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The knowledge and awareness of grade twelve learners about teenage pregnancy : a case study at Vine College High School.

Ncube, Memory

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The Knowledge and awareness of grade 12 Learners about Teenage Pregnancy: A Case study at Vine College High School

QUESTIONNAIRE: SECTION A

PERSONAL INFORMATION

INSTRUCTION
Please tick one of the following choices given

1. Gender

Male	Female

2. Ethnic group

Black	White	Coloured	Indian	Other(specify)

3. Religious affiliation

Christian	Muslim	Other (specify)

4. Age categories

12-14	15-16	17-18	19-20	21-25

5. Have you been pregnant before in your life?

Yes	
No	

If yes please answer question 6 and if not please go to question 7

If yes please tell me how you felt about your pregnancy?
(Pleased tick)

6. When I got pregnant I felt

Shocked	Pleased\Happy	Worried	Accepted it	Other

Elaborate your answer

……
……
……
.

7. With whom do you live?

Mother\Father	Grandmother	Alone	Other relatives

SECTION B: KNOWLEDGE AND AWARENESS ABOUT TEENAGE PREGNANCY

8. **What is teenage pregnancy**?

……
……
……

9. Please tick the answer of your choice; you can tick more than one answer.

	Agree	Disagree	Strongly agree	Strongly disagree	Other
South Africa has a high rate of teenage pregnancy					
South Africa has Low rate of teenage pregnancy.					

Other

……
……
……..

10. In order to fight teenage pregnancy you have to (please tick answers of your choice)

Never agree to sexual intercourse protected or unprotected.	
Never drink alcohol that will put you at risk of rape and losing self control	
Never let sexually active friends to persuade you to have sex	
Learn about contraception and abstinence.	
Other	

11. Are you aware that you can find help concerning teenage pregnancy from the following places?

	Strongly Aware	Aware	Not sure	Unaware
Health care worker				
Clinics				
Hospitals				
Community Health Centers				
Department of health				
NGO's				

12. Do you feel you are at risk of getting pregnant?

Yes	
No	

Please justify your answer

……
……
……

SECTION C: SOURCES OF INFORMATION ABOUT TEENAGE PREGNANCY

13. What is the main source and amount of information regarding teenage pregnancy did you get from the following people. (You can tick more than one answer)

Sources of Information	Lot of information	Some	Little	Nothing
Friends				
School				
Community				
Radio				
Television				
Printed media				
Internet				
Religion				
Family				
Other (specify)				

14. Tell me about the information you got from the above sources?

……
……
……

15. From the above list which source of information was helpful to you and why?

……
……
……

SECTION D: CAUSES OF TEENAGE PREGNANCY

16. According to your own knowledge which of the following factors can cause teenage pregnancy?

Teenage pregnancy is caused by, you can tick more than one answer)

	Agree	Disagree	Strongly agree	Strongly disagree	Other
Poverty					
Lack of parental guidance					
Ignorance					

Peer pressure					
Other					

17. Unprotected sex can lead to teenage pregnancy. Please tick

Agree	Strongly	Disagree	Strongly disagree

Justify your answer.

……
……
……

18. According to your own knowledge, can teenage pregnancy disturb any future plans?

Yes	
No	

If yes why?

.....
.....

If no why?

……
……

SECTION E: CONSEQUENCES OF TEENAGE PREGNANCY

19. Tell me about the consequences of teenage pregnancy that you know of.

……
……
……

20. Agree or disagree with the following **possible** consequences of teenage pregnancy. (Please tick, you can tick more than one answer)

School drop out	Agree	strongly agree	Disagree	Strongly disagree

Unemployment				
HIV\AIDS,				
Abortion				
Future prospects diminished				
Other				

Please substantiate your answer

……
……
……

21. Teenage pregnancy can have effect on the following people (you can tick more than one answer)

	Agree	Disagree	Strongly agree	Strongly disagree
The teenage mother				
The father of the baby				
The baby				
other				

Please justify your answer

……
……
……

SECTION F: PREVENTION

22. Can you tell me how teenage pregnancy can be prevented?

……
……
……

23. Please list any services and programmes that you are aware of where you can find help in case you find **yourself** pregnant?

……
……

……
……

24. Have you **attended any teenage pregnancy** programmes and how did they help you?
……
……
……

25. Which of the following prevention measures of teenage pregnancy do you know? Please tick.

Condom (male & female	
Pills & (Morning after pill)	
Injection	
Loop	
Other	

26. What would you do if you find **yourself** pregnant? What steps would you take? (Please tick and substantiate your answer).

Go for abortion	
Keep the child	
Tell my parents	
Run away from home	
Other	

Please substantiate your answer.

27. **Tell me about the services that are available for teenage mothers**.

……
……
……
……....

28. What programme (s) would you recommend that could effectively assist pregnant teenagers.

……
……
……
……

29. What message or advice would you like to pass to other teenagers out there concerning teenage pregnancy?

……
……
……
……

Thank you very much for the information and time spent for the interview

Memory Ncube (Masters Social Work Student)
Tell 0723433488 or Email: memoryncube@webmail.co.za

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PARENTAL CONSENT FORM

Dear Parent\Guardian

My name is Memory Ncube and I am currently a registered Masters student at the University of the Witwatersrand. I am conducting research on knowledge and awareness about teenage pregnancy among grade twelve learners. I will ask them **questions** about teenage pregnancy in order to gain their **knowledge and awareness** about teenage pregnancy. As most of the participants are underage; a parental consent is **essential**. Confidentiality will be maintained and information will not be disclosed to anyone. **Participants' names will not be used in the study.** A summary of the results of the study will be available to you on request and the results will be reported in the form of research report submitted to Witwatersrand University. Therefore, I am asking your permission to allow me to interview your child.

If you agree to allow your child to participate in this study kindly sign the attached slip confirming your consent. For further information about the study, please feel free to contact me on 0723433488 or my supervisor Solomom Berhane on (011) 7174486.

After you have signed please attach this slip, please give it to the child who will return it to the researcher.

I ……., the parent or guardian of ……have read and understood the above information and therefore grant my child the permission to participate in the research study.

Signature (Parent\Guardian)……
Date signed……..
Signature (Researcher)……..

Yours sincerely
Memory Ncube

Supervisor: Solomon Berhane
Contact: 0822678222\0117174486

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Participant information sheet

Good day

My name is Memory Ncube a Masters social work student. As part of my study requirements, I'm conducting research on teenage pregnancy. The aim of the study is to find out about adolescents' knowledge and awareness about teenage pregnancy. It is hoped that this study will enhance social workers' understanding of the challenges faced by teenagers and it is anticipated that the study will give social workers more insights into this phenomena. I, wish to invite you to participate in my study. Your participation is entirely voluntary and refusal to participate will not be held against you. Apart from this there is no reward or penalty for not participating. If you agree to take part, I shall arrange to interview you at a time and place that is suitable for you. The interview will last approximately 45 minutes. You may withdraw from the study at anytime and you may also refuse to answer any question that you feel uncomfortable answering. All data collected through the interview will be treated with confidentiality. The results will be reported in a form of research report at Witwatersrand University. A summary of results will be made available to you upon request. In case you become depressed or suffer from any form of stress due to the interview, post-counseling will be provided at Annerdale office at extension one free of charge. A social worker by the name of Petunia Nkosi will be responsible for counseling and she can be found in Annandale office number two. Her contact details are as follows 0798942237\0112131324 or you can arrange with me to give you the direction to her office. 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 my cell phone, (0723433488). Should you wish to receive a summary of the results of the study, an abstract will be made available on request.

Yours sincerely
Memory Ncube

Supervisor: Solomon Berhane
Contact: 0822678222\0117174486

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CONSENT FORM FOR PARTICIPATION IN THE STUDY

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 items or withdraw from the study at any time without any negative consequences. I also understand that my responses will be kept confidential.

Name of participant:……

Date:……

Signature:……

Yours sincerely
Memory Ncube

Supervisor: Solomon Berhane
Contact: 0822678222\0117174486