of the content, findings and recommendations is provided to the Director: Resource Planning.

*.. dedicated to service and performance
beyond the call of duty.*

KWAZULU-NATAL DEPARTMENT OF EDUCATION

PO BOX 191 Private Bag 19137, Pietermaritzburg, 3200, KwaZulu-Natal, Republic of South Africa

PHYSICAL Office 625, 188 Piedmont Street, Metropolitan Building, P.O. Box 1200, Pietermaritzburg, 3201

TEL Tel: +27 33 341 8610-8611 | Fax: +27 33 341 8612 | E-mail: info@kznedu.gov.za



kzn education

Department:
Education
KWAZULU-NATAL

10. The Department receives a copy of the completed report/dissertation/thesis addressed to:

The Director: Resource Planning
Private Bag X9137
Pietermaritzburg
3200

We wish you success in your research.

Kind regards

R. Cassius Lubisi (PhD)
Superintendent-General

...dedicated to service and performance
beyond the call of duty.

KWAZULU-NATAL DEPARTMENT OF EDUCATION

POSTAL Private Bag X9137 Pietermaritzburg, 3200, KwaZulu Natal, Republic of South Africa

PHYSICAL Office G.25, 168 Pietermaritzburg Street, Metropolitan Building, P.O. BOX 111, PIETERMARITZBURG 3201

TEL +27 33 341 8610/8611 | FAX +27 33 341 8612 | EMAIL

ANNEXURE D

BIOGRAPHICAL DATA OF RESPONDENTS

BIOGRAPHICAL DATA OF RESPONDENTS

Res No	Age (in years)	Race	Gender	Teaching Experience (in years)	Religious Affiliation	Educational Level	Total Score	Group
	1= 20-29 Yrs 2= 30-39 Yrs 3= 40-49 Yrs 4= 50 + Yrs	1= African 2= Coloured 3= Indian 4= White	1= Male 2= Female	1= Less than 6yrs 2= 6-10 Yrs 3= 11-15 Yrs 4= 16-20 Yrs 5= 21-25 Yrs 6= 26Yrs and above	1= African Belief System 2= Buddhism 3= Christianity 4= Hinduism 5= Islamic 6= Jehova's Witnesses 7= Jewish 8=Shembe (Nazareth) 9= Other	1= Matric only 2= Matric + Teachers' Certificate 3= Matric + Teachers' Diploma 4= Matric + Degree 5= Matric + Degree + Diploma 6= Matric + Senior Degree 7= Matric + Senior Degree + Diploma	Out of 225	A 45-90 (VNE) B 91-135 (NE) C 136-180 (PE) D 181-225 (VPE)
1	1	1	1	1	3	5	128	B
2	1	1	2	1	3	3	147	C
3	1	1	1	1	3	3	122	B
4	1	1	2	1	3	3	111	B
5	1	1	2	1	3	3	140	C
6	1	1	2	2	3	2	108	B
7	2	1	2	2	3	3	127	B
8	1	1	2	1	3	4	103	B
9	1	1	1	2	3	3	144	C
10	3	1	2	6	3	7	114	B
11	3	1	2	2	3	4	110	B
12	2	1	2	4	6	7	97	B
13	2	3	2	2	3	7	142	C
14	3	3	1	3	3	4	125	B
15	2	1	2	2	3	3	151	C
16	2	3	2	1	3	5	160	C
17	3	1	2	4	3	7	129	B
18	1	1	2	3	3	1	109	B
19	3	1	1	3	3	3	123	B
20	2	1	2	2	3	7	90	A

21	2	1	2	2	3	3	123	B
22	2	1	1	2	3	5	102	B
23	1	1	2	2	3	3	93	B
24	2	1	2	3	3	6	109	B
25	2	3	1	4	4	6	94	B
26	3	1	2	5	3	7	89	A
27	2	1	2	2	3	3	60	A
28	2	1	2	3	3	4	92	B
29	2	1	2	3	3	3	98	B
30	4	1	1	6	3	7	112	B
31	4	1	2	4	3	4	112	B
32	3	1	2	3	3	3	106	B
33	1	1	2	1	3	4	95	B
34	3	1	1	4	3	5	108	B
35	2	1	2	3	3	4	122	B
36	2	1	2	2	3	3	96	B
37	3	1	2	1	3	3	100	B
38	2	1	1	2	3	3	137	C
39	3	1	1	2	3	3	113	B
40	3	3	1	5	4	7	149	C
41	3	1	2	5	3	5	121	B
42	1	1	2	1	3	1	167	C
43	2	3	2	2	3	3	86	A
44	2	1	1	2	3	7	115	B
45	2	1	2	1	3	4	146	C
46	3	1	2	2	3	5	123	B
47	3	1	2	3	3	3	138	C
48	2	1	1	2	3	3	114	B
49	4	1	1	4	1	7	120	B
50	2	1	2	2	3	3	138	C
51	3	1	2	3	1	5	115	B
52	3	1	2	4	3	3	121	B
53	3	1	2	4	3	5	78	A
54	4	1	1	6	3	4	124	B
55	3	1	2	4	3	5	149	C
56	1	1	2	1	3	3	145	C
57	1	1	2	1	3	3	161	C
58	2	1	2	3	3	6	163	C
59	1	1	2	1	1	2	142	C

60	1	1	2	1	3	4	108	B
61	1	1	2	1	2	2	168	C
62	3	1	1	3	3	3	104	B
63	2	1	2	3	3	4	152	C
64	1	1	2	1	1	2	160	C
65	2	1	1	2	3	5	133	B
66	2	1	2	2	3	3	120	B
67	2	1	1	3	3	7	133	B
68	2	1	1	3	8	4	150	C
69	3	1	1	5	3	7	111	B
70	2	1	1	3	3	3	151	C
71	2	1	1	3	3	7	130	B
72	3	1	1	5	3	5	128	B
73	3	1	1	4	3	7	159	C
74	2	1	2	2	3	3	122	B
75	3	1	1	4	3	7	139	C
76	2	3	2	3	3	4	157	C
77	2	1	2	2	3	4	153	C
78	2	1	2	3	8	3	150	C
79	2	1	2	2	3	3	122	B
80	2	1	2	2	3	3	128	B
81	1	1	2	1	3	4	160	C
82	2	1	1	2	3	3	123	B
83	2	1	2	2	3	3	134	B
84	1	1	2	1	3	5	124	B
85	4	2	2	6	3	6	177	C
86	1	1	1	1	3	4	120	B
87	1	1	1	1	3	3	136	C
88	2	1	1	3	3	5	134	B
89	1	1	2	1	3	4	122	B
90	3	1	2	2	8	3	126	B
91	2	1	2	2	3	3	136	C
92	2	3	1	2	4	7	193	D
93	1	1	2	1	3	1	167	C
94	2	3	1	3	4	4	147	C
95	2	1	2	2	3	7	88	A
96	2	1	1	3	1	2	141	C
97	1	1	1	2	3	3	120	B
98	1	1	2	1	3	1	162	C

99	2	1	1	2	3	7	151	C
100	1	1	1	1	3	1	166	C
101	2	1	2	1	3	4	152	C
102	4	3	1	6	4	7	146	C
103	3	3	1	5	4	3	150	C
104	4	1	2	6	3	3	137	C
105	4	1	2	6	6	3	83	A
106	3	1	2	4	3	7	144	C
107	3	1	1	4	3	6	140	C
108	3	1	2	4	3	5	149	C
109	3	1	2	5	3	7	139	C
110	2	1	1	2	6	3	141	C
111	1	1	1	1	3	4	147	C
112	4	1	1	6	3	3	100	B
113	2	1	2	1	3	5	168	C
114	3	1	1	1	3	4	184	D
115	1	1	2	1	1	5	147	C
116	1	1	2	1	3	4	158	C
117	1	3	2	1	4	4	155	C
118	3	1	1	4	3	6	107	B
119	1	3	2	2	4	4	167	C
120	1	3	2	1	3	4	164	C
121	2	3	1	3	4	3	148	C
122	3	3	2	3	3	3	98	B
123	1	3	2	2	4	5	158	C
124	4	1	1	4	3	3	118	B
125	2	1	2	2	1	4	152	C
126	3	1	2	3	3	3	113	B
127	2	1	2	2	3	3	167	C
128	4	1	2	5	8	2	162	C
129	4	1	1	6	3	3	104	B
130	3	1	1	5	3	3	126	B
131	2	1	2	2	3	3	112	B
132	1	3	2	2	4	5	112	B
133	2	3	2	2	4	3	148	C
134	1	3	2	2	4	3	134	B
135	1	3	2	1	3	4	110	B
136	4	3	2	5	5	7	96	B
137	4	3	2	6	4	5	152	C

138	2	1	2	2	3	3	103	B
139	1	1	2	1	3	1	123	B
140	4	3	1	6	4	5	172	C
141	2	3	2	3	3	5	98	B
142	1	1	2	1	3	1	162	C
143	2	1	2	1	3	4	128	B
144	2	1	2	4	3	5	147	C
145	3	1	1	1	3	4	141	C
146	4	1	2	5	3	7	93	B
147	4	1	2	5	3	5	133	B
148	3	1	2	4	3	5	147	C
149	2	1	2	2	3	2	130	B
150	2	1	2	1	3	4	161	C
151	3	1	2	2	3	5	142	C
152	2	1	2	4	3	5	147	C
153	1	1	2	2	8	6	141	C
154	4	3	1	6	4	3	187	D
155	3	1	1	3	3	7	143	C
156	1	1	2	2	8	7	142	C
157	1	1	2	2	1	7	151	C
158	1	1	2	2	1	7	166	C
159	1	1	2	5	3	3	148	C
160	2	1	1	4	8	7	150	C
161	2	1	2	2	3	7	143	C
162	2	1	2	2	3	3	153	C
163	1	1	2	1	3	2	142	C
164	2	1	1	4	1	5	129	B
165	2	1	1	3	3	4	153	C
166	1	1	2	3	3	7	154	C
167	1	1	2	4	6	4	153	C
168	2	1	1	1	9	1	156	C
169	1	1	1	3	3	5	151	C
170	2	1	1	2	3	7	146	C
171	2	1	1	3	1	3	141	C
172	1	1	1	1	1	7	159	C
173	3	1	2	3	3	3	154	C
174	2	1	2	2	3	5	93	B
175	2	1	2	3	3	3	100	B
176	1	1	2	1	3	3	133	B

177	2	1	2	2	3	5	146	C
178	2	1	1	2	3	4	123	B
179	3	1	2	4	3	6	120	B
180	3	1	1	3	3	5	59	A
181	2	1	2	2	3	5	170	C
182	2	1	2	2	3	3	127	B
183	2	1	2	3	3	5	97	B
184	1	1	2	1	3	3	106	B
185	3	1	2	3	3	5	115	B
186	3	1	2	4	3	3	96	B
187	2	1	1	2	3	5	81	A
188	2	1	1	2	1	5	104	B
189	1	1	1	1	3	1	152	C
190	3	1	2	2	3	3	136	C
191	1	1	2	1	3	2	137	C
192	3	1	1	5	8	3	98	B
193	4	1	1	5	3	7	141	C
194	3	1	2	2	3	5	154	C
195	2	1	2	2	3	5	155	C
196	2	1	2	2	3	3	96	B
197	4	1	2	4	3	7	105	B
198	1	1	2	1	3	4	133	B
199	3	1	1	3	3	7	102	B
200	3	1	1	4	3	5	113	B
201	2	1	2	2	3	4	98	B
202	1	1	2	1	3	4	117	B
203	2	1	2	3	3	7	126	B
204	2	1	2	1	3	5	126	B
205	2	1	2	3	8	5	104	B
206	3	1	2	5	3	5	135	B
207	2	1	2	1	3	2	84	A
208	1	1	2	1	6	6	88	A
209	2	1	2	1	9	4	120	B
210	3	1	2	3	8	5	134	B
211	1	1	1	1	8	4	128	B
212	2	1	1	3	3	7	104	B
213	3	1	1	5	3	7	104	B
214	2	1	2	3	3	3	102	B
215	4	3	1	6	4	6	141	C

216	4	3	2	6	4	6	141	C
217	3	1	1	4	3	5	109	B
218	1	1	2	1	1	4	151	C
219	1	1	1	1	3	4	116	B
220	3	1	2	4	3	7	101	B
221	3	1	2	5	3	6	146	C
222	2	1	2	4	3	3	153	C
223	3	1	2	5	3	7	146	C
224	2	1	1	4	3	1	151	C
225	1	1	2	2	3	4	191	D
226	2	1	1	4	3	6	170	C
227	2	1	2	3	1	5	180	C
228	3	1	1	4	9	5	139	C
229	2	3	2	3	3	5	101	B
230	4	1	2	6	1	7	196	D
231	2	1	2	3	3	5	181	D
232	2	1	2	3	3	5	214	D
233	1	1	2	2	3	4	188	D
234	2	1	2	4	1	5	185	D
235	2	1	2	4	3	6	194	D
236	4	1	1	6	3	7	180	C
237	1	1	1	2	1	3	175	C
238	2	1	1	3	8	4	151	C
239	3	1	2	5	3	6	153	C
240	3	1	2	4	3	6	161	C
241	3	1	1	5	3	6	158	C
242	1	1	2	1	3	3	191	D
243	2	3	2	3	3	1	120	B
244	3	3	2	4	4	1	114	B
245	3	3	2	4	4	3	144	C
246	3	1	1	5	3	6	176	C
247	2	1	2	3	3	3	187	D
248	2	3	2	2	5	7	150	C
249	3	2	1	4	3	5	168	C
250	2	1	2	1	3	5	111	B
251	2	2	1	4	3	5	133	B
252	3	2	1	5	3	5	133	B
253	3	2	2	4	3	5	133	B
254	2	2	2	3	3	5	132	B

255	2	2	1	3	3	4	134	B
256	2	2	1	4	3	4	129	B
257	1	2	1	3	3	6	131	B
258	3	2	1	4	3	7	131	B
259	4	2	2	6	3	5	131	B
260	3	2	2	4	3	2	130	B
261	4	2	2	5	3	7	131	B
262	2	2	2	3	3	3	131	B
263	3	2	1	3	3	4	131	B
264	2	2	2	3	3	2	131	B
265	3	1	2	5	3	6	180	C
266	3	1	1	4	3	7	177	C
267	2	1	2	4	3	6	178	C
268	3	1	2	4	3	6	179	C
269	2	2	1	2	3	3	176	C
270	1	1	2	1	1	2	180	C
271	2	1	2	2	3	3	173	C
272	3	1	2	4	8	4	172	C
273	2	1	1	3	3	4	191	D
274	3	1	1	5	3	6	172	C
275	1	1	2	2	3	4	171	C
276	2	1	1	3	1	5	177	C
277	3	1	1	5	1	6	175	C
278	4	1	2	6	8	7	174	C
279	4	1	1	6	3	7	166	C
280	2	2	1	3	3	4	180	C
281	4	1	2	6	3	7	161	C
282	2	1	1	3	3	4	145	C
283	3	1	1	4	3	6	186	D
284	1	2	2	3	6	5	112	B
285	1	1	1	1	3	4	146	C
286	1	1	2	2	3	2	137	C
287	2	3	2	3	3	4	109	B
288	2	3	1	3	3	1	109	B
289	1	3	1	2	3	2	107	B
290	2	3	2	3	4	7	108	B
291	2	3	2	3	3	7	144	C
292	2	3	1	3	3	1	141	C
293	2	3	2	4	4	1	148	C

294	2	3	2	3	4	1	148	C
295	3	3	2	5	3	1	149	C
296	3	3	2	4	5	1	147	C
297	3	1	1	5	3	5	130	B
298	3	1	1	4	3	5	136	C
299	3	1	1	4	3	4	125	B
300	2	1	1	4	3	4	123	B
301	2	1	1	4	3	7	122	B
302	2	1	1	4	3	7	121	B
303	3	1	1	5	3	3	125	B
304	3	1	1	4	3	4	116	B
305	2	3	2	4	4	5	150	C
306	2	3	1	4	3	3	109	B
307	2	3	1	4	3	4	149	C
308	3	3	1	4	7	6	110	B
309	1	3	2	2	4	4	108	B
310	4	1	2	6	3	7	120	B
311	2	1	1	3	3	3	134	B
312	2	1	1	2	3	3	131	B
313	3	1	1	4	3	1	134	B
314	4	1	2	4	3	4	134	B
315	4	3	1	6	4	4	155	C
316	2	1	1	3	3	3	135	B
317	1	1	1	1	3	3	126	B
318	3	1	1	4	3	7	103	B
319	3	1	2	4	2	7	104	B
320	3	1	2	4	3	6	104	B
321	3	1	2	4	3	6	104	B
322	3	1	1	4	3	5	102	B
323	3	1	1	4	3	5	104	B
324	3	1	2	4	3	6	100	B
325	3	1	2	4	3	7	104	B
326	2	1	1	4	2	5	150	C
327	2	1	2	4	3	7	145	C
328	2	1	1	4	3	7	146	C
329	2	1	1	4	3	4	152	C
330	3	1	1	4	3	4	145	C
331	4	1	1	6	3	7	146	C
332	2	1	1	4	3	6	146	C

333	2	1	1	4	3	7	150	C
334	3	1	1	4	1	6	151	C
335	3	1	2	3	3	7	151	C
336	1	1	1	2	3	4	153	C
337	2	1	1	4	3	5	153	C
338	2	1	2	3	8	5	153	C
339	2	1	1	4	3	7	150	C
340	2	1	2	4	3	7	152	C
341	2	1	1	4	3	7	153	C
342	4	2	2	6	3	7	153	C
343	3	1	2	4	3	7	153	C
344	2	1	1	4	3	5	152	C
345	3	1	2	4	8	4	147	C
346	3	1	1	4	3	5	154	C
347	3	1	2	4	3	7	152	C
348	3	1	2	4	3	7	150	C
349	2	1	1	4	3	7	153	C
350	4	1	2	5	3	7	149	C
351	3	2	2	4	3	7	156	C
352	2	1	2	4	3	7	150	C
353	4	1	2	5	3	7	152	C
354	2	1	1	3	1	4	124	B
355	2	1	2	3	1	5	164	C
356	2	1	2	2	3	5	164	C
357	4	1	2	5	3	7	138	C
358	3	1	1	4	8	6	143	C
359	1	1	2	1	3	4	138	C
360	2	1	2	1	3	3	116	B
361	3	1	2	4	3	6	192	D
362	1	1	1	3	3	6	184	D
363	2	1	2	3	3	5	195	D
364	3	1	1	5	3	7	99	B
365	3	1	2	4	3	6	142	C
366	2	1	1	3	3	6	171	C
367	2	1	2	2	3	4	167	C
368	2	1	2	2	3	5	180	C
369	3	1	1	3	3	6	182	D
370	2	1	1	4	3	7	124	B
371	4	1	2	6	3	7	128	B

372	3	1	1	4	3	7	124	B
373	3	1	1	4	3	7	110	B
374	3	1	1	4	3	6	123	B
375	3	1	1	4	3	7	108	B
376	4	1	1	5	3	7	126	B
377	3	2	1	4	3	5	124	B
378	2	1	1	4	3	5	128	B
379	2	1	1	4	3	4	123	B
380	3	1	1	4	3	7	120	B
381	1	1	1	3	3	4	131	B
382	2	1	1	4	3	6	121	B
383	3	1	1	4	3	7	110	B
384	2	1	2	4	3	5	130	B
385	2	2	1	4	3	7	109	B
386	2	1	1	5	3	7	128	B
387	1	1	2	1	3	3	150	C
388	2	1	2	3	3	3	134	B
389	3	1	1	4	1	6	115	B
390	2	1	1	3	3	4	114	B
391	3	2	1	4	3	5	168	C
392	3	2	2	3	3	5	129	B
393	3	2	1	4	5	6	131	B
394	2	2	1	4	3	5	132	B
395	3	2	2	4	3	5	131	B
396	3	2	1	3	3	5	134	B
397	2	2	1	4	3	6	130	B
398	2	2	1	4	3	5	138	B
399	2	3	1	3	4	1	129	B
400	3	1	1	5	3	6	197	D
401	1	1	1	2	1	3	181	D
402	2	1	2	4	3	6	172	C
403	2	1	1	3	8	5	121	B
404	1	1	1	1	8	2	190	D
405	2	1	2	4	1	4	194	D
406	2	1	1	2	3	5	174	C
407	1	1	1	1	8	2	180	C
408	1	1	1	1	1	1	178	C
409	1	1	1	1	1	2	179	C
410	1	1	2	2	3	4	171	C

411	3	1	1	5	3	7	185	D
412	4	1	2	5	3	6	164	C
413	4	1	2	6	3	7	173	C
414	2	1	2	3	3	5	189	D
415	2	1	1	2	8	4	166	C
416	2	1	2	2	3	3	167	C
417	2	2	1	4	3	5	152	C
418	2	2	1	3	3	6	152	C
419	3	2	1	4	3	5	152	C
420	3	2	1	4	3	5	152	C
421	3	2	2	4	3	5	149	C
422	2	2	1	4	3	6	144	C
423	3	2	2	4	3	5	161	C
424	3	2	2	3	3	5	146	C
425	3	2	1	4	3	5	163	C
426	3	2	2	4	3	4	158	C
427	3	2	1	4	3	7	159	C
428	1	1	1	1	9	2	121	B
429	2	3	2	3	3	3	104	B
430	2	3	1	4	3	2	110	B
431	2	3	1	4	3	3	128	B
432	3	3	2	5	7	4	128	B
433	3	2	2	3	3	6	130	B
434	2	2	1	3	3	6	133	B
435	2	2	1	3	3	5	131	B
436	2	2	1	3	3	6	132	B
437	3	2	1	4	3	4	133	B
438	4	2	2	6	3	5	131	B
439	3	2	2	4	3	6	131	B
440	4	1	2	5	3	7	175	B
441	2	1	2	2	8	4	197	D
442	4	1	1	6	8	6	200	D
443	3	1	2	3	3	6	100	B
444	3	1	2	3	3	4	127	B
445	2	1	2	2	3	4	182	D
446	3	1	2	2	3	3	115	B
447	3	1	1	4	3	7	128	B
448	3	1	1	4	8	7	139	C
449	3	1	1	4	3	7	145	C

450	2	1	1	4	3	6	143	C
451	2	1	1	4	3	7	149	C
452	2	1	2	4	3	7	144	C
453	2	1	1	4	3	7	143	C
454	3	1	2	4	1	6	152	C
455	3	1	1	4	3	5	124	B
456	3	1	1	5	3	7	108	B
457	3	1	2	4	3	7	115	B
458	3	1	1	4	3	7	110	B
459	2	1	2	4	3	7	122	B
460	3	1	1	4	3	7	115	B
461	3	1	2	4	3	3	113	B
462	2	1	2	3	3	3	122	B
463	1	1	2	1	3	3	116	B
464	2	1	2	3	1	4	128	B
465	2	1	2	2	3	4	158	C
466	3	1	1	4	3	6	119	B
467	3	1	2	3	8	6	111	B
468	3	1	2	3	3	5	128	B
469	2	1	1	2	3	4	121	B
470	2	1	2	2	3	3	124	B
471	3	1	2	4	3	3	117	B
472	2	1	2	2	3	4	149	C
473	3	1	1	4	3	4	166	C
474	2	1	1	2	3	4	112	B
475	1	1	1	1	3	3	139	B
476	2	1	2	3	3	5	171	C
477	2	1	1	3	3	4	174	C
478	2	1	2	2	3	5	186	D
479	4	1	2	6	3	7	188	D
480	3	1	1	2	3	5	168	C
481	2	3	1	3	4	5	199	D
482	1	3	2	1	4	1	83	A
483	4	3	2	2	3	5	89	A
484	4	3	2	4	5	7	209	D
485	2	1	1	1	3	4	169	C
486	1	1	3	1	3	1	176	C
487	3	3	1	5	4	7	154	C
488	2	1	1	2	3	5	161	C

489	1	1	2	1	3	4	138	C
490	2	1	2	2	3	4	96	B
491	1	1	2	1	3	4	88	A
492	4	1	1	6	3	6	108	B
493	3	1	1	5	3	7	65	A
494	1	1	1	1	6	3	111	B
495	2	1	1	3	3	5	147	C
496	3	1	2	2	3	3	94	B
497	5	1	1	6	3	3	63	A
498	2	1	2	3	3	4	95	B
499	3	1	2	5	3	5	107	B
500	1	1	2	1	3	3	154	C
501	3	1	1	3	3	3	90	A
502	3	1	2	4	3	3	85	A
503	3	1	1	2	3	3	77	A
504	3	3	2	5	4	7	109	B
505	2	3	2	3	3	3	132	B
506	2	3	1	1	4	4	155	C
507	3	3	2	3	5	7	177	C
508	3	3	2	2	4	3	131	B
509	3	3	2	4	5	3	159	C
510	2	3	2	4	4	4	121	B
511	4	4	2	6	3	7	143	C
512	4	3	2	5	4	7	83	A
513	3	2	2	2	3	6	126	B
514	3	2	1	4	7	6	131	B
515	3	2	2	3	3	6	103	B
516	1	4	1	1	3	4	129	B

ANNEXURE E

FREQUENCY DISTRIBUTION OF RESPONSES TO ITEMS 1-4 (N = 516)

Frequency distribution of responses to items 1- 45 (N= 516)

Item Number	Response Category					
	SA	A	U	D	SD	Mean
+1	80 (15,5)	74(14,3)	84(16,3)	220(42,6)	58(11,3)	3.20
-2	65(12,6)	77(14,9)	140(27,1)	171(33,1)	63(12,2)	3.17
+3	61(11,8)	84(16,3)	83(16,1)	245(47,5)	43(8,3)	3.24
+4	72(13,9)	158(30,6)	88(17,1)	136(26,4)	62(12,0)	2.92
-5	116(22,5)	67(13,0)	58(11,2)	180(34,9)	95918,4)	3.13
+6	98(19,0)	159(30,8)	154(29,8)	88(17,1)	17(3,3)	2.55
-7	49(9,5)	46(8,9)	88(17,1)	244(47,3)	89(17,2)	3.54
+8	38(7,4)	70(13,6)	125(24,2)	227(44,0)	56(10,8)	3.37
+9	32(6,2)	98(19,0)	134(26,0)	180(34,9)	72(13,9)	3.31
-10	81(15,7)	152(29,4)	71(13,8)	164(31,8)	48(9,3)	2.90
+11	38(7,4)	46(8,9)	97(18,8)	273(52,9)	62(12,0)	3.53
+12	56(10,9)	69(13,4)	140(27,1)	206(39,9)	45(8,7)	3.22
+13	29(5,6)	42(8,1)	76(14,7)	280(54,3)	89(17,2)	3.69
+14	32(6,2)	41(7,9)	81(15,7)	272(52,7)	90(17,4)	3.67
-15	93(18,0)	92(17,8)	84(16,3)	199(36,6)	48(9,3)	3.03
-16	121(23,4)	196(38,0)	49(9,5)	110(21,3)	40(7,8)	2.52
-17	122(23,6)	123(23,8)	126(24,4)	107(20,7)	38(7,4)	2.64
-18	120(23,3)	135(26,2)	122(23,6)	105(20,3)	34(6,6)	2.61
-19	110(21,3)	158(30,6)	113(22,0)	110(21,3)	25(4,8)	2.58
-20	96(18,6)	121(23,4)	144(28,0)	127(24,6)	28(5,4)	2.75
+21	84(16,3)	159(30,7)	91(17,6)	150(29,1)	32(6,2)	2.78

-22	24(4,7)	58(11,2)	85(16,5)	251(48,6)	98(19,0)	3.66
-23	77(14,9)	113(22,0)	136(26,4)	153(29,6)	37(7,1)	2.92
+24	51(9,9)	103(19,9)	168(32,6)	162(31,4)	32(6,2)	3.04
-25	81(15,7)	98(19,0)	107(20,7)	191(37,0)	39(7,6)	3.02
-26	67(13,0)	177(34,3)	83(16,1)	158(30,6)	31(6,0)	2.82
-27	100(19,4)	98(19,0)	108(20,9)	182(35,3)	28(5,4)	2.88
-28	37(7,2)	87(16,9)	141(27,3)	194(37,6)	57(11,0)	3.28
-29	160(31,0)	213(41,3)	47(9,1)	77(14,9)	19(3,7)	2.19
-30	123(23,8)	151(29,3)	112(21,7)	111(21,5)	19(3,7)	2.52
+31	119(23,1)	70(13,6)	122(23,6)	163(31,6)	42(8,1)	2.88
-32	119(23,1)	143(27,7)	144(27,9)	84(16,3)	26(5,0)	2.53
-33	70(13,6)	92(17,8)	168(32,6)	133(25,8)	53(10,2)	3.01
+34	15(2,9)	47(9,1)	104(20,2)	220(42,6)	130(25,2)	3.86
-35	59(11,4)	129(25,0)	175(34,0)	125(24,2)	28(5,4)	2.87
+36	54(10,5)	91(17,6)	71(13,7)	199(38,6)	101(19,6)	3.39
-37	87(16,9)	161(31,2)	106(20,5)	139(26,9)	23(4,5)	2.71
+38	32(6,2)	48(9,3)	107(20,7)	216(41,9)	113(21,9)	3.64
+39	87(16,9)	121(23,4)	171(33,1)	113(21,9)	24(4,7)	2.74
+40	45(8,7)	66(12,8)	165(32,0)	193(37,4)	47(9,1)	3.25
+41	48(9,3)	87(16,9)	147(28,5)	187(36,2)	47(9,1)	3.19
+42	42(8,1)	118(22,9)	101(19,6)	203(39,3)	52(10,1)	3.20
-43	75(14,5)	124(24,0)	152(29,5)	132(25,6)	33(6,4)	2.85
+44	58(11,2)	60(11,6)	177(34,3)	179(34,7)	42(8,1)	3.17
+45	91(17,6)	82(15,9)	129(25,0)	145(28,1)	69(13,4)	3.04

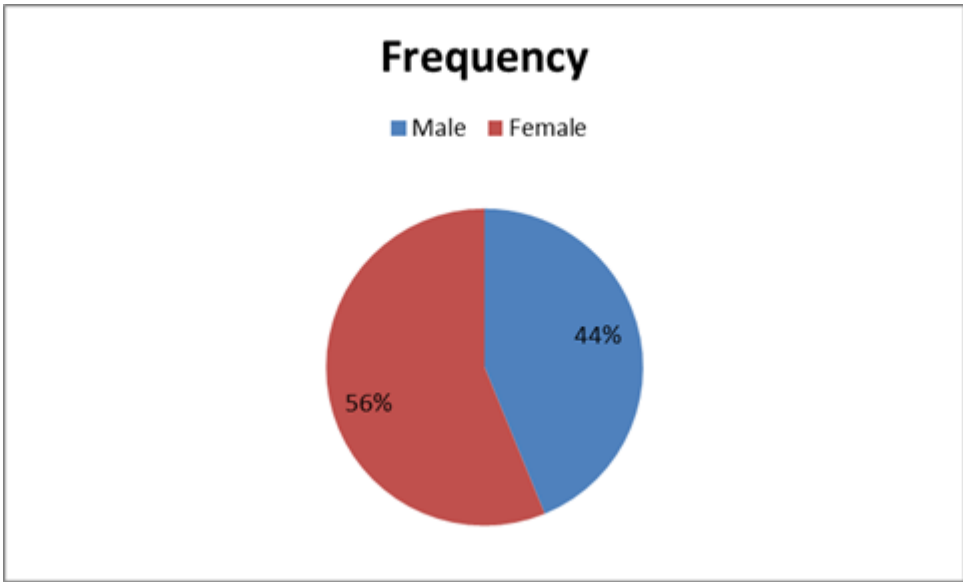
+ Positively worded statement (scoring 5, 4, 3, 2, 1)

- Negatively worded statement (scoring 1, 2, 3, 4, 5)

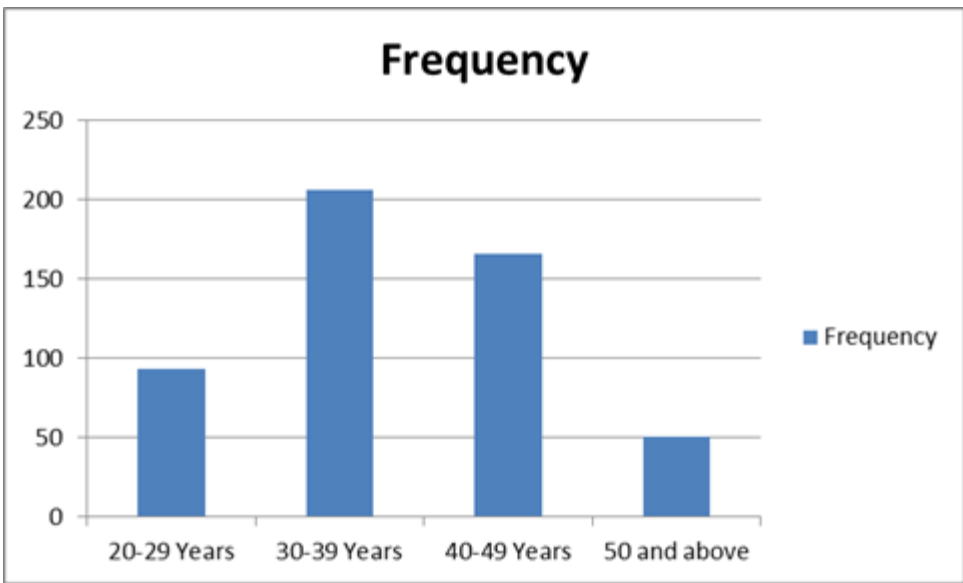
* Percentages are in parentheses

ANNEXURE F

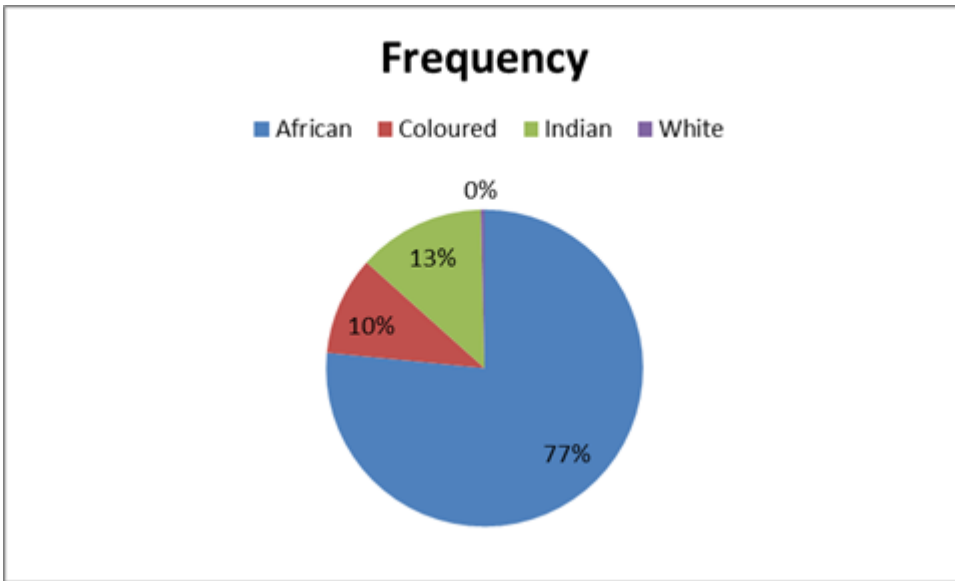
GRAPHICAL REPRESENTATION OF DATA



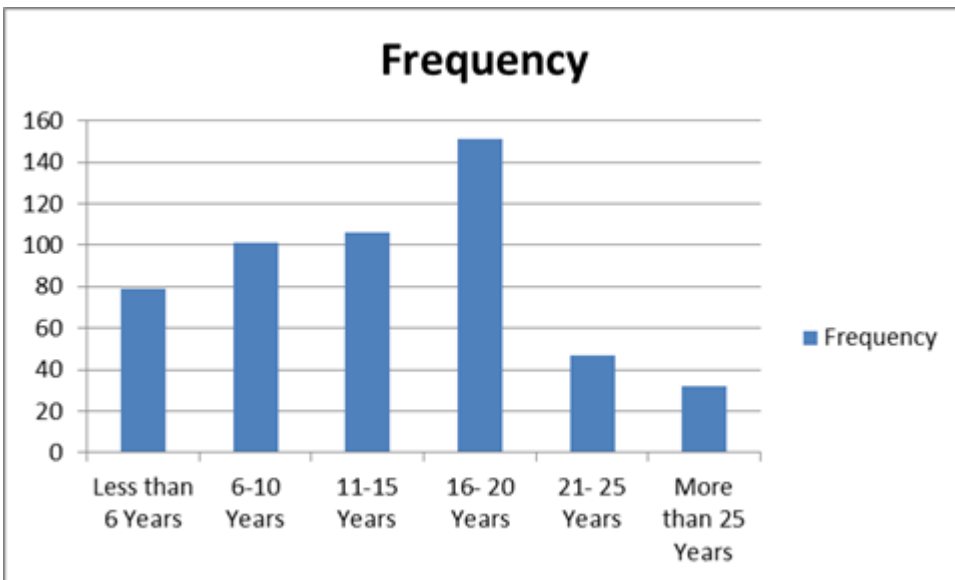
1. Graph showing the frequency distribution of subjects by gender



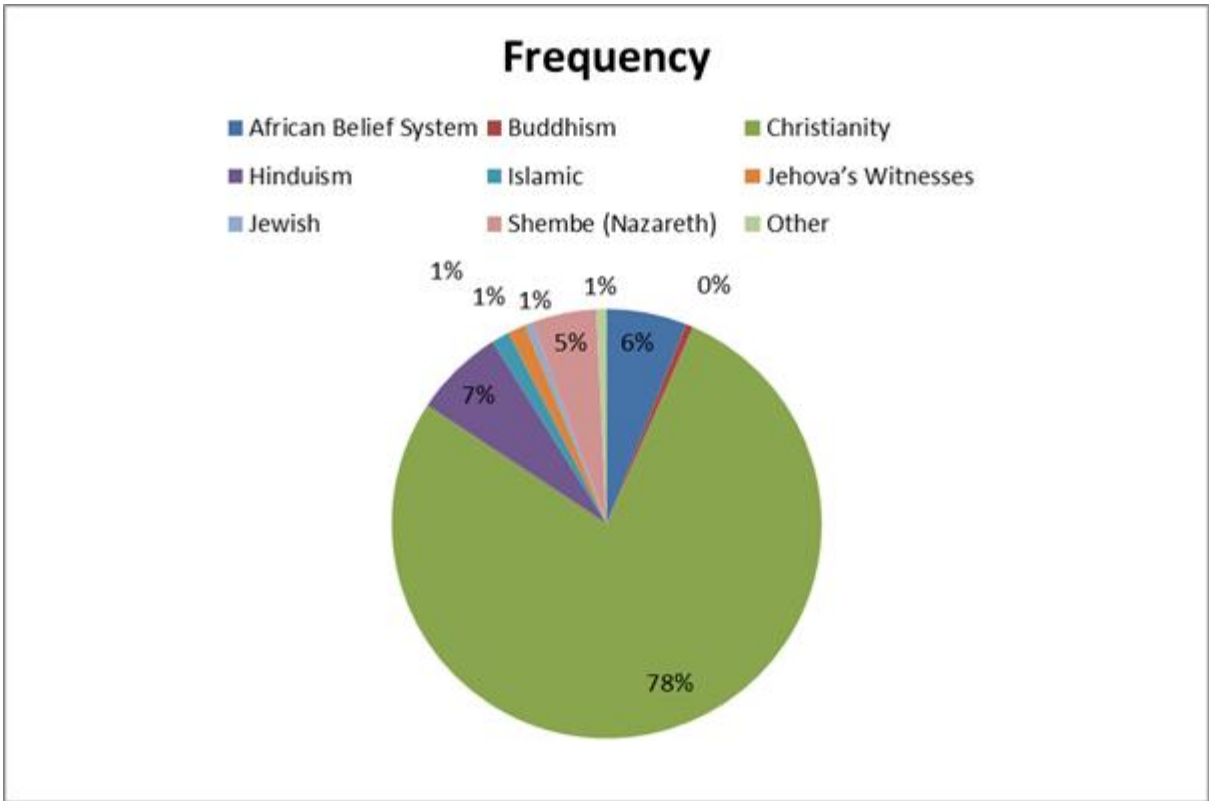
2. Graph showing the frequency distribution of subjects by age groups



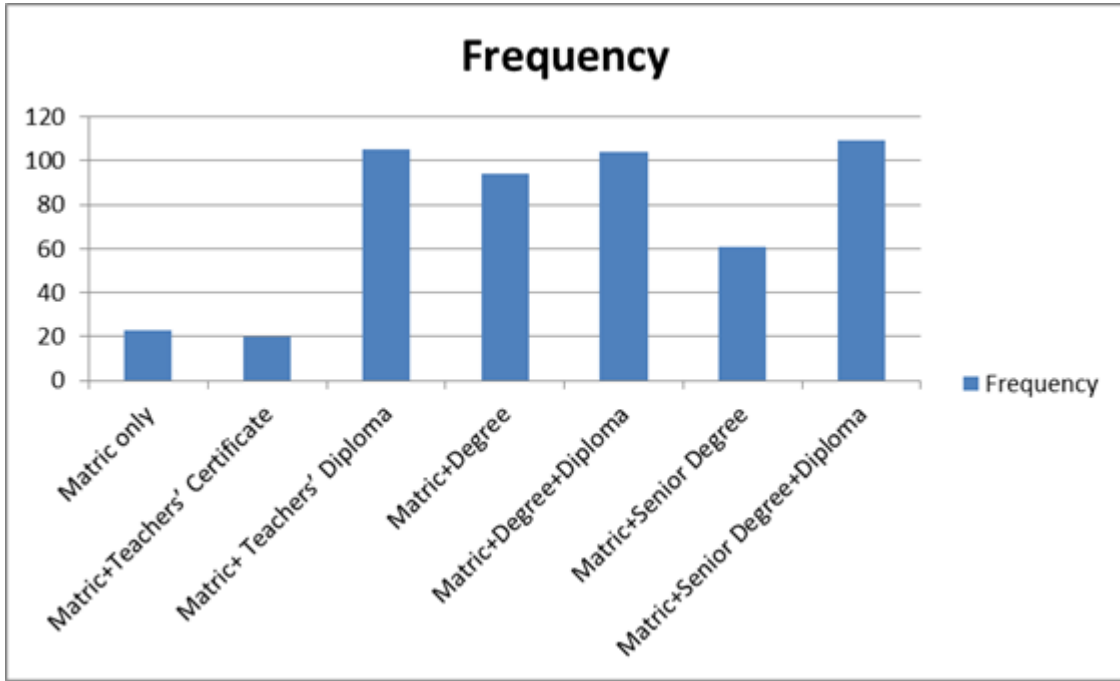
3. Graph showing the frequency distribution of subjects by racial group



4. Graph showing the frequency distribution of subjects by their teaching experience

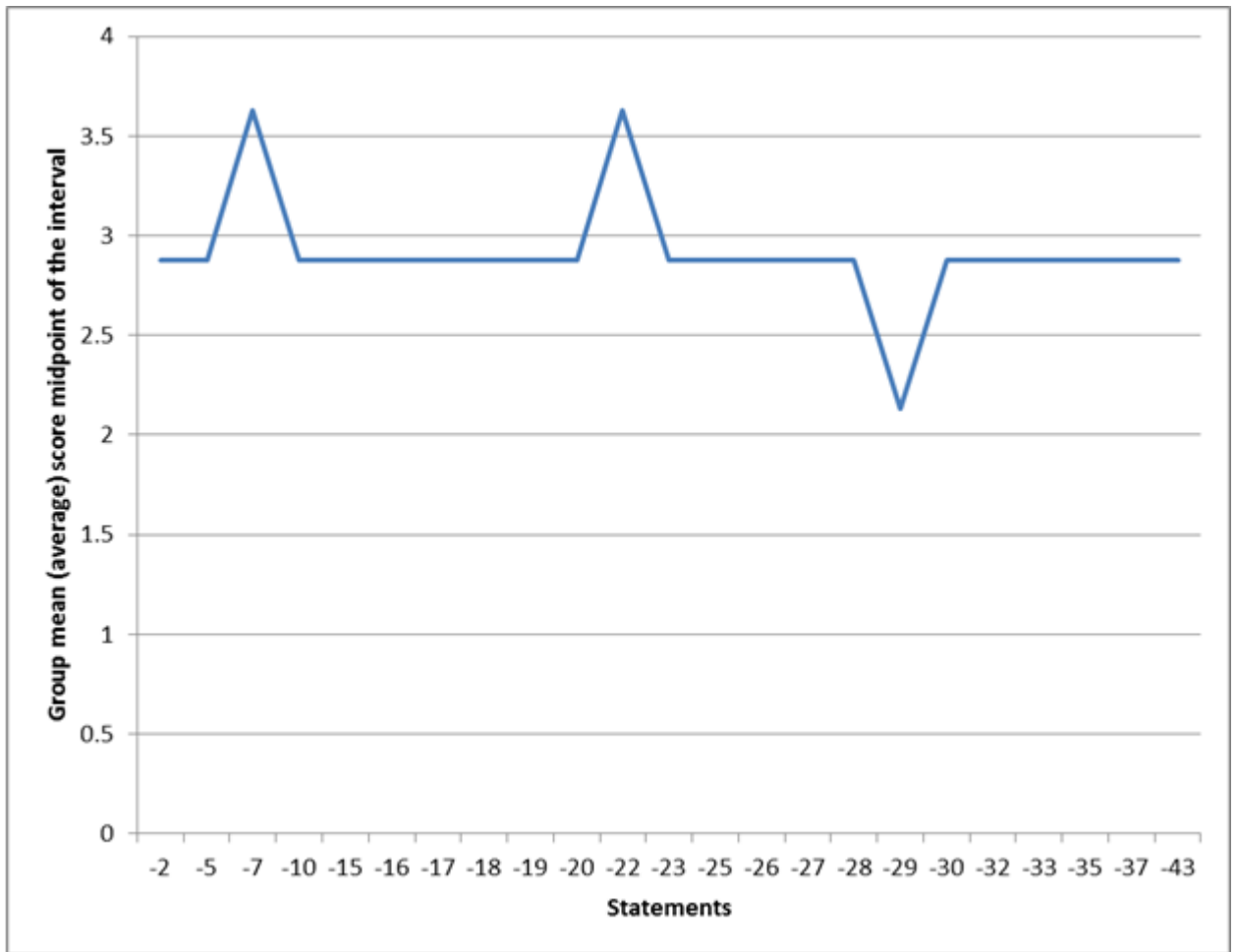


5. Graph showing the frequency distribution of subjects by their religious affiliation

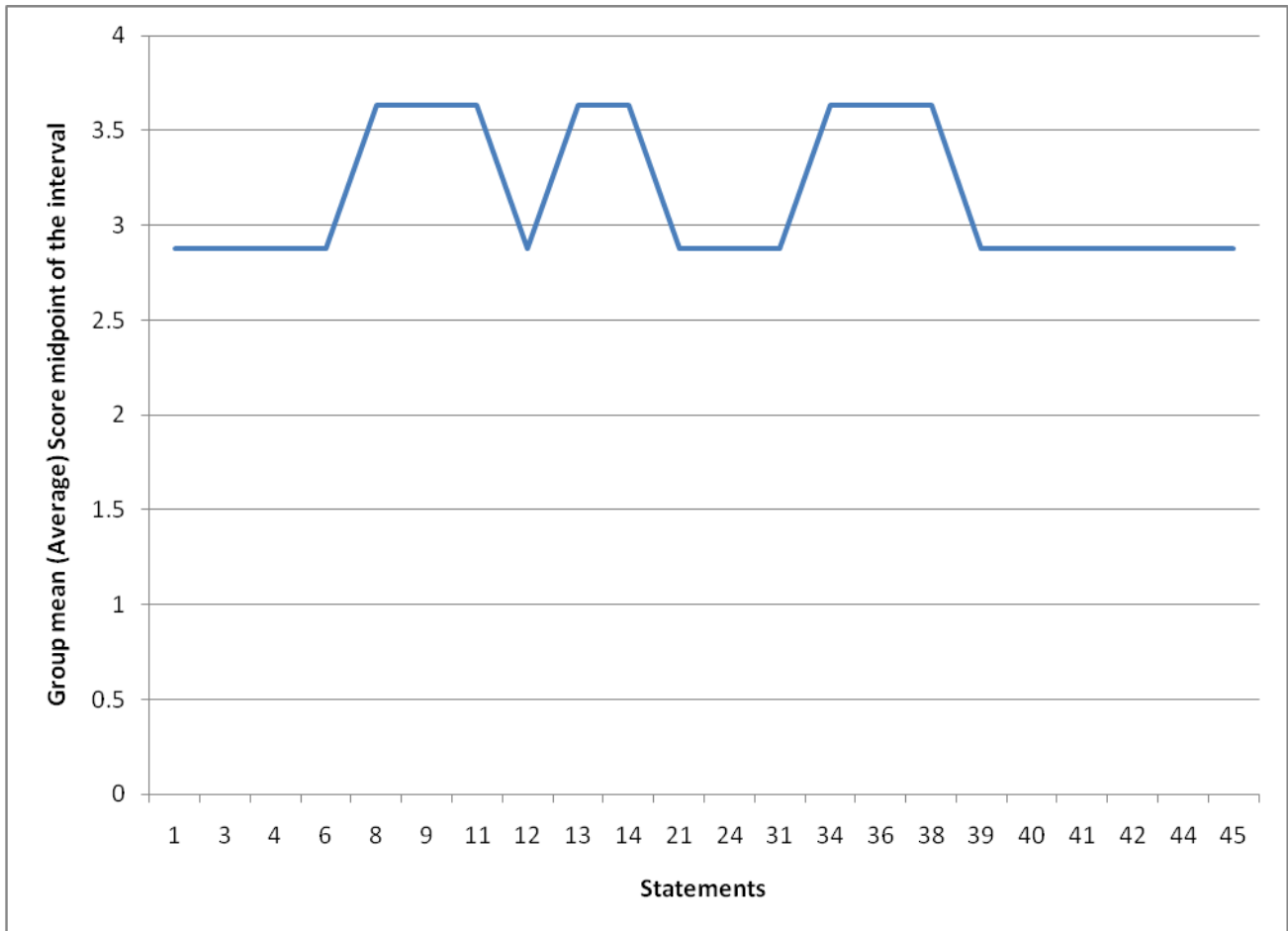


6

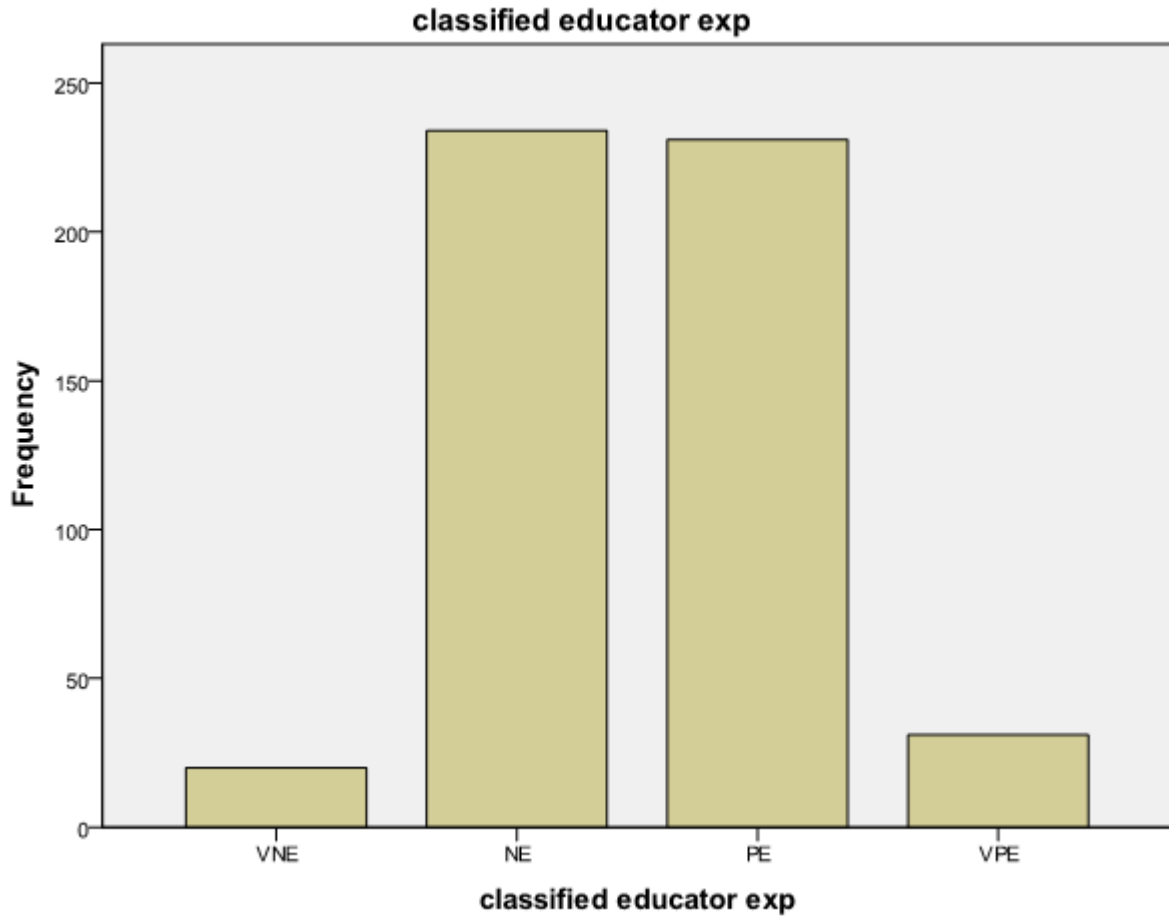
6. Graph showing the frequency distribution of subjects by their educational level



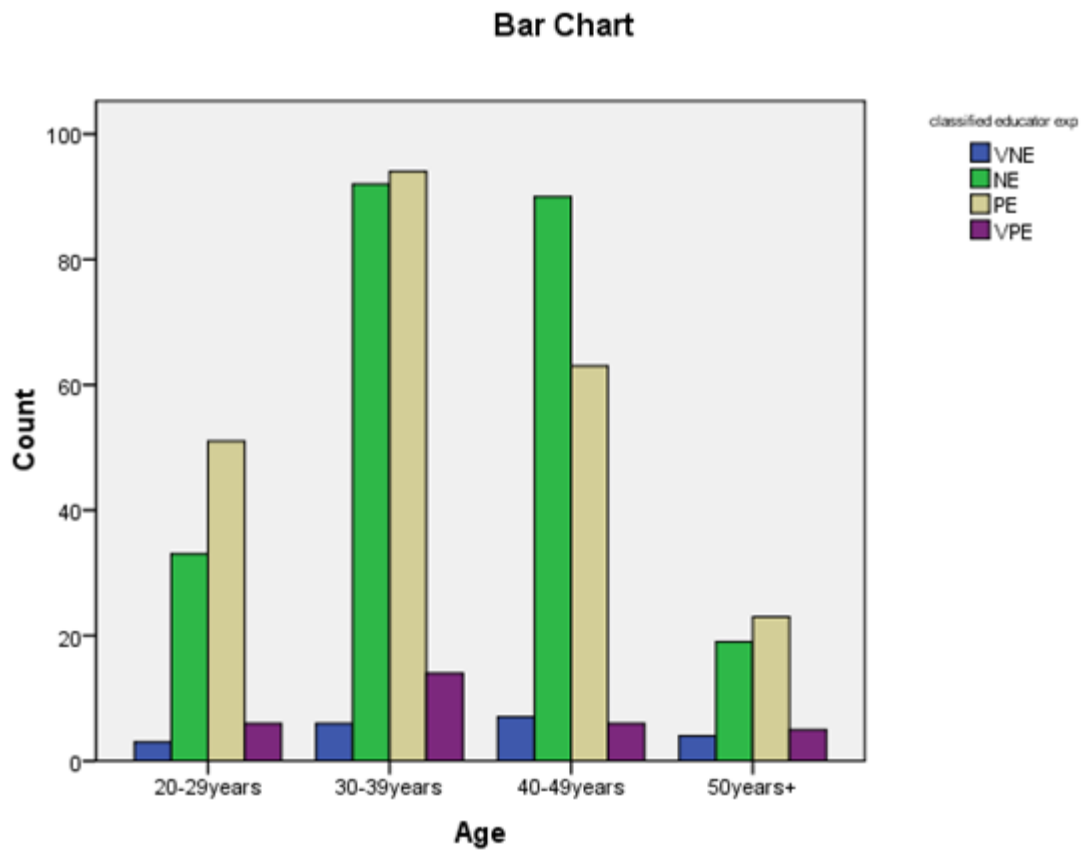
7. Graph representing mean scores of responses to every negatively worded statement.



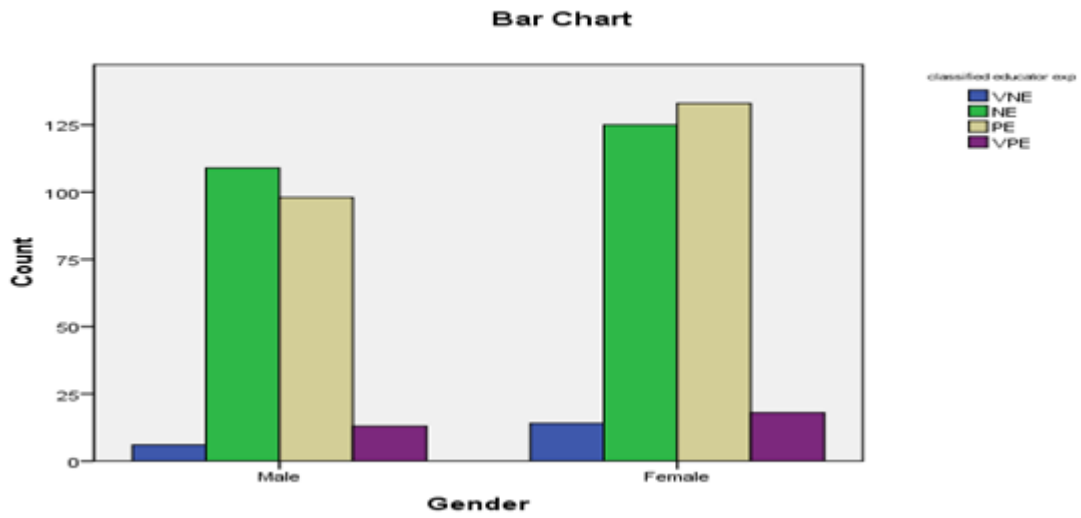
8. Graph representing mean scores of responses to every positively worded statement.



9. Graph showing the frequency of respondents with regard to their experiences in dealing with teenage pregnancy

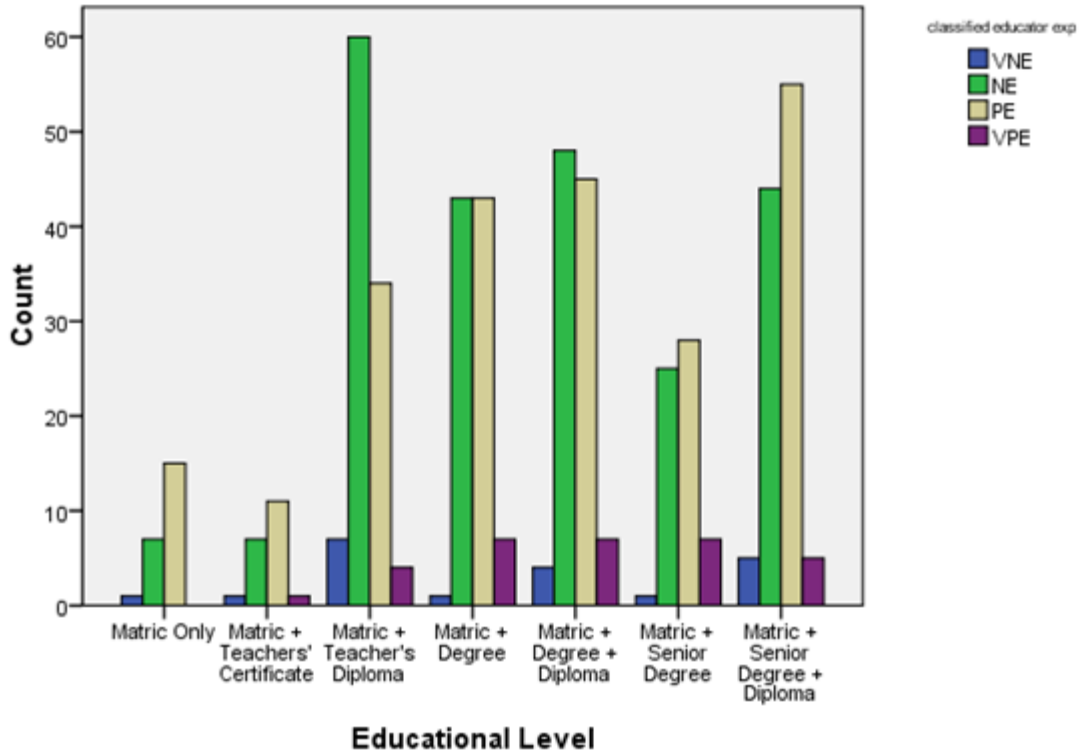


10. Graph showing the frequency of respondents, per age group, with regard to their experiences in dealing with teenage pregnancy



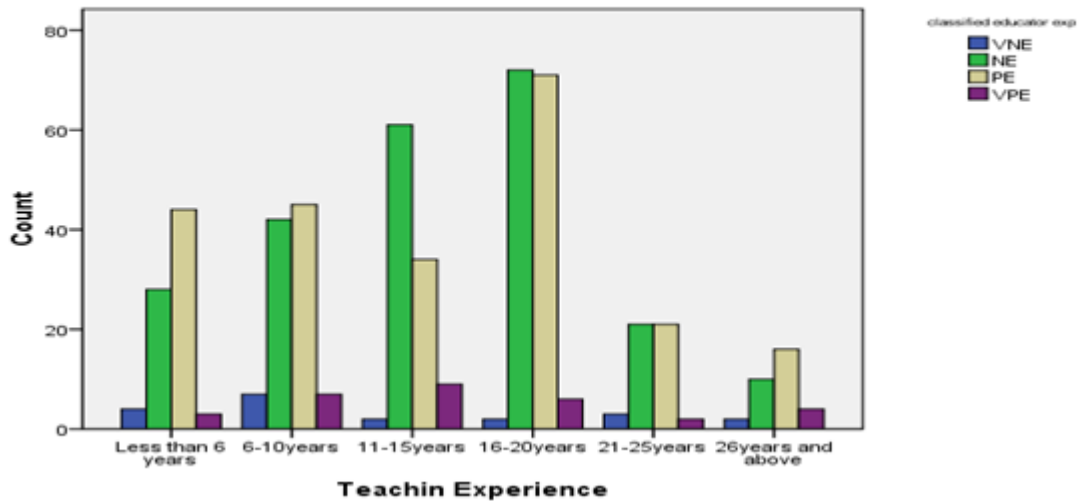
11. Graph showing the frequency of respondents, per gender, with regard to their experiences in dealing with teenage pregnancy

Bar Chart

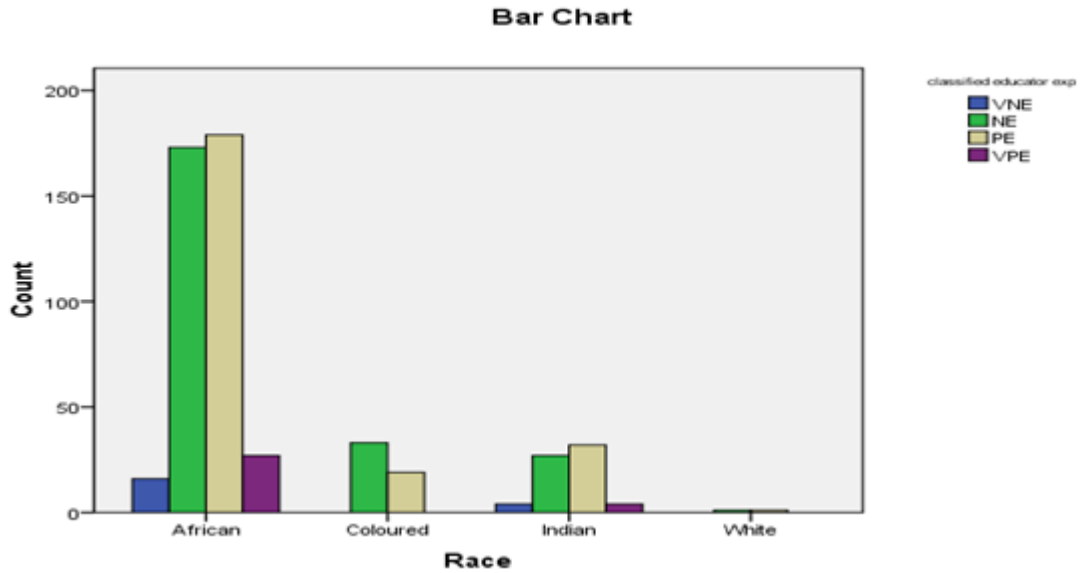


12. Graph showing the frequency of respondents, per educational level, with regard to their experiences in dealing with teenage pregnancy

Bar Chart

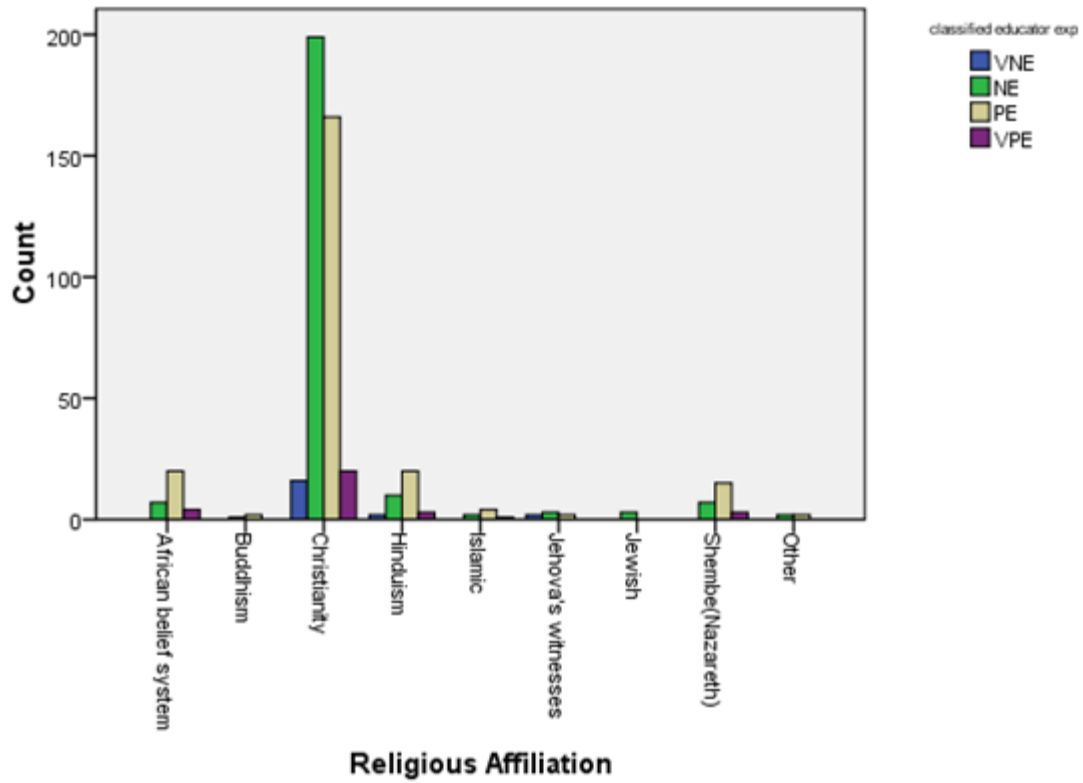


13. Graph showing the frequency of respondents, per teaching experience, with regard to their experiences in dealing with teenage pregnancy

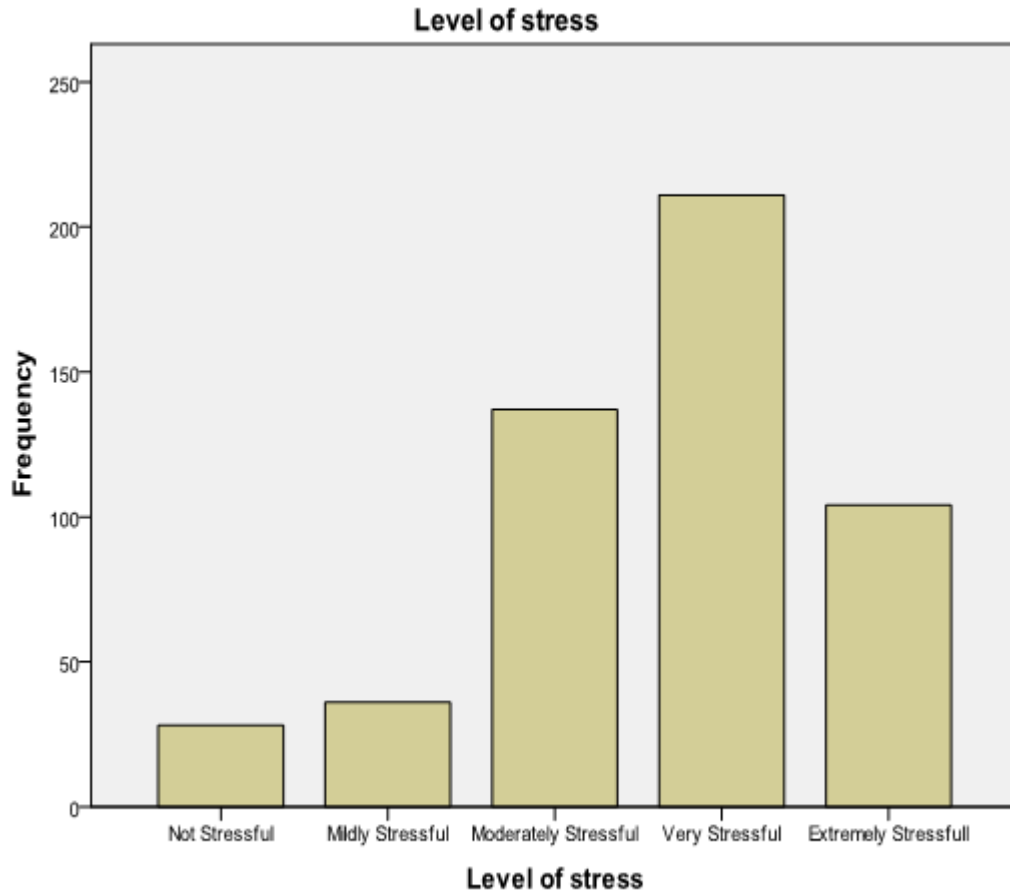


14. Graph showing the frequency of respondents, per racial group, with regard to their experiences in dealing with teenage pregnancy

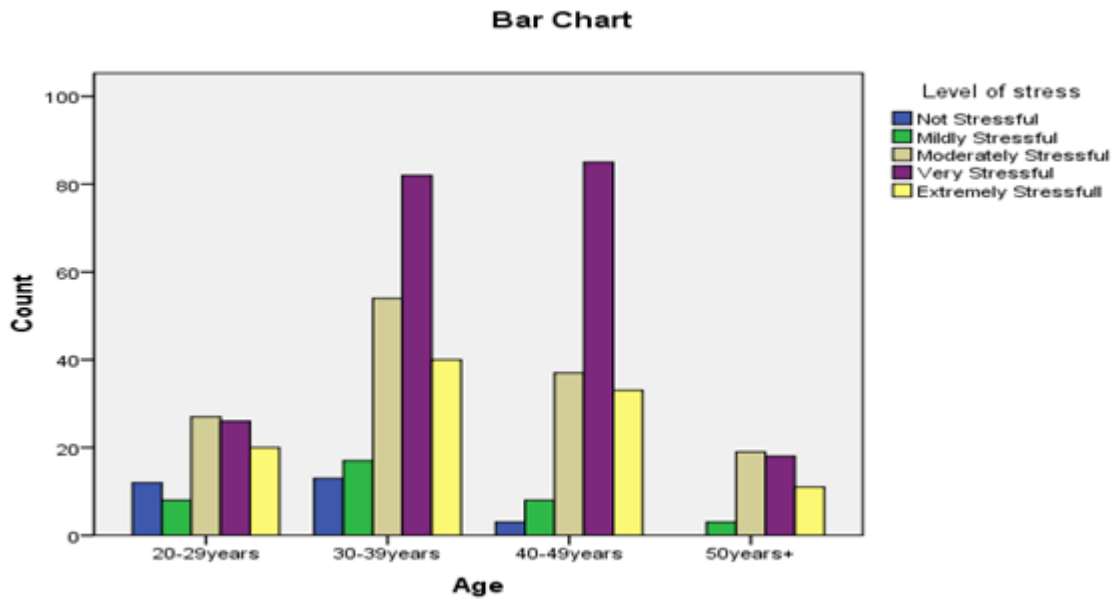
Bar Chart



15. Graph showing the frequency of respondents, per religious affiliation, with regard to their experiences in dealing with teenage pregnancy

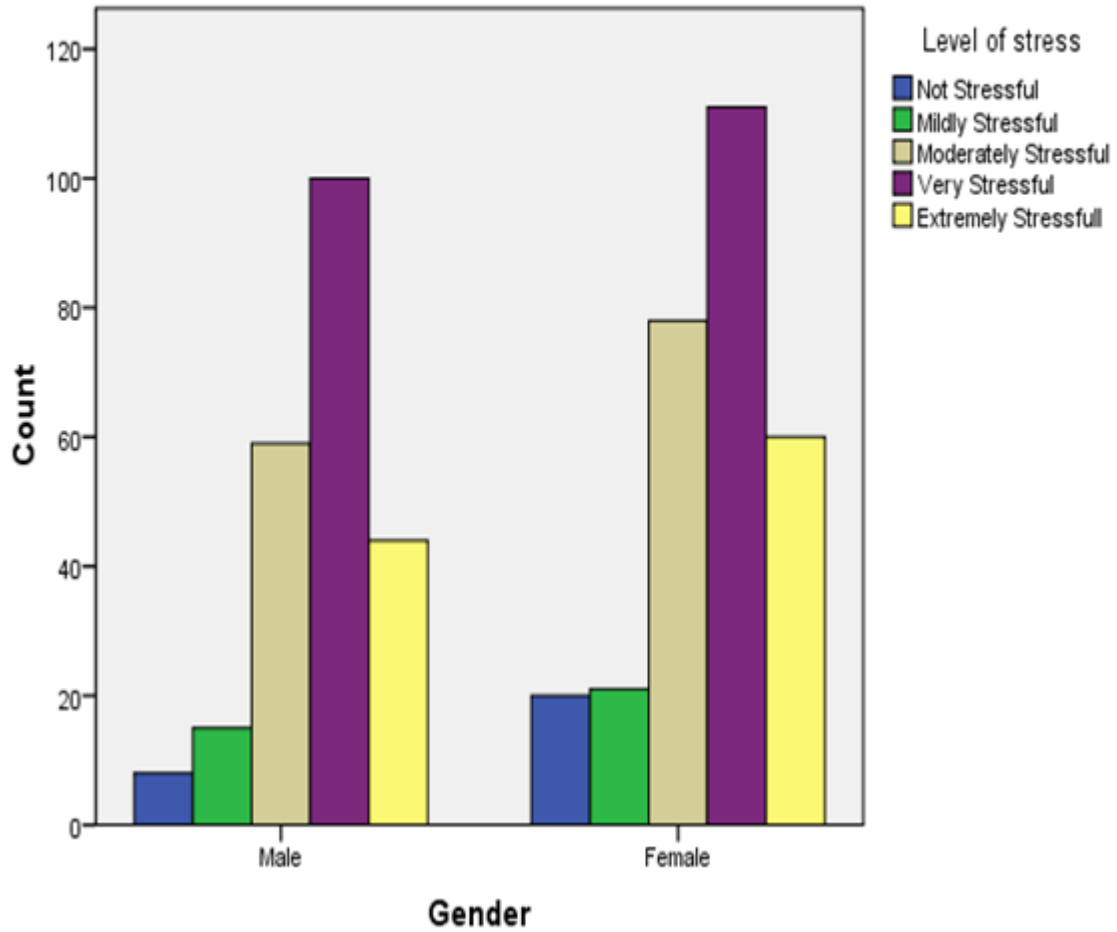


16. Graph showing the frequency of respondents with regard to the level of stress they experiences in dealing with teenage pregnancy

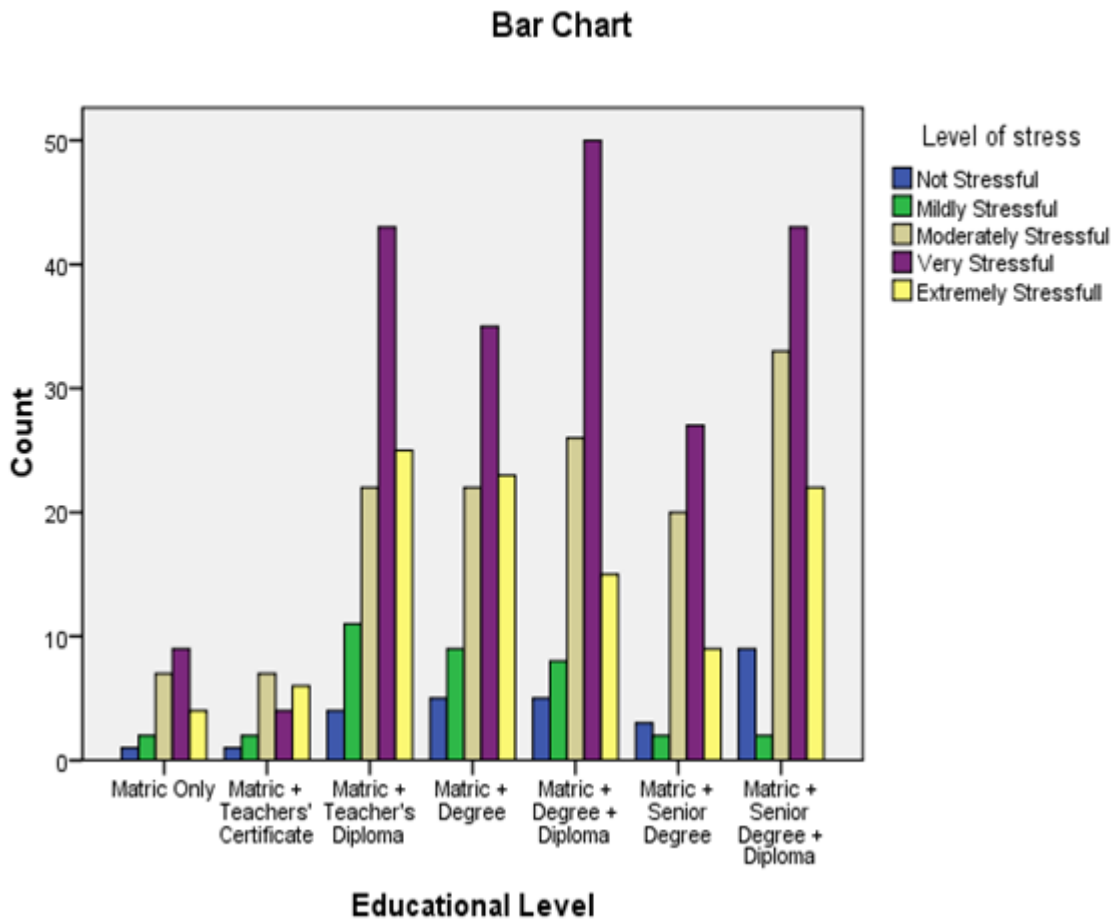


17. Graph showing the frequency of respondents, per age group, with regard to the level of stress they experiences in dealing with teenage pregnancy

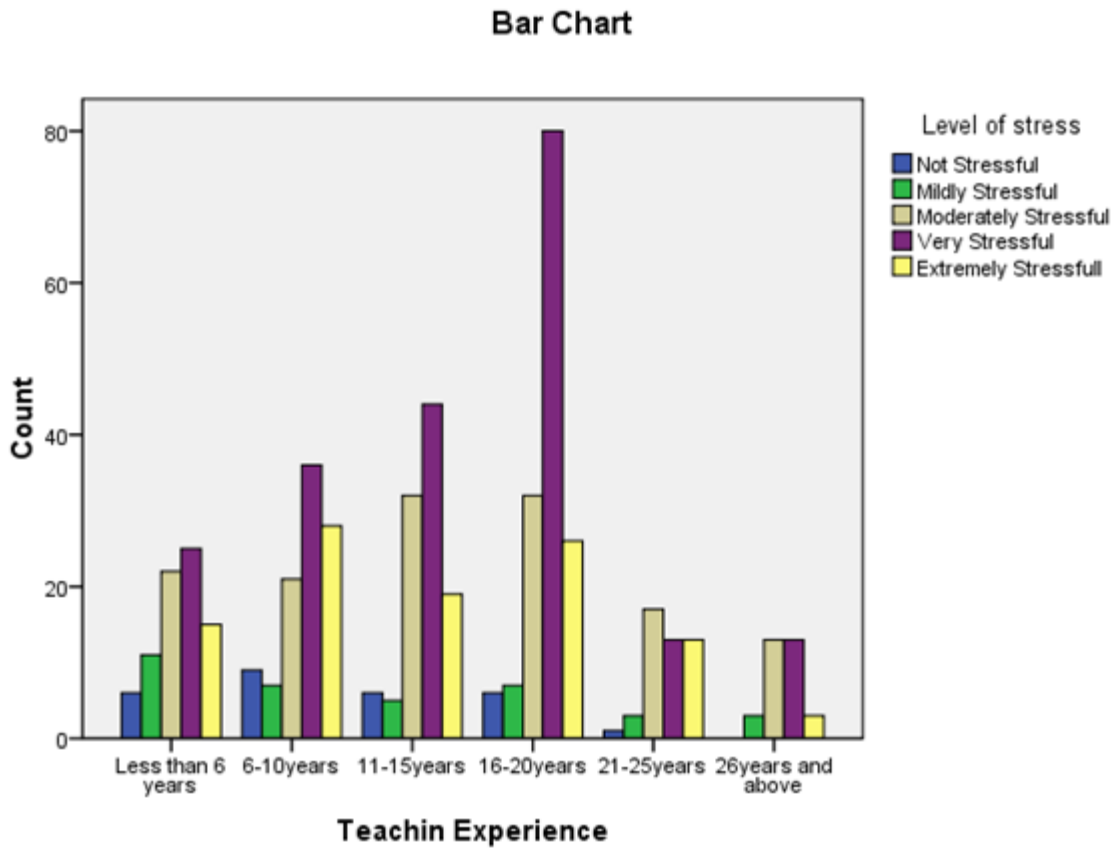
Bar Chart



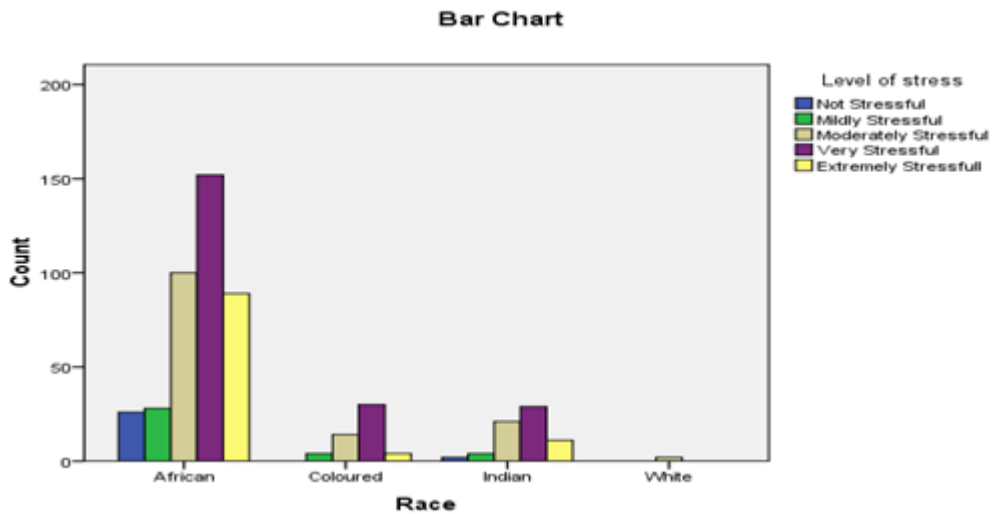
18. Graph showing the frequency of respondents, per gender, with regard to the level of stress they experiences in dealing with teenage pregnancy



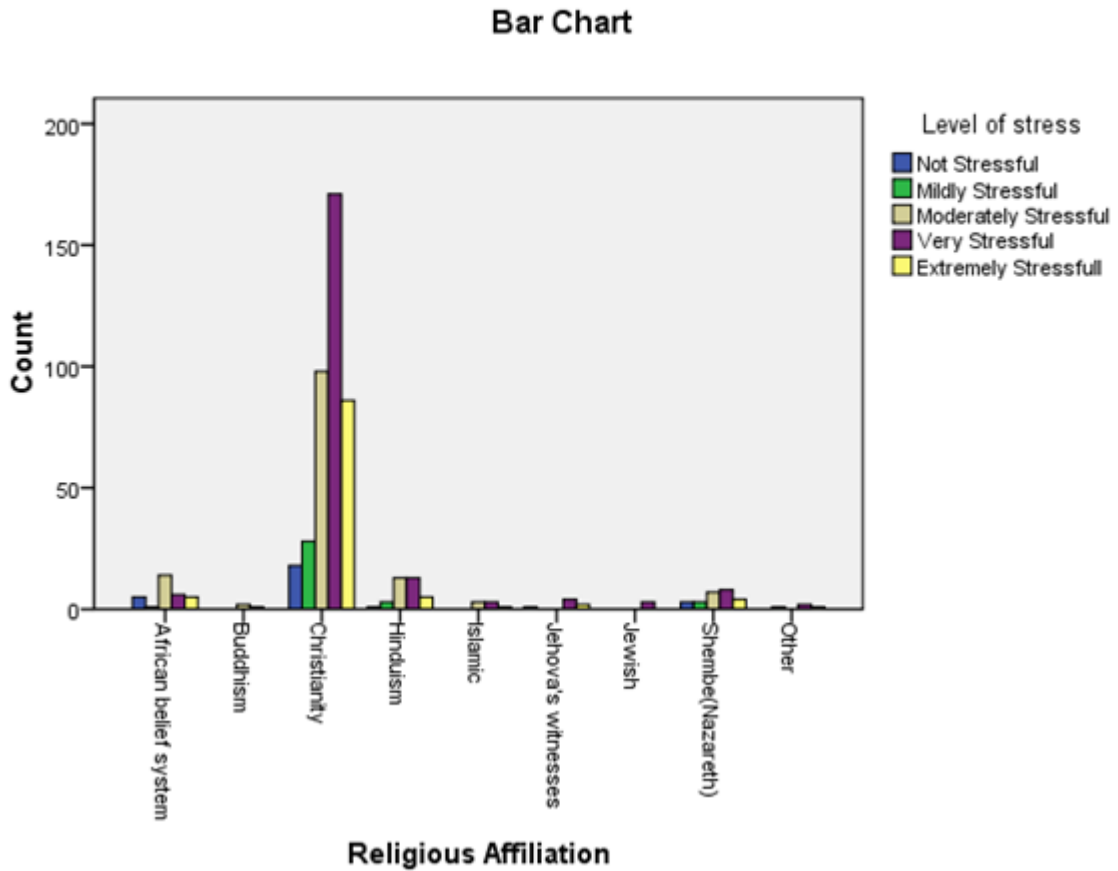
19. Graph showing the frequency of respondents, per educational level, with regard to the level of stress they experiences in dealing with teenage pregnancy



20. Graph showing the frequency of respondents, per teaching experience, with regard to the level of stress they experiences in dealing with teenage pregnancy



21. Graph showing the frequency of respondents, per racial group, with regard to the level of stress they experiences in dealing with teenage pregnancy



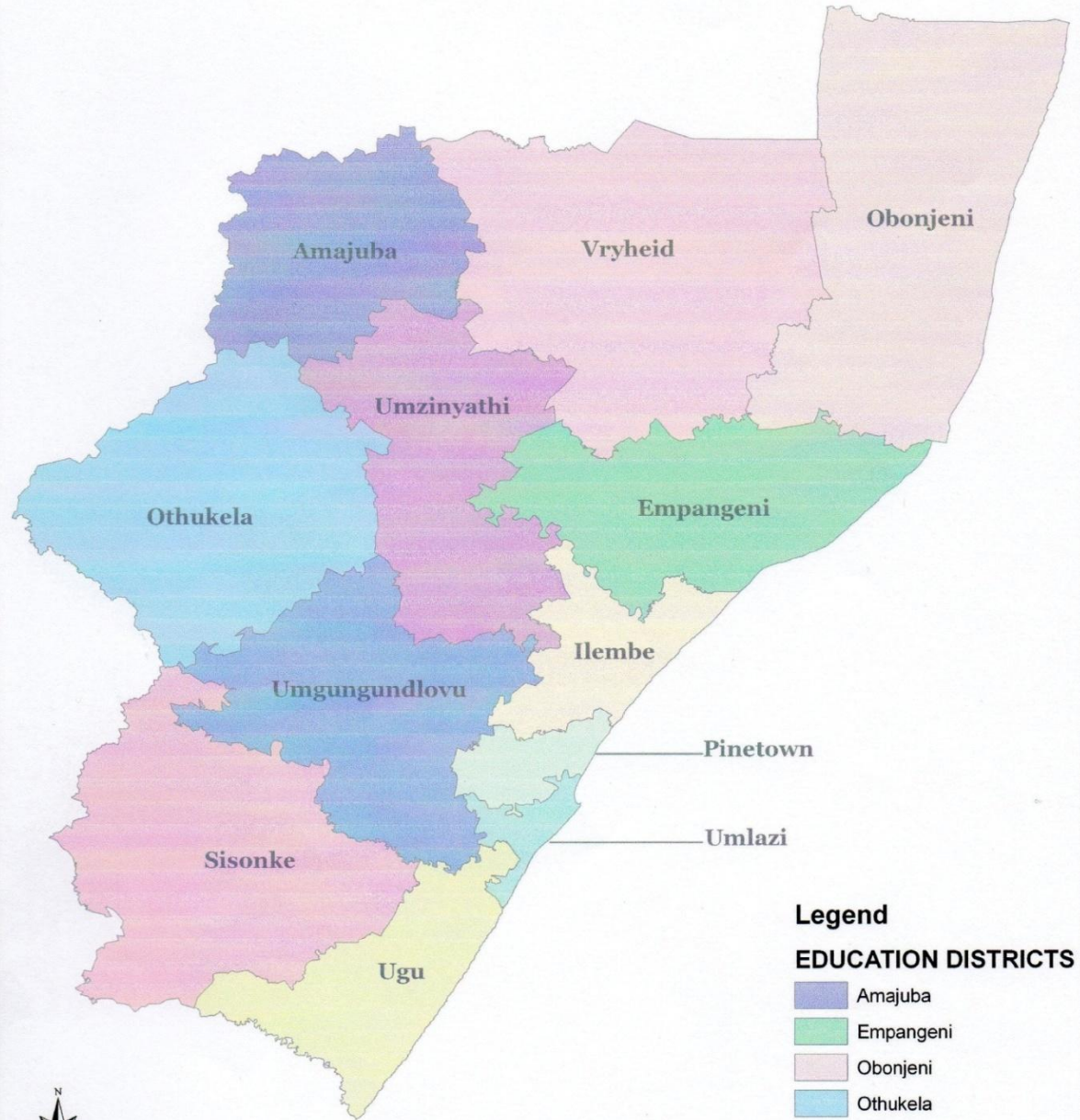
22. Graph showing the frequency of respondents, per religious affiliation, with regard to the level of stress they experiences in dealing with teenage pregnancy

ANNEXURE G

**MAP SHOWING THE AREA WHERE THE STUDY
WAS CONDUCTED**



**Kwa Zulu-Natal
Education Districts**



Legend

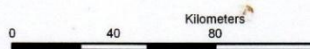
EDUCATION DISTRICTS

- Amajuba
- Empangeni
- Obonjeni
- Othukela
- Pinetown
- Sisonke
- UMgungundlovu
- Ugu
- Umlazi
- Umzinyathi
- Vryheid
- iLembe



Created By: KZN Education Management
Information Systems (EMIS)
Geographic Information Systems (GIS)
Date : September 2011
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ANNEXURE H

CROSSTABS

Cronbach's Alpha Reliability Co-efficient Test

Due to the reason that we have positive and negative items, the test was run separately for the positive and negative items

Positive Items.

Case Processing Summary

		N	%
Cases	Valid	516	100.0
	Excluded ^a	0	.0
	Total	516	100.0

a. List wise deletion based on all variables in the procedure.

All the 516 cases were included in the analysis and zero was excluded as shown by the table above.

Reliability Statistics

Cronbach's Alpha	N of Items
.844	22

Now that the Cronbach's test has been run for the positive questions, the overall alpha for the positive questions is provided as 0.844, which is very high and indicates strong internal consistency among the positive questions.

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Q1	67.70	144.636	.593	.830
Q3	67.66	144.695	.642	.829
Q4	67.98	155.151	.239	.845
Q6	68.35	150.388	.480	.836
Q8	67.53	147.302	.603	.831
Q9	67.59	147.443	.575	.832
Q11	67.37	154.614	.327	.841
Q12	67.68	146.059	.623	.830
Q13	67.21	150.697	.496	.835
Q14	67.23	152.122	.427	.838
Q21	68.12	146.055	.576	.831
Q24	67.86	149.480	.519	.834
Q31	68.02	158.089	.138	.850
Q34	67.04	155.394	.093	.863
Q36	67.51	149.478	.425	.837
Q38	67.26	153.790	.337	.841
Q39	68.16	151.359	.425	.838
Q40	67.65	150.633	.474	.836
Q41	67.71	149.666	.493	.835
Q42	67.70	148.988	.500	.835
Q44	67.73	149.556	.502	.835
Q45	67.86	162.024	.018	.854

The column “Corrected item – Total correlation” displays the correlation between the specific question/variable and the sum of the other questions included in the analysis (in this case the positive questions).

Scale Statistics

Mean	Variance	Std. Deviation	No of Items
70.90	164.287	12.817	22

Summary of analysed items. In this case the positive items which were considered first

Negative Items

Case Processing Summary

		N	%
Cases	Valid	514	99.6
	Exclude d ^a	2	.4
	Total	516	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.915	22

The overall alpha for the negative questions is provided as 0.915, which is even higher compared to the positive questions and indicates a very strong internal consistency among the negative questions.

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Q2	60.01	225.437	.592	.911
Q5	60.05	232.465	.310	.918
Q7	59.65	229.697	.489	.913
Q10	60.29	222.337	.645	.909
Q15	60.15	221.366	.660	.909
Q16	60.66	219.799	.713	.908
Q17	60.54	219.613	.731	.907
Q18	60.57	218.557	.777	.906
Q19	60.61	225.486	.602	.910
Q20	60.44	222.059	.708	.908
Q22	59.52	247.459	-.010	.922
Q23	60.27	222.449	.695	.908
Q26	60.36	224.656	.629	.910
Q27	60.30	221.913	.676	.909
Q28	59.90	233.665	.400	.914
Q29	61.00	229.195	.514	.912
Q30	60.67	224.125	.646	.909
Q32	60.66	226.969	.571	.911
Q33	60.18	238.116	.240	.918
Q35	60.32	235.895	.340	.915
Q37	60.48	225.661	.607	.910
Q43	60.34	229.003	.516	.912

The explanation behind the different columns above is the same as in the table for positive questions. All the variables in this table seem to correlate well with the combined score except Q22, which has a negative correlation apart from increasing the overall alpha when deleted. This needs to be removed in the calculation of the overall alpha score.

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
63.19	248.227	15.755	22

Summary statistics in the negative questions/variables included in the analysis

Testing Hypotheses Results

1. Hypotheses Number 1

Educators do not differ in terms of the nature of their experiences in dealing with teenage pregnancy in schools”

Chi-Square One sample test

Test Statistics

	classified educator exp
Chi-Square	332.667 ^a
df	3
Asymp. Sig.	.000

a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 129.0.

2. Testing Hypotheses Number 2

- (a) The relationship between the variable age and educator's experience in dealing with teenage pregnancy

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	15.263 ^a	9	.084
Likelihood Ratio	14.886	9	.094
Linear-by-Linear Association	3.912	1	.048
N of Valid Cases	516		

- a. 3 cells (18.8%) have expected count less than 5. The minimum expected count is 1.98.

- (b) The relationship between the variable of gender and educators' experiences in dealing with teenage pregnancy

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.504 ^a	3	.475
Likelihood Ratio	2.561	3	.464
Linear-by-Linear Association	.043	1	.835
N of Valid Cases	516		

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.504 ^a	3	.475
Likelihood Ratio	2.561	3	.464
Linear-by-Linear Association	.043	1	.835

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.76.

(c) The relationship between the variable of educational level and educators' experiences in dealing with teenage pregnancy

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	23.897 ^a	18	.158
Likelihood Ratio	25.410	18	.114
Linear-by-Linear Association	2.002	1	.157
N of Valid Cases	516		

a. 10 cells (35.7%) have expected count less than 5. The minimum expected count is .78.

(d) The relationship between the variable of teaching experience and educators' experiences in dealing with teenage pregnancy

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	26.345 ^a	15	.035
Likelihood Ratio	26.684	15	.031
Linear-by-Linear Association	.028	1	.866
N of Valid Cases	516		

a. 8 cells (33.3%) have expected count less than 5. The minimum expected count is 1.24.

(e) The relationship between the variable of race and educators' experiences in dealing with teenage pregnancy

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.894 ^a	9	.219
Likelihood Ratio	16.750	9	.053
Linear-by-Linear Association	.482	1	.488
N of Valid Cases	516		

a. 8 cells (50.0%) have expected count less than 5. The minimum expected count is .08.

- (f) The relationship between the variable of religious affiliation and educators' experiences in dealing with teenage pregnancy

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	41.085 ^a	24	.016
Likelihood Ratio	38.977	24	.027
Linear-by-Linear Association	.113	1	.737
N of Valid Cases	516		

a. 26 cells (72.2%) have expected count less than 5. The minimum expected count is .12.

3. Testing Hypotheses Number 3

Educators do not differ in the extent to which they find dealing with teenage pregnancy stressful.

Level of stress

	Observed N	Expected N	Residual
Not Stressful	28	103.2	-75.2
Mildly Stressful	36	103.2	-67.2
Moderately Stressful	137	103.2	33.8
Very Stressful	211	103.2	107.8
Extremely Stressful	104	103.2	.8
Total	516		

Test Statistics

	Level of stress
Chi-square	222.236 ^a
df	4
Asymp. Sig.	.000

a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 103.2.

4. Testing Hypotheses number 4.

- (a) The relationship between the variable of age and the extent to which educators find dealing with teenage pregnancy stressful

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	31.010 ^a	12	.002
Likelihood Ratio	32.552	12	.001
Linear-by-Linear Association	9.818	1	.002
N of Valid Cases	516		

a. 2 cells (10.0%) have expected count less than 5. The minimum expected count is 2.77.

- (b) The relationship between the variable of gender and the extent to which educators find dealing with teenage pregnancy stressful

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.935 ^a	4	.415
Likelihood Ratio	4.048	4	.400
Linear-by-Linear Association	1.356	1	.244
N of Valid Cases	516		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 12.26.

- (c) The relationship between the variable of educational level and the extent to which educators find dealing with teenage pregnancy stressful

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	23.794 ^a	24	.473
Likelihood Ratio	25.753	24	.366
Linear-by-Linear Association	.133	1	.715
N of Valid Cases	516		

a. 8 cells (22.9%) have expected count less than 5. The minimum expected count is 1.09.

- (d) The relationship between the variable of teaching experience and the extent to which educators find dealing with teenage pregnancy stressful

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	38.176 ^a	20	.008
Likelihood Ratio	38.538	20	.008
Linear-by-Linear Association	1.864	1	.172
N of Valid Cases	516		

a. 5 cells (16.7%) have expected count less than 5. The minimum expected count is 1.74.

- (e) The relationship between the variable of race and the extent to which educators find dealing with teenage pregnancy stressful

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	20.838 ^a	12	.053
Likelihood Ratio	24.327	12	.018
Linear-by-Linear Association	.010	1	.922
N of Valid Cases	516		

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	20.838 ^a	12	.053
Likelihood Ratio	24.327	12	.018
Linear-by-Linear Association	.010	1	.922
N of Valid Cases	516		

a. 9 cells (45.0%) have expected count less than 5. The minimum expected count is .11.

- (f) The relationship between the variable of religious affiliation and the extent to which educators find dealing with teenage pregnancy stressful

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	39.494 ^a	32	.170
Likelihood Ratio	41.656	32	.118
Linear-by-Linear Association	.024	1	.877
N of Valid Cases	516		

a. 31 cells (68.9%) have expected count less than 5. The minimum expected count is .16.