

https://dspace.org/

Residential care and cultural identity : exploring the challenges experienced by adolescent boys living at Epworth Child and Youth Care Centre in Lambton, Germiston

Malatji, Hlologelo

2017
https://hdl.handle.net/10539/30369

Downloaded from a DSpace repository. https://dspace.org/



UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

Re-engaging with education post-pregnancy: Exploring the challenges confronting teenage mothers attending at a secondary school in Tembisa, East of Johannesburg

A report on a study presented to

The Department of Social Work

School of Human and Community Development

Faculty of Humanities

University of the Witwatersrand, Johannesburg

In partial fulfilment of the requirements for the degree of Masters of Arts in the field of Social Development

By

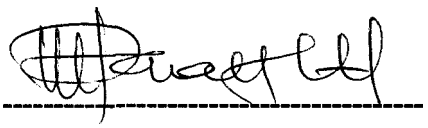
Hlologelo Malatji

(Student Number: 671631)

February, 2017

DECLARATION

I hereby declare that this research report is my own original and unaided work and that I have correctly referenced all sources used in the study. I also confirm that this research report has never been submitted to another university for any degree or examination purposes.



15 February 2017

Hlologelo Malatji

Date

(Student Number: 671631)

DEDICATION

To my mother Mrs. Khelina Mashego and sister Ms Lebone Malatji, for always supporting my dreams

ACKNOWLEDGEMENTS

My deep appreciation goes to my supervisor, Mr Nkosiyazi Dube for his academic support and mentorship which kept me going throughout the study.

The support of the DST-NRF Centre of Excellence in Human Development at the University of the Witwatersrand, Johannesburg in the Republic of South Africa towards this research is gratefully acknowledged. However, the opinions expressed and conclusions arrived upon, are those of the author and not to be attributed to the CoE in Human Development.

The support of my colleagues at the Centre for Health Policy (CHP), at the University of the Witwatersrand, Johannesburg is also whole-heartedly acknowledged. Through my involvement in the Batlkomedi Study, I was able to discuss my research progress with the team.

I would also like to extend my gratitude to Miss Lebohang Mokoena, for transcribing the key informants' interviews. Without your assistance, I may not have been able to complete my work within deadlines.

I also extend my sincere gratitude to Mr Neal McKenna, for providing the most incredible copy editing services.

Lastly, I would like to acknowledge the Gauteng Provincial Department of Education (GDE) and the school principal for giving me permission to do the study in their school and for welcoming and supporting me during the study.

PUBLISHABLE PAPER

A manuscript has since been submitted to an International Journal of Adolescents Studies to be considered for publication. This paper examined the experiences and challenges confronting teenage mothers when they re-engaged with secondary school education following the birth of their children. The paper was co-authored by Nkosiyazi Dube and Busisiwe Nkala-Dlamini from the Department of Social Work, University of the Witwatersrand, Johannesburg.

ABSTRACT

Teenage pregnancy is a growing social problem in South Africa and has, over the years extended to schools, particularly public schools. This is evident by the fact that each and every year, a significant number of teenage girls drop out of school because of pregnancy related issues. This is further exacerbated by a massive shift occurring in affected learners' lives following childbirth. They are expected to continue with school while at the same time cope with parental responsibilities related to teenage motherhood. It should be noted some learners do re-engage with education following the birth of their children. However, very little is known about the challenges they are confronted with after making the decision to go back to school. Thus the aim of this study was to explore the challenges experienced by teenage mothers when they re-engage with secondary school education after giving birth. The study adopted a qualitative research approach. A snowball sampling technique was used to sample 15 teenage mothers, while a purposive sampling technique was used to select 2 key informants. A semi-structured interview schedule was utilised as the research tool, with in-depth one-on-one interviews used as a method of data collection. The collected data was analysed using thematic content analysis. Findings derived from the study revealed the desire to have a better future and the fear of being the black sheep of the family motivated teenage mothers to re-engage with school following child birth. However, it was also found re-engaging with school after giving birth was a challenge for teenage mothers. This was alluded to by the lack of parental involvement in teenage mothers' day to day activities, hostile educators and the pressure of having to catch-up with missed work. In conclusion, even though some teenage mothers re-engage with education after giving birth, it is not an easy road to travel as it does severely affect teenage girls' access to education. Therefore, support is required from various stakeholders to support teenage mothers who decide to go back to school following the birth of their children. Recommendations related to policy improvement and future research are provided.

Key words: teenage pregnancy, school, re-engaging with education, teenage motherhood, challenges of teenage motherhood, Tembisa-Johannesburg, East Rand.

ABBREVIATIONS

CSG – Child Support Grant

DBE – Department of Basic Education

DoH – Department of Health

DSD – Department of Social Development

FCG – Foster Care Grant

GDE – Gauteng Department of Education

HSRC – Human Social Science Research Council

SACE – South African Council of Educators

SASA – South African School Act

SGB – School Governing Body

NGO – Non Government Organization

NDP - National Development Plan

MPMLP – Measures for the Prevention and Management of Learner Pregnancy

UNICEF – United Nations International Children's' Emergency Fund

UNFPA – United Nations Population Fund

CONTENTS

Declaration i

Dedication ii

Acknowledgements iii

Publishable paper iv

Abstract v

CHAPTER ONE: INTRODUCTION TO THE STUDY

1.1 Introduction 1

1.2 Statement of the problem and rationale for the study 2

1.3 Brief background of Tembisa Township 4

1.4 Definitions of key terms 5

1.4.1 Teenager 5

1.4.2 Teenage pregnancy 5

1.4.3 Post-pregnancy 5

1.4.4 Teenage mother 6

1.4.5 Secondary school 6

1.4.6 Educator 6

1.4.7 Social services practitioner 6

1.5 The purpose of the study 6

1.6 Overview of the research design and methodology 7

1.7 Study limitations 7

1.8 Organisation of the report 7

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction 8

2.2 Teenage pregnancy: an overview 8

2.3 The manifestation of teenage pregnancy and role of educators in South African schools 10

2.4 Challenges experienced by teenage mothers and their coping strategies in schools 12

2.5 Legal and institutional instruments regarding pregnancy and motherhood in South Africa 14

2.6 The role of healthcare workers and social services practitioners regarding teenage mothers 17

2.7 Selected studies on the experiences and challenges of teenage mothers' in South Africa and other Southern African countries 19

2.8 Theoretical framework – Social Ecological Theory 20

2.9 Chapter summary 22

CHAPTER THREE: METHODOLOGY

3.1 Introduction 24

3.2 Research question 24

3.3 Research aim and objectives 24

3.4 Methodology 25

3.4.1 Research strategy 25

3.4.2 Population and sampling 25

3.4.3 Research instrumentation 27

3.4.4 Pre-testing of the research instrument 27

3.4.5 Data collection method 28

3.4.6 Data analysis method 29

3.4.7 Trustworthiness 29

3.5 Ethical considerations 30

3.6 Chapter summary 33

CHAPTER FOUR: DATA PRESENTATION AND DISCUSSION

4.1 Introduction 34

4.2 Participants socio-demographic information 34

4.3 Factors that motivated teenage mothers to re-engage with education after child birth.....35

4.4 Challenges confronted by teenage mothers when they re-engaged with education after child birth 39

4.5 Coping strategies employed by teenage mothers when they re-engaged with education after child birth 46

4.6 The roles played by educators in assisting teenage mothers when they re-engaged with school after giving birth 52

4.7 Recommendations put forwards by teenage mothers and key informants on how teenage mothers can be supported in schools 55

4.8 Chapter summary 61

CHAPTER FIVE: MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of the main findings 62

5.2 Conclusions 64

5.3 Recommendations.....65

5.3.1 Recommendations for government departments (Department of Education, Social Development and Health) 66

5.3.2 Recommendations for future studies 68

References 69

APPENDICES

Appendix A: Gauteng Department of Education Research Office clearance letter 75

Appendix B: University of the Witwatersrand Human Research Ethics clearance certificate.....77

Appendix C: Letter of permission to conduct the study at the secondary school.....78

Appendix D: Teenage mother participation information sheet.....79

Appendix E: Teenage mother parent/ or guardian information sheet.....80

Appendix F: Life Orientation educator participation information sheet 81

Appendix G: School principal participation information sheet 82

Appendix H: Parents/ or guardian consent form for teenage mother participation and audio-recording of the interview 83

Appendix I: Teenage mother assent for participation and audio recording of the interview..84

Appendix J: Life Orientation educator consent form for participation and audio recording of the interview 85

Appendix K: School principal consent form for participation and audio recording of the interview.....86

Appendix L: Interview guide for teenage mothers 87

Appendix M: Interview guide for life orientation educator 89

Appendix N: Interview guide for the school principal 90

TABLES

Table 2.1: Social Ecological Theory (SET) 22

Table 4.1: Participants socio-demographic profile 34

Table 4.2: Factors' that motivated teenage mothers' to re-engage with education after giving birth 35

Table 5.1: Recommendations for the Department of Education (DBE), Social Development (DSD) and Health (DoH) 66

FIGURES

Figure 4.1: Challenges confronted by teenage mothers when they re-engaged with education following the birth of their children 39

Figure 4.2: The roles played by educators in assisting teenage mothers to cope in a secondary school 52

INTRODUCTION TO THE STUDY

1.1 Introduction

Teenage pregnancy is proving to be a concern in many countries across the globe. However, it is more pronounced in developing countries. According to Jewkes, Morrell and Christofides (2009) this is closely linked to poverty and inequality which remain unaddressed in most developing countries. Jewkes et al., (2009), observes that in developing countries, every year, a significant number of poor young females abandon their studies because of unplanned pregnancies. A similar situation within the South African context is evident, and is occurring at a time when the country is striving to achieve gender parity in education. Predominantly, teenage mothers are subjected to extremely difficult situations, when they are re-admitted in schools following their pregnancies (Bhana & Ngabaza, 2012). They are often subject to continuous public shame and humiliation instigated by educators and fellow learners (Bhana & Ngabaza, 2012). This occurrence is reported more frequently in public and tuition free schools where a greater number of pregnant learners and teenage mothers attend. This is further exacerbated by poor policy comprehension among educators (Ramulumo & Pitsoe, 2013; Shefer, Bhana & Morrell, 2013).

The South African Department of Basic Education (DBE) has, over the years, recognised the rise in teenage pregnancies and motherhood in schools. In response, a number of Acts and policy guidelines such as *the South African School Act No. 66 (SASA) of 1996* and *Measures for the Prevention and Management of Learner Pregnancy (MPMLP) of 2007* have been introduced (Ramulumo & Pitsoe, 2013; Jewkes et al., 2009). Policies such as these are intended to support affected learners, while at the same time inform educators about following appropriate procedures when dealing with pregnancy related matters (Ramulumo & Pitsoe, 2013). However, the existence of these policies is yet to bear positive results in some schools. This is especially so in public schools where pregnant and teenage mothers continue to be isolated and stigmatised by educators and fellow learners. This often leads some of these learners to ultimately abandon their studies entirely (Ramulumo & Pitsoe, 2013; Chigona & Chetty, 2008).

1.2. Statement of the problem and rationale for the study

According to the United Nations Children's Funds (UNICEF[1]) (2008), cases of teenage pregnancy in South Africa have doubled over the past seven year and this is despite the declining national fertility rate. A concerning number of teenage school girls still fall pregnant every year, and the majority of these cases are being reported in public schools. In 2014, the Department of Basic Education (DBE) reported that more than 20 000 learners fell pregnant in different schools across South Africa (DBE, 2014). The largest number of pregnant learners, over 5000, was recorded in Gauteng Province. This was followed by the Eastern Cape Province, with 3000 and KwaZulu-Natal with over 700 cases in primary schools (DBE, 2014). Education officials and scholars such as Chigona and Chetty (2008) are concerned that unplanned pregnancies within school settings obstruct the education of the girl child. Child-rearing is a demanding task requiring enormous amounts of time. Teenage girls still in school are often not able to cope with this challenging responsibility (Chigona & Chetty, 2008).

Several studies have investigated the complexity of teenage pregnancy and parenting in South Africa. For example, Ramulumo and Pitsoe (2013) explored the incidence of teenage pregnancies in schools by looking at the challenges of affected learners and policy implications. Findings revealed bleak future for most of these learners. Majority of the girls reported being shunned, humiliated and discriminated against in numerous schools (Ramulumo & Pitsoe, 2013). A similar study was also undertaken in KwaZulu-Natal Province where teenage motherhood and school dropout was correlated (Grant & Hallman, 2008). Teenage mothers were found to be more likely to abandon their studies than learners without childcare responsibilities (Grant & Hallman, 2008). This was found to be occurring because some educators took less interest in assisting and supporting these teenagers.

Bhana and Clowes (2008) also conducted a study in South Africa and also found many schools – public schools in particular – were sceptical of admitting pregnant and teenage mothers. As a result, a worrying number of pregnant and teenage mothers were left frustrated with the very limited support offered to them in schools (Bhana & Clowes, 2008). According to Ramulumo & Pitsoe (2013), school principals and educators appear to possess limited knowledge about key policies serving to protect affected learners. As a result affected

[1] UNICEF was founded in 1947 and aims to improve the life of children through humanitarian and developmental initiatives in developing countries such as South Africa. Maternal and child health is one focus area of UNICEF.

learners find themselves struggling to remain in school during pregnancy and post pregnancy. Global organizations such as UNICEF (2008) had also noted some of the challenges confronted by teenage mothers in schools. According to UNICEF a teenage mother is more likely to:

- drop out of school before completing their matriculation, and consequently have low or no qualifications;
- come to school late and under-perform in her studies;
- be dependent on social welfare programmes such as Child Support Grant (CSG); and
- suffer from depression and suicidal thoughts.

It was these concerns and observations that stimulated the commencement of this research project. In addition, this study was motivated by the researcher's involvement in an earlier developmental project[2] based in three secondary schools in Tembisa Township, Gauteng Province. Throughout the project, the researcher observed that majority of pregnant learners never returned to school after giving birth. Those who did return often struggled to complete their secondary education. Thus, it was important for this study to be conducted so to ascertain the challenges confronted by teenage mothers when they return to school after giving birth.

Although there were several scholarly reports extensively dealing with teenage pregnancy and motherhood in South Africa. However, few studies focused on the challenges confronting teenage mothers once they re-engaged with their education after giving birth. Additionally, there was no direct documentation of the experiences and challenges of teenage mothers' in public schools in Tembisa Township, Ekurhuleni District. Therefore the need existed to explore such challenges in this particular locality. It was the researcher intention that the findings of this study would contribute to the advancement of knowledge base in social work practice. The plan was to achieve this through the development of interventional guidelines for social services professionals working within this framework. It was also anticipated these findings might further assist in informing government programmatic interventions through the development of a working manual to be used by educators as a resource.

[2] Community Education Support Project More information on the project: http://www.epworthvillage.org.za/what-we-do/

1.3 Brief background of Tembisa Township[3]

The study was conducted in the township of Tembisa in the Ekurhuleni Region of Johannesburg. Tembisa is a township under the management of Ekurhuleni Metropolitan Municipality (EMM), in Johannesburg. According to Statistics South Africa (Stats SA) (2011), the township has more than 3 178 470 inhabitants with an average of 3 people per household. Statistics revealed 31.3% of households are headed by females and orphaned children. The majority of the inhabitants are black (78.7 %), white (15.8 %) with other racial groups accounting for less than 5.5 % (Stats SA, 2011). The total unemployment rate in the township at the time of the study was 28.8%, with youth unemployment at 36.9% (Stats SA, 2011).

Limited employment opportunities existed in the area leading most residents to make a living by working in the informal sector. Informal businesses observed in the township included hair salons, fruit and vegetable stalls and car-wash businesses. Most households in Tembisa had running water and were connected to electricity lines (Stats SA, 2011). For households not yet connected to running water and electricity, plans to connect them with these services were slated for the near future. Poor service delivery in portions of the township was understood to be caused by over-population. This was without doubt making it difficult for the local municipality to provide these essential basic services timeously (Stats SA, 2011).

Other issues observed in the community included substance abuse, gangsterism, and unplanned pregnancy among school girls. In 2011, the Gauteng Department of Health (DoH) recorded 1756 births by teenage mothers in Tembisa Hospital. During the same period, 203 teenagers terminated their pregnancies at the same hospital (GDH, 2011). According to Ardington et al., (2012) instances of teenage pregnancy and motherhood are common in black and coloured communities such as townships and rural areas. There, access to education and employment opportunities are severely limited and lack of developmental opportunities often exposes people to a variety of social ills such as crime, teenage pregnancy, substance abuse and violence (Ardington et al., 2012; Jewkes et al., 2009). Although, not all areas of Tembisa were considered to be poor, but some sections of the township appeared deprived of basic resources and essential services. These essentials

[3] In South Africa, a township refers to an under-developed urban area. Prior to 1994, these communities largely accommodated black people.

included running water, proper housing, playing fields and a sufficient number of schools to accommodate the quickly growing learner population in the township.

1.4 Definition of key terms

1.4.1 Teenager

A teenager is defined as anyone who is between the ages of 12 and 19 years (Chigona & Chetty, 2008; UNICEF, 2008). Teenage-hood marks a transition from childhood to young adulthood. The teenage years are marked by continuous physical and emotional changes. These vicissitudes include entering adolescence and puberty (Chetty & Chetty, 2008). Teenage pregnancy is common during these years (Chigona & Chetty, 2008). While numerous scholars define the term differently, for the purpose of this study the Chigona and Chetty (2008) definition was adopted.

1.4.2 Teenage pregnancy

The term "teenage pregnancy" is understood and defined differently by scholars depending on the context of the definition. However, there is some commonality in all these definitions (UNICEF, 2008). Most scholars define teenage pregnancy as a situation where an underage girl falls pregnant before reaching the age of 18, the age of majority in South Africa (UNICEF, 2008; Chigona & Chetty, 2008). Biology fields define teenage pregnancy "as the bodily processes which includes conception, pregnancy and giving birth by unmarried adolescent girls" (Davids, 1989, p.89). For the purpose of the study, the UNICEF definition of teenage pregnancy was adopted.

1.4.3 Teenage mother

A teenage mother is an adolescent girl who fell pregnant while between the ages of 12 and 19 years of age and as a result, assumed motherhood responsibilities (Chigona and Chetty, 2008). In this report, the terms "teenage pregnancy" and "motherhood" were occasionally used in one sentence mainly to recognise the challenges faces by teenage girls' from the onset of their pregnancy through to motherhood.

1.4.4 Post-pregnancy

Post-pregnancy is the state a teenage girl finds herself in after giving birth, miscarrying or terminating a pregnancy (Ardington et al, 2012). The experience of post-pregnancy differs with the teenager involved. Teenagers from secure families often find it relatively easy to cope with the challenge of being a teenage mother or miscarrying. Conversely, those from

poor families tend to struggle with childcare responsibilities, mainly because of the lack of finances to meet the baby's needs (Ardington et al., 2012; Chigona & Chetty, 2008).

1.4.5 Secondary school

In South Africa, secondary schools refers to any school offering basic education from grade 7 to 9 (Senior Phase) and grade 10 to 12 (Further Education and Training) (National Development Plan (NDP), 2030). Secondary schools are managed by provincial Departments of Education with the support of the national Department of Basic Education (NDP, 2030).

1.4.6 Educator

An educator is a professional person who is entrusted with educating learners in a particular subject(s) or field of interest(s) (NDP, 2030). In South Africa, educators work in different settings ranging from schools to universities.

1.4.7 Social Services Practitioner

According to Patel (2015), a social services practitioner is an individual working in the social welfare sector. Professionals practicing in this quarter include social workers, child care workers, social auxiliary workers, nurses, psychologists and community developers (Patel, 2015; Zastrow, 2010). These professionals often belong to a statutory body such as the South African Council for Social Services Professions (SACSSP) and the Health Professions Council of South Africa (HPCSA) (Patel, 2015). In this report, the term social service practitioner was used to refer to social workers.

1.5 The purpose of the study

The primary purpose of this study was to explore the challenges confronting teenage mothers when they re-engaged with education following child birth.

1.6 Overview of the research design and methodology

The study employed a qualitative approach which was exploratory-descriptive in nature. All participants were teenage mothers from a secondary school in Tembisa Township, South Africa and aged between 16 and 19 years. A snowball sampling technique was utilised to recruit 15 participants for the study. Additionally, a purposive sampling technique was used to recruit 2 key informants who participated in the study. The research tool was an interview schedule administered through in-depth one-on-one semi-structured individual interviews. The data was analysed using thematic content analysis.

1.7 Limitations

The study had the following limitations:

- The gender of the researcher being male may have induced some participants to withhold specific information, especially that of a sensitive nature which could be considered too explicit to share with the opposite gender. However, the researcher informed all participants about the principle of confidentiality in research and if they felt uncomfortable in being interviewed by the male researcher, arrangements could be made for a female interviewer. Fortunately, all participants agreed to be interviewed by the researcher.
- It was also noted that the exclusive study of one secondary school in Tembisa Township yielded a smaller sample which limited the contextualisation of the findings. Similar studies in future should consider including other secondary schools in other townships in order to have a holistic understanding of the challenges confronting teenage mothers when they re-engage with education following childbirth.
- Lastly, four participants objected to being audio-recorded. This proved to be a challenge when introducing themes and analysing the data as well as extrapolating direct quotations to support some of the findings. However, the researcher had made extensive field notes and diary entries which were then used to counter this limitation.

1.9 Organisation of the report

This chapter provided the background, significance and limitations of the study. Chapter Two focuses upon the literature review and theoretical framework guiding the study. Chapter Three focuses on the study methodology and research design. Chapter Four focuses on the presentation of study findings and analysis, while Chapter Five is the summary of the main findings, conclusions and recommendations for practice, policy development and future studies.

CHAPTER TWO

LITERATURE REVIEW AND THEORTICAL FRAMEWORK

2.1 Introduction

Globally, unplanned pregnancies and motherhood responsibilities continue to interrupt the education of many teenage girls and boys (UNICEF, 2008; Bhana & Mcambi, 2013). Each year a disquieting number of teenage girls abandon their studies and cite teenage pregnancy and motherhood responsibilities as one of the reasons. This challenge appears to be common in developing countries, where structural problems such as poverty and inequality are still to be addressed (UNICEF, 2008). With this brief insight, this chapter focuses upon review of literature and theoretical framework to guide the study. The chapter covers global and local issues of teenage pregnancy in communities and schools. It explores challenges confronted by teenage mothers as well as their coping strategies, legal and institutional instruments related to teenage pregnancy. Also highlighted and discussed are the roles of healthcare workers and social services practitioners in relation to the prevention and management of teenage pregnancy. Lastly, this chapter focuses on related studies of teenage pregnancy and motherhood in South Africa as well as in other Southern African countries.

2.2 Teenage pregnancy: an overview

Every year, globally, millions of children are born to unmarried teenage girls[4] between 15 and 19 years of age (UNICEF, 2008). In 2008, 14 million children were born, while 2010 saw 36.4 million born to teenage mothers (UNICEF, 2008; United Nations Population Fund (UNFPA), 2013). Most of these pregnancies occur in developing countries. For example, in 2010, 17.4 million children were born in different countries in Africa, with over 2 million born in South Asia (UNFPA, 2013). African regions such as Central Africa and West Africa had more than 6.3 million of births reported among teenage girls. In Mali, Niger, and Bangladesh, out of every 10 teenage girls, one was either pregnant or was already a mother (UNFPA, 2013). These figures translate into 20 000 births every day in developing countries. There is also a substantial correlation between the occurrence of teenage pregnancy and child marriage in some countries (UNICEF, 2008; UNFPA, 2013). Mali and Bangladesh are counted among countries still practicing child marriage.

[4] UNICEF (2008) define the term " teenager" as someone between the ages of 13 and 19 years, although the term is used and understood differently across countries. In the matter of teenage pregnancy, it is usually used in reference to a girl who conceived and become a mother before reaching the age of majority.

Countries in the Southern African continent also appear to be facing a similar problem. According to Jewkes et al. (2009), 30% of teenage girls polled during community survey[5] reported being pregnant at least once and that their pregnancy was either planned or not planned. The South African Council of Educators (SACE) also reported more than 90 000 teenage girls were pregnant during 2013, while 2014 Department of Basic Education (DBE) recorded 20 000 more pregnancies in various schools across South Africa (DBE, 2014; SACE, 2013). The Human Social Research Council (HSRC) (2014), one of the leading research institutions in human and social sciences research in South Africa, revealed that among every 1 000 black teenagers, 71 are pregnant. While in coloured and white communities there are only 60 and 16 per 1000 pregnancies reported, respectively (HSRC, 2014).

Statistics indicate black teenage girls residing in rural areas are the ones falling pregnant more often than those residing in urban areas (Nkani & Bhana, 2016; Panday et al., 2009). Nkani and Bhana (2016) argue this is the result of poor service delivery in those communities. Poor services delivery can include limited access to Sexual and Reproductive Health Care Services (SRHCS) such as condoms and contraceptive pills. In those areas clinics and hospitals are often located far from people, particularly poor people who predominantly live at the most under-serviced part of communities (Nkani & Bhana, 2016; Flanagan et al., 2013). Studies have found healthcare workers such as nurses tend to be rude towards young women who visit clinics seeking SRHCS (Flanagan et al., 2013; UNICEF, 2008). This is because they are of the view that teenagers should not be engaging in sexual activities but abstaining from sex (Flanagan et al., 2013).

Flanagan et al., (2013) found this practice to be more dominant in rural communities where the workers often know the parents of the teenagers seeking services. As a consequence, the fear of being reported and being embarrassed result in a number of these teenagers not utilising these services as they should. Thus, they risk conceiving at a younger age and contracting sexually transmitted diseases such as HIV/AIDS (UNICEF, 2008). In order to combat unplanned pregnancies, which continue to disadvantage many teenage girls in developing societies, healthcare workers need to interact with teenagers in a positive and

[5] The community based survey was undertaken in 2007 by Statistics South Africa (Stats SA), to understand population spread and distribution, family size, fertility and access to social services (such as govt. provided grants) and school attendance among children.

welcoming manner. This will encourage them to use the services without fear of being judged and isolated (Nkani & Bhana, 2016).

Interestingly, developed countries also appear to be faced with the same problem. In 2011, developed countries recorded over 680 000 cases of unplanned pregnancies among teenagers aged 15 to 19 years. The United States of America (USA) led with over 329 772 pregnancies recorded among unmarried teenage girls (UNFPA, 2013). In the same period Mexico experienced only 64 teenage births per 1000 births, while Switzerland and Japan had 4 births among unmarried teenagers, respectively (UNFPA, 2013). Korea, Netherland and Sweden were some of the developed countries with low birth rate among young adults and teenage girls. Scholars such as Ellis-Salon (2015) and Yardley (2009) regard better healthcare services in these countries as the reason for the low teenage births. However, as in developing countries, teenage pregnancy in developed countries is also associated with low socio-economic status (UNICEF, 2001; Yardley, 2009). The majority of the pregnancies in USA were from teenage girls living with parents who were financially unstable (UNICEF, 2001).

2.3 The manifestation of teenage pregnancy and the role of educators in South African schools

According to Ramulumo and Pitsoe (2013) majority of teenage girls attending South African public schools come from average to poor families. Generally, they are in need of education to improve their family livelihoods. However, unplanned pregnancies result in a number of them dropping out of school before completing their secondary education. In 2013, there were 99 000 pregnant learners in public schools. The DBE 2014 Annual Report shows more than 20 000 learners were pregnant in secondary schools, with over 2 775 cases being reported in primary schools (SACE, 2013; DBE, 2014). Poor provinces such as Mpumalanga, Eastern Cape and Limpopo Province accounted for most of these pregnancies. For example, Seme High School in Mpumalanga Province, Nkangala Region, reported 74 cases, while Sophathisana High School in the Eastern Cape Province had 77 cases (DBE, 2014).

Scholars such as Chigona and Chetty (2008), Ramulumo and Pitsoe (2013) and Nkani and Bhana (2016) agree teenage girls conceive at a young age because of limited access to SRHC services in schools. Sexually active learners live in environments which do not acknowledge their sexuality and most of them often have to wait until after school before they can go to local clinics to access SRHC services (Nkani & Bhana, 2016). This is a challenge faced by learners in numerous schools throughout South Africa. Limited access to SRHC services

earmarked for learners result in unplanned pregnancies which in turn burden the education sector (Chigona & Chetty, 2008). As a result frustrate teenage girls' desire to get an education. In South Africa, there is extensive body of literature highlighting the challenges confronted by teenage girls during pregnancy and after giving birth. A study in KwaZulu-Natal explored the experiences of teenage mothers in different secondary schools (Bhana & Clowes, 2008). Findings revealed many principals and educators did not welcome pregnant learners and teenage mothers in their schools (Bhana & Clowes, 2008). They regarded teenage pregnancy as a form of infectious illness. They behaved as though these students might pollute other innocent learners in the school (Shefer et al., 2013). This conception of learner pregnancy saw some of the educators treating pregnant learners and teenage mothers in a manner which violated their right to learn.

It is important that DBE consider coming up with strategies or policies which educators can utilise to accommodate and support affected learners in schools. Chohan (2010) suggests some steps which can be taken by educators in support of affected learners. For example, educators can assist affected learners by creating an environment which will enable them to accept themselves as pregnant or teenage mothers without the fear of being judged or isolated (Chohan, 2010). Educators can also make it their responsibility to reprimand any learners who engage in behaviours which intend to label or exclude learners presenting with pregnancy related complications (Chohan, 2010). In addition, where necessary, educators can also allow teenage mothers some time off to attend to the needs of their babies during schools hours – for example, taking their babies to clinic for routine check-ups (Bhana & Clowes, 2008).

Chohan (2010) further notes that female educators are better positioned to accommodate and support teenage mothers since they can better relate to the experiences and challenges of teenage motherhood. Their familiarity with pregnancy and childcare responsibilities make it easier for them to interact with teenage mothers, thus providing the required level of sensitivity and empathy when interacting with this group of learners. Some of them even go to the extent of donating baby clothes and food to struggling teenage mothers in acknowledgment of their daily struggles (Chohan, 2010).

In contrast, private-schools[6] in South Africa appear to be preventing and managing learner's pregnancies better. Although there was limited data on the prevalence of learners' pregnancies in these schools, literature highlighted the discrepancies in resources allocation between private and public schools. Most private schools have abundance of resources which they can use to prevent cases of unplanned pregnancies among its learners (UNICEF, 2008; UNFPA, 2013; Nkani & Bhana, 2016). A number of these schools employ qualified educators and support staff members such as social workers and psychologists. For example, Parktown Girls High School (PGH) and Oprah Winfrey Girls Academy (OWGA) are some of the schools employing these professionals for the benefit of teenage girls (PGH, 2016; OWGA, 2016). These professionals play important roles in the well-being of the learners, for example by proving expert guidance on the provision of Life Orientation[7] (L.O) education. Through comprehensive L.O education learners stand to benefit above board sex education. Furthermore, most of private schools in South Africa admit learners based on their sex, meaning they either accommodate male or female learners (Kate-Barman, 2002). This practice is obviously effective and beneficial to these schools because unplanned pregnancies are virtually pre-empted. It is therefore recommendable that DBE consider adopting some of these approaches in public schools, especially in rural and township schools.

2.4 Challenges experienced by teenage mothers and their coping strategies in schools

Teenage mothers come across a number of challenges in schools (Chigona & Chetty, 2008; David & Waghid, 2013). This section discusses some of the challenges faced by teenage mothers and their coping strategies.

Educational, social and health related challenges

Motherhood responsibilities can pose a number of challenges to teenagers still in schools. Bearinger et al. (2007) argues the social and academic life of a teenage mother takes a turn immediately after conception and giving birth. Motherhood entails a wide array of responsibilities including bathing, feeding and taking the baby to the clinic for routine check-ups (Bearinger et al., 2007). These responsibilities can and do disrupt the academic life of the teenage girl. A qualitative study in Tembisa Township, South Africa found the majority of

[6] According to Kitaev (1999), the term "private school" refers to any school which is not government founded, managed or financed. Private schools are privately owned by individuals who usually finance them by charging fees, although depending on the legislative framework, the school may also be subsidised by the government.
[7] Life Orientation (L.O) is one of the subjects offered in South African schools, through L.O, learners get to learn about their body, sexuality and various types of illnesses etc.

teenage mothers had to repeat grades after giving birth. Childcare responsibilities were cited as the primary reason why they had to repeat the grade; because they were habitually absent (Nkosi, 2015).

Grant and Hallman (2008) also noted teenage mothers from black and poor families are more likely to struggle in school during and after pregnancy. Teenage mothers from deprived backgrounds are exposed to many stressors such as poverty, parental abuse or infighting (Grant & Hallman, 2008). These experiences tend to impede the education of such girls. In contrast, teenage mothers from more stable and secure backgrounds tend to cope better in schools. This is mainly because the majority of them have fewer stressors (Smith & Harrison, 2013). For instance, they may have the privilege of employing a nanny who will assist with childcare responsibilities while they study.

Teenage mothers also experience social challenges including stigma[8] and discrimination[9]. In the past, this form of victimisation was not prevalent because families would send the pregnant daughter to live with relatives in rural areas (DBE, 2009). Over time, this practice fell into disuse and teen pregnancy became more visible in communities than it was in the past (DBE, 2009). The majority of these teenage girls report being unfairly treated by their families, friends and community members because of their pregnancy status. In South Africa, studies by Chigona and Chetty (2008) and Shefer et al, (2013) indicated just how unfairly teenage mothers are treated in different settings such as schools, where their classmate and educators would make unkind jokes about them. These kinds of behaviours were found to be even more recurrent in rural and townships schools where the majority of people did not understand the complexity of teenage pregnancy (UNICEF, 2008; Shefer et al., 2013).

In schools, pregnant learners and teenage mothers deal with stigma associated with teenage pregnancy and motherhood differently. Chigona and Chetty (2008) highlighted how some teenage mothers only befriended learners who were also young mothers in order to cope with the shame and humiliation of being a young mother (Chigona & Chetty, 2008). Group stigmatisation is considered better than individual stigmatisation and the teenage mothers who took part in the study reported feeling secure and safe when they walked in a group of teenage mothers (Chigona & Chetty, 2008). Unfortunately, not all learners cope with the shame and humiliation of being a mother in schools. Some learners end up dropping out of

[8] Stigma means to downgrade or ill regard someone because of a particular attribute;
[9] Discrimination occurs when a person is treated differently and unfairly because of a particular attribute, for example health condition, religion etc. According to UNAIDS (2003) discrimination follows stigma.

school and other social engagements because of stigma and discrimination directed at them on a daily basis (Chigona & Chetty, 2008).

Furthermore, literature has also provided evidence that majority of teenage mothers experienced challenges when they attempted to access Sexual and Reproductive Healthcare Services (SRHCS) (Nkani & Bhana, 2016; Wood & Jewkes, 2006). As mentioned previously, some healthcare professionals such as nurses are reported to be rude and judgemental towards teenagers (including teenage boys) who approach local clinics for these services (Wood & Jewkes, 2006). This was confirmed by a study undertaken in Limpopo Province, South Africa where it was found that some nurses preferred to provide family planning services only to adults, with teenagers only being taught about abstaining from sex (Wood & Jewkes, 2006). This was found to be the case because nurses were of the view that teenagers cannot be having sex because they are still young (Wood & Jewkes, 2006). As a result, the majority of teenagers who visited clinics were either discouraged from coming back or entirely turned away.

Lastly, clinic operating hours disadvantage learners who seek SRHCS. A number of public clinics in South Africa normally close its doors at 4:00 PM. At this time, most learners are still making their way home from school thus being at a disadvantage (Nkani & Bhana, 2016). This is a policy issue which see a number of young women and children falling pregnant unwillingly and resorting to illegal abortions[10].

2.5 Legal and Institutional frameworks regarding teenage pregnancy and motherhood in South Africa

Over the past 22 years, South Africa has adopted a number of Acts and progressive policies aimed at protecting the rights and welfare of women and children (Jewkes et al., 2009; Bearinger, 2007). Although, proper implementation and evaluation of these policies remains a challenge, they are considered progressive by international observers (Bearinger, 2007). For the purpose of this study, only two Acts of the South African Parliament and one guiding policy as introduced by DBE were discussed and critiqued for their effectiveness in schools.

[10] UNFPA (2013, p.34) define backroom or illegal abortion "as the procedure for terminating unwanted pregnancies either by persons lacking the necessary skills or in an environment lacking minimal medical standards or both". In developing countries, more than 3.2 million unsafe abortions are performed every year.

The Constitution of the Republic of South Africa Act No. 108 of 1996, as amended (CSA)

Prior to 1994, the majority of black South Africans were institutionally and economically denied the rights to access quality basic education and other economic amenities (CSA, 1996). The introduction of CSA in 1996 saw all South Africans enjoying equal rights, including the right to free and quality basic education (CSA, 1996; Hoffman-Wanderrer, 2013). Chapter 2 of the Constitution – the Bill of Human Rights – outlines the various human rights to be enjoyed by all qualifying residents of South Africa (CSA, 1996). The Chapter, Sub-section 29, stresses the importance of accessible and quality primary, secondary and adult education to all (CSA, 1996; Hoffman-Wanderrer, 2013). This is one of the sections of CSA which has over the years ensured that children and adults have access to quality basic education irrespective of their social and economic standing.

Since CSA is an umbrella Act, government departments such as DoH, have over time, introduced policies and laws aiming to protect that right. For example, in 2012 the DoH in consultation with DBE introduced the Integrated School Health Policy (ISHP). This policy endeavours to ensure all learners are informed about their sexuality through L.O lessons (ISHP, 2012). The L.O syllabus was to be abridged to include chapters on HIV/AIDS, Sexually Transmitted Diseases (STD's), forms of child abuse, teenage pregnancy, female menstruation and various forms of family planning (ISHP, 2012). Policies of this nature have ensured that a number of pregnant learners can continue with their studies following their pregnancy.

However, there are indications suggesting that the country, despite having one of the most progressive Constitutions in the world, still struggles to wholly develop and enforce policies in support of affected learners (from pregnancy to motherhood). Ramulumo and Pitsoe (2013) highlighted some of the challenges encountered by pregnant learners in schools, during and after their pregnancies. Some of the challenges related to poor policy comprehension as well as selective use of policies by educators in schools.

South African School Act No. 84 of 1996 (SASA)

The SASA of 1994 is one of the most inclusive and non-racial Acts introduced by the post 1994 government. The primary purpose of the Act is to protect learners' rights to basic education in South Africa (SASA, 1996). SASA, Chapter 2, Sub-section 3 require parents or care-givers to ensure children in their care, age 7 or older, must attend school. The Act only

allows children over the age of 15 years to exit school or when he/she is in the ninth grade (SASA, 1996). The National Department of Basic Education through Provincial Departments of Education shall ensure that every learner aged 7 to 15 years is in school (SASA, 1996). The Act has not only made differences in ensuring that all children attend school, but has also brought about progress by addressing several other issues. These include issues faced by disabled learners, especially those from previously disadvantaged backgrounds who were not able to access free, basic and quality education in the past (David & Waghid, 2013).

The Act achieves this by merging with other policies such as the Child Support Grant (CSG). This allows children with motherhood responsibilities to benefit from government services, and consequently being able to continue their studies (Davids & Waghid, 2013; Lince, 2011). However, there are concerns that the Act does not entirely protect the rights and wellbeing of pregnant and teenage mothers in schools. According to Davids and Waghid (2013), learners over age 16 years are not sufficiently accommodated in the Act. Chapters 2 and 3 of the Act only recognise learner pregnancy and motherhood status when the said learner is below the age 16 years. This means any learner who is above the age of 16 is not protected by the Act (Davids & Waghid, 2013). Thus, this leads to an assumption that schools should use their own discretion and judgement on whether to accommodate or exclude any learner above 16 years with pregnancy related complication (David & Waghid, 2013). Literature indicates there are learners, who after giving birth are being turned away when seeking re-admission to school (David & Waghid, 2013; Ramulumo & Pitsoe, 2013). This policy gap contradicts sub-section 6 (b) of the same Act, which criminalises any action or behaviour which serves to deny anyone's right to education, as enshrined in the Constitution of South Africa of 1996.

Measures for the Prevention and Management of Learner Pregnancy of 2007 (MPMLP)

In response to the weaknesses of SASA of 1996, DBE introduced Measures for the Prevention and Management of Learner Pregnancy of 2007 (MPMLP) (Chohan, 2010). The primary purpose of MPMLP is to respond to the growing prevalence of teenage pregnancy in South African schools, by educating learners about their sexuality in earlier grades. To realise the policy purpose, schools are to deliver comprehensive L.O. education covering the following areas of human sexuality – teenage pregnancy, sexually transmitted diseases (STDs'), gender-based violence, rape and incest (Chohan, 2010; MPMLP, 2007). The policy further recommended the appointment of suitable educators to teach these topics (MPMLP, 2007).

Partnership and collaboration in preventing pregnancy among learners is the foundation of this policy (MPMLP, 2007). Parents should be informed and educated about teenage pregnancy, schools must also ensure a stable and non-judgemental environment is created in support of affected learners (MPMLP, 2007). For example, by developing internal policies and codes of conduct related to teenage pregnancy and parenting. Through these actions, schools will effectively curtail behaviours/ or conducts which may discourage affected learners from continuing with their education (MPMLP, 2007; Chohan, 2010). Additionally, in realising the psychological and social impact of teenage pregnancy, the policy stresses the importance of extending social work and psychological services to the affected learners (MPMLP, 2007).

Over the years, the introduction of SASA of 1996 and MPMLP of 2007 have facilitated a good number of pregnant learners and teenage mothers' return to school. However, it is also worth noting poor implementation continues to hinder the success of these policies (Ramulumo & Pitsoe, 2013; Chigona & Chetty, 2007). Studies throughout South Africa have revealed different schools report differing implementation outcomes, especially in rural schools where there is poor monitoring and evaluation of policies (Ramulumo & Pitsoe, 2013). It is important that DBE monitor and evaluate the effectiveness of these policies to ensure uniformity across all schools.

2.6 Role of healthcare workers[11] and social service practitioners regarding teenage mothers

Healthcare workers and social services practitioners have important roles to play in the prevention and management of pregnancy related complications (Van Pelt, 2012). This section discusses some of these roles which healthcare workers and social services practitioners can undertake in the wake of learner pregnancies in schools and communities.

Counselling role

The transition from being a teenager to a mother with responsibilities can be utterly devastating to many teenagers. Many of these teenagers experience a sense of loss and depression during this phase (UNFPA, 2013). This phase may even be scarier for a teenager who became a mother due to forced marriages, incest or rape (UNFPA, 2013). It is through

[11] Healthcare workers include nurses, community health workers, medical doctors and psychologists; while social services practitioners include social workers, social auxiliary workers, community developers (Patel, 2015).

this view, that UNFPA advocates for intervention by social workers and psychologists to support and assist these teenagers to deal with the stress and depression which comes with being a young mother (Panday et al., 2009; UNFPA, 2013).

Positively, in South Africa, there has been progress in achieving this end. The MPMLP of 2007 recognises the challenges pregnant and teenage mothers face daily. It therefore recommends to schools to extend social work and psychological services to these learners (MPMLP, 2007). School social workers and psychologists play different roles. For example, they can offer counselling, stress management and anger management intervention services to affected learners (Van Pelt, 2012). Furthermore, these services can also be extended to families of affected learners, to enable them to accept and support the teenage mother.

Information and guidance

Some teenage girls are victims of unplanned pregnancies because they did not know the consequences of irresponsible and unprotected sex (Ardington et al., 2012). Professionals are needed to inform and/or educate teenage children about their sexuality and wellbeing from a younger age, in order to avoid unplanned and second pregnancies (Ardington et al., 2012). In South Africa, health authorities play a central role in the provision of sex education. Women are provided with sex education when they visit clinics and hospitals and this includes information about safe sex such as condoms and different forms of contraceptive pills (Ardington et al., 2012; Nkani & Bhana, 2016). As per DoH guidelines, teenage girls and boys are also to receive similar services. For example, nurses are expected to educate teenagers about safe sex and the importance of getting tested for sexually transmitted diseases such as HIV/AIDS. However, the literature indicates that in some areas, healthcare workers fail to extend these services to young people (Nkani & Bhana, 2016; Ardington et al., 2012).

Furthermore, social services practitioners such as social workers have the responsibility to ensure that struggling teenage mothers have access to social assistance such as the Child Support Grant (CSG)[12]. The Social Assistance No. 13 of 2004, directs social services workers such as social workers and auxiliary social workers to educate needy members of society about various forms of social relief which they can access from the government, as stipulated in the South African Social Services Agency Act (SASSA) No. 9 of 2004. According to Patel

[12] During 2016, DSD revealed that more than 15 million children were recipient of CSG with a monthly pay out of R330, 00. The provision of CSG to poor families has, over the years; ensured children from deprived backgrounds attend school and eat healthy.

(2015) the introduction of CSG had seen the well-being of deprived children improving in terms of school attendance and nutritional outcomes. Prior to the introduction of this grant, some parents including teenage mothers were unable to afford day-care centres for their new-born babies (Ardington et al., 2012).

In addition, social workers can also help enhance people's understanding of sex. This is especially important in rural areas where sex remains a taboo topic (UNICEF, 2008; Panday et al., 2009). Social workers should encourage parents to openly talk about sex with their children (UNICEF, 2008; Panday et al., 2009).

2.7 Selected studies on the experiences and challenges of teenage mothers in South Africa and beyond

Mpanza and Nzima (2010) undertook a study on the attitudes of educators in regard to learner's pregnancy and motherhood responsibilities in KwaZulu-Natal secondary schools. School principals and educators were the main participants and a significant number of them reported being frustrated about having to work with pregnant learners (Mpanza & Nzima, 2010). There were concerns regarding their skills as educators. They felt they were inadequately skilled to intervene in learner pregnancy cases (Mpanza & Nzima, 2010). Because of this perception/ or training limitation, some educators were developing hatred towards pregnant learners (Mpanza & Nzima, 2010). These findings were replicated in Shefer, Bhana and Morrell's (2013) comparative study in Western Cape, Cape Town and Kwazulu-Natal, Durban. The study included schools principals, educators and teenage mothers as participants. Findings revealed how educators regarded teenage pregnancy and motherhood as a moral degeneration and how disgraceful it was for a learner to conceive while at school (Shefer et al., 2013). Pregnancy and motherhood status was also considered infectious by some educators who feared it would pollute other "innocent" learners.

As a result both pregnant learners and teenage mothers reported being treated unfairly because of their pregnancy/motherhood status. In some extreme cases, they were denied admission when they attempted to return to school after giving birth (Shefer et al., 2013). This course of action was believed to be correct because the majority of the local population thought teenage pregnancy was damaging the school's reputation (Shefer et al., 2013). Consequently, pregnant learners still at these schools had to conceal their pregnancies and personal challenges in order to be accommodated. They have to behave as if nothing had happened in their lives to elude the attention of their educators (Shefer et al., 2013).

Teenage girls in other African countries appear to be facing almost similar challenges in schools. A survey in Botswana targeting teenage mothers in a local secondary school found unplanned pregnancies and childcare responsibilities were two of the main reasons teenage girls dropped out of school before completing their secondary education (Moloiswa & Moswela, 2012). In 2007, more than 1057 teenage girls left schools citing pregnancy and childcare responsibilities as the primary reason.

2.8 Theoretical framework

The study was guided by the Social Ecological Theory (SET). This theory studies human behaviour in relation to the environment in which they live and argues that there is a reciprocal relationship between the person and the environment (Visser, 2007). One of the key assumptions of SET is that human behaviour does not occur in isolation. Social, economic, health and political issues prevaling in a particular society informs and/or influences human behaviour (Visser, 2007; Brofenbrenner, 1979). Locally and internationaly, this theory has been used to study various health and social problems such as substance abuse and gender-based violance (UNFPA, 2013).

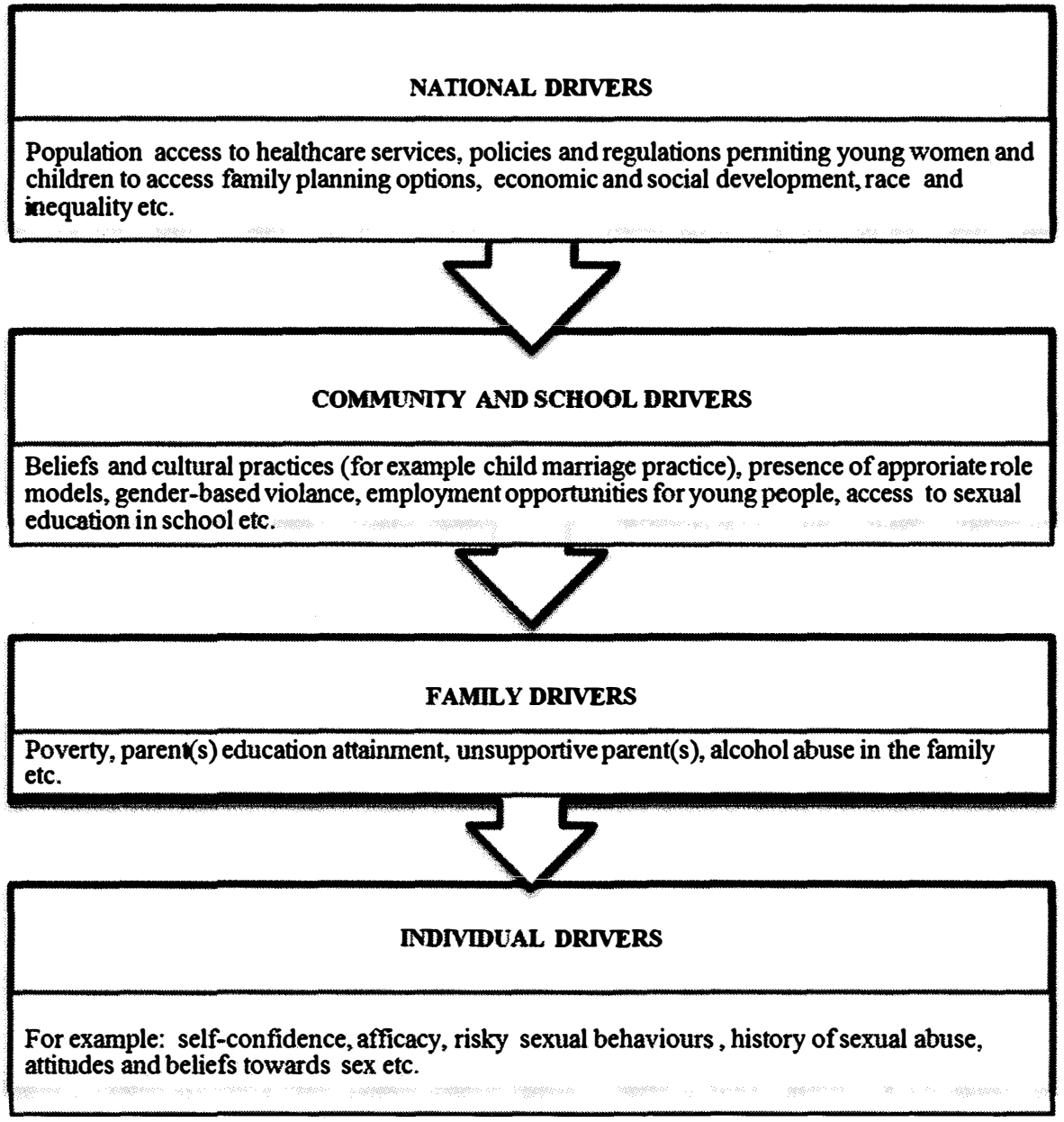
In the study, the theory was used in relation to challenges experienced by teenage mothers when they re-engaged with the education system following childbirth.

In understanding teenage pregnancy, SET studies possible drivers of pregnancies at different levels of society (UNFPA, 2013). Firstly, it studies drivers at national level, the drivers could include the availability of policies supporting women and children and policies permitting the termination of unplanned pregnancies. Community level drivers examined by SET include belief systems and norms dominating in a particular community – for example, the use of contraceptives as a form family planning. It is common in some developing countries to have cultures which ban women from using contraceptive pills (UNFPA, 2013). For example, in some part of Malawi women were culturally banned from using contraceptives pills, however, that practice has since ceased because of uncontrollable population growth and starvation. These are some of the issues which can increase the number of unplanned pregnancies at a community level.

Furthermore, the education which learners receive in schools is also an area of interest for SET. For example, do learners have early access to sex education in schools (UNFPA, 2013; Visser, 2007). A wide body of evidence have highlighted the significance of early sex

education in the prevention and management of learners pregnancies (Bhana & Clowes, 2008; Panday et al., 2009; UNFPA, 2013). Furthermore, the family is also studied. Teenagers raised in poor families are more likely to be victims of unplanned pregnancies, while those who live in more secure and urban homes tend to have delayed pregnancies (UNFPA, 2013; UNICEF, 2008). Families' circumtances often determines if a girl child's education will be prioritised or not. For instance, deprived families may be in support of early marriage and neglect the education of the girl child in the process (UNICEF, 2008). Lastly, the theory also studies individual traits as possible drivers of teenage pregnancy. Some individuals are more vulnerable to early pregnancies than others. Individual traits which can result in unplanned pregnancies include premature sexual engagement (UNFPA, 2013).

Table 2.1 below depict the Social Ecological Theory (SET) and possible drivers of teenage pregnancy at different levels of society



Source: adapted and modified from Visser (2007).

2.9 Chapter summary

This chapter provided the literature review and theoretical framework which informed the study. Teenage pregnancy and motherhood as a local and global problem was discussed. The manifestation of teenage pregnancy and the role of educators in schools were discussed while noting some of the challenges confronted by pregnant learners and teenage mothers in schools across South Africa. Furthermore, legal instruments applicable in the area of teenage pregnancy, the roles of healthcare workers, and social services practitioners were also

discussed. The following chapter, which is the presentation and analysis of the findings, will draw literature from this chapter.

CHAPTER THREE

METHODOLOGY

3.1. Introduction

This chapter provides a discussion of the steps followed during the research process. It also provides the research question plus the aim and objectives of the study. The research strategy and design, population and sampling procedures, research instrumentation and data collection methods as well as the analysis are also described in this chapter. Finally, the chapter concludes by explaining the ethical issues considered in the study.

3.2. Research question

- What are the challenges confronting teenage mothers attending at a secondary school in Tembisa Township, East of Johannesburg?

3.3. Research aim and objectives

3.3.1 Primary aim

- The primary aim of the study was to explore the challenges confronting teenage mothers attending at a secondary school in Tembisa, East of Johannesburg.

3.3.2 Secondary objectives

The secondary objectives of the study were:

- To determine the factors motivating teenage mothers to return to school after giving birth.
- To explore the challenges confronting teenage mothers returning to a secondary school in Tembisa in relation to re-engagement with schooling after giving birth.
- To explore the coping strategies employed by teenage mothers who return to school after giving birth.
- To investigate the roles played by educators regarding the challenges confronting teenage mothers in a secondary school in Tembisa.

- To elicit the views of teenage mothers on how they can be better supported to address the challenges while they attend secondary school in Tembisa.

3.4. Methodology

3.4.1 Research strategy

The study was qualitative in nature. According to Creswell (2009) a qualitative approach allows the researcher to explore and understand the meanings people ascribe to a social or human problem. Greenstein, Roberts and Sitas (2003) argue that the frequent use of this approach in the social sciences and humanities disciplines allows participants to share their unique lived experiences. The approach allows participants to be subjective as they share their experiences (Creswell, 2009). It emphasises participants' subjective reality rather than their objective reality (Creswell, 2009; Greenstein et al., 2003). The prevalence of teenage motherhood is not the same in every community. Each community has different conditions which can help explain the challenges confronting teenage mothers. This approach appeared to be more relevant to this study, because it allowed participants to share their lived experiences and challenges of being teenage mothers within a school setting.

In addition, the study adopted an exploratory-descriptive design which was used to gain a deeper understanding of the experiences and challenges confronting the teenage mothers. McLaughlin (2007) defines exploratory-descriptive as a research design used with the purpose of gaining a deeper insight and/or understanding of unexplored phenomenon such as teenage pregnancy. The end goal of this design was to be able to provide a deeper description of the explored phenomenon (McLaughlin, 2007; Schurink, Fouche & De Vos, 2011). This design was instrumental in the study, as it allowed the researcher to explore and gain fuller insight into the experiences and challenges of teenage mothers at the secondary school in Tembisa Township, East of Johannesburg.

3.4.2 Population and sampling

According to Strydom (2011) the term "population" refers to all persons and organisations which the research is concerned with, while a sample comprises of elements or subset of a population considered for a study. In this study, only teenage mothers attending a secondary school in Tembisa Township, East of Johannesburg were considered for participation.

According to the school principal, the secondary school had a total learner population of 652 being taught by 55 educators. Learners came from nearby communities such as Kaalfontein, Ebony Park, Ivory Park, Allendridge and Midrand. Although the school was able to accommodate learners of all races, at the time of the study black learners were the majority.

A snowball sampling technique was employed to recruit 15 teenage mothers at the secondary school to take part in the study. According to Alston & Bowles (2003), the snowball sampling technique is used when participants are not easily accessible or not known. The procedure allows the researcher to begin the process of selecting participants by identifying one possible participant who shows the required characteristics. The participant then assists and/or links the researcher with other candidates having the required characteristics (Alson & Bowles, 2003; Strydom, 2005).

In this study, the researcher sought the assistance of a Life Orientation (L.O) educator, who then assisted with the identification of the first two participants who met the selection criteria. The two participants then assisted the researcher with the identification of other participants who also met the selection criteria. Participant recruitment was undertaken in a manner which was ethical and non-judgemental.

Participant's inclusion criteria's

- The participant had to be a teenage mother enrolled at the secondary school in Tembisa, East of Johannesburg.
- The participant should have fallen pregnant, given birth and returned to school to continue with her studies within two years of child birth.
- The teenage mother had to be between the ages of 16 to 19 years and be in grade 9, 10, 11 or 12. Extensive literature search had shown that majority of teenage girls conceive at these ages (Nkani & Bhana, 2016; Ngabaza, 2011; Swartz & Bhana, 2007).

In addition, the study made use of two key informants. These key informants were the school principal and a Life Orientation (L.O) educator employed at the same school[13]. The purposive non- probability sampling technique was used to select the informants. This technique was

[13] In chapter four, which is the presentation and analysis of data, the school principal and Life Orientation (L.O) educator are referred to as the first and second key informant, respectively.

considered appropriate because it allowed the researcher to select only individuals who understood the phenomenon being studied. Both of the informants had extensive experience in teaching and interacting with learners in numerous secondary schools across South Africa.

Key informants inclusion criteria's

- The school principal must have occupied the post of a principal at the school for at least 5 years.
- The L.O educator should have taught and coordinated Life Orientation studies for at least 5 years at the same school.

3.4.3 Research instrumentation

The aim and objectives of the study were addressed using a semi-structured interview schedule. According to Greeff (2011), semi-structured interviews are interviews organised around a set of questions in the area of interest. The use of semi-structured interview schedules was preferred in the study, because it allowed the researcher to organise questions in such a manner to glean in-depth information (Smith, Harre & Langenhove, 1995). The interview schedule was used to guide the interview rather than to dictate the overall direction of the questions (Greef, 2011). Qualitative researchers use interview schedules as a guideline and can probe further when participants introduce new issues the researcher did not anticipate in the development of the instrument (Greeff, 2011; Smith & Manning, 1982).

There are advantages and disadvantages using a semi-structured interview schedule. One advantage is that it guides the researcher in asking questions and also permits the use of follow up questions, when necessary (Greeff, 2011). A semi-structured interview schedule also allows participants an opportunity to share their lived experiences in a guided and unrestricted fashion (Greeff, 2011). However, the semi-structured interview schedule can also consume large amounts of time and thus disadvantage participants who have limited time dedicated for the interview (Greeff, 2011; Smith et al., 1995).

3.4.4. Pre-testing of the research instrument

A pre-test was undertaken using two teenage mothers. These teenagers did not take part in the actual study. According to Berg, (1995), a pre-test is done with participants who exhibit similar characteristics with the intended population. The purpose of the pre-test was to ensure the relevance and sensitivity of the research questions. The outcome of the pre-test led to the

restructuring and amendment of some questions in the instrument. For example, question 9 in the interview schedule/guide for teenage mothers was amended to include the roles of social workers in managing and preventing the challenges confronted by teenage mothers in schools.

3.4.5. Data collection method

One-on-one individual interviews were used to collect data. The initial plan was to conduct all interviews after school hours, as per the Gauteng Department of Education (GDE) research regulations. However, the school administration was more flexible and allowed the researcher to conduct some interviews during school hours. This was the case because the school management appreciated the study and hoped for a positive outcome in form recommendations which will help improve the circumstances of pregnant and teenage mothers in public schools. L.O teaching slots were used to conduct some of the interviews.

The advantage of using one-on-one interviews is that they allowed the researcher to ask participants questions directly and to ask for clarity on the spot. This was particularly useful in instances where participants provided answers that were not clear and difficult to comprehend (Greeff, 2011; Seidman, 1998). In addition, one-on-one interviews permitted the researcher to probe the responses of the participants, thus enhancing the credibility and validity of the findings (Greeff, 2011).

However, according to Legard, Keegan & Ward (2003), the disadvantage of using one-on-one interviews is that some participants may provide socially desirable answers in the face of the researcher. Furthermore, direct interviews can also be time consuming for many people. As well, it requires the researcher to sufficiently carry out the interview task while avoiding keeping participants longer than they anticipated (Legard et al., 2003).

Furthermore, with written permission from parents and legal guardians, some interviews were audio-recorded. This allowed for precise analysis and the inclusion of credible quotations when reporting findings. In addition to the interviews, the researcher also wrote field notes and made use of a reflective diary. Using a reflective diary is common in qualitative studies because it allows the researcher to document his/ or her experiences throughout the study and also helps to identify any possible bias or unconscious omission of important data during analysis (Jasper, 2005).

3.4.6 Data analysis method

Thematic content analysis was used to analyse the data. This method is commonly used in the social sciences arena because it allows researchers to engage with the data and establish trends (Neuman, 2011; Greenstein, Roberts & Sitas, 2003). However, there are precise steps to be followed when using this method. The first step is transcription of the audio-taped interviews. After transcribing the interviews, the researcher then familiarises himself/ or herself with the data (Greenstein et al., 2003). Data familiarisation can be achieved by reading through the transcriptions multiple times and making notes in the process.

The second step is data coding. Data coding include labelling similar responses together and inducing themes (Greenstein et al., 2003; Terre Blanche, Durrheim & Painter, 2006). Step three is data elaboration, where the researcher goes through the recordings and transcriptions once again and adds any information which may have been missed. This often leads to revisions being made to the initial themes (Terre Blanche et al., 2006). Field notes are also important in this step since they provide information which cannot be known by merely listening to the recordings (De Wet & Erasmus, 2005; Terre Blanche et al., 2006). In short, the fourth step is data interpretation and reporting on the findings.

3.4.7 Trustworthiness

Appropriate steps should always be taken to ensure research findings are trustworthy and reliable (De Wet & Erasmus, 2005). There are key concepts commonly used to establish the trustworthiness of qualitative data – credibility, dependability, transferability and confirmability (Shenton, 2003). Credibility refers to do the originality of the gathered data, or the data representing what the participants shared with the researcher during interviews (Shenton, 2003). Steps were taken to enhance the credibility of the data; the researcher interviewed the participants in the comfort of their own school.

Dependability refers to how credible the process of data collection, analysis and integration of literature are (Shenton, 2003; Anney, 2001). The researcher enhanced dependability of the findings by administering the interviews himself, with one or two interviews conducted per day. This process allowed the researcher enough time to reflect on the initial data before interviewing the next participants. Transferability refers to the degree in which study findings can exceed the boundary of the study environment and be applied to a similar environment elsewhere (Shenton, 2003). In the study, only one secondary school was studied and this

constituted a limitation. However, it was evident during data analysis that similar findings were made in other communities. Confirmability refers to how well findings agree with the collected data (Shenton, 2003). Steps were taken to limit potential omission of key data by having the study supervisor acting as a data auditor. Induced themes were checked against the transcriptions by the supervisor, this process helped the researcher to identify missed participants' narratives.

3. 5. Ethical considerations

It is the responsibility of every researcher to ensure research procedures are fair and harmless to participants (Strydom, 2011). This section discusses some key ethical issues observed throughout the study.

Ethics clearance

The study was cleared by the Gauteng Department of Education - Research Office and the University of the Witwatersrand Human Ethics Committee, Protocol Number H16/06/24. In addition, permission to conduct the study was sought from the principal of the secondary school. Refer to appendix A, B and C, respectively.

Informed consent

From the onset of the study, participants were fully informed about the purpose of the study as well as any associated risks and costs which they may incur by participating in the study. Participants did not incur any costs by participating in the study. According to Rubin and Babbie (2001), researchers should always ensure participants are provided with all the needed information before they decide whether or not they will participate in the study. All research details should be provided in a language which is easy to understand, as outlined by Rubin and Rubin (1995).

The researcher provided the primary participants [teenage mothers] with a participant information sheet (see appendix D). The same participant information sheet was also provided to the two key informants (see appendix F and G). Furthermore, participants who were younger than 18 years had their parents or guardians provide consent on their behalf (see Appendix E). Teenage mothers were also required to give their assent before taking part in the study. They were not rushed to make the decision of whether or not to take part in the

study. The researcher gave all potential participants a week to make their decision. A week was determined as enough time for one to make a decision.

Voluntary participation

According to Rubin and Babbie (2001), a decision to participate in a study should be voluntary. Researchers should ensure participants understand participation is not forced and that no one will be disadvantaged by choosing not to participate in the study (Babbie, 2001). According to Babbie, (2004), children may sometimes feel pressured to participate, especially when they regard the researcher as someone in authority. In this study, the researcher aided voluntary participation by explaining to participants and their parents/ or care-givers that even if they chose not to participate, it would not yield any negative consequences. This process allowed the participants and their parents to participate in the study voluntarily. Refer to Appendix D, E, F and G.

Confidentiality and privacy

Confidentiality in research is defined as the protection of collected data by ensuring no one has access to the data, except for the researcher, teams and supervisors' (Strydom, 2011). In this study, the involvement of a second person, the supervisor, was explained to the participants from the onset of the study. Appropriate steps were also taken to protect the information shared by participants throughout the study. For example, interviews were conducted in a private and secure staff rooms. In reporting on the findings, no identifying information was included. This information was shared with the participants as assurance of their privacy.

Anonymity

Participant's anonymity was also ensured in the study. Anonymity is defined as a process where gathered data cannot be linked and/or associated with a particular participant (Rubin & Babbie, 2001). Anonymity is successful when the researcher cannot even begin to link the raw data back to specific participants (Rubin & Babbie, 2001). However, in qualitative studies, it is often a challenge to ensure that participants' are completely anonymous.

In this study, participants' identifying information such as names and surnames were changed and replaced with codes. For example, Hlologelo Malatji[14] was identified as participant number one, meaning any direct quotations excluded any information which might be used to identify/ or single out a particular participant.

Vulnerable population

The study made use of teenagers under the age of 18 years, thus they were legally deemed children and therefore part of a vulnerable groups in South Africa. In research, it is a common practice and understanding that children as participants cannot provide informed consent (Creswell, 2003). As a result, it is therefore important for researchers to take appropriate steps to protect such participants from any harm or exploitation (Creswell, 2003). In the study, various steps were taken to protect the participants from any harm. This included acquiring parents' or care-givers informed consent for those under 18 years before they could participate in the study.

Avoidance of harm and counselling for emotional distress

According to Babbie, (2004), in most studies, emotional, physical and psychological well-being of participants should always be the priority. In addition, it is further noted that if there is a reason to believe carrying out the study may result in any harm and/or injury inflicted on the participants, appropriate steps should be undertaken to minimise the potential harm and/or call off the study (De Vos et al., 2005; Babbie, 2004).

The current study had no potential to cause any harm to the participants. However, it was anticipated that it many evoke emotional distress for some participants. To address this, counselling services were organised for participants, should they require such services.

In preparation for the study, arrangements were made with a local counsellor, Mrs. Liza Mogane, a qualified social worker with SANCA, at Kaalfontein Office, opposite the school. The social worker was tasked with providing counselling services to the participants. Fortunately, no participants made use of the service during data collection. Although, participants were informed that should they need counselling after completion of the study they would still have the opportunity to visit the counsellor.

[14] Not a participant real name, name given as an example of the process followed in ensuring participants anonymity during data collection and analysis.

3.6. Chapter summary

This chapter has provided a detailed explanation of the research strategy and methodology employed in the study. The research question; aim and secondary objectives; research strategy; population and sample; research instrumentation; data collection and analysis methods; issues of trustworthiness; together with key ethical issues observed in the study were also discussed. In the following chapter, findings of the study are presented and discussed.

CHAPTER FOUR

DATA PRESENTATION AND DISCUSSION

4.1. Introduction

This chapter presents and discusses the findings of the study. Simple descriptive statistics was used to analyse participants' demographic information, while qualitative data were analysed using a thematic content analysis method. Study findings are discussed in relation to the study objectives and the limitations inherent in the research design and analysis and the themes are supported by participants' direct quotations.

4.2. Participants' socio-demographic information

Table 4.1 Participants socio-demographic profile (N=15)

Demographic factor	**Sub-category**	**No.**
Age range	16 – 19 years	15
School Grade	Grade 9	1
	Grade 10	9
	Grade 11	2
	Grade 12	3
Race	Black	15
Housing type	Informal settlement/ Unsecured areas	7
	Township/ Semi-urban areas	8
Social Assistance	Child Support Grant (CSG)	14
	Foster Care Grant (FCG)	1

Table 4.1 summarises participants' socio-demographic profile. A total of fifteen (15) teenage mothers with an age range of 16 to 19 years participated in the study. Majority of the participants were in Grade 10, and all were black and residing in informal settlements and semi-urban areas in Tembisa area. Some participants were in the care of their parents while others lived with their grandparents. Fourteen (14) of the participants were recipients of the Child Support Grant (CSG), with one (1) participant being a recipient of the Foster Care Grant (FCG) through a relative.

4.3 Perceived factors motivating teenage mothers to re-engage with school after giving birth

The first objective of the study was the exploration of factors motivating learners to re-engage with education following the birth of their children. Key themes emerging from this objective are highlighted in the table below.

Table 4.2 Perceived factors that motivated teenage mothers to re-engage with school after giving birth.

Theme	Participant Narratives
Always valued education	*"It has always been my wish to be a successful woman when I grow up, so after giving birth I immediately returned to school to continue with my studies. It was not easy but I had to do it".* *"...my grandmother encouraged me to come back to school because to them without education I will be nothing in life. They do not want me to end up like other girls in our street".*
The desire for their children to have a better future	*" ... I have a child so I have to be serious in life. I decided to come back to school for the sake of my child. I want to work for my child. I do not want my child to suffer in future".* *"Now I have a baby so I do not have a choice but to continue with my studies. I want to get my grade 12 so that I can work for my child".*
Family pressure – the fear of being the black sheep of the family	*"My mother and older siblings forced me to return to school after giving birth. All of my siblings are educated. They said I am still young to continue with school. Both of them are working for government"* *"...at home there is no person who is educated. As a last born I was left with no choice but to return to school. My brothers are not working. I am my mother's only hope in the entire family".*

Always valued education

Seven of the fifteen participants shared with the researcher that they decided to return to school after giving birth because they had always valued education. They regarded education as an important tool to secure a better future for themselves. They believed it is only through education that they can realise their full potential. This theme was captured in the following responses:

> *"It has always been my wish to be a successful woman when I grow up. So after giving birth, I immediately returned to school to continue with my studies. It was not easy but I had to do it".*

Another participant added:

> *"...my grandmother encouraged me to come back to school because to them without education, I will be nothing in life. They did not want me to end up like other girls in our street".*

It was clear from the participants' responses that education was perceived as an important tool necessary to improve their social status in society. Participants' views were supported by the second key informant, who noted that as much as teenage mothers have made mistakes in the past, they still needed education to better their lives. The key informant said:

> *"...as much as some teenage mothers struggle in the classroom, some work very hard to ensure that they pass at the end of the year. I think this is the case because they know they have children who will soon depend on them, so they are forced to work hard in their studies".*

These findings also concur with a wide body of literature; Jewkes et al (2009) highlighted the conditions in which the majority of teenage mothers live in. Teenage mothers tend to be from poor families who often struggle to make ends meet. As a result most, of these girls tend to value education more than other learners. Chohan and Langa (2011) also confirmed childcare responsibilities encouraged some teenage mothers to perform better in school. The study determined teenage mothers' performances in mathematics and other key subjects improved after giving birth. However, in contrast, Kaufman and De Wet (2001) were convinced teenage mothers ought to re-engage with education following the birth of their babies mainly because some African cultures regard educated women as being worthy of being married. Conversely, uneducated women are ridiculed and disrespected in many communities (Kaufman & De Wet, 2001). Hence, more teenage mothers re-engage with education even when circumstances at schools do not readily allow them to do so.

The desire for their children to have a better future

Analysis of the findings revealed five of the fifteen participants returned to their studies not only for themselves but also for their children. They had the desire for their children to have a more secure, brighter and stable future. It was noted that majority of the participants came from average to poor families, with many of them living with single and/or unemployed parents. Therefore, this situation of lack explained their desire to secure a better future for their children. This theme was captured in these quotations:

> *"…I now have my own child and my mother cannot afford to support both of us. I decided to return to school so that I can complete my matric and go work for my child".*

Another participant added:

> *".....sometimes my parents only buy clothes for me, they do not buy for my child because they do not have money and I cannot blame them since the child is mine not theirs..... The father of my child is not working".*

It was evident from the above quotations participants re-engaged with their secondary education as a means to a better future for themselves and their children. Like many others, study participants did not want to become parents who are unable to provide for their children. As a consequence deciding to re-engage with their education was the only feasible solution. In South Africa, if a learner can successfully complete grade 12, a number of study and learning opportunities are available (National Development Plan (NDP), 2030). For example, with a grade 12 certificate, one can enrol at a college or university to further his/her studies and increase his/her or chances of securing employment (NDP, 2030)[15]. Participants seemed to be aware of at least some of the opportunities linked to a grade 12 completion. This analysis was derived from the following quote:

> *"....after matric I am going to find a job and work. Though I want to go and study further. But firstly, I need to work so to relieve my mother of the burden I have placed on her by having a baby".*

It was commendable that majority of the participants recognised the importance of secondary school education; however, UNFPA (2013) remains concerned that the majority of developing countries still take less interest in youth development initiatives. Consequently

[15] National Development Plan (NDP) (2030) aims to reduce poverty and inequality. It promotes an inclusive economy and fosters partnership in developing a better South Africa for all. Increasing access to basic education is one of the main areas stressed by the NDP.

resulting in a situation where young women and children become victims of gender-based abuse and unplanned pregnancies as witnessed in many developing countries (UNFPA, 2013). South African women and children appear to be facing similar issues, where a worrying number of young girls fall victim to unplanned pregnancies every year (Jewkes et al, 2009; UNICEF, 2008).

Family pressure and the fear of being the black sheep of the family

Participants also revealed they re-engaged with education following the birth of their children because of family pressure from siblings and grandparents. This was after parents and other family members forced or persuaded them to return to school. They [family] did this because they were concerned that without completing their secondary education their future would be bleak. This theme was evident in the responses below:

> *"My mother and older siblings encouraged me to return to school after my pregnancy. All of my siblings are educated; they said I am still young to continue with school. They were worried that without education I will be nothing in future. Both of them are working for government"*

While some teenage mothers were pressured by their families to re-engage with their studies, some revealed how their poor background also motivated them to return to school after giving birth. One participant said:

> *"...at home there is no person who is educated. As a last born I was left with no choice but to return to school to complete my matric. All my brothers are currently not working and I am my mother's only hope in the entire family".*

According to UNFPA (2013) family is a very important and influential unit in a teenage mother's life. The presence of proper role models within the family can determine whether or not a teenage girl drops out or returns to school after giving birth. For instance, teenage girls whose families see no value in education are more likely to be discouraged to continue with their studies, while those who live with educated parents are more likely to complete secondary school and enrol in institutions of higher learning (UNFPA, 2013). This literature concurs with this finding, since the participants had returned to school because of their parents' and siblings' high regard for education. However, the fear of being the black sheep of the family was also a good cause for returning to school for some.

It was also noted that apart from family pressure, South African legislative frameworks also encourage pregnant and teenage mothers to remain in school during and post pregnancy. Over the past several years, the Department of Education (DBE) has introduced a number of progressive policies such as the South African School Act No. 84 of 1996 and Measures for the Management and Prevention of Learners Pregnancies of 2007 (Bhana et al., 2008; Nkani & Bhana, 2016). In addition, the Department of Social Development (DSD) has also made the Child Support Grant (CSG) available to any parent(s) who are struggling to make ends meet (UNICEF, 2016). In 2014 alone, 8.1 million children born to adult and teenage mothers benefited from this scheme (UNICEF, 2016). These policy initiatives had over the years ensured that affected teenagers return to school.

4.4. Challenges confronting teenage mothers when they re-engage with education following child birth

The second objective related to the challenges confronting teenage mothers when they re-engaged with education following child birth. All participants were quite candid about the challenges they faced at home, within their community and at school. The pie chart below, figure 4.1, illustrates the challenges revealed by study participants.

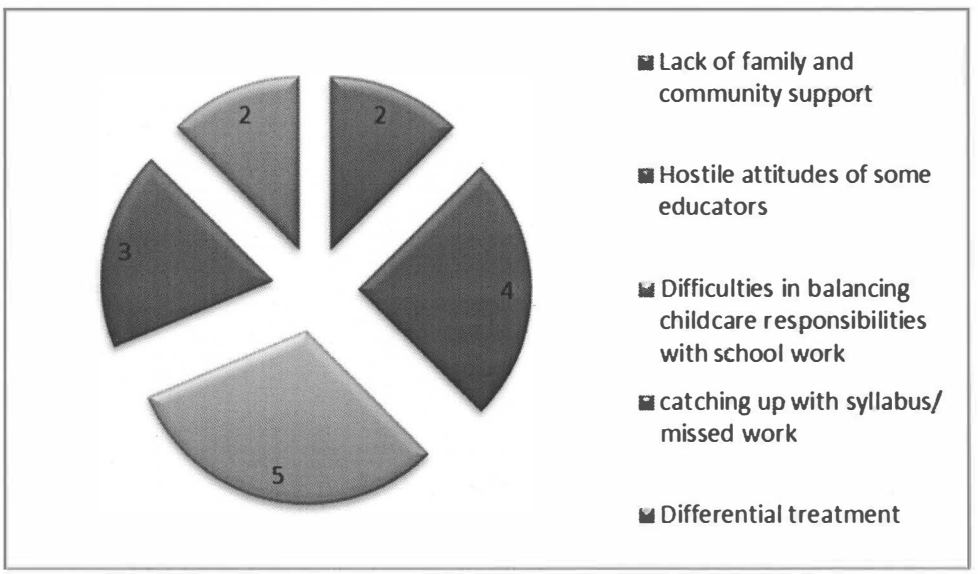


Figure 4.1 above reflects the challenges confronted by teenage mothers when they re-engaged with education following child birth.

Lack of family and community support

Of the fifteen participants interviewed, two revealed that their re-engagement with education was marked by a number of challenges. A major impedance was lack of family and community support. The participants felt like their immediate and extended family members were generally not there for them, especially when they needed them the most.

> *"My mother is working far from home. I live with younger sister and every day I wake up at 4 O clocks to prepare my baby for crèche and younger sister for primary school. It is just too much for me. There is no one to help me look after my baby".*

Another participant was of the view that if there was someone at home to assist with childcare responsibilities, she would not be repeating grade 11. The participant was one of the many learners in the school who were repeating grade 11. The participant commented:

> *".. You know it was going to be helpful if there was someone at home to assist me by dropping off my baby at the crèche and later collect him. I failed grade 11 because I was not present when they wrote June Exams".*

The experiences of the participants are shared by a number of teenage mothers in South African schools. Studies have largely shown how the majority of pregnant and teenage mothers struggle in different schools because of lack of support (Grant & Hallman, 2008; Chohan, 2010). A study by Grant and Hallman (2008) found teenage mothers were more likely to return to school if they had enough support at home, for example, a family member willing to look after the baby while the mother is at school. Unfortunately, majority of the pregnancies tend to occur among teenagers with unemployed parents or to those in child-headed homes (Chohan, 2010; Marteleto & Lam, 2008). Consequently, exposing these teenagers to a number of challenges. In the study, one participant was an orphan and who received Foster Care Grant (FCG) through her aunt who lived in another neighbourhood. She shared some of her experiences of being a learner and mother at the secondary school:

> *"....my mother passed on in 2012. I currently live with my two brothers at Ivory Park. One is employed while the other one is unemployed. The one who is working does not support us at all. He spends all his money on alcohol and girls... Because of these challenges I am always absent because my child will be without milk and pampers".*

It was evident that the participants faced many challenges, with financial challenges at the forefront. Literature have also confirmed this findings, Bhana and Mcambi (2013) highlighted financial problems as one of the greatest challenges faced by teenage mothers

continuing with their education. Parental responsibilities often require stable financial backup and rarely teenagers have access to financial assistance to hire a nanny while they continue with their studies (Bhana & Mcambi, 2013). The end result for many of these girls is failing to complete their studies, because of the expectation that they should find employment immediately after conceiving or giving birth (Bhana & Mcambi, 2013).

This problem was also observed by Cherisch and Fonn (2016) in a study which investigated the challenges faced by pregnant women in South Africa, especially poor women in rural areas. The study found pregnancies to be affecting these women by reducing their productivity levels and earning potentials (Cherisch & Fonn, 2016). This was because poor women often needed to abandon their work and studies during the course of their pregnancy. The study called on the government to consider extending social assistance to needy women during their pregnancy, to ensure that their pregnancies do not subject them to poverty (Cherisch & Fonn, 2016).

In addition, policy gaps were also observed in the wake of the challenges faced by teenage mothers. It was found that teenage mothers might struggle to apply for Child Support Grant (CSG) for their children if they are themselves beneficiating from another form of social assistance[16]. One of the teenage mothers who participated in the study encountered the very same roadblock when she tried to apply for CSG for her child. This was because she was a recipient of Foster Care Grant (FCG) through a legal guardian and considered a child under the law. It was unclear if the Department of Social Development (DSD) through South African Social Security Agency (SASSA) knew about these challenges faced by applicants.

The first key informant revealed the school offered lunch and food parcels to learners from poor and child-headed families'. He said:

> *"...as a school, we do not just sit and fold our arms while learners live in extreme poverty. We try out best to help where we can... We offer some of our learners from poor backgrounds food parcels to eat on weekends and by the law we are not supposed to do that. But because we know that there are some learners who entirely depend on the school feeding scheme we [have] no choice but to do something about that".*

[16] The Social Assistance Act No. 13 of 2004 outlines 7 different forms of social grants apart from the Child Support Grant (CSG). They include Foster Care Grant, Disability Grant, Care Dependency Grant and Grant in Aid.

This form of support system concurs with the literature when Bhana et al (2010) encouraged educators to care and concern themselves about the challenges confronted by teenage mothers in schools. Teenage mothers need to feel loved and appreciated by people around them (Bhana et al., 2010). This form of support, as shared by the first key informant, is commendable and should be encouraged in other schools throughout South Africa.

Hostile attitudes of some educators

Four participants were concerned with the attitudes displayed by some educators. These educators were reported to be hostile towards the participants; treating them differently. Five participants revealed how they were often humiliated during lessons by educators. This theme was particularly captured when a participant said:

> *"....sometimes you can see that the teacher does not like you just because you have a child. They are rude when they speak with you. There was this time were I decided to go and consult with teacher X and when I got there she brushed me off saying I am always absent and that's the reason I knew nothing. She did not even bother to ask me why I was always late or absent".*

Another participant with a similar experience revealed how she was once called a "baby mama" by one of the instructors in the school. She felt insulted and humiliated because this encounter took place in full view of her classmates. The participant noted:

> *"...every time I make a mistake in class they [educators] would say you baby mama you must keep quiet, you are disturbing our learners who want to learn... It difficult to even state your view on something without being judged, because instead of them commending you for knowing, they will say yes she knows because she is a mother".*

It is unfortunate when educators and fellow learners resort to making unfair and inappropriate remarks in front of these learners. They [educators] obviously are not thinking about the effect such remarks have upon the confidence of the learner(s) concerned. Literature has shown how continuous shaming and humiliation can result in lack confidence and low self-esteem among children (UNFPA, 2013; UNICEF, 2008). In this case, the first informant helped clarify why some educators may be seen as hostile towards teenage mothers in the school. The informant expressed his concerns about teenage pregnancy and its implications in education. The key informant said:

> "*Teenage pregnancy is of moral decay in our communities and with the increasing cases teenage pregnancies and motherhood educators can no longer teach learners*

without some reservations. Teenage mothers are often moody and very sensitive to deal with in class".

The informant added:

> *"....teenage motherhood further damages the school reputation. The community get the impression that the school is teaching learners to become pregnant while that is not the case".*

It was clear from this finding that the informant was not at ease with accommodating learners with pregnancy related complications, but at the same time against the exclusion of these learners from school. The sentiments of this informant were also found by Bhana et al (2008), when some educators regarded teenage pregnancy and motherhood as a sign of moral decay in society, in a study undertaken in KwaZulu-Natal Province secondary schools. Similarly, Shefer et al., (2013) also found teenage mothers were often regarded as negative role models to other "innocent" learners in schools, thus legitimising their exclusion from those schools.

Though, the informant was concerned about the growing number of teenage pregnancies and motherhood, especially in South African schools, he was not in support of excluding these learners from attending school. Instead he called on the government (DBE) to consider addressing the root causes of teenage pregnancy and motherhood in schools. This was highlighted when the informant said:

> *"...Our education policy (referring to the School Act of 2005) does not provide us with ways to deal with teenage motherhood. As you have seen for yourself that many learners are pregnant or mothers. The Department of Education need to call everyone to the table to try and find a way to deal with this problem as soon as possible; if steps are not taken soon many [more] learners will be affected".*

Differential treatment

Participants believed educators' hostility or opposition to learners' pregnancies resulted in them being treated differently in the school. This was supported when two participants commented:

> *"There was this day when our class teacher was not available in the morning, because she was attending a meeting somewhere. My classmates were playing outsides and making noise. I remained inside the class because I knew I am always the suspect when something goes wrong. As always when she returned, I was the suspect.... I was mentioned as the person responsible for other learner's behaviours".*

and

"It is not possible to get assistance you need [it] without being reminded that you are a mother and always absent".

It was evident being treated differently affected the self-esteem of the participants. However, some of the participant's downplayed how they felt about being treated differently, while some coped by behaving as if there was nothing wrong with being treated differently. According to Bhana et al., (2008) the majority of pregnant and teenage mothers at schools are stigmatised and discriminated against almost daily. A comparative qualitative study in Durban and Cape Town, South Africa found pregnant learners and teenage mothers were on the receiving end of abuse, because educators regarded them as a bad influence on other learners (Shefer et al., 2013). As a result a number of these teenagers ended up concealing their pregnancy from their educators and fellow learners to avoid being ridiculed and called names (Shefer et al., 2013).

Difficulties in balancing childcare responsibilities with school work

Analysis of the findings revealed five of the fifteen participants struggled to maintain a balance between school work and childcare responsibilities. This was because at home they had far more responsibilities beyond childcare such as cleaning and cooking for the entire family. As a result, they were left with limited time to spend on their books. One participant said:

"..After school I fetch my child from crèche and cook for my siblings... Because of those responsibilities it is sometimes impossible for me to do my homework. I normally start writing my homework and assignments after 9:00 p.m. and by that time I will be so exhausted".

Another participant revealed she could not attend extra study sessions in the morning and afternoon because she had limited time.

"...I cannot attend the morning and afternoon study sessions. This is because in the morning I have to first bath my child for crèche and prepare lunch boxes for my mother and younger brother. I have even told teachers that it is impossible for me to come to school early because of those responsibilities".

Morning and afternoon study sessions were introduced to help struggling learners including teenage mothers to catch up with the subject syllabus. It is unfortunate when teenage mothers cannot attend these sessions intended to help them catch up with lessons they had missed during their pregnancy. Marteleto and Lam (2008) appear to have discovered reasons why teenage mothers have limited time for their studies. The authors cited teenage girls are left to

care for the baby while the fathers shoulder little or no responsibility when it comes to child caring (Marteleto & Lam, 2008). In South Africa and other developing countries teenage fathers are often absent in the child raising process (Marteleto & Lam, 2008; Swartz & Bhana, 2009). The same trend was evident in this study; the majority of the participants never mentioned the presence of their babies fathers', instead kept on mentioning their parents and grandparents as their only source of support. Swartz and Bhana (2009) also explored the reasons behind the absence of teenage fathers in South Africa. They found that majority of teenage boys are out of the picture, because they do not have the means to support their children. While others emphatically deny paternity during the earlier phases of the pregnancy.

Catching up with the syllabus and missed work

Findings also revealed three out of the fifteen participants experienced the challenge of having to catch up with the work they had missed during their pregnancies. The reason for this was during their pregnancy they were not able to write scheduled tests, assignments and examinations for a variety of reasons. One participant said:

> *"... When they were writing June examinations I was still at home with my baby. So when I returned to school there was just too much work waiting for me. I was under-pressure to write all the tests and exam papers. I have missed in just one week".*

Another participant added:

> *"... When I returned, I found my classmate relaxed because they were already completed the syllabus...because I did not want to fail I ended up spending sleepless nights trying to understand all the subjects in few weeks. Unfortunately, I failed because there was just too much work to do".*

The experiences of these participants enabled the researcher to evaluate the effectiveness of existing policies such as the SASA of 1996 and MPMLP of 2007. These policies make provisions for teenage mothers to attend school during and after pregnancy. However, the experiences of teenage mothers seemed to be in contradiction with what these policies stipulated. These policies appear to have little effect since they fail to specify what educators should do to assist the teenage mothers to catch up on missed school work once they return to school following pregnancy. This concern was also raised by Ramulumo and Pitsoe (2013), after a study found many educators in public schools often abused this policy gap by excluding affected learners unjustly. If this policy gap is not rectified it will continue to disadvantage numerous teenage mothers resuming their studies.

In a similar vein, the two key informants were in agreement with the experiences and challenges of the participants. The first informant acknowledged that motherhood responsibilities disadvantages girl learners in schools and in response to that the school sought the assistance of a local Non-Government Organization (NGO) to help educate teenage boys about their roles and responsibilities with regard to teenage pregnancy. The informant said:

> *"..As a school we are also working with an NGO which specifically targets boys in the school and teaches them about what constitutes a man. They look at the roles of men in society and teenage pregnancy is one of the topics which are covered by the facilitators. These learners are reminded about their responsibilities when it comes to teenage pregnancy... and I believe this exercise [will] help lessen the stress of pregnant learners in the school".*

It was commendable that the school has taken the initiative to include boys as part of the solution to reducing unplanned pregnancies. In modern societies, there is a need to change the male perception and understanding of sex as their prerogative right (UNICEF, 2008; UNFPA, 2013). Males should be made aware that they are partners in the spread to unplanned pregnancies (UNFPA, 2013).

4.5. Coping strategies employed by teenage mothers when they re-engaged with education following child birth.

The third objective of the study is related to the identification and exploration of coping strategies utilised by the participants to cope with childcare responsibilities and schooling. Participants' coping strategies varied depending on their family of origin. Participants from better resourced families coped better while those from poor families struggled. A total of six coping strategies were identified and discussed.

Consultation with educators on difficult subjects and concepts

Five of the fifteen participants interviewed appreciated the assistance they received from educators when they returned to school after giving birth. Some participants disclose they were allowed time to consult and do catch-up sessions with some of these instructors. The availability of these teachers ensured they covered the work they had previously missed. This theme was derived from the following quotations:

"...I try to consult with my teachers when there is something I do not understand in class for example accounting. Sometimes teacher Mathe organises extra sessions".*

and

"I always follow educators to their staff-rooms and ask them questions with regard to the chapters I don't understand well. Though, sometimes I think I bore them because some of them think I do not understand some concepts because of my poor attendance".

Another participant shared that some educators made themselves available on weekends. Participating student mothers said they used these weekend days to tackle complex subjects such as Accounting, Mathematics and Physical Sciences. The following quotation supports this.

"Teacher Mashego and Mathebula* (*surnames changed for confidentiality reasons) often call struggling learners to their staff-rooms where they will provide extra lessons and extended consultation time to learners struggling with some of the subjects".*

These findings further reveal that as much as some educators are hostile towards teenage mothers, there are many who are willing to offer help and support. Chigona and Chetty (2008) is one of the many scholars in this field who provided different ways or options in which educators can best support teenage mothers in school. For example, concerned educators can support affected learners by offering them extra lessons and by allowing them time off from school to take their children to the clinic for routine check-ups (Bhana & Clowes, 2008; Chigona & Chetty, 2008). The end result will be teenagers who are more comfortable about themselves as learners and mothers (Chigona & Chetty, 2008).

Use of community study centres and libraries

Three other participants indicated they coped with the challenges of being a mother as well as a learner by making use of community resources such as study centres and community libraries. Some areas of Tembisa have libraries which are open to the public and the study participants appreciated the availability of these facilities. They enjoyed using these amenities because they were convenient for studying, as well as preparing for tests and examinations. As one participant said:

".. Every day after school, I go to the library to do my homework and prepare for upcoming tests if there is any".

Another participant further indicated access to such spaces allowed her and friends to work in a quiet and peaceful environment. This analysis was derived from the following quotation:

"..After school I fetch my child from crèche, clean the house and cook. By the time I finish cooking my mother would be back from work, then I go to the library together with my friends to do my school work there... The place is very quiet to work in".

It was evident some participants lived in households where there is little privacy and not conducive for studying because no quiet and peaceful spaces existed, These community resources sounded to be crucial in helping these teenagers to re-adjust back into schools. Grant and Hallman (2008) also confirmed that teenage mothers are more likely to re-adjust well in school if they receive enough support. Support may come from the family, educators, friends or the community at large (Grant & Hallman, 2008).

Attending crash programmes and practising good time management

Three participants revealed how they had made use of "crash programmes" and managed their time well enough to ensure they were not behind with the syllabus. One participant commented:

"..I have learnt to manage my time very well. I used to visit my friends for the whole day, but after having the baby I make sure that I use the time I should be vising my friends to read my books".

The account of this participant highlighted several things. Before she fell pregnant, she used to enjoy visiting and socialising with friends, but after she gave birth everything changed. She now spends more of her spare time on her books. However, not all the participants curtailed social life after their pregnancy. Some still enjoyed socialising with their friends but did so while working on their homework and assignments. One participant said…

"....because of the volume of the work that one needs to cover, I ensure that I meet up with some of my friends and classmates and do my classwork while chatting. Sometimes we even come to school very early in the morning to have our discussions".

and

"Every week after school I visit Norma (name changed for confidentiality reasons) to do my homework's and to have some discussions."*

Grant and Hallman (2008) noted teenage mothers are not like other learners. Apart from learning, they also have to ensure they look after their children. This statement comes in recognition of the tight schedules teenage mothers must maintain on daily basis.

Formation or joining peer study groups

Two participants were aware that being young mothers consumed valuable time they should be spending on their books. Therefore, they compensated for any possible loss of time by forming or joining study groups with their peers. These group sessions took place either at the school or in private homes. One participant commented:

> *".... Teacher Zulu*[17] suggested that we start a study group to help each other.... through the study groups we discuss various subjects but we spent more time on difficult subjects such as Accounting and Mathematics".*

Study groups seem useful to some participants because the majority of them were anxious about having missed crucial lessons during their pregnancies. Therefore, the study groups ensured they caught up with any work they had missed during their absence. However, some participants felt misunderstood in those groups. Two participants shared their experiences as teenage mothers in study group meetings. They vented with the following:

> *".. Sometimes I feel like my classmates do not understand my situation. There was this day were I went to the group unprepared and to my shock they all screamed at me for not having prepared. ...They just don't understand even when you try to explain to them".*

Another participant had a similar experience:

> *"...it is difficult to prepare for study sessions because after school I have to fetch my child from crèche and cook. So by the time we meet as a group I have not done anything".*

Most participants appeared to be struggling to balance their studies and childcare responsibilities. Chigona and Chetty (2007) noted travel to and from crèches every day as one of the more challenges confronted by teenage mothers. In alleviating this challenge, Chigona and Chetty (2007) recommended DBE to consider building day care facilities within schools settings or nearby. These authors were of the view that by having these facilities in schools or nearby would effectively minimise the rate of late arrivals and absenteeism among teenage mothers attending schools.

[17] Not a real name

Arranging temporary safe care for the children

Findings revealed some participants coped with the burden of being a mother and a learner by placing their children in temporary safe care with their in-laws or other families. Some participants were of the view that young babies are too demanding and constituted an obstacle when they needed to study. This notion was brought to light when a few participants noted:

> *"... My child currently lives with my grandmother in Extension 2. She started living with her after I returned to school... I do visit her when I have time".*

Another participant added:

> *"...My boyfriend's mother asked to live with my baby. She wanted to allow me time to focus on my studies. I only see him (referring to the baby) during weekends and school holidays".*

The researcher explored this coping strategy further in order to better understand the reasons behind placing their children with relatives and in-laws. One participant who was an orphan elaborated:

> *"...my parents passed on. I live with my two brothers; one of them is employed but not being helpful at the house. As a result there is no one assisting with childcare expenses....To me it was a relief when she (refereeing to her mother-in-law) asked to live with the baby".*

Pretorius and Ross (2010) discussed the role of foster care in managing loss, grief and bereavement amongst children in South Africa. They highlighted the fact that long-term, intermediary and short-term fostering are components of the foster system available in South Africa. In line with the Pretorius and Ross (2010) arguments, this finding, do indicate that the teenage mothers had resorted to placing their children in short-term homes as they continued with their studies. Short-term placement is a form of placement providing a child with a temporary place of safety, while parent(s) or care-giver(s) are being rehabilitated (Children's Act, 2005, Pretorius & Ross, 2010). In this study, participants' placed their child with relatives and in-laws in order to have enough time to focus on their studies without having to worry about childcare responsibilities.

Use of NGO services

Other findings also revealed some participants made use of services provided by a local NGO[18]. The organisation provides academic support and one-on-one mentorship to willing learners including teenage mothers. A participant who was a regular user of the services provided by the organisation commented:

> *"... After school I stay behind to do my homework's' with them (referring to Inkambu NGO). There are tables and chairs in there and when I experience any challenges I am able to consult with my mentor... On weekends, they also offer computer lessons to learners and members of the community".*

Teenage pregnancy is a complex problem which needs the intervention of different role players. Patel (2015) argued partnerships are needed to address the social problems facing South Africa. Development orientated partnerships can take various forms. Government working in tandem with NGOs and the private sector is a good example. In this study, it was evident the NGO, Inkambu, is playing an important role as a partner in addressing challenges experienced by learners including teenage mothers in the school. This finding is also in line with the social ecological theory, which emphasises the importance of partnership in addressing development issues such as poverty, substance abuse and teenage pregnancy (UNFPA, 2013).

[18] Inkambu Non-Government Organisation

4.6. The role played by educators in assisting teenage mothers at a secondary school in Tembisa

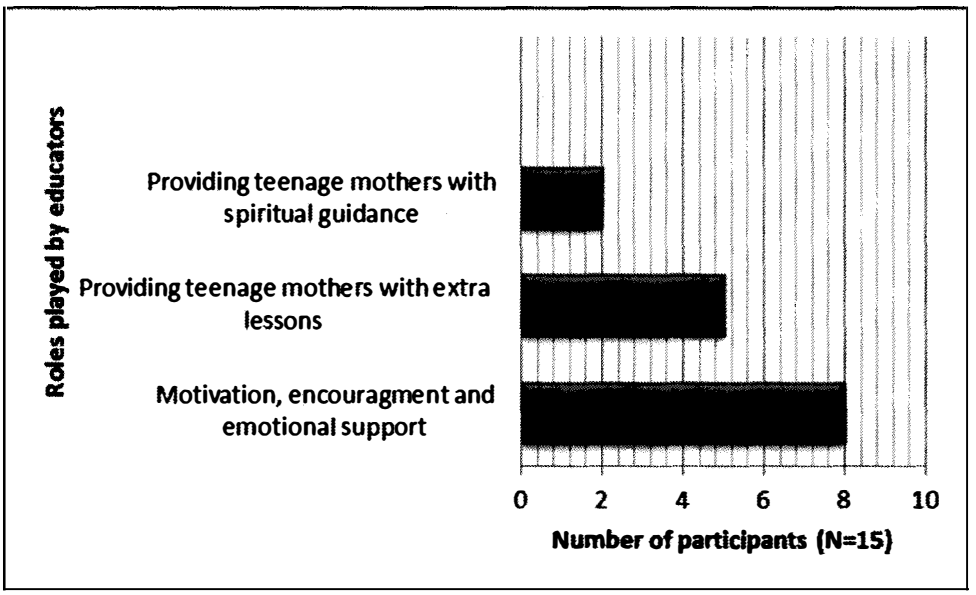


Figure 4.2 above reflects the themes identified in respect of the roles played by educators in assisting teenage mothers at a secondary school in Tembisa (N=15).

Motivation, encouragement and emotional support

Findings revealed that eight participants enjoyed the motivational talks and encouragement they received from their educators. As other studies have shown teenage pregnancy can discourage learners and educators alike. Through the motivations and encouragements, the participants learned to not to allow their present circumstances to decide their future. Most participants appreciated the words of wisdom extended to them.

> *"... I like attending motivational talks and career days. There you get to motivated and inspired. As a young mother, I am aware that I have let down lot of people in my family. So I always feel better when I am around people who still see something good in me".*

Another participant commented:

> *"....Last month Grade 11 and 12 learners attended a career exhibition at Ivory Park Community Hall. It was fun and a day worth learning lot of things. I realised on that day that I can still achieve my goals also. Seeing young people from different universities and colleges up there motivated me to also aim for something in life".*

Participants also revealed the school sometimes requested local NGOs to come and share inspiring words with all learners including pregnant and teenage mothers. Epworth Children's

Village[19], an NGO based in Germiston was one of the NGO's which regularly sent its representatives to the school and the participants wholeheartedly appreciated the support they received from this NGO. One participant said:

> *"Early this year, there was this group of people who would come and speak with us about substance abuse and teenage pregnancy. They also answered career related questions".*

The experiences of these participants with external organizations such as Epworth Children's Village concur with literature. Patel (2015) stated the concept of partnership is now gaining popularity in the prevention and management of social problems such as poverty and inequality in South Africa. The involvement of NGOs in the prevention and management of the after effects of teenage pregnancy in schools commendable and indicate the step in into the right direction.

Providing teenage mothers with extra-lessons

There were five participants who commended their educators for providing them with extra lessons and consultation opportunities. This ensued after some educators decided to assist struggling learners including teenage mothers with extra lessons and extended consultation times. Participants said this form of assistance helped them to catch up with lessons they had missed during their pregnancy. This theme was captured when participants said:

> *"Teacher Mashego* and Mathebula* (*surnames changed for confidentiality reasons) often used to call struggling learners to their offices [to] check if they understand the subject content. Learners with struggling will be assisted there".*

and

> *"...after giving birth I stayed at home for a month and some few weeks... So by the time I came back to school they (referring to classmates) were already preparing to write June exams. I was so worried and depressed since I was also expected to write, even though I was not at school for some time. There was just so much to cover in a period of two weeks. Luckily, teacher Mamabolo* (surnamed changed for confidentiality reasons) realised that [the] majority of learners were not prepared to write, so she organised extra classes for learners who were willing to attend".*

[19] Epworth Children's Village have out-reach programmes, which target township schools. The focus of their programmes is learner's orientation to secondary school, career orientation, substance abuse, teenage pregnancy etc.

The second key informant was also in agreement with the information as shared by the participants and weighed in by sharing the processes which struggling learners including teenage mothers can follow to be assisted by educators at the school.

> *"Although the school does not have a standard procedure to be followed by educators and learners of when extra should be provided or received, learners are allowed to approach the subject leader to request to write tests/ assignment they had missed, provided they have a valid reason to back the request. In the past, [the] majority of learners had been allowed to write tests, even examinations that they have missed due to sickness".*

It was evident from the participants' responses that child-rearing is a huge responsibility, especially when the mother is also a learner (Chigona & Chetty, 2008; Ramulumo & Pitsoe, 2013). It is therefore commendable that the school in Tembisa had processes in place to be followed by teenage mothers when they needed extra help from educators. This is especially praiseworthy since a wide body of literature had provided evidence that teenage mothers had been unfairly treated in schools throughout South Africa.

Providing teenage mothers with spiritual guidance

Furthermore, the first key informant revealed he also offered spiritual guidance to struggling learners. Teenage mothers were only a few of the learners the informant empowered through the words of God. According to the informant, Christian values can enable learners to accept themselves and let go of their previous transgressions. The informant said:

> *"I am a Christian myself and I always try not to focus only on the mistakes of learners. I use Christian dogmatic to support and comfort these learners. During breaks, I would go out and speak with them. When necessary, I would engage their parents to try and find a solution".*

Although existing policies do not list spiritual intervention as one of the practice frameworks which can be used by educators in schools; however, this form of support can go a long way in ensuring that affected learners accept themselves and their circumstances. Bhana et al (2010) indicated how pregnant teenagers and teenage mothers in schools tend to think low of themselves and need to be reassured from time to time that they can still turn their lives around. This initiative as shared by the informant can go a long way in achieving that end. Furthermore, Sheafor and Horejsi (2010) also supported the use of spirituality in social work practice; where social workers can support their clients through spiritual intervention.

Although, these professionals should always ensure these interventions do not infringe on clients' beliefs and value systems (Sheafor & Horejsi, 2010).

4.7. Recommendations put forward by participants and key informants on how teenage mothers can be supported in schools

The final objective of this study was to elicit the views of the participants on how the government, through the DBE, DSD and DoH, can best address the challenges faced by teenage mothers in schools. The recommendations are highlighted and discussed below.

Employment of social services practitioners in schools

All participants were in agreement the DBE should extend access to social services to pregnant and teenage mothers within the school. They were of the view that by having social services practitioners in the school, learner's problems which include poverty, unplanned pregnancies and other complications would be better managed and addressed timeously. One participant noted:

> *"I think it can be helpful to have the Department of Social Welfare (currently known as Department of Social Development) in our school or somewhere near... There are currently lot of teenage mothers who do not know about the grant".*

The above finding clearly stated the need for social service professions to be present in the school. In a similar vein, another participant stressed the importance of having social workers in school. It was her assumption the presence of social workers in the school would ensure the challenge of teenage motherhood would be timeously addressed by qualified people. The participant commented:

> *"...the government should send social workers [to] work in schools so they can help address teachers to address the challenges faced by poor learners and learners with children".*

It was crucial for the participants to recognise how teenage pregnancy and its related complications burdened not only themselves but their educators as well. This recommendation, if engaged further, can confirm the frustrations of some educators are addressed. The availability of social workers in schools would allow the educators to focus on their primary duty of teaching, while the social workers would attend to the psychosocial needs of learners (Bhana et al., 2008; Shefer et al., 2013). Both informants were also in support of this recommendation. The second informant was quoted as saying:

".....DBE should consider giving school principals and school governing bodies the powers to employ social workers just like we employ educators. A social worker can help us address the challenges faced by teenage mothers especially poverty, because [the] majority of pregnant learners come from poor families...."

Public schools in South Africa absolutely require the intervention of social workers, and this has been a subject of discussion by many scholars for quite some time. School social workers can play many roles, for example, they can offer individual counselling; group counselling; advice teenage mothers on childcare, as well as offering mentorship and career preparation workshops to learners from disadvantaged backgrounds (Van Pelt, 2012; Zastrow, 2010). DBE can achieve this end by forming a partnership with the DSD, where schools can gain access to social work graduates from the DSD National Social Work Scholarship Programme (SWSP). In 2016, more than 4 888 graduates from the SWSP were unemployed throughout South Africa, with only Gauteng Province managing to absorb its quotient of graduates (DSD, 2016)[20]. The knowledge and skills of these social workers is exactly what is needed in schools to address the challenges confronted by learners (Van Pelt, 2012).

Establishment of primary healthcare services in schools

Analysis of the findings revealed other participants wanted the DBE to consider providing basic healthcare services including Sexual and Reproductive Health Services (SRHS) to learners in schools. This idea was expressed by seven of the fifteen participants who took part in the study. Two participants commented:

"...maybe the school can have a clinic which will attend to the need of ill and pregnant learners..."

Another participant commented:

"I think it is important to have temporal nurses in schools. They will help address the challenges experienced by pregnant learners faster".

These findings were also supported by UNICEF (2008) when it campaigned for the centralisation of healthcare services, especially in areas where young women and children still walk long distances to access them. UNICEF also raised concerns about clinic operating hours, transport, lack of privacy and confidentiality in some public clinics. These issues negatively impacted on how young women and children utilised SRHS services in developing

[20] The Minister of Social Development (DSD), Bathabile Dlamini, revealed in September 2016, that the DSD was struggling to employ all its social work graduates from the National Social Work Scholarship Programme introduced during the tenure of Zola Skeyiwa.

countries such as South Africa (UNICEF, 2008; Nkani & Bhana, 2016). Therefore there is a need for the establishment of these services in school settings.

This recommendation was also embraced by the first key informant who re-emphasised the importance of having healthcare services in schools. The first key informant said:

> *"...it is impossible for educators to teach and do other things. Last year, there was a learner who gave birth in the classroom and other learners were traumatised by that. Educators did not know what to do in that situation. Because of that experience, I think it is important to have a nurse in the school. The nurse will help us address such issues as they arise".*

Healthcare workers in school settings can provide numerous kinds of services such as early pregnancy detection, advice on breast-feeding and family planning (UNFPA, 2013; Bhana & Nkani, 2016). Healthcare workers presence in schools is important, especially after Presler-Marshall and Jones (2011) found one out of every two teenage girls and boys did not know a condom is only supposed to be used once. Teenage girls also did not know that they might conceive the first time they have unprotected sex (Presler-Marshall, 2011). Similarly, Nkani and Bhana (2016) explored teenage mothers' knowledge about family planning and birth control options in Kwazulu-Natal Province. These researchers ultimately learned teenage girls' knowledge about pregnancy prevention was limited to condoms, pills and injections. This finding truly emphasizes the importance of early sex education in South African public schools.

Alternatively, if the DBE and the DoH cannot afford to provide mini or mobile clinics in schools, they may request the use of Community Health Workers' (CHWs)[21]. In South Africa, for many years, CHWs' have been providing accessible and affordable basic healthcare services to numerous communities (Centre for Health Policy (CHP), 2013). Services offered by CHWs' include HIV/AIDS treatment adherence, pre-natal and post-natal care services (CHP, 2013). These services can be extended to needy schools with a high number of pregnant and teenage mothers. The advantage of integrating CHWs' in the fight against teenage pregnancy and motherhood is that they are local people who understand local problems better (CHP, 2013). This recommendation is also embraced by the social ecological theoretical approach which emphasised the importance of building local capacity, by

[21]According to the Centre for Health Policy (2013), Community Health Workers' (CHWs) are trusted members of the community who provide basic healthcare services such as HIV/AIDS test and counselling, TB screening and antenatal and post-natal care services to deprived communities.

equipping local people with the necessary skills to help themselves and their communities (Visser, 2007; UNFPA, 2013).

Strengthening the Life Orientation subject

Three participants were concerned about how Life Orientation (L.O) as a subject was being taught at the school. As teenage mothers in need of care and support, the participants said they were not benefiting in any way from the L.O. They then called for the topic to be strengthened to make it more applicable. They wanted L.O learning outcomes to be context relevant and to address the issues they faced as teenage mothers. One of the participants commented:

> *"...we sometimes learn about teenage pregnancy, various types of sicknesses and how we can prevent them... I do not remember being taught about teenage motherhood. I do not know but I think it can be useful to learn about the causes of teenage pregnancy and teenage mothers".*

Another participant added:

> *"...L.O classes are not taken serious. Even now it's L.O but look most learners are outside".*

In light of the above quotations, it is clear Life Orientation (L.O) is not regarded as an important subject by the participants. Yet, logically, it should be one of the subjects where learners draw strength particularly challenged learners such as teenage mothers. L.O was introduced with the intention of educating learners about social, health and economic challenges affecting South Africa and the world (Prinsloo, 2007; Jacobs, 2011). It was anticipated learners would appreciate and enjoy this subject as it helps them to better understand themselves as well as enabling them to comprehend their social environment even better (Jacobs, 2011).

It was also noted some participants have developed a hatred of the subject, because some educators used it to humiliate them. One participant noted:

> *"To me L.O will always be a boring subject. Teacher Baloyi* (not real name) like to use me as an example in class just because I am a mother. It is embarrassing to be labelled in front of other learners... At the end of the day when they (referring to classmates) look at me they just see example of teenage pregnancy and laugh. I have since decided not to attend any L.O classes because I benefit nothing there".*

It was unfortunate to learn some educators used the subject to shame and isolate teenage mothers in the classroom. Obviously, educators are meant to use the subject content to empower all learners including teenage mothers (Jacobs, 2011; DBE, 2002). L.O studies are viewed as an area of learning "aimed at developing and engaging learners in personal, psychological, neuro-cognitive, physical, moral, spiritual, cultural and in socio-economic areas (DBE, 2002, p. 9). However, L.O education in the school seemed not to be a priority, even though it is the logical class to teach learners about their sexuality. This was noted when the school encouraged the researcher to conduct the interviews during L.O teaching slots in the daily class schedule. The reasoning behind this arrangement was that majority of the participants were available during these times. Consequently, creating an impression that educators did not attend learners during L.O teaching slots.

This observation was not foreign, since a number of studies have in the past made similar observations. Flanagan et al (2013) and Jacobs (2011), revealed L.O education for grades 8 through 12 was often delivered based on the educator's personal preferences (Flanagan et al., 2013). This means some educators deliberately ignored some of the subject matters because they deemed it to be too sexual to be presented to learners (Flanagan et al., 2013; Jacobs, 2011). There is an urgent need for the Department of Basic Education to improve educators' recruitment strategy; especially in public schools where the appointment of suitable educators is often clouded by party politics.

Development and adoption of learner-centred policies

In addition, the two key informants recommended the DBE consider developing policies which are learner-centred. The informants were concerned key policies such as the SASA of 1996 and MPMLP of 2007 remained too vague and difficult to implement in township schools where even more multifaceted problems exist. This theme was captured by the first key informant:

> *"...I am aware that we have the School Act and other policies to follow when we address this issue, but in my view these policies are not clear. At the end of the day, as a school, we are forced to use our own judgements to address this problem... and it does not look good on us when some of these learners (referring to pregnant learners and teenage mothers) end up dropping out because we could not do enough to accommodate them. The government should develop proper policies with clear guidelines on what we as a school should do to ease the challenges faced by this group of learners".*

The informant was also concerned the DBE expected them to support teenage mothers without being trained on the implementation of policies such as SASA of 1996 and MPMLP OF 2007. The informant said:

> *"...Sir another issue to me is that we as educators – we are expected to accommodate learners presenting with pregnancies, but the government has not given us training on how to correctly use these policies and to me, that's a problem which needs to be addressed...DBE should have workshops where newly employed educators are informed about these policies, and [also] have senior educators attend refreshers courses".*

The concerns of these informants are supported by a number of scholars such as Chigona and Chetty (2007); Ramulumo and Pitsoe (2013), when they argued lack of policy training frustrated numerous educators in South African schools. This is especially true in public schools where learner pregnancy is on the rise and need to be contained. Ramulumo and Pitsoe (2013) found in some schools, educators are completely unaware of the existence of policies such as the South African School Act and their relevance when addressing pregnancy related issue. Therefore, as far as they are concerned, there is no information they can draw from to support affected learners (Ramulumo & Pitsoe, 2013). Subsequently, these educators end up violating the learning rights of affected learners. However, in contrary, some educators deliberately ignore the direction given by existing policies in favour of their cultural views of teenage pregnancy (Bhana et al., 2008; Ramulumo & Pitsoe, 2013).

As the second decade of the 21st century is drawing to a close, developing countries such as South Africa must prioritise youth development as a way forward. Youth development can be implemented in different forms, for example, by providing pregnant girls with financial incentives while they continue to attend school (UNFPA, 2013). In South Africa, this form of youth support can go a long way in complementing other forms of support already in place (such as Child Support Grant (CSG)) (Bhana et al., 2008; Chigona & Chetty, 2008). Interestingly, other developing countries such as Malawi, in particular Zomba District, had already introduced support schemes for struggling pregnant girls still in schools (UNFPA, 2013). Pregnant teenage girls are provided with cash in support of their pregnancy and the support continues until they give birth (UNFPA, 2013). The scheme has proven to be effective in keeping pregnant learners in schools.

4.8. Chapter Summary

This chapter provided the presentation and discussion of findings arising from the study objectives. Factors motivating teenage mothers to re-engage with education after giving birth, and the challenges confronted by teenage mothers after they returned to school were discussed. The chapter also discussed coping strategies utilised by teenager mothers. As well, the role of educators and their recommendations were brought forward to assist teenage mothers cope at a secondary schools setting. Chapter five, which follows next, presents a summary of the main findings, conclusions and recommendations.

CHAPTER FIVE

MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of the main findings

This chapter provides a summary of the main findings, conclusions and recommendations emanating from this study. The study explored the challenges experienced by teenage mothers when they re-engaged with education following child-birth.

Perceived factors that motivated teenage mothers to re-engage with school after giving birth

Findings revealed teenage mothers re-engaged with education following their pregnancy because they had always valued education. They were of the view that if they complete their secondary education, they were going to be able to study further and be able to look after themselves and their children in future. Some participants indicated their dire home circumstances motivated them to return to school after giving birth, because they feared being trapped in the poverty cycle if they abandoned their studies. In addition, some participants highlighted that apart from doing it for themselves they returned to school for the sake of their children. They wanted their children to have a better upbringing, something most of them never had. They disliked the idea of failing to provide for their children in future. This was more evident when most of the participants regarded education as a crucial tool they could use to secure a better future for themselves, their children and their extended families. However, there were also participants who returned to school because of family pressure and the fear of being the black sheep of their families.

Challenges confronting teenage mothers when they re-engaged with education after childbirth

Participants mentioned lack of parental support as being amongst the many challenges they encountered when they re-engaged with education after the birth of their children. This occurred because parents were busy and not always available to assist with child rearing. This made it difficult for them to properly focus on their studies when they had to look after their children. Consequently, many could not cope with parenthood and their studies at school. This resulted in what was considered unwarranted absenteeism, leading teenage mothers to lag behind in their school work. Educators' negative attitude was one of the many challenges

discovered in this study. Findings revealed some educators were hostile to teenage mothers. However, not all educators were hostile. Some displayed a caring, empathetic and nurturing attitude towards them.

Furthermore, some participants revealed that they struggled with balancing childcare responsibilities and their school work, childcare responsibilities seemed to consume most of their time. Catching up with missed work was highlighted as another challenge and this was because most participants were not in school as they neared their 9th month of pregnancy. However, they were expected to catch up with a full term's work in less than a month. This proved to be an overwhelming challenge to most of the participants.

Coping strategies employed by teenage mothers when they re-engaged with schooling after giving birth

Findings revealed teenage mothers made use of consultation times with their educators in order to better understand class content and concepts. Such help was offered by some educators in the school in a bid to assist struggling learners, including teenage mothers. Findings also revealed teenage mothers also made use of public libraries to do their homework after school hours. This mostly occurred because their homes were not conducive to do school work because of overcrowding and too much noise. In addition, findings revealed that some teenage mothers relied on study groups, mostly comprised of their friends and classmates, as a way of coping within the school environment. These groups assisted teenage mothers in tackling complex subjects such as Accounting, Mathematics and Physical science.

Furthermore, findings disclosed that arranging related foster care for their children was one of the several coping mechanisms used by teenage mothers. This practice temporarily relieved teenage mothers of their parental responsibilities and allowed them enough time to focus on their school work. In this case, children were placed with extended family members and/or in-laws.

Role played by educators in supporting teenage mothers who are re-engaging with education after giving birth

Educators played a motivational role encouraging teenage mothers to take their studies seriously. This was accomplished through motivational talks and career guidance seminars arranged by the school. Educators were also commended by five participants for providing

extra lessons and consultation opportunities to struggling learners including teenage mothers. This occurred after the educators realised the great burden attached to teenage parenting. Participants appreciated this form of support because it enabled them to catch up with the work/lessons they had missed during their pregnancy and after. The first key informant also revealed he sometimes offered spiritual guidance to troubled learners including teenage mothers. The informant seeks to empower these learners through the word of God. It was the view of the informant that Christian values enable learners to accept themselves and forget about their previous transgressions.

Recommendations given by teenage mothers on how they could be supported in schools

Participants and the two key informants were also invited to recommend ways in which the government might prevent and manage the challenges they experienced in the school. These recommendations were sought in line with the services offered by three government departments (DBE, DSD and DoH). Participants emphatically expressed the need for social workers and nurses in schools. Participants and key informants were of the view that social workers will help address structural problems such as poverty and access to the Child Support Grant (CSG) in the school. Participants also recommended the DoH should consider having mobile clinics within school premises. Such ease of access to preventative measures will help to prevent teenage pregnancies and repeat pregnancies in school settings.

In addition, participant's recommended Life Orientation (L.O) education/or syllabus needed to be strengthened so it can cover all essential material on reproductive health and other issues faced of young people. There were concerns among the participants that the L.O syllabus focused more on the prevention of learner pregnancy while neglecting the plight of teenage mothers. In support of this recommendation, the second key informant also called for improved recruitment strategy of L.O educators. His recommendation was raised after participants indicated there were notable gaps in the delivery of the subject. Several felt some crucial topics in the subject syllabus were not adequately addressed by educators.

5.2. Conclusions

Following the abolition of Apartheid, South Africa adopted a number of policies aimed at protecting the rights of women and children. One of the rights protected by these policies was the right to education, as enshrined in the Constitution. However, there are still strong indications that women, in particular teenage mothers, are still isolated and discriminated

against in different spheres of society. This study revealed how teenage mothers found it difficult to cope in school after giving birth, since some of them, their return to school was marked by isolation and difficulties. This was because the school seemed not prepared to welcome these learners and to give them the support they needed. Although some of the educators empathised and related to the challenges these learners faced, there appeared to be obvious policy gaps or failure when it comes to the comprehension and implementation of existing policies such as the South African School Act of 1996.

In light of the challenges confronting this group of learners, appropriate steps need to be taken to diminish these barriers. Therefore, the study concluded that there is a need for the Department of Basic Education (DBE) to train/ or re-train educators about various policies and legislations in the area of teenage pregnancy, so to inform and remind them of correct procedures to follow when interacting with pregnant learners and teenage mothers in schools. Furthermore, social services practitioners such as social workers are needed in schools to support educators in the prevention and management of psychosocial challenges confronting pregnant and teenage mothers. With these steps followed, affected learners would feel less out of place when they re-engage with education.

5.3 Recommendations

Based on the findings and conclusions, the following recommendations are made:

5.3.1 Recommendations for government departments (Department of Basic Education, Department of Social Development and Department of Health)

Table 5.1 recommendations for Department of Education, Social Development and Health

Department of Basic Education (DBE)	Department of Social Development (DSD)	Department of Health (DoH)
• DBE district offices should organise policy training workshops, where educators will be taught and reminded of policies applicable in the prevention and management of learner's pregnancies and motherhood in schools. The South African School Act of 1996 and Measures for the Prevention and Management of Learner Pregnancy of 2007 are two of the policies which should be re-introduced to educators. There was a concern that majority of educators were unaware and/or ignorant of the existence of these policies and guidelines. Provincial Departments of Education, through district and circuit offices should organise and coordinate the trainings and workshops. • Furthermore, schools should also consider developing their own internal policies which they can utilise in the prevention and management of teenage pregnancy/motherhood. • These policies should have specific and clear provisions for Grade 10 learners as the majority of pregnancies were found to be occurring in this grade. Thus, earlier interventions are warranted.	• Currently, learners in public schools have limited access to social work and psychological services. Therefore, DSD should partner with DBE and ensure needy learners have access to social work and psychological services as enshrined in the White Paper for Social Welfare of 1997 (paper under-review). This recommendation can be achieved by utilising social work graduates from the DSD National Social Work Scholarship Programme (NSWP). • School social workers' role and responsibilities could include learners mentoring, coaching and facilitation of CSG applications. Social workers can also liaise with parents/care-givers of identified teenage mothers, to ensure they are involved in the learners' education and upbringing of their new born babies. • Furthermore, a weakness was observed in the Social Assistance Act No. 13 of 2004 as amended, Chapter 2 and 3,	• The DoH should provide mobile clinics in needy schools. Through this arrangement, teenage mothers and learners at risk of unplanned pregnancies will have access to Sexual and Reproductive Health Care Services (SRHCS) in a conducive and non-threatening environment. • The introduction of mobile clinics in schools may also ensure pregnant teens and teenage mothers attend classes regularly. This would help alleviate the burden of having to take their children to clinic for immunisation. However, steps should also be taken to ensure learners making use of these services are not stigmatised and isolated from other learners. • Furthermore, DoH should also take corrective actions against healthcare workers who fail to attend to the Sexual and Reproductive Health needs of teenagers. Additionally, the unjust lecturing of teenagers when they seek

	governing applications and registration of various forms of social assistance. These Chapters are not clear on how teenage mothers who are beneficiaries of FCG can go about registering for a CSG for their children. The DSD needs to provide clarify on the steps to be followed should teenage mothers wish to access CSG for their children. • Lastly, DSD should also help raise awareness about teenage pregnancy and motherhood. Teenagers (including teenage boys) should be informed about the consequences of unprotected sex and unplanned pregnancy in education and social standing.	SRHCS must be outlawed.

5.3.2 Recommendations for future studies

- This study was based on a smaller sample and it is therefore recommended future studies be undertaken in other districts so as to have a holistic understanding of the challenges and experiences of teenage mothers in various contexts.
- Furthermore, other studies focusing on the experiences and challenges confronted by teenage fathers attending schools should be initiated.
- Also, an investigation needs to be undertaken on the manifestation of statutory rape among pregnant and teenage mothers in schools. The study identified serious issues associated with poor reporting of statutory rape in the school.

References

Alson, M., & Bowles, W. (2003). *Research for social workers: An introduction to research methods.* United States of America: Alson Press.

Ardington, C., Branson, N., Lam, D., ,Marteleto, L., Ranchold, V. (2012). *Revisiting the crisis of child births: What is the impact of teen births on young mothers and their children? South Africa*, Cape Town: UCT Press.

Anney, V. (2001). Ensuring the quality of the findings of qualitative research. *In Press*, 1-20.

Babbie, E. (2004). *The Practice of Social Research.* Belmont: Thomson Learning Press.

Bearinger, L.H., Sieving, R.E., Ferguson, J & Sharma. V. (2007). *Global perspectives on the reproductive health of adolescents: Patterns, Prevention and Potential*. The Lancet, 396, 1220-1230

Berg, B. (1995). *Qualitative Research Methods for the Social Sciences.* Boston: Allyn & Bacon Publishers.

Bhana, D., & Clowes., L. (2008). Pregnant Girls and Young Parents in South Africa. *Journal of Culture, Health and Sexuality*, 18(8), 871-883.

Bhana, D., & Ngabaza, S. (2012). *Teachers responses to pregnancy and young parents in schools.* South Africa, Cape Town: Human Social Research Council Press.

Bhana, D., & Mcambi, S. J. (2013). When schoolgirls become mothers: Reflections from a selected group of teenage girls in Durban. *Perspectives in Education*, *31*(1), 11-19.

Bhana, D., Morrell, R., Ngabaza, S. (2010). South African teachers responses to teenage pregnancy and teenage mothers in schools. Journal of Culture, Health and Sexuality, 18(8), 871-883

Bronfenbrenner, U. (1979). *The ecology of human development.* Cambridge, MA: Harvard University Press.

Centre for Health Policy. (2013). Support needed for community health workers to improve access to care. *Policy Brief*, 1-2.

Cherisch, M., & Fonn, S. (2016). South African Child Support Grant Should Start During the Pregnancy: Here is Why. Retrieved from https://theconversation.com/south-africas-child-support-grant-should-start-in-pregnancy-heres-why-70106

Chigona, A., & Chetty, R. (2007). Girls Education in South Africa: A special consideration to teenage mothers as learners. *Journal of Education in International Development*, 3(1), 1-17.

Chigona, A., & Chetty, R. (2008). Teen Mothers and Schooling: Lacunae and Challenges. *South African Journal of Education*, 28, 261-281.

Childrens Act, Act No. 38 (2005). *Children's Act No.38 of 2005*. Retrieved from http://www.dsd.gov.za/index.php?option=com

Chohan, Z. (2010). *Deconstructing Teenage Pregnancy: Teenage Mama's Talk About The Self.* Johannesburg: Wits University Press.

Chohan, Z., & Langa, M. (2011). Teenage mothers talk about their experiences of teenage motherhood. *Agenda*, 25(3), 87-95.

Constitution of South Africa, Act No. 108 (1996). *The Constitution of South Africa*. Retrieved from http://www.justice.gov.za/legislation/constitution/saconstitution-web-eng.pdf

Creswell, J. (2003). *Research Design: Qualitative. Quantitative and Mixed Methods Approach* . London: SAGE Publications.

Creswell, J. (2009). Mapping the field of Mixeed Methods Research. *Journal of Mixed Methods Research*, 3(2), 95-108.

Davids, S. (1989). Pregnancy in Adolescents. *American Journal of public health*. 75-13-14

Davids., N., & Waghid, Y. (2013). Teenage pregnancy and the South African School Act: is religion a justifiable reason for exclusion. *Journal of Education*, 58, 136-152.

De Beer, F., & Swanepoel, H. (2000). *Introduction to Development Studies.* South Africa, Pretoria: Oxford University Press.

Department of Basic Education. (2002*). Revised National Curriculum Statement. Grade R - 9. Life Orientation. South Africa*, Cape Town: Form eSet Printers.

Department of Basic Education. (2014). Annual Report. Retrieved from http://www.sabc.co.za/news/a/26d0ed0047c598ff9f5d9f7e35c8b50a/20-000-learners-fell-pregnant-in-2014:-Dept-20152503

Department of Social Development. (2016). *Response to concerns raised by social workers. Retrieved from* http://www.dsd.gov.za/index.php?option=com_content&task=view&id=825&Itemid=1

Department of Basic Education. (2003). *Revised National Curriculum Statement.* Grade 10-12 Life Orientation. South Africa, Cape Town: Form eSet Printers.

De Vos, A., Strydom, H., Fouche, C., & Delport, C. (2011). *Research at Grass roots. For Social Sciences and Human Services Professions.* South Africa, Pretoria: Van Schaik Publishers.

De Wet, J., & Erasmus, Z. (2005). Towards rigour in qualitative analysis. *Qualitative Research Journal*, 5(1), 27-40.

Ellis-Salon, K. (2015. Practicing care in teenage mother support groups. *Journal of Critical Social Policy*, 35(4), 535-555.

Flanagan, A., Lince, N., Durao, I., & Mdlopane, L. (2013). *Teen Pregnancy in South Africa: A literature Review Examining Contributing Factors and Unique Interventions.* South Africa: IBIS Reproductive Health Press.

Gauteng Department of Health. (2011). *Teenage pregnancy rate decline in Gauteng.* Retrieved from http://www.hst.org.za/news/teenage-pregnancy-rate-declines-gauteng?page=1

Grant., M.J., & Hallman., K.K. (2008). Pregnancy-related School Dropout and Prior School Performance in KwaZulu-Natal, South Africa. *Journal of Family Planning Studies*, 38(4), 396-382.

Greeff, M. (2011). Information collection: Interviewing. In A. De Vos, H. Strydom, C. Fouche, & C. Delport, *Research at Grass roots: For Social Sciences and Human Services Professions* (pp. 386-313). South Africa, Pretoria: Van Schaik Publishers.

Greenstein, R., Roberts, B., & Sitas, A. (2003). *Qualitative Research Methodology.* London: SAGE Publications.

Greenstein, R., Roberts, B., & Sitas, A. (2009). Qualitative Research Methodology. In R. Greenstein, *Research Methods Manual* (pp. 55-65). London: SAGE Publicaions.

Integrated School Health Policy. (2012). School Health Nurse Manual. Retrieved from http://www.section27.org.za/wp-content/uploads/2013/01/IntSchoolHealthProg.pdf

Jasper, M. (2005). Using reflective writing within research. *Journal of Social Research*, 39(4), 247-260. .

Jewkes, R., Morrell, R., & Christonfides, N. (2009). Empowering teenage mothers to prevent pregnancy: Lessons from South Africa. *Journal of Culture, Health and Sexuality*, 11(7), 675-688.

Kaufman, C., & De Wet, T. (2001). Adolescents Pregnancy and Parenthood in South Africa. *Studies in Family Planning*, 32(2), 147-160.

Kitaev, I. (1999). Private education Sub-Saharan Africa: A re-examination of theories and concepts related to its development and finance. *International Institute for Educational Planning*, 31, 1 -199.

Legard, R., Keegan, J., & Ward, K. (2003). In-depth Interviews. In J. Lewis, *Qualitative Research Practice* (pp. 100-105). London: Sage Publications.

Marteleto, L., & Lam, D. (2008). Sexual Behaviour, Pregnancy and Schooling Among Young People in Urban South Africa. *Studies in Family Planning*, 39(4), 347-358.

Measures for the Prevention and Management of Learner Pregnancy. (2007). *Measures for the Prevention and Management of Learners Pregnancies of 2007*. Retrieved from http://www.gov.za/documents/measures-prevention-and-management-learner-pregnancy

McLaughlin, H. (2007). *Understanding Social Work Research.* London: SAGE Publications.

Moore, E. (2013). Transmission and Change in South African Motherhood: Black Mothers in Three Generational Town Families. *Journal of Southern African Studies*, 39(1), 151-170.

Molosiwa, S., & Moswela, B. (2012). Girl-pupil dropout in secondary schools in Botswana: Influencing factors, prevalence and consequences. *International Journal of Business and Social Science*, 3(7), 25-38.

National Development Plan. (2030). National Development Plan – 2030. Retrieved from http://www.education.gov.za/LinkClick.aspx?fileticket=fhxWfqooNWg%3D&tabid=889

Neuman, L. (2011). *Social Research Methods.* USA: Allyn & Bacon Publishers.

Ngabaza, S. (2011). Positively Pregnant: Teenage Women's Experience of Negotiating Pregnancy with their Families. *Agenda*, 42-51.

Nkani, N., & Bhana, D. (2016). Sexual and reproductive well-being of teenage mothers in a South African Township school. *South African Journal of Education*, 36(2), 1-9.

Nkosi, N. (2015). Investigating educators perceptions on the influence of teenage pregnancy on education: *A case study of a secondary school in Tembisa Township*. Unpublished manuscript, University of the Witwatersrand, Johannesburg.

Panday, S., Makiwane, M., Ranchod, C., & Letsoalo, T. (2009). *Teenage pregnancy in South Africa - With a specific focus on school going learners.* South Africa, Pretoria: HSRC Press.

Patel, L. (2005). *Social Welfare and Social Development.* South Africa, Cape Town: Oxford University Press.

Patel, L. (2015). *Social Welfare and Social Development.* South Africa, Cape Town: Oxford University Press.

Presler-Marshall, E., & Jones, N. (2012). *Preventing Pregnancy and Improving Health Care Services Access Among Teenagers.* London: Development Insitute Press

Pretorius, E., & Ross. E. (2010). Loss, grief and bereavement: the experiences of children in kinship foster care. *Social Work/Maatskaplikewerk.*, 46(4), 469-482

Prinsloo, E. (2007). Implementation of Life Orientation programmes in the new curriculum in South African schools. Perceptions of principals and Life Orientation teachers. *South African Journal of Education*, 27

Ramulumo, M., & Pitsoe, V. (2013). Teenage Pregnancy in South African Schools: Challenges, Trends and Policy Issues. *Maditerranean Journal of Social Sciences*, 2039-2117, 4(13).

Rubin, A., & Babbie, E. (2001). *Research Methods for Social Work.* Belmont, CA: Wadsworth Publishers.

Rubin, H., & Rubin, I. (1995). *Qualitative interviewing: The art of hearing data* . Belmont, CA: SAGE Publications.

Schurink, W., Fouche, C., & De Vos, A. (2011). Qualitative analysis and intepretation. Research at grass roots: For the social sciences and human services professions. 4, 397-423.

Seidman, M. (1998). *Interviewing as Qualitative Research Method.* New York: Teachers College Press.

Shenton, K. (2003). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22, 63-75.

Sheafor, B.W., & Horejsi, C.R. (2010). *Techniques and Guidelines for Social Work Practice. United States of America*: Pearson Publishers.

Shefer, T., Bhana, D., Morrell, R., Manzini, N & Masuku, N. (2013). *Young parents talk of their school experiences*. In Morrell, R., Bhana, D and Shefer, T. (2013). Books and Babies: Pregnancy and Young Parents in Schools. South Africa, Cape Town: HSRC, 127-148.

South African School, Act No. 84. (1996). *The South African School Act*. Retrieved from http://www.education.gov.za/LinkClick.aspx?fileticket=LK2dmusQOjs%3D&tabid=18&mid=498

Statistics South Africa. (2011). *South Africa Census 2011*. Retrieved from. http://www.statssa.gov.za/

Smith, J., Hare, R., & Langenhove, L. (1995). *Rethinking Methods in Psychology.* USA: SAGE Publications.

Smith, R., & Manning, P. (1982). *Qualitative Methods: Volume II of the Handbook of Social Science Methods.* Cambridge: Ballinger Press.

South African Council of Educators. (2013). *Teenage pregnancy hit 99 000 a year*. Retrieved from http://www.news24.com/SouthAfrica/News/Teen-pregnancies-hit-99-000-a-year-20150905

Strydom, H., & Delport. C. (2011). Sampling and pilot study in qualitative research. In A. De Vos, H. Strydom, C. Fouche, & C. Delport, *Research at Grass roots: For the Social Sciences and Humn Service Professions* (pp. 192-203). South Africa, Pretoria: Van Schaik Publishers.

Swartz, S., & Bhana, A (2009). *Teenage Tata: Voices of young fathers in South Africa.* Pretoria: HSRC Press.

Terre Blanche, M., Durrheim, K., & Painter, D. (2006). *Research in Practice: Applied Methods for the Social Practice.* Cape Town: University of Cape Town Press.

Van Pelt, J. (2012). Keeping Teen Moms in School: A School Social Work Challenge. *Social Work Today*, 12(2), 24-28.

Visser, M. (2007). The Social ecological model as a theoritical framework in community psychology. In N. Duncan, B. Bowman, A. Naidoo, J. Pillay, & V. Roos, *Community Psychology: Analysis, Context and Action* (pp. 101-116). South Africa, Cape Town: UCT Press.

UNAIDS. (2003). *Aids epidemic update*. Retrieved from http://data.unaids.org/pub/Report/2003/2003_epiupdate_en.pdf

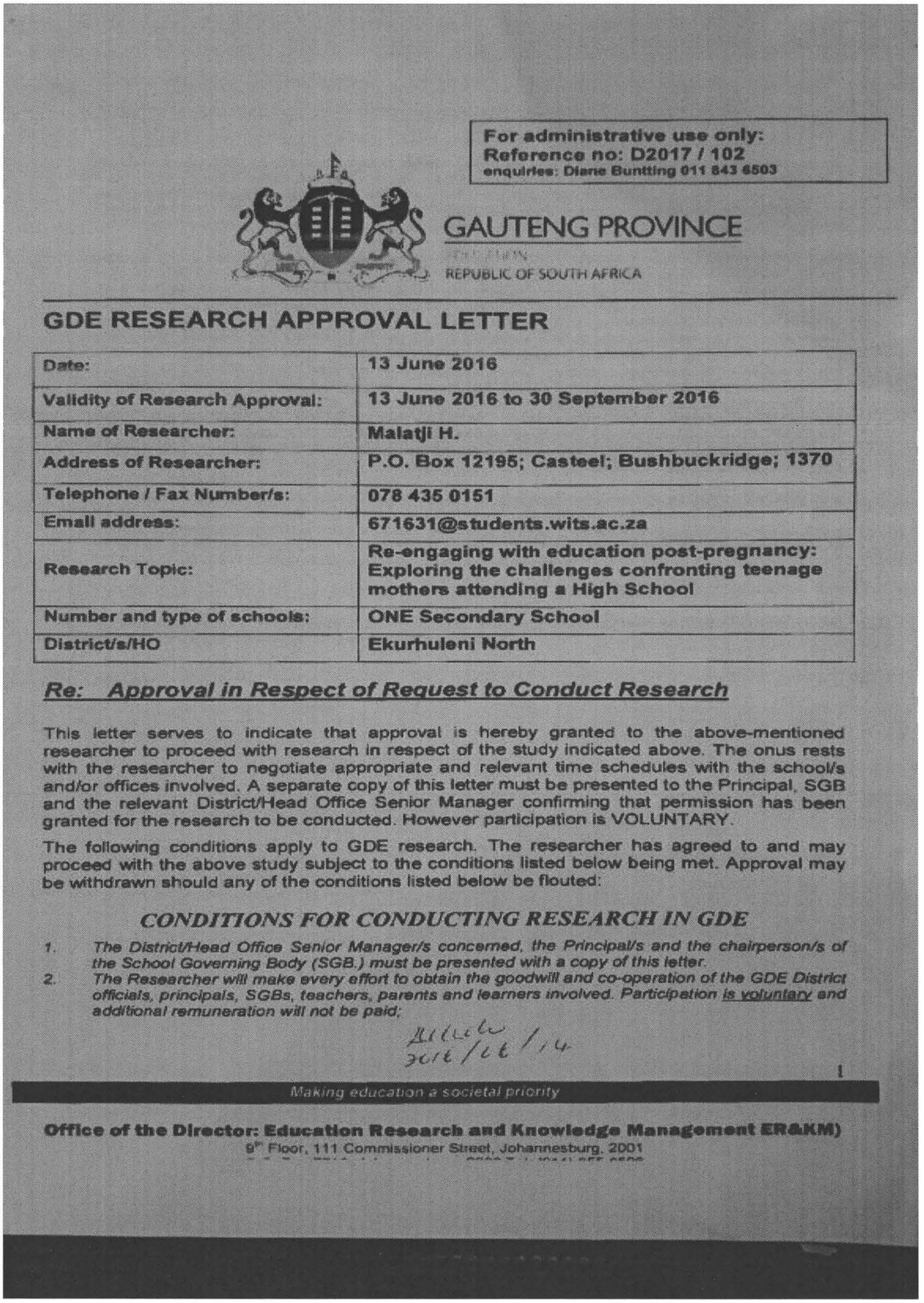
UNFPA, (2013). *Adolescents Pregnancy*. Retrieved from http://www.unfpa.org/publications/adolescent-pregnancy

UNICEF. (2016). *Removing barriers to accessing child grants*. Retrieved from https://www.unicef.org/southafrica/SAF_resources_csgremovebarriers.pdf

UNICEF. (2008). *Fact sheet – teenage pregnancies*. Retrieved from https://www.unicef.org/malaysia/Teenage_Pregnancies_-_Overview.pdf

Zastrow, C. (2010). *Introduction to Social Work and Social Welfare: Empowering People.* United States of America: Cengage Learning.

APPENDIX A
GAUTENG DEPARTMENT OF EDUCATION CLEARANCE LETTER



For administrative use only:
Reference no: D2017 / 102
enquiries: Diane Buntting 011 843 6503

GAUTENG PROVINCE
REPUBLIC OF SOUTH AFRICA

GDE RESEARCH APPROVAL LETTER

Date:	13 June 2016
Validity of Research Approval:	13 June 2016 to 30 September 2016
Name of Researcher:	Malatji H.
Address of Researcher:	P.O. Box 12195; Casteel; Bushbuckridge; 1370
Telephone / Fax Number/s:	078 435 0151
Email address:	671631@students.wits.ac.za
Research Topic:	Re-engaging with education post-pregnancy: Exploring the challenges confronting teenage mothers attending a High School
Number and type of schools:	ONE Secondary School
District/s/HO	Ekurhuleni North

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved. A separate copy of this letter must be presented to the Principal, SGB and the relevant District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted. However participation is VOLUNTARY.

The following conditions apply to GDE research. The researcher has agreed to and may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

CONDITIONS FOR CONDUCTING RESEARCH IN GDE

1. *The District/Head Office Senior Manager/s concerned, the Principal/s and the chairperson/s of the School Governing Body (SGB.) must be presented with a copy of this letter.*
2. *The Researcher will make every effort to obtain the goodwill and co-operation of the GDE District officials, principals, SGBs, teachers, parents and learners involved. Participation is voluntary and additional remuneration will not be paid;*

2017/06/14

1

Making education a societal priority

Office of the Director: Education Research and Knowledge Management ER&KM)
9th Floor, 111 Commissioner Street, Johannesburg, 2001

3. *Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal and/or Director must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.*
4. *Research may only commence from the second week of February and must be concluded by the end of the THIRD quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.*
5. *Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.*
6. *It is the researcher's responsibility to obtain written consent from the SGB/s, principal/s, educator/s, parents and learners, as applicable, before commencing with research.*
7. *The researcher is responsible for supplying and utilizing his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institution/s, staff and/or the office/s visited for supplying such resources.*
8. *The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research title, report or summary.*
9. *On completion of the study the researcher must supply the Director: Education Research and Knowledge Management, with electronic copies of the Research Report, Thesis, Dissertation as well as a Research Summary (on the GDE Summary template). Failure to submit your Research Report, Thesis, Dissertation and Research Summary on completion of your studies / project – a month after graduation or project completion - may result in permission being withheld from you and your Supervisor in future.*
10. *The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned;*
11. *Should the researcher have been involved with research at a school and/or a district/head office level, the Director/s and school/s concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.*

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards

.....

Dr David Makhado

Director: Education Research and Knowledge Management

DATE: 2016/02/04

Office of the Director: Education Research and Knowledge Management ER&KM)
9th Floor, 111 Commissioner Street, Johannesburg, 2001

APPENDIX B
UNIVERSITY OF THE WITWATERSRAND HUMAN RESEARCH ETHICS CLEARANCE CERTIFICATE

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Malatji

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H16/06/24**
PROJECT TITLE	Re-engaging with education post-pregnancy: Exploring the challenges confronting teenage mothers attending at a secondary school, Tembisa: East of Johannesburg
INVESTIGATOR(S)	Mr H Malatji
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	24 June 2016
DECISION OF THE COMMITTEE	Approved unconditionally
EXPIRY DATE	17 July 2019
DATE 18 July 2016	**CHAIRPERSON** (Professor J Knight)

cc: Supervisor : Mr N Dube

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

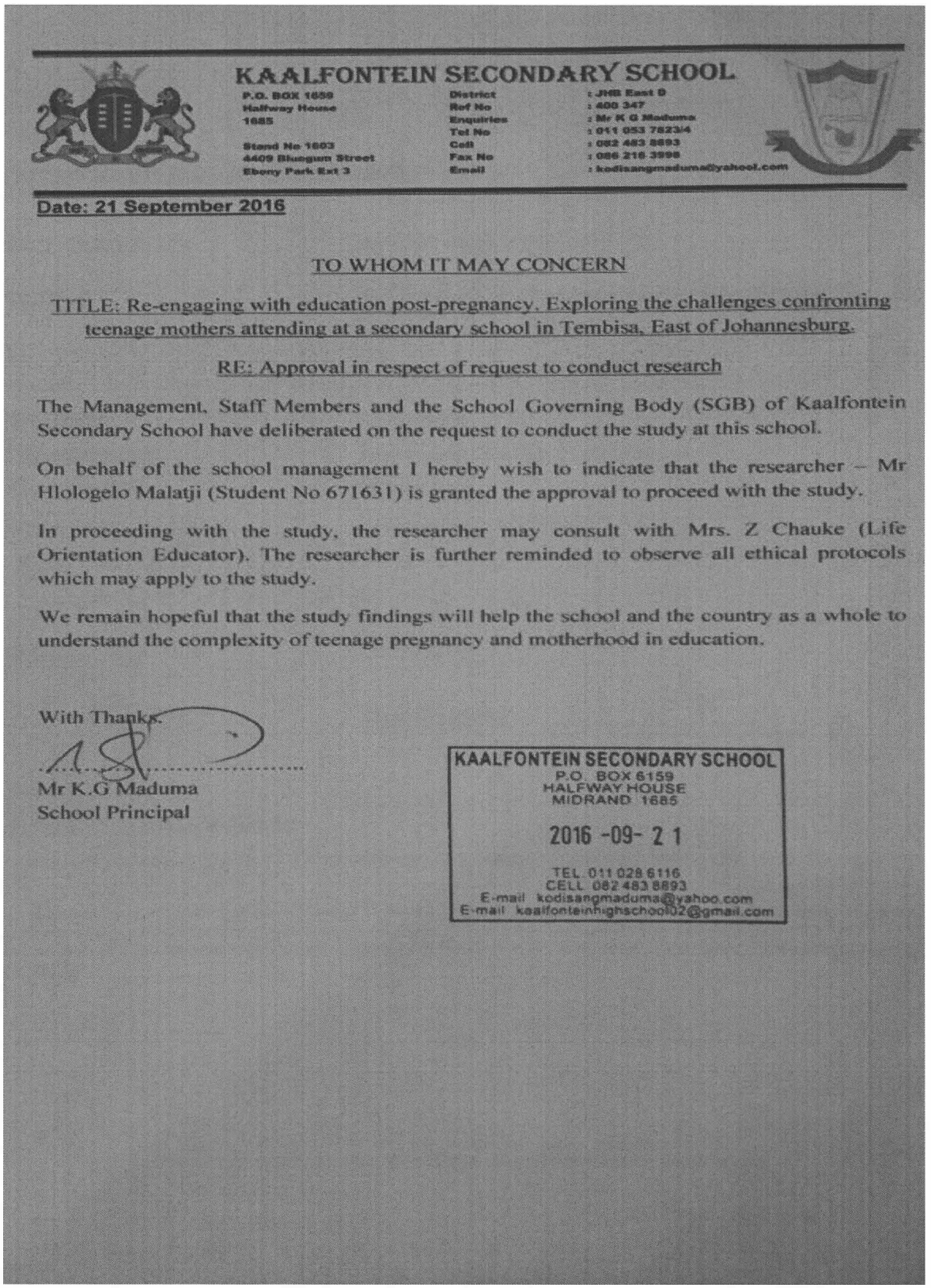
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

Signature

24/July/2016
Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

APPENDIX C
LETTER OF PERMISSION TO CONDUCT THE STUDY AT A SECONDARY SCHOOL



KAALFONTEIN SECONDARY SCHOOL

P.O. BOX 1659
Halfway House
1685

Stand No 1603
4409 Bluegum Street
Ebony Park Ext 3

District : JHB East D
Ref No : 400 347
Enquiries : Mr K G Maduma
Tel No : 011 053 7823/4
Cell : 082 483 8893
Fax No : 086 216 3998
Email : kodisangmaduma@yahoo.com

Date: 21 September 2016

TO WHOM IT MAY CONCERN

TITLE: Re-engaging with education post-pregnancy. Exploring the challenges confronting teenage mothers attending at a secondary school in Tembisa, East of Johannesburg.

RE: Approval in respect of request to conduct research

The Management, Staff Members and the School Governing Body (SGB) of Kaalfontein Secondary School have deliberated on the request to conduct the study at this school.

On behalf of the school management I hereby wish to indicate that the researcher – Mr Hlologelo Malatji (Student No 671631) is granted the approval to proceed with the study.

In proceeding with the study, the researcher may consult with Mrs. Z Chauke (Life Orientation Educator). The researcher is further reminded to observe all ethical protocols which may apply to the study.

We remain hopeful that the study findings will help the school and the country as a whole to understand the complexity of teenage pregnancy and motherhood in education.

With Thanks.

.....

Mr K.G Maduma
School Principal

KAALFONTEIN SECONDARY SCHOOL
P.O. BOX 6159
HALFWAY HOUSE
MIDRAND 1685

2016 -09- 21

TEL 011 028 6116
CELL 082 483 8893
E-mail kodisangmaduma@yahoo.com
E-mail kaalfonteinhighschool02@gmail.com

APPENDIX D

TEENAGE MOTHERS' PARTICIPATION INFORMATION SHEET

Good day,

My name is Hlologelo Malatji and I am a Master's degree student in the field of Social Development at the University of the Witwatersrand, Johannesburg. As part of the requirements for the degree, I am conducting research into the challenges confronting teenage mothers attending at Kaalfontein High School, in Tembisa, east of Johannesburg. It is hoped that the information gathered will help to enhance intervention strategies used by educators and social services professionals in schools.

I therefore invite you to participate in my study. Your participation is entirely voluntary and refusal to participate will not be held against you in any way. If you agree to take part, I shall arrange to interview you at any time and place that is suitable for you. The interview will last approximately 45 minutes to 1 hour. You may withdraw from the study at any time and you may also refuse to answer any questions that you feel uncomfortable with answering.

With your permission, the interview will be tape-recorded. No one other than my supervisor will have access to the tapes. The tapes and interview schedules will be kept for two years following any publications or for six years if no publications emanate from the study. Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report.

As the interview may include sensitive issues, there is the possibility that you may experience feelings of emotional distress. Should you therefore feel the need for supportive counselling following the interview, I have arranged for this service to be provided free of charge by Lizza Mogane (counsellor) at SANCA Kaalfontein Branch and she may be contacted on 011 754 1025.

Please feel free to ask any questions regarding the study. I shall answer them to the best of my ability. I may be contacted on 078 435 0151, or my supervisor, Nkosiyazi Dube at telephone number: 011 717-8686. If you are concerned about anything to do with the study in general, or wish to make a complaint, you can contact Lucille Mooragan at telephone number: (011) 717-1408, Human Research Ethics Committee (Non-Medical) at the University of the Witwatersrand.

Thank you for taking your time to consider participating in the study.

Yours sincerely

_____

(Hlologelo Malatji)

APPENDIX E

PARENTS/ GUARDIANS' INFORMATION SHEET APPENDIX E

Good day,

My name is Hlologelo Malatji and I am a Master's degree student in the field of Social Development at the University of the Witwatersrand, Johannesburg. As part of the requirements for the degree, I am conducting research into the challenges confronting teenage mothers attending at Kaalfontein Secondary School, in Tembisa, east of Johannesburg. It is hoped that the information gathered will help to enhance intervention strategies used by educators and social services professionals in schools.

Since your child is one of the potential participants, I therefore ask for your permission to include her in my study. Participation is entirely voluntary and refusal to participate will not be held against your child in any way. If you permit your child to take part in the study, I shall arrange to interview her at a time and place which is suitable for her. The interview will last approximately 45 minutes to 1 hour and she may withdraw from the study at any time and she may also refuse to answer any questions that she feels uncomfortable with answering.

With your permission, the interview will be tape-recorded. No one other than my supervisor will have access to the tapes. The tapes will be kept for two years following any publications or for six years if no publications emanate from the study. Please be assured that your child name and personal details will be kept confidential throughout the study.

As the interview may include sensitive issues, there is the possibility that participants may be distressed. Should that happen a counsellor has been arranged to offer counselling free of charge to all participants. The name of the counsellor is Mrs. Lizza Mogane and she may be contacted on 011 754 1025, SANCA Kaalfontein Office.

Should you have more questions, I may be contacted on 078 435 0151 or 671631@students.wits.ac.za. The study supervisor, Nkosiyazi Dube can be contacted on 011 717-8686 or by email Nkosiyazi.Dube@wits.ac.za. If you are concerned about anything to do with the study in general, or wish to make a complaint, you can contact Lucille Mooragan at telephone number: (011) 717-1408, Human Research Ethics Committee (Non-Medical) at the University of the Witwatersrand.

Yours sincerely

_____

(Hlologelo Malatji)

APPENDIX F

LIFE ORIENTATION EDUCATOR PARTICIPATION INFORMATION SHEET

Good day,

My name is Hlologelo Malatji and I am a Master's degree student in the field Social Development at the University of the Witwatersrand, Johannesburg. As part of the requirements for the degree, I am conducting research into the challenges confronting teenage mothers attending at Kaalfontein Secondary School, in Tembisa, east of Johannesburg. In addition, to interviewing learners who are teenage mothers in the schools, I am also hoping to interview a Life Orientation (LO) educator as one of the key informants. It is hoped that the information gathered will help to enhance intervention strategies used by educators and social services professionals in schools.

As a L.O educator, I therefore invite you to participate in my study. Your participation is entirely voluntary and refusal to participate will not be held against you in any way. If you agree to take part, I shall arrange to interview you at any time and place that is suitable for you. The interview will last approximately 45 minutes. You may withdraw from the study at any time and you may also refuse to answer any questions that you feel uncomfortable with answering.

With your permission, the interview will be tape-recorded. No one other than my supervisor will have access to the tapes. The tapes and interview schedules will be kept for only two years following any publications or for six years if no publications emanate from the study. Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final report.

Please feel free to ask any questions regarding the study and I shall answer them to the best of my ability. I may be contacted on 078 435 0151 or 671631@students.wits.ac.za. My supervisor, Nkosiyazi Dube can be contacted on 011 717-8686/ by email Nkosiyazi.Dube@wits.ac.za. If you are concerned about anything to do with the study in general, or wish to make a complaint, you can contact Lucille Mooragan at telephone number: (011) 717-1408, Human Research Ethics Committee (Non-Medical) at the University of the Witwatersrand.

Thank you for taking your time to consider participating in the study.

Yours sincerely

_____

(Hlologelo Malatji)

APPENDIX G

SCHOOL PRINCIPAL PARTICIPATION INFORMATION SHEET

Good day,

My name is Hlologelo Malatji and I am a Master's degree student in the field Social Development at the University of the Witwatersrand, Johannesburg. As part of the requirements for the degree, I am conducting research into the challenges confronting teenage mothers attending at Kaalfontein Secondary School, in Tembisa, east of Johannesburg. In addition, to interviewing teenage mothers and a Life Orientation (LO) educator, I would appreciate an opportunity to get your insights into the issues faced by teenage mothers at this school. Your role as the school principal makes you more favourable to be included in this study. It is hoped that the information gathered will help to enhance intervention strategies used by educators and social services professionals in schools.

I therefore invite you to participate in my study. Your participation is entirely voluntary and refusal to participate will not be held against you in any way. If you agree to take part, I shall arrange to interview you at any time and place that is suitable for you. The interview will last approximately 45 minutes. You may withdraw from the study at any time and you may also refuse to answer any questions that you feel uncomfortable with answering.

With your permission, the interview will be tape-recorded. No one other than my supervisor will have access to the tapes. The tapes and interview schedules will be kept for two years following any publications or for six years if no publications emanate from the study. Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final report.

Please feel free to ask any questions regarding the study and I shall answer them to the best of my ability. I may be contacted on 078 435 0151 or 671631@students.wits.ac.za. My supervisor, Nkosiyazi Dube can be contacted on 011 717-8686/ by email Nkosiyazi.Dube@wits.ac.za. If you are concerned about anything to do with the study in general, or wish to make a complaint, you can contact Lucille Mooragan at telephone number: (011) 717-1408, Human Research Ethics Committee (Non-Medical) at the University of the Witwatersrand.

Thank you for taking your time to consider participating in the study.

Yours sincerely

_____

(Hlologelo Malatji)

APPENDIX H

PARENTS/ OR GUARDIAN CONSENT FORM FOR TEENAGE MOTHERS' PARTICIPATION AND AUDIO-RECORDING OF THE INTERVIEW

I ..... a biological parent or guardian of (child name)..... hereby consent that she can participate in the research project.

I understand that:

- She can refuse to answer any question(s) which she is not comfortable in answering.
- She may withdraw from the study at any time without suffering any consequences.
- There will be no monetary benefits given to any of the participants.
- If she experiences any emotional setbacks she will be referred to a see a counsellor attached to SANCA, Kaalfontein Office.

Parent or Guardian signature: .....

Date: .....

PARENTS CONSENT FORM FOR AUDIO-TAPING OF THE INTERVIEW

I ..... hereby consent to tape-recording of the interview with the child. I have read and understood that her confidentiality will be maintained in the study and that the tapes will be destroyed two years after any publication arising from the study or six years after completion of the study if there are no publications.

Participant name: .....

Parent or guardian signature: .....

Date: .....

APPENDIX I

TEENAGE MOTHERS' ASSENT FORM FOR PARTICIPATION AND AUDIO-RECORDING OF THE INTERVIEW

ASSENT FOR PARTICIPATION

I hereby assent to participate in the research project by Hlologelo Malatji, a Masters Candidate in the field of Social Development at the University of Witwatersrand, Johannesburg. The research process was explained to me and I understand that:

- Participation is voluntary and the information I will share will be kept confidential.
- I may only answer questions which I am comfortable in answering.
- I can withdraw from the study at any time without suffering any consequences.
- There will be no monetary benefits given to participants.
- If I experience any emotional setbacks, I will be referred to see a counsellor attached to SANCA, Kaalfontein Office.

Participant name: .....

Signature: .....

Date: .....

ASSENT FOR AUDIO RECORDING

I ..... hereby consent to tape-recording of the interview. I understand that my confidentiality will be maintained at all times and that the tapes will be destroyed two years after any publication arising from the study or six years after completion of the study if there are no publications.

Participant name: .....

Signature: .....

Date: .....

APPENDIX J

LIFE ORIENTATION EDUCATOR CONSENT FOR PARTICIPATION AND AUDIO-RECORDING OF THE INTERVIEW

CONSENT FOR PARTICIPATION

I hereby consent to participate in the research project. The purpose and procedures of the study have been explained to me. I understand that my participation is voluntary and that I may refuse to answer any particular questions or withdraw from the study at any given time without any negative consequences. I understand that may responses will be kept confidential.

Participant name: .....

Date: .....

Signature: .....

CONSENT FORM FOR AUDIO-TAPING OF THE INTERVIEW

I hereby consent to tape-recording of the interview. I understand that my confidentiality will be maintained at all times and that the tapes will be destroyed two years after any publication arising from the study or six years after completion of the study if there is no publications.

Participant name: .....

Date: .....

Signature: .....

APPENDIX K

SCHOOL PRINCIPAL CONSENT FORM FOR PARTICIPATION AND AUDIO-RECORDING OF THE INTERVIEW

CONSENT FOR PARTICIPATION

I hereby consent to participate in the research project. The purpose and procedures of the study have been explained to me. I understand that my participation is voluntary and that I may refuse to answer any particular questions or withdraw from the study at any given time without any negative consequences. I understand that may responses will be kept confidential.

Participant name: ……..

Date: ……..

Signature: …….

CONSENT FORM FOR AUDIO-TAPING OF THE INTERVIEW

I hereby consent to tape-recording of the interview. I understand that my confidentiality will be maintained at all times and that the tapes will be destroyed two years after any publication arising from the study or six years after completion of the study if there is no publications.

Participant name: ……

Date: ……

Signature: ……

APPENDIX L

INTERVIEW GUIDE FOR TEENAGE MOTHERS

Section A: Personal information

1. Age: .....
2. Home language: .....
3. Name of School: .....
4. Grade: .....
5. Number of children: .....
6. Family socioeconomic status: .....

Section B: Interview schedule

Objective one

2. Can you please describe your experiences of being a teenage mother and a learner at the same time?

3. What motivated you to come back to school after giving birth?

Objective two

4. Can you please share with me some of the challenges you encountered when you returned back to school after giving birth?
5. As a teenage mother do you think you are given the same treatment like any other learner? If no, please explain

Objective three

6. How do you coping being a learner and mother, please share with me? What do you do to ensure your academic progress while not neglecting motherly duties?
7. Do the school principal and educators understand and support you in your studies? For example when you cannot come to school because of motherhood responsibilities.

Objective four

8. What does Kaalfontein High School do to help ease the challenges [mentioned in 3 and 4]?
9. Do you have access to social work services when you are going through personal challenges which may end up affecting your education, especially attendance and classroom performance?

Objective five

10. In your view, is the school or schools doing enough to support teenage mothers to balance their motherhood and educational responsibilities?
    For example, by providing additional lessons to those who missed some lessons?
11. What do you think schools and government through Department of Education (DoE), Department of Social Development (DSD), Department of Health (DoH) can do to address learner's post-pregnancy related challenges in schools?

Thank you for taking part in the study

APPENDIX M

INTERVIEW GUIDE FOR LIFE ORIENTATION EDUCATOR

Section A: Personal information

1. Gender: ……..
2. Home language: …….
3. Religion affiliation: …….
4. Education level: ……..
5. Teaching experience [in years]: ……
6. Life Orientation teaching and coordination experience at Kaalfontein High School: ……

Section B: Interview schedule

1. Based on your experience, what are the challenges confronting teenage mothers in this school?
2. Do you think this school is able to accommodate learners post-pregnancy?
3. Life Orientation (L.O) is subject designated to teach and empower learners about social problems such as teenage pregnancy and substance abuse. As LO educator are you able to support, motivate and empower teenage mothers using the subject curriculum? If yes, how?
4. Are you familiar with the following Acts School Act No. 84 of 1996 and Measures for the Prevention and Management of Learner Pregnancy of 2007?
5. If yes, are this Acts or policies effective in addressing pre and post- pregnancy challenges in education?
6. How do you think DoE, DoH and DSD can effectively respond to the challenges confronting teenage mothers in schools?

Thank you for taking part in the study

APPENDIX N

INTERVIEW GUIDE FOR THE SCHOOL PRINCIPAL

Section A: Identifying details

1. Position in the school: .....
2. Gender: .....
3. Teaching experience (educator/ or school principal): .....

Section B: Interview schedule

4. What is your understanding of teenage pregnancy and motherhood in schools?
5. What can you say about the experiences and challenges confronting teenage mothers when they return to school after the birth of their children?
6. What form of support does this school give to teenage mothers when they re-engage with education after childbirth?
7. What do you think the government in particular DBE, DSD and DoH can do to assist schools to manage and prevent the challenges confronted by these learners [teenage mothers]? For example, through policy intervention.

Thank you for taking part in the study