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Teenage pregnancy : views of parents/caregivers, teenagers and teachers at two high schools in Soweto, Gauteng.

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CHAPTER ONE

INTRODUCTION

1.1. Brief overview of the study

Childbearing among teenagers remains a common social and public health concern world wide, affecting nearly every society. Rates of teenage pregnancy in South Africa remain a challenging problem despite high levels of knowledge about modern methods of contraception. Research indicates that teenage pregnancy relates to a complex set of varied and inter-related factors, largely associated with the social conditions under which children grow up (Panday, Makiwane, Ranchod & Letsoalo, 2009).

Adolescents who have unwanted pregnancies face a number of challenges. The consequences of teenage pregnancy are also experienced by the primary role players in their lives, including parents and teachers. This study focused specifically on exploring the phenomenon of teenage pregnancy from the perspective of teenage mothers, parents and teachers in the South African context. This chapter will briefly discuss the statement of the problem and the rationale for the research. The purpose of the study, and the research design and methodology as well as the limitations of the study will be highlighted. An overview of the organization of the report will also be provided.

1.2 Statement of the problem and the rationale for the study

Unplanned teenage pregnancy constitutes an important health, economic and social problem in South Africa. The extent of the problem was captured by statistics furnished by City Press (2008, October 19) and the statement issued by the then MEC of Education in Gauteng, Hon. Motshekga (2009/03/19) when she pointed that unintended pregnancy for teenagers in South Africa remains a serious problem despite the decline of teenage fertility. The Minister added that pregnant teenagers face serious health, socio-economic and educational challenges (Panday et al., 2009).

Even though teenage pregnancy is common in the Coloured and African adolescents in South Africa, it is still highly stigmatized. Stigma during or after teenage pregnancy can lead to depression, social exclusion, low self-esteem and poor academic performance affecting future employment prospects (Abe & Zane, 1990 cited in Panday et al., 2009).

Teenage mothers usually become mothers without the necessary knowledge, skills, resources, and networks to cope with the demands of parenthood. Teenage pregnancies impact negatively on educational achievement and economic progress later in life. It may be difficult for the teenage mothers to support themselves and their babies because lack of education reduces teenage mothers' earning abilities. The absence of the fathers of the children taking responsibility for their children's material needs exacerbates financial problems experienced by the teenage mother (Sams, 2008). Consequently, there is more pressure on the State to cover the basic needs of children born to teens by providing access to social security grants.

The teenager's family may experience economic stress due to additional responsibilities in the family. The children of the teenage mothers may also be at greater risk of abuse and neglect and social work intervention may be required (Odei, 2008). Teenagers who may be infected with HIV put further burdens on family members when they develop full blown AIDS. When they are sick their family members' absenteeism from the workplace may increase and while productivity is declining, business and national economy is negatively affected.

If the teenage mother dies, the number of AIDS orphans increases. These children may be adopted or fostered while others may be placed in residential care. Orphaned children who are fostered by related or unrelated family members or placed in residential care increase the workload for the State (Desmond, Michael & Gow, 2000).

In addition to the abundance of reports provided by the media - such as the SABC TV, and local newspapers - academic literature also focuses on the challenges in a pregnant teenager's life. From a medical point of view, Bezuidenhout (2004, p.38) emphasizes that

"the younger the teenager is, the greater the medical risks imposed by pregnancy." The reason for the risks is that the uterus is not sufficiently mature to carry a baby. Therefore, when a teenager becomes pregnant before the age of 18 or 19, she may suffer from physiological conditions later in her life, such as a prolapsed uterus because of the strain on immature pelvic muscles. Also the increase in nutritional demands by the unborn foetus may affect the adolescent's growth potential (Bezuidenhout, 2004). Bobak and Jensen, 1984, cited in Bezuidenhout (2004) add that adolescents may experience complications of high blood pressure, toxemia, anemia, heart failure and other physiological complications.

The decision of the teenager to carry on with the unborn baby becomes disadvantageous if she has to abandon her studies. According to Bezuidenhout (2004, p.39) "a poor education means poor employment and financial prospects, which may have a detrimental effect on the mother of the child and the child." In this matter Gauteng Province Department of Health and Social Development News Bulletin (2011) further explained that in 2009 Tembisa High School reported 18 pregnancies and Zitikeni High School had 23 pregnancies, and 3000 cases of teenagers with sexually transmitted infections were treated. It is further explained that the teenage delivery rate in Gauteng is 5.1 % of the 20 000 total annual deliveries (Gauteng Province Department of Health & Social Development News Bulletin, 2010). The MEC of Health & Social Development further stressed that teenage pregnancy is not a problem affecting schools, but also a health and social problem which needs a holistic solution (Gauteng Province Department of Health & Social Development News Bulletin, 2011).

Teenage pregnancy preventative programmes have been introduced in South Africa by the Department of Health and Social Development to educate learners about the risks of teenage pregnancies and HIV/AIDS. However, these programmes do not seem to be yielding fruitful results. Moreover, alcohol seems to have become a contributory factor in many school girls' pregnancies, mostly in the Eastern and Western Cape (Chuenyane, Hlongwa & Sokana cited by City Press, 19 October 2008).

The research in South Africa regarding teenage pregnancy has been conducted by a number of researchers, including Panday et al. (2009), Grant and Hallman (2006), Sethosa (2007) and Mpanza (2006). However, there seems to be a gap in research studies that focus on more than one perspective on the phenomenon of teenage pregnancy. Most research studies focus only on the pregnant teenager or another primary role player. In this study the researcher focused on teenage girls between the age of 13 and 19 years, teachers and parents/primary care-givers of the teenagers. The researcher used triangulation to gather information from these three groups of participants to acquire better insight into the problems of teenage pregnancies from three different perspectives. Maxwell and Starke (2006, p.7) define triangulation as a process of "enhancing the value of a theory by using multiple methods and perspectives to investigate the truth."

Addressing teenage pregnancy is a challenge that requires the active involvement of all role players, if it is to be successful. Significant role players include teachers and social workers, and more important, parents and the learners themselves, who need to become actively involved in dealing with the challenge. Against this backdrop, it was considered important to study the phenomenon of teenage pregnancy from the perspective of teenage mothers, parents and teachers. It was anticipated that this approach would add to the existing body of knowledge and yield further important insights as well as recommendations for developmental social work intervention (Academy of Sciences & Medical Institutions, 2007).

1.3 Primary aim of the study

The research was primarily aimed at exploring the perceptions of teenagers, parents/primary caregivers and teachers regarding the factors contributing to teenage pregnancy; the needs and the challenges faced by these three groups, as well as the coping strategies they implement to manage the consequences.

1.4 Limitations of the study

This research study had variety of limitations. Non-probability, purposive sampling strategies were used and consequently the results cannot be generalized to other members of the targeted populations, namely teens who are pregnant or who have given birth to a child, their teachers, parents or primary care-givers. Generability was comprised both by the small number research participants (20 in total) and limited number of research sites (only two high Schools in Meadowlands and Orlando West areas) were focused on.

In order to minimize this research limitation and enhance the quality of the research study, the researcher attempted to gather rich data through in-depth questioning. Participants were also encouraged to ask questions when they did not understand questions being posed to them and the researcher sought clarification from participants when their accounts were unclear.

The study was negatively affected by civil servants' strike, preparatory examinations schedules for Grade 12 learners as well as personal and work related commitments of some of the interviewees. For this reason, the researcher had to reschedule his time to meet with participants at times and places that were convenient for them. In some instances, appointments were arranged and participants were unable to come as arranged because school gates had been locked to prevent Congress of South African Students interrupting learners' studies. These stressful conditions may have affected the depth of some participants' responses due to their uncertainty. On this matter the respondents did not allow the researcher to use an audio-tape.

Gaining permission from the Department of Education, Orlando West High School and Anchor Comprehensive High School to conduct the study also proved time consuming. The researcher had to make consecutive calls and meetings to gain entry.

1.5. Organisation of chapters

This report is organized into five chapters. Chapter One provides an introduction to the study, while Chapter Two presents a literature review. Theoretical frameworks, the background of teenage pregnancy, stages of development, factors influencing teenage pregnancy, consequences of teenage pregnancy and challenges faced by teenagers' parents, teenagers, teachers, community and friends are focused on. Chapter Three describes the research methodology, providing an account of the research design and the limitations that were inherent in the research design and how these were overcome. Chapter Four presents an analysis and discussion of the findings of the research. The final chapter, Chapter Five, summarizes the main findings as well as the conclusions and recommendations emanating from the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Background of teenage pregnancy

A study conducted in the United States in 2001 revealed that 82% of adolescents pregnancies were unintended and almost half of the unintended pregnancies ended in abortion (Evans, Silber-Ashley & Gard, 2007). Stanford University News Service (1993) stated that the statistics of teenage pregnancy indicate that there is teenage pregnancy crisis.

A study conducted in the United States by Cornerstone Consulting Group (2003) expressed that between the years 1995 and 2005 the number of youth aged 10 to 19 years was estimated to have grown from 4,3 to 5,8 million (a 35% increase, compared to a 13% national increase). Therefore between the years 1995 to 2005 the number of Hispanic pregnant youth was expected to increase by 60%, the number of Asian youth by 45%, the number of black youth 22%, and the number of white youth by 16%. According to Cornerstone Consulting Group (2003), due to the increase in teenage pregnancy the population growth's dramatic increase may imply that the state is likely to experience large numbers of teen births. The study further explained that in 1999, the birth rate per 1000 teens ages 15 to 19 was 19,1% for Asian/Pacific Islanders, 25,2 for whites, 45,5% for American Indians, 58,4% for blacks, and 83,4% for Hispanics. The Asian/Pacifics Islanders reportedly view teenage pregnancy as shameful and this sometimes leads to the 'disowning' of pregnant teens (Cornerstone Consulting Group, 2003).

Boonstra (2007) stresses that in Sub-Saharan Africa the average birthrate is 143 per 1000 women aged 15-19 years, which is twice the average birthrate of 65 per 1000. As a result of the unintended pregnancies, it is further expressed that 4.2 million abortions occur annually in Africa which is more than a quarter of those who are among 15-19 years old. Kaufman and de Stadler (2000) further added that according to a world population report on adolescents, teenage pregnancy in Sub-Saharan Africa is projected to increase over the

next few decades, exceeding a total of 4.8 million births to girls aged 15-19 over the period 1995 to 2020.

Panday, et al. (2009, p.41) investigated teenage pregnancy per province per registered learners between the years 2004 to 2008. The study indicated that the Eastern Cape Province had the highest percentage of teenage pregnancies (68. 81%), while KwaZulu-Natal Province had a percentage of 62.24%. Limpopo Province rated third in terms of the number of teenage pregnancies per province. This province had a 60.36% of teenage pregnancies. Other provinces had the following percentages of teenage pregnancies: the Free State Province 53.64%; Mpumalanga Province 55.7%; Northern Cape Province 59.37%, North West Province 55.89%; Western Cape Province 58.22% whilst Gauteng Province (34.15%) had the lowest percentage of teenage pregnancy. Grant and Hallman (2006) added that in their study they found that 76 % of the respondents left school in order to take care of their children.

In Gauteng Province Department of Health & Social Development News Bulletin (2011), it is pointed out during the launch of Teenage Pregnancy Campaign, the MEC for Health and Development explained that "203 girls under the age of 18 terminated their pregnancies at Tembisa Hospital from April 2009 until December 2010." The statistics released during the event also indicated that between 2009 and 2010 more than 1700 pupils under the age of 18 years visited Esangweni Clinic and Tembisa Clinic for termination of their pregnancies. The statistics given further indicated that 1756 girls under the age of 18 gave birth at the health facilities such as Esangweni Hospital and Temba Hospital (Gauteng Province Department of Health & Social Development News Bulletin, 2011).

From a social development perspective, teenage pregnancy affects family income due to the fact that the families have to accommodate the needs of the teenage mothers and the unborn children before and after birth. Education is affected because some teenagers became drop-outs and others may not attend school regularly. Those who grow up in families with low income are more likely to experience a range of problems and poor

developmental challenges. In their future lives teenage mothers may experience poverty because of the absence of the fathers of the children who are not taking responsibility to their children's material needs and this may lead to poverty due to economic problems (Sams, 2008).

It is difficult for the teenage mothers to support themselves and their babies because lack of education reduces teenage mothers' earning abilities, which severely limits their opportunities to prosper in life. Teenage mothers tend to rely on welfare assistance from the government (for example, child support grants) for their material needs. Teenage mothers' babies require a balanced diet daily for their health and this may frustrate teenage mothers. The teenage mothers whose fathers of their children have denied paternity often end up relying on grants for meeting their babies' material needs. This may imply that when the population increases, the government's budget for service delivery may not meet the demand. Consequently, there is more pressure on the state to look after the children. Some of the teenage mother may be orphans, may lack good parental guidance and parental skills. Other teenage mothers may join gangs and become involved in criminals activities and drug addiction as a survival mechanism and coping strategy (Academy of Sciences & Medical Institutions, 2007).

2.2 The adolescent stage life cycle

Erikson (1959, cited by Lesser & Pope, 2007, p.273) defines adolescence as a "stage involving the major tasks of identity development." This stage of development implies a new life task presenting crisis in which the outcome can be a successful graduation, where the first step of the crisis lays another step for the adult personality. The adolescent stage is attained through integration where learning of skills and competencies is a process (Lesser & Pope, 2007).

Erikson (1963) cited by Hook, Watts & Cockcroft (2002, p.279) describes the adolescent stage as the stage as *identity versus role confusion* because reality testing is taking place in a teenager's life. It is referred to as identity versus role confusion because in this stage

adolescents search for an identity when they manage to integrate all their identities and skills. The ego identity gains results in satisfactory resolution of the identity crisis. The questions that need to be answered include: “Who am I in the eyes of other people?”, “How do others’ images of me correlate with my self-image?” and “How can my previously acquired roles and skills fit into the career world and my projected future?” (Erikson, 1963 cited by Hook, Watts & Cockcroft, 2002, p. 279).

Behaviours such as participation in group activities, falling in love, and involvement in youth movements, are part of searching for identity that occurs during this period. The danger of this stage is that while adolescents are searching for identity and social roles, they may experience role confusion. Adolescents in this stage tend to experiment with various identities including experimenting with sexual activities which could result in them falling pregnant (Erikson, 1963) cited by Hook, Watts & Cockcroft (2002, p 279).

2.2.1 Developmental crises of adolescence

According to Erikson (1959, cited by Lesser & Pope, 2007, p.273) the following are the developmental crises of adolescents:

- Establishment of trust in the wider world as opposed to the primary caregiver (s),
- Establishment of autonomy in choosing a lifestyle rather than as the toddler exercising his or her will,
- Teenagers are taking initiative for goals setting and
- Industry, which gives a person an opportunity to explore things.

2.2.2 Tasks faced by teenagers

The tasks facing adolescents are creation of an expanded self-concept, increasing self-direction and independence from the parents while maintaining mutually satisfying relations with them; establishing same-sex and opposite-sex friendships and preparing for adult commitment to a sexual partner; maintaining group affiliations and learning social

interdependences and building a set of moral values (Erikson, 1963 cited by Hook, Watts & Cockcroft. 2002, p.279).

Erikson (1963, cited by Hook, Watts & Cockcroft, 2002, p.279) theory of development - which are culture specific - make an important and interesting contribution to our understanding of general human functioning. It has been found that white females tend to experience menarche at an earlier age than African females (Channing-Pearce & Solomon, 1987). However, more recent research conducted by Buga (1996) found that the age of menarche is decreasing for both urban and rural African females. The significance of this finding is that sexual activity is likely to begin at an earlier age which also increases the risk of unwanted pregnancy.

2.2.3 Biological development

The stage of adolescence is marked by the rapid body changes stimulated by the hormone oestrogen in females and testosterone in males. Lesser & Pope (2007) explain that oestrogen is secreted at puberty by cells of the ovary, which causes growth of the uterus, vagina, and breasts. Pubertal development in girls also involves growth in height and body proportion, an increase in body fat, and the appearance of pubic hair. Menarche, or the first menstruation cycle starts at the age of 12 to 15 years (Lesser & Pope, 2007).

Pubertal changes occur due to a steady process of changing hormonal activities resulting in the maturation of psychological mechanisms, a growth spurt, and the development of secondary sex hormones concerned with growth including the pituitary growth hormone and sex hormones (Lesser & Pope, 2007). Erikson (1963, cited in Hook, Watts & Cockcroft, 2002, p.279) explains that adolescence is characterized by the increasingly strong sexual urges that drive teenagers to seek opposite sex partner for sexual satisfaction.

2.2.4 Identity development

Erikson felt that individual life cycles develop in the context of a specific culture. The developmental stage provides new ways of experiencing and interacting with cultural

practices. An individual is a representative of collective identities, where race, class and gender play a major role in shaping an individual to be who he or she is. The various components like belief systems, concepts and structures define the social practices for an individual (Lesser & Pope, 2007).

Waddington (2007, p.40) pointed that "self-esteem and self-confidence are important for teenagers, and a lack of these limits the ability of the teenager to exert him/herself positively." Colon (2005) explained that low self-esteem has also been noted to be a predictor of reduced condom use.

2.2.5 Social class identity

Lesser & Pope (2007, p.96) define class as a "group of individuals with similar positions and similar political interests within the stratification system." These interests include issues like money, power and prestige, self-concepts, life style and mobility in addition to the economy. In terms of social interaction, class location is determined by ascription (e.g., race, ethnicity, gender or birth) or by achievement (merit and talent). According to Lesser & Pope (2007, p.87), gender is referred to as an "individual's perception of the self as masculine or feminine and it is socially constructed."

According to Tajfel and Turner (1991, cited by Wetherell, 1996, p.33), "personal identity gives way to social identity." It is believed that in a group people perceive themselves as members of a social group and as persons with the characteristics of that group. Moreover, when people identify themselves with their group, they begin a process of depersonalization and self-stereotyping, as well as referent informational influence.

Turner (1991, cited in Wetherell 1996, p.33) describes referent informational influence as an "influence which occurs as people adjust their sense of identity, their thoughts and their behaviours to match the collectively defined attributes of their social group." This process helps in producing conformity to group norms and explains the influence of the peer group on behaviour of teenagers. In this way the peer group can potentially exert pressure on teenagers to engage in sexual activities.

2.2.6 Theoretical framework used for the research purposes

2.2.6.1. Systems Theory

Systems theory views the family as a social system that adheres to most of the behavioural rules and assumptions that apply to all social systems and that shares properties similar to those of other social systems (Lesser & Pope, 2007). In the family there are boundaries that govern members of the family. They help to distinguish and demarcate who is included as a family member, and regulate the level of interpersonal contact between family members and outsiders. Boundaries serve to protect the system from interference. However, for the family to function properly, its boundaries must be clear and sufficiently well defined to allow it to carry out its functions, but it must also be open enough to allow members of the system to communicate with the outsiders (Lesser & Pope, 2007).

The family as a system plays instrumental and expressive roles. In the instrumental roles the family deals with socio-economic tasks such as caretaking, wage earning and household management. The family's expressive roles are to deal with the emotional tasks of the individual in order to protect them from harm. In order to be able to deal with the emotional roles, the role structure must be flexible enough to accommodate the needs of the individual family members. If the role structure becomes rigid and inflexible, problems may arise. Rigid expressive roles prevent individuals from experiencing the full range of human emotions and result in loss of sense of competence and self-esteem (Lesser & Pope, 2007).

In align with the systems theory, when a teenager becomes pregnant, she is not the only one affected physically, emotionally and socially. The consequences of being pregnant also affect the family of the teenager and the family of the father of the child. The family of the father is affected in that if the father of the child is not working, his family needs to contribute financially to the upbringing of the child and the meeting of the material needs of the child. Should the teenager carry on with the pregnancy, it is likely to become a burden to her family because the family will need to look after the child economically if the mother or the father of the child is unemployed. If the mother of the child decides to

go back to school, it may be difficult for her to cope with her school work load and the demands of taking care of the child (Bezuidenhout, 2004).

The State – a system external to the family - is also likely to be affected by providing medication and other forms of health care for the pregnant teenagers and teenage mothers. Unwanted pregnancies increase responsibilities on the government in the form of social security costs (e.g. Child Support Grants) and other related State financial assistance for poverty alleviation. Organizations involved in helping in the tracing of teenage mothers' abandoned children also need funds to be able to perform their functions properly. Those who are placed in temporary safe care, foster care or residential care are adding more burdens to the government because the government has to ensure that the material needs of the children concerned are met from tax payers' pockets (Bezuidenhout, 2004).

2.3 Factors influencing teenage pregnancy

2.3.1 Poverty

Poverty is the experience of being poor which can be defined as a situation in life were people are living without basic daily needs such as housing, food, water and clothes (Report of the Committee of Inquiry into a Comprehensive System of Social Security for South Africa, 2002). The report of the Committee of Inquiry into a Comprehensive System of Social Security for South Africa (2002, p.15) further defines poverty as the "inability of individuals, households or the entire communities to command sufficient resources to satisfy a socially acceptable minimum standard of living." Poverty is divided into relative and absolute poverty. This same report defines relative poverty as "the individual's or group's lack of resources when compared to that of other members of the society" while absolute poverty is "explained as reflecting an inability to afford an adequate standard of consumption" (Report of the Committee of Inquiry into a Comprehensive System of Social Security for South Africa, 2002, p.15). A limitation of the definition of absolute poverty is that it overlooks the distribution of resources in

society that often underpins absolute poverty (Report of the Committee of Inquiry into a Comprehensive System of Social Security for South Africa, 2002).

Research conducted by Nemutanzhela (2007) focused on the traumatic experience of the teenage pregnancies caused by married men. He found that married men betrayed the teenagers by promising to divorce their wives and marry them. However, when the young women become pregnant the males tend to run away and leave them with the responsibility of raising children alone, which places the burden on their families.

The burden on the families increases the rate of poverty as the number of family members increase without additional resources and material needs to support the family. Nemutanzhela (2007) discovered that poverty among teenagers' families leads teenagers to engage in promiscuous behaviour in spite of the Government's Child Support Grant of R240-00. Pieterse (2001, p.35) explains that "three children out of five in impoverished households, grew up in terrible circumstances. They are subjected to all kinds of maltreatment and abuse." The researcher further indicated that teenagers fall into the trap of being impregnated by married men because their parents are financially unable to meet their material needs (Nemutanzhela, 2007).

One of the participants in Nemutanzhela's (2007, p.62) study explained that "at the end I decided to enter into a relationship with that man hoping that if divorce will work I will be married as my mother was also approving our relationship. I think that poverty was the main reason which had made my mother to allow me to enter into such relationship." This quotation indicates that because of poverty, some parents lose focus and allow their children to enter into a relationship with married men with the hope that their children will bring money home for the material needs of the family. However, they become disappointed when they realize that their children are pregnant and their boyfriends deny paternity because they were only meeting their sexual desires.

2.3.2 Lack of information

Brooks and Goldstein (2001) define lack of information as a situation when one is uninformed on how to cope with anything that can come one's way in life. It is crucial for teenagers to be informed about issues such as sex, sexuality and pregnancy for them to be aware of reality. Nemutanzhela (2007) explains that some teenagers are not informed about sex and consequently, they involve themselves in sexual relationships with married men. As a result of lack of information among teenagers, it is easy for them to engage in sexual activities because of ignorance regarding the traumatic experience and consequences of falling pregnant. Hence the role of the church and social workers are to prepare teenagers during their pre-teens stage for the challenges they may face in their future lives (Nemutanzhela, 2007).

One of Nemutanzhela's (2007) participants explained to the researcher that they were falling pregnant because their parents, teachers and the church did not communicate with them. Without effective communication with parents, teenagers are making wrong decisions. Brooks and Goldstein (2001, p.38) indicate that "we can use our communication with teenagers to model and reinforce qualities of resilience as empathy, hope, optimism, problem solving ability, reflection, coping ability, and interpersonal solutions, self-worth, appropriate risk-taking, and a sense of control or ownership over one's life. Communication is a foundation for developing and strengthening all of these qualities."

It is clear that communication between children and their parents is a very important tool because when parents talk to their children they mould them to be responsible individuals who can be able to deal with their own life challenges. The research conducted by Nemutanzhela (2007) indicates that lack of information exposes teenage girls to pregnancies by married men. Hence communication is an instrument for equipping teenagers with the skills to avoid unwanted pregnancies and abusive sexual relationships with older men (Nemutanzhela, 2007).

According to Waddington (2007), knowledge and information about sexuality and contraception has been shown to increase contraceptive use, particularly among

teenagers. Edgar (2000) explains that young females not attending school are also more vulnerable to teenage pregnancy. A study conducted by Holmberg (2001) in Sweden showed that school dropouts reported contraceptive use at a lower rate that students attending schools.

In a survey carried out in the United States of America with high school students in 2005 it was confirmed that 37,2% of sexually active students had not used a condom during their last sexual encounter. Teenagers often do not have adequate information and access to contraceptive methods because of the fear of being humiliated. Instead they try to avoid the use of contraceptives (Eaton, et al., 2007). Forrest (2007) defines sex education as a process by which individuals and groups acquire information and are given the opportunity to shape opinions about sex, sexual identity and intimate relationships. Forrest (2007) noted that the main aim of education regarding sexuality is to prevent negative consequences of sexual behaviour, such as unwanted pregnancy.

2.3.3 Beliefs about fertility

UNICEF News Letter (2007, p.5) cited in Nemutanzhela (2007) defines adolescent fertility as the "relative frequency of births among adolescents, and is measured by the number of births from mothers aged 15 to 19 years old per 1000 women of that age." Nemutanzhela (2007) explains that infertility is a problem which culminates in disastrous circumstances for teenage girls impregnated by married men. Nemutanzhela (2007) further highlighted the fact that some of the teenager pregnancies are the result of family problems that lead married men to have the opportunity to target teenagers as victims of physical and sexual abuse (Nemutanzhela, 2007). According to UNICEF News Letter (2007 in Nemutanzhela, 2007) fertility rates are higher amongst poor adolescents. Teenage pregnancy risk has increased amongst the poor in recent years, and it is considered to be the contributing factor in the intergenerational replication of poverty. The report further explains that adolescent fertility hinders the achievement of the Millennium Development Goals (UNICEF News Letter, 2007 cited in Nemutanzhela, 2007).

A keynote address by Jewkes and Christofides (2008) revealed that in other black communities in South Africa, a teenage girl's pregnancy conveys an advancement in social status (transition to womanhood), and it may strengthen and potentially cement a relationship with a man who may be a potential husband, and may secure financial contributions. This pregnancy is viewed as proof of a girl having a lover and being sexually desirable, and the baby is often valued as something to love, cherish and occupy a young woman. In other families, pregnancy for girls is viewed as a route to the attainment of many aspects of successful womanhood (Jewkes & Christofides, 2008).

2.3.4 Child sexual abuse

Neuger (2001, p.109) defines child sexual abuse as "contacts or interactions between a child and an adult when the child is being used for the sexual stimulation by the offender or another person. Sexual abuse may also be committed by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over another child." This definition implies that men who are abusing teenagers have more power and control over then. According to Nemutanzhela (2007), sexual abuse takes place when children are unable to take positive responsibility for making informed decisions. Nemutanzhela (2007) refers to legislation that stipulates that a sexual relationship with a minor is statutory rape. Moreover, the Sexual Offences and Related Matters Act, 32 of 2007, section 15 aims to criminalize acts of consensual sexual violation committed by adults with children between the age of 12 and 16 years because it is regarded by law as statutory rape. However, he points out that some of the cases are not reported because of cultural dynamics that encourage cultural issues to be dealt through 'kangaroo' courts. Those sexual abuses by men are believed to be taking place because the teenagers are promised money in order to silence them. The silencing is easier if the children have grown up in poverty and the perpetrators are able to take advantage and abuse these children due to their financial status.

2.3.5 Denial of risks at stake

One of the participants in Nemutanzhela's (2001, p.18) study state that "when she entered into an intimate relationship with a married man she never considered her Christian doctrines which prohibit sex before marriage and regard such acts as a sin."

Nemutanzhela (2001) emphasizes that the experience of teenage pregnancy is potentially harmful because of the medical risks and long-lasting emotional problems for teenagers. The researcher further explains that most teenagers deny the risks they can be trapped in because of the tendency to rationalize by stating "It won't happen to me", or 'I know what I am doing" or "I can cope" or "I can prove this". Nemutanzhela (2001) confirmed that some of the participants in the research he conducted revealed that teenage girls want to prove their womanhood by mothering children. However, the problem comes when they face the consequences of pregnancy which causes many problems in their lives and their families.

2.3.6 Limited contraceptives use

Most common contraception methods youth can use world-wide include condoms and contraceptive pill (Holmberg, 2001). However, adolescents seem to be confused about which method they can use for the prevention of unwanted pregnancies. Abstinence is a method in which many youth seems to have no interest, because it emphasizes that sex before marriage is immoral According to Holmberg (2001), the involvement of teenagers in sexual activities is seen as normal and is part of the maturation process.

Holmberg (2001) indicates that research conducted in Sweden in 1999 revealed that 13% of high school students had reported not having used any form of contraception at the time of their most recent sexual intercourse, while almost 10% had used 'unsafe' methods such as withdrawal. The majority of youth at first intercourse reported to have used either condoms or withdrawal (Holmberg, 2001). Waddington (2007) explains that the respondents indicated that they did not use the contraceptive pill because of the fear of

side-effects. Waddington (2007) points out that in a survey conducted with high school students in the United States in 2005 it was found that 37.2% of sexually active students had not used a condom during their last sexual intercourse.

According to the study by Waddington (2007), many teenagers are reluctant to take the contraceptive pill for fear of side-effects. The most feared side-effects included weight gain (obesity), skin problems, blood clots, change in libido and mood changes. It was discovered that the media exerts a major influence on the choice of girls not to use contraceptives pill as the negative side-effects are advertised and are often a topic of discussion. It was also discovered that using the contraceptive pill to prevent pregnancy is often not effective in teenagers due to inefficient administration of pills. In another study carried out by Ingelhammer, Svanberg, Törnbom and Hamberger (1994), it emerged that almost half of the respondents had experienced negative side-effects of contraceptive pills.

Törnbom (1999) indicates that contraception methods are implemented but often there is no adequate guidance to use them. As a result, girls may forget to take oral contraceptives regularly, and condoms may not be used correctly due to inadequate experience and knowledge. Hacher, Amare, Strunk and Hors (2000) reported that 6.7% of teenagers indicated that they did not know how to use contraceptives, and therefore avoided contraceptive use altogether. These findings may imply that teenagers who fell pregnant may be neglecting. Törnbom (1999) further explains that contraceptive neglect may be resulting from the failure to take contraceptive pill regularly, or forgetting to take even one single pill, or neglecting to make contact with the appropriate health care professionals in order to renew a prescription in time.

Ponton (1997) confirms that teenagers sometimes develop fear of using contraceptive pills because it will lead them to acknowledge that they are sexually active. Therefore some teenagers are afraid of the judgmental attitudes by health care workers to go and collect contraceptives. Hacher, Amare, Strunk & Hors (2000) explain that many teenagers do not attempt to obtain contraceptives because of embarrassment. Waddington (2007) further indicates that the study conducted in South Africa in 2006 discovered that

teenagers were often reluctant to seek contraceptives because of the negative attitudes of some of the nurses providing these services.

According to Waddington (2007), many of these nurses are of the view that teenagers should not be engaging in sexual activities. The respondents reported to have requested contraception but the reactions received were perceived as being judgmental to them. According to the respondents (girls), the professionals' actions were described as 'harassment'. Cunningham and Boult (1996, p. 27) describe that "the results of a poll issued in the United States in 1997 which indicated that 70% of girls had avoided purchasing contraceptives as it was embarrassing to buy birth control or request information from a doctor." Moreover, the use of contraceptives may temper a sense of spontaneity and teenagers may be embarrassed to address the topic while engaged in the passionate act. Waddington (2007) explains that the unpleasantness of having to interrupt the romantic process for contraceptives is that it may cause a teenager to ignore the use of contraceptives altogether, and it may take only a single such occasion to cause an unwanted pregnancy.

According to the Kaizer Family Foundation (2003) cited in Waddington (2007), approximately a quarter of girls admitted to having unprotected sex when their partner refused to use a condom, and almost half of adolescents believed that pregnancy occurred as a result of failure to have contraception readily at hand.

Some of the teenagers decided not to participate in an antenatal programme because of the fear of stigmatization which in turn may affect the health of both the mother and the unborn child. According to Bezuidenhout (2004, p.41) "the natural process of bonding between the mother and the child begins during pregnancy and continues after birth". However, if the bond is disturbed during pregnancy or after birth, this may affect the future relationship between the mother and the child (Bezuidenhout, 2004).

Hacker et al., (2000, p.287) explain that "the ability to think about the future and plan for sexual activity appears to be an important factor in consistent contraceptive behaviour." The implication is that teenagers should consider the use of contraceptives if they want to

plan for their future. Regardless of the prevention of unwanted pregnancy, some contraceptives such as condoms protect the victim from sexually transmitted infections (Manlove, Terr-Human, Franzetta, Williams & Ryan, 2002).

According to Waddington (2007), decision-making plays an important role in contraceptive use amongst teenagers. Brockman and Russell (2007) emphasize that the ability to make good decisions becomes important during the adolescent phase because adolescence is a period experimentation when teenagers become independent.

Brockman and Russell (2007) explained that teenagers may possess inadequate knowledge or control to identify a variety of choices, underestimate the actual risks and overestimate their ability to deal with threatening situations. Teenagers may react according to emotions rather than engaging in rational decision-making tends to be high. They may succumb to peer-influence and make decisions according to perceived judgments of the peer group and unaware of the consequences of negative behaviour.

2.3.7 The influence of the Mass Media

Mass media tend to be highly influential in relation to teenage sexual activity (Waddington, 2007). Films, internet websites, some periodicals (e.g. Cosmopolitan) and television programmes containing sexual content, as well as music presenting sexual messages, have been known to influence teenagers to engage in sexual activities prior to them having the necessary level of physical, emotional and psychological maturation. According to Love Life Report (2001), ignorance is one of the results of teen pregnancy. Moreover, teenagers find themselves under pressure from media, particularly Yizo Yizo 1, 2, 3 and television soapies (e.g. Days of our lives, Generations and The Bold and the Beautiful) as well as movies.

Bezuidenhout (2004) reported that teenagers today have more opportunities to view sexual activities on national television than previously. Sexual arousal materials in the form of film, print material or music are freely available and are easily accessible to teenagers. Much of this information is presented outside the context of norms and values

of the society. In terms of the context of this negative influence, teenagers have opportunities to internalize anti-social sexual behaviour or to experiment with sexual activities that may lead to unwanted teenage pregnancy. According to Bezuidenhout (2004, p.35), "together peer pressure and the influence of mass media are powerful triggers in encouraging indulging in illicit sex."

The study by Waddington (2007) emphasizes that society as a whole also exerts an influence on the way in which teenagers think and behave. One of the respondents indicated that societal pressure into becoming famous is also influential and mentioned that there is a lot of pressure that often involves sexuality. The respondent continued by explaining that "the last couple of years it is been a lot more on television, the 'Big Brother' thing. Where you have to have sex in front of the camera and then you get famous." According to Waddington (2007), media should have been having a positive effect in encouraging boys to take more responsibility for contraceptive use. The more condom use is advertised, the more likely teenagers would be to consider the use of condoms.

The main problem identified in the study conducted by Waddington (2007) was sexuality education in schools. It was indicated that sexuality education was not compulsory during teachers' training which resulted in teachers not having the appropriate skills to effectively teach this subject. The respondents in Waddington (2007) recommended that sexuality education should be prioritized and be a qualification if one wants to become a teacher for sexuality education. The study further recommended that all the schools in the country should have a professional nurse, teacher and a counselor to be able to deal with challenges of teenagers at schools. It has also been suggested that boys need to be involved in discussions so that they can feel that it is their responsibility to participate in the upbringing of their children.

The need for additional services such as discussion groups to focus on the upbringing of their own children and more elaborative information sessions were also identified as strategies to help teenagers (Waddington, 2007). Furthermore, Waddington's (2007)

study suggested that in order for parents to be able to deal effectively with challenges of teenage pregnancy, parents need to be taught skills in terms of communication and relationship-building with their teenagers.

2.3.8 The attitudes of the community

Norms and values of society regulate sexual behaviour and change over time. As a result, they may be confusing to those who want to conform to them. It is also a challenge to parents, teachers and religious leaders because they are not aware of what to teach in relation to sex. It is a challenge because according to cultural perspectives, talking to children about sex is a taboo topic in African communities. In the resulting confusion, teenagers happen to experiment and their experimentation may result in teenage pregnancy (Bezuidenhout, 2004).

According to Bezuidenhout (2004, p.35), the tendency of community members to show concern about teenage pregnancy also "leads to greater sexual experimentation among the young generation or exploitation by male counterparts." The challenge to teenage mothers is that they are likely to face the negative attitudes of the community by being asked about their unmarried status whereas the fathers of the children are escaping confrontation. However, Bezuidenhout (2004) explains that in most black communities, the father of the child is expected to pay "damage money" (for loss of virginity) or, if marriage is a priority, "lobola" (i.e. bride price) is paid to the family of the teenager. Moreover, if the offender is unable to pay, his family has to pay on his behalf (Bezuidenhout, 2004). Virginity testing is still held in high regards among certain South African communities.

2.3.9. Coercive behaviour in teenage pregnancies

Coercive or intimidating behaviour is positively linked to adolescent females being forced to have sex. Research conducted by Makiwane and Udjo (2007, cited in Waddington, 2007) revealed that women in Africa generally tend to get married at younger ages than in other continents. They further indicated that approximately 37% of

girls in South Africa have been pregnant by the age of 19 and the majority i.e. 80% had their first sexual experience between the ages of 15 and 19 years. In Eastern Cape there is a cultural practice called Ukuthwala where teenagers are abducted by men and forced to marry to them. This practice seems to be increasing the level of HIV/AIDS infection and other infectious diseases (City Press, 2008). However, some traditional leaders have recently banned this cultural practice.

Moreover, in the study conducted by Wood, Maforah and Jews (1996, p.186, cited by Sethosa, 2007) with 24 pregnant adolescent Xhosa girls, it was discovered that violence emerged as a major issue with respect to teenage pregnancy. The teenagers participating in the study revealed that they were deceived, coerced or intimidated into having sex initially and that intercourse continued to have been violent features.

The study carried out by Kaizer Family Foundation (2005, cited by Waddington, 2007) with high school students in the United States indicated that 7.5% of respondents reported that they had been forced to engage in sexual intercourse against their will. Waddington (2007) explained that a survey conducted in 2006 in South Africa had shown that a third of South African girls mentioned that their first sexual experience was by force or threat. Waddington (2007) further explains that in the study conducted in Norway with adolescents between the ages of 16 and 20 years it emerged that the majority of the respondents had engaged in sexual activities as a result of coerced pressure from their partners.

2.3.10. The influence of role models

Preston-Whyte and Allen (1992), maintain that teenagers in predominantly urban African areas are exposed to role models who are successful and respected, and are single parents. Consequently, this exposure gives adolescents the perception that it is possible to achieve success in life even if one falls pregnant during one's adolescent years.

According to Waddington's (2007) research, professionals highlighted the lack of positive role-models for teenagers, especially where they need guidance in terms of right and wrong behaviour. As a result, some parents set a bad example for their teenagers with regard to sexual activity as they perform such acts in front of the children when they are drunk. Chaos and instability in families can also result in teenagers not being able to distinguish between right and wrong behaviour.

2.3.11. Poor self-image

Adolescence is a stage where a teenager seeks to build a positive self-image by being given more attention (Bezuidenhout, 2004). As a result, self-image is created through the interaction with significant others in the community. Bezuidenhout (2004, p.35) further emphasizes that "if the interaction between teenager and the significant others is positive, the teenager will develop a positive self-image". The teenager who is experiencing an identity crisis because of the negative influence from significant others because of her negative behaviour, may prefer to seek attention outside the home. According to Bezuidenhout (2004) the attention-seeking behaviour often ends in sexual unions in which the teenager tries to prove her or his worthiness.

2.3.12 Home conditions of the unmarried mother

Factors in the family social background that contribute to teenage pregnancy are identified as the age at which the mothers of teenagers became pregnant, the type of family entered at birth, family socio-economic status at birth, the number of times a parent left or entered the family home as a result of parent separation, divorce, number of offspring parented, welfare dependency and death (Bezuidenhout, 2004).

Parents are responsible for bringing up children and socializing them, and through socialization parents transfer norms and values to their children (Bezuidenhout, 2004). According to Bezuidenhout (2004, p.33) some of the problems that contribute to the home circumstances are parents' separation or divorces, one or both parents taking alcohol, one parent imprisoned or having been in prison and the illegitimate history of the

family. Bezuidenhout (2004) further explains that the consequences of these problems increase the level of frustration of teenagers as well as a need for attention. The increase in level of the identified problems tends to result in an increase in attention-seeking behaviour which also in most cases takes the form of illicit sexual unions.

Waddington (2007) found that there is strong sexual risk-taking and unstable family circumstances because teenagers from unstable families often do not take care of themselves and are therefore more vulnerable to risk behaviour. It was also found that family problems play a large role in negative sexual behaviour of teenagers.

In addition, it has been confirmed that parents who use alcohol and who are experiencing stress because they have the responsibility of taking care of many children, tend to pay less positive attention than is required by teenagers. Girls from negative family circumstances were identified as being more vulnerable to becoming pregnant when they experience feelings of closeness. It also emerged that girls living in a promiscuous environment often do not develop a positive attachment to their parents or caregivers during early childhood and are more vulnerable to being the victims of teenage pregnancy in early stages of development (Waddington, 2007).

Unhappy home circumstances, poor relationships, poor self-image and other factors faced by teenagers may lead to separation anxiety. Teenagers may find themselves participating in sexual activities with the opposite sex with the aim of trying to establish relationships to combat their loneliness. The unfortunate part of their sexual activity with the opposite sex is that it may result in unwanted pregnancy (Bezuidenhout, 2004).

In the study contacted by Waddington (2007), it was found that the high divorce rate in Sweden often results in teenagers feeling lonely and deserted. In other instances, parents are sometimes viewed as too involved with their careers so that they do not pay enough attention to their teenage children. The result of the teenagers' loneliness is that they may turn to romantic relationships in order to fulfill their need for love, attention, affection and acceptance. Some of the respondents indicated that after their mothers passed away,

it was difficult for teenagers to accept when their fathers remarried and started a new family. The end result was that same teenagers reported feeling forgotten by their fathers as attention was given to their new families. Colon (2007) also confirmed that sexual temptations are often experienced by teenagers who are lacking affection and attention at home.

2.3.13. Lack of parental supervision

Bezuidenhout (2004) explains that many young children are allowed independence at an early age and early independence happens because of lack of parental control. As a result, because children are exposed to early independence the tendency of being able to interact with their peers increases. The values taught by their parent are easily diminished and replaced with more liberal sexual value orientations. Teenagers are then likely to practice sexual intercourse and pregnancy may follow (Bezuidenhout, 2004).

Teenagers are also exposed to early independence because many of their parents are working far from their homes and only come home on a monthly basis. Many parents leave children alone with the understanding that the elder brother or sister will assume the responsibility of being an adult at home. In South Africa, many people from different provinces are flocking into Gauteng for job opportunities and leaving their children behind. As a result, those children are not monitored and guided by an elderly person and thus exposed to the risk of sexual abuse.

2.3.14. Problem-solving behaviour

Bezuidenhout (2004, p.34) asserts that the "majority of teenagers fall pregnant intentionally because many of them believe that pregnancy will provide a solution to their problems." They often believe that if they become pregnant with a male counterpart's children he will finally marry them. Teenagers who are staying with their step-parents may find it impossible to live in the same house with them and move out of their household with the aim of falling pregnant in order to achieve independence from home. Other teenagers are falling pregnant because they want to release themselves from the frustrations and anger they are experiencing (Bezuidenhout, 2004).

2.3.15. Peer group influence and the impact of alcohol abuse

The peer group is the most important socialization agent where teenagers explore many aspects of their environment. The peer group is regarded as a source of information about sex and it also creates an environment in which peer pressure is exerted on teenagers to engage in sex because of the mood of 'everybody does it' and they do not want to 'feel left out' (Bezuidenhout, 2004). Macleod (1999) states that peer pressure sometimes involves exclusionary practices, as when sexually inexperienced teenagers are sent away when sexual matters are being discussed. Myths or perceptions about teenage pregnancy created by the incorrect information received about sex from the peer group often contribute to unwanted pregnancy.

A consequence of peer group pressure for teenagers is alcoholism. Hafford (2006, p.2) explains that "drinking often fueled sexual experimentation." The peer group pressure affects teenagers because when their friends are drinking, they also drink because they want to fit in them. Hafford (2006) further explains that immediately they start drinking with the group, they feel grown up. Unfortunately, alcohol affects teenagers in such a way that they become easily influenced, lose their inhibitions and they do things that they would normally not do. This lack of self-control often leads to unwanted or unplanned sex, which can lead to pregnancy when a condom is not used at all, or is incorrectly used, because alcohol impairs judgments (Hafford, 2006).

Hafford (2006, p.2) explains that alcohol affects the human body through depressant and general arousal, decrease inhibitions, lead a young virgin to becoming loud and promiscuous, affects the central nervous system by numbing the part of the brain that controls a person's behaviour in such away that the person's behaviour changes, and encourages risk taking with respect to unprotected sexual intercourse. The risk taking behaviour is encouraged by the tendency of alcohol to impair the thinking process that can lead to unprotected sex which in turn can lead to teenage pregnancy.

Waddington (2007) also confirms that alcohol influences teenagers to be involved in sexual activities. Abrahamson (2004, p.72) emphasizes that "extensive drinking in youth result from social pressure because of the fact that everyone is drinking." Leigh (2007) confirmed that "girls often become intoxicated before engaging in sexual activities because it numbs the experience for them, making it less embarrassing and less emotionally painful." Boys reported making use of drugs to postpone ejaculation (Waddington, 2007).

Dietrich (2003) found that alcohol and drug consumption prior to sexual activity occurred mostly among older adolescents. She also found a linkage between low condom usage and substance intake prior to sexual activity among sexually active adolescents. Substance abuse is also linked to negative attitudes towards the use of contraceptives which also increases risk-taking behaviour. The more risk-taking behaviour occurs, the greater the possibility of an unwanted pregnancy (Bezuidenhout, 2004). According to Fiejoo (2007, p.1) "making contraceptives available to the youth also reduces adolescents sexual risk behaviour." The introduction of confidential and low-cost contraceptive services may ensure that sexually active teenagers receive the service they need to protect themselves and their partners from the risk of unwanted pregnancy and sexually transmitted infections.

Seamark and Gray (1998) indicate that despite knowledge and awareness of the consequences of certain behaviours, teenagers continue to take risk, which may be due to the fact that there is mindset of consequences being distant to the individual choosing to engage in risky sexual behaviour. According to Merritt (1996), the intensity of sexual arousal may be one of the factors exerting the biggest influence on the willingness to take sexual risks.

Waddington (2007) found that teenagers confirmed that adolescence is a risky period of life, where levels of experimentation are high and risky behaviour is viewed as normal. Friends become an important network, and family becomes less important. From the perspective of Miller (2002), adolescence denotes the beginning of the realization of the

connection between physical appearance and self-esteem. According to the study conducted by Waddington (2007), all the respondents indicated that most teenagers tend to hold the belief that, 'it cannot happen to me' and testing of limits was viewed as a common teenage characteristic.

One of the respondents in Waddington's (2007, p.38) study stated that "taking risks when you have been drinking alcohol, is very common. There are teenagers who always are having sex when they are drunk, but not when they are sober. So, I think it is alcohol that makes them take risks." Other respondents explained that some teenagers constantly engaged in risky behaviours and placed themselves at high risk for sexual abuse. Some reported to have been taking risks due to the fact that they had done so in the past and they had never experienced any negative consequences.

2.3.16 Lower levels of education

Bezuidenhout (2004) maintains that research has revealed that some intellectually handicapped teenagers become pregnant. In other instances, such teenagers become the victims of rape or engage in unprotected sexual activities without realizing the consequences of these activities (Bezuidenhout, 2004).

A balanced approach to sexuality education including both abstinence and contraception can help in delaying sexual activity and increases the use of contraceptives by sexually active teenagers (Fiejoo, 2007, p.1). Waddington (2007) confirmed this approach by citing findings from a study conducted by the World Health Organization in 2007 in which 35 schools were involved. The results indicated that young teenagers who had received sex education were mature and commenced intimate relationships later, were likely to make use of contraceptives and were also less likely to expose themselves to sexual risk-taking.

2.4 Consequences of teenage pregnancy

2.4.1 Suicidal thoughts

Nemutanzhela (2007) explains that the majority of the teenagers interviewed pointed out that after being betrayed by the married men who impregnated them, they thought of committing suicide because there was no support system for them. Suicidal thoughts arose in respect to feelings of shame, guilt and fear in relation to the community and parents. As a result, they did not want to face the reality of married men having betrayed them.

2.4.2 HIV/AIDS

Other participants in Nemutanzhela's (2007) study indicated that they were engaging in sexual relationships without protective measures, thereby placing themselves at high risk of contracting HIV and not aware of their HIV status. Having unprotected sexual intercourse with someone who has multiple relationships increases the HIV infection risks to be re-infected with HIV. The majority of the participants acknowledged that they engaged in relationships with different people and were not aware of their status (Nemutanzhela, 2007).

HIV/AIDS infects many babies whose mothers are infected, especially if the mother had not had antiretroviral medicine early in the pregnancy. The research conducted by Nemutanzhela (2007) has also indicated that blood transfusion, needles, razor blades, sexual intercourse and the other sharp object can transmit HIV virus which finally leading to health condition that would cause AIDS (Nemutanzhela, 2007). As a result, teenage girls are overlooking the risks of being infected with HIV. Some of the children born from teenage mothers are not only at risk of HIV infection, but also of becoming orphans after their mothers die of AIDS (Nemutanzhela, 2007). In addition some men have the perception that having sexual intercourse with a virgin can help to heal them from HIV/AIDS, which increases the risks to teenagers (Nemutanzhela, 2007).

Lane (2007) explains that in Africa, the main aim of sexuality education programmes is to limit the spread of HIV, although protection against sexually transmitted infections goes hand in hand with protection against unwanted pregnancies. The 'ABC (Abstain, Be Faithful and Condomise) programme focuses primarily on abstinence, fidelity to one partner and condom use (Lane, 2007). The implementation of this programme appears to be gradually gaining success. Lane (2007) further explains that for example, in Uganda the use of condoms has improved, and youth are beginning to delay the age at which they first engage in sexual activity.

2.4.3 Single parenthood as a result of teenage pregnancy

Nemutanzhela (2007) describes the situation where teenagers are impregnated by men who betray them by promising that they are going to marry them in the future. Instead, the teenagers find themselves raising children alone because the fathers left them with all parenting responsibilities of raising children alone. Most of the parents of the teenagers are assuming the responsibilities of looking after their daughters' children. The grandmothers are reported to be taking care of the teenagers' children as a means of supporting their children and reinforcing their status of being grandmothers. UNICEF News Letter (2007 as cited in Nemutanzhela, 2007) confirmed that teenage mothers have a higher risk of being single mothers, faced with absence and irresponsibility on the part of the fathers. This factor is increasing the financial pressure and care load for the grandparents (UNICEF News Letter, 2007, cited in Nemutanzhela, 2007).

2.4.4 Difficulties in continuing studies

Teenage pregnancy makes it difficult for the girl to continue with her education. The school drop-out rate is therefore high. Even if they come from similar backgrounds, 61% of adolescents wait until the age of 20 to 21 to have babies and therefore complete high school education. In contrast there are those girls who give birth to children before they have reached 18 years of age; with only 41% becoming high school graduates. Even after

giving birth, the young mother often finds it difficult to keep up with her peers where academic performance is concerned. She is usually forced to repeat classes and often exhibits poor scoring in standardized tests. Finally, she may never graduate at all (Odei, 2008). For the teenagers, finding a regular source of income becomes difficult as every job position demands certain skills which they may not have because of not having a proper education (Odei, 2008).

A study conducted by Pillow (2004) found that many teenage mothers return to school with the aim of completing their schooling for the sake of their babies. However, the girls often experience difficulty in coping with schooling which is disadvantageous to their children. In addition educators and parents often give up on them and fail to consider their plans seriously once the girls have children. Chigona and Chetty (2008) emphasize that according to research by the US Department of Education (1992), it has been confirmed that both pregnancy and parenting are the leading reasons girls give for dropping out of school.

According to Arlington Public School (2004) continuing with schooling for teen mothers may sometimes prove to be an unyielding burden, more especially for those living in unstable home environments. Arlington Public School (2004) argues that parents of teenagers face an overwhelming number of difficulties because parental pressures are far more common than support and understanding. As a result, mature adult decisions are required of emotionally pressured adolescents. Moreover, managing to care for an infant and devoting adequate time to school work is a challenge for the teen parents.

McDowell (2003 p.234) explains that "in many situations teenage mothers are subjected to greater risks of social-economic disadvantage throughout their lives than those who delay childbearing until their twenties. Teenage mothers are likely to be less educated and tend to have bigger families, and have higher levels of extra-marital unwanted births."

Chigona and Chetty (2008, p.264) add that the "negative impact of teen motherhood on various adult outcomes is not due to some pre-motherhood characteristics; hence the

policies aiming to encourage a return to school and participation in the labour market may be an efficient way to reduce the long-term consequences of teenage pregnancy."

2.4.5 Stress Related Challenges

Nemutanzhela (2007) explains that some of the participants in his study confessed that when they were pregnant they experienced difficult labours that led to caesarean sections and birth complications. When they looked at their children, they tended to remember what happened to them in the past and they subsequently experienced stress related challenges. The participants further reported that the painful experience involved carrying their traumatic situation into adulthood. One of the participants reported that the she experiences stress disorder due to anger, guilt, anxiety and some times suicidal tendencies.

One of the teenage participants cited in Nemutanzhela (2007, p.63) stated that because of pregnancy "I was very much stressed and powerless. I spend most of my time sleeping at home. All my friends were no longer coming to me since I did not want to be seen in society, I could not go to them. Life became difficult for me and I was afraid about labour pain and delivery because of the information I received from the local clinic that I should expect complications which could easily lead to death either me or my child".

The survivors of stress related challenges are anticipated to be recognition of stressors, traumatic symptoms, re-experiencing of the trauma and intrusive recollections of the abusive experience by the survivors, and lack of support from the community is also seen as one of the serious consequences of trauma caused to the survivors of this phenomenon because it results in detachment from the society (Nemutanzhela, 2007, p.46).

Giarratano (2004) emphasizes that stress often drives a young adolescent into a relationship. The confirmation that she has conceived a child brings on added stress. She is usually too young to face this emotional challenge and unable to decide what to do regarding the pregnancy. Furthermore, a large number of negative effects follow teenage pregnancy, a major one being social stigma (Giarratano, 2004)

2.4.6 Application for social assistance

According to State Social Assistance Agency policy, a teenage mother has the right to apply for a Child Support Grant. Most teens are unmarried and over 75% of them ask for support within five years of becoming a mother. Some researchers feel that poverty pushes teenagers to seek financial support from the children's fathers as a survival strategy to escape further poverty (Odei, 2008).

2.4.7 Experiences of the teenage mother

Bezuidenhout (2004) explains that pregnant teenagers tend to find themselves between multiple crises which may be characterized by the emotional and physical reality of pregnancy, as well as the interruption of normal physiological and psychological development. The teenage mother who may be experiencing the emotional shock of an unwanted pregnancy can be emotionally disturbed. Consequently, an increased anxiety and frustration may be experience by some, while others may develop depression.

During the phase of pregnancy, teenage mothers need to define their sense of worth and identity so that they can be able to integrate that into their personalities. Bezuidenhout (2004, p.38) further explain that "while the teenage mother-to-be has to cope with her own developmental needs, she must now also learn the tasks associated with pregnancy and with the needs of her unborn baby."

According Bobak and Jensen (1984, p.938) some of the "complications of teenage pregnancy may be high blood pressure, toxaemia, anemia, heart failure and other physiological conditions which may develop." The challenge is that if teenagers decide to go for an abortion, they tend to turn to backstreet abortion which may result in death or physical/ heath related complications. The decision to terminate their pregnancy brings more emotional trauma to the teenager where she may commit suicide. Those who decide to carry on with their pregnancy may decide to give the child up for adoption after birth. This option may also affect their educational progress in that it can help them earn them a better job in the future. Bezuidenhout (2004, p. 39) emphasizes that "a poor

qualification means poor employment and financial prospects, which in turn may have a detrimental effect on all the other aspects of the life of the mother and her baby."

2.4.8 Experiences of the father of the child

Bezuidenhout (2004) explains that if the father of the unborn baby denies paternity, and escapes social stigmatization, he may feel a sense of guilt which may result in despair and depression. Furthermore, if the mother of the child decides to give the child up for adoption or decides to marry another man, the biological father loses a child. Bezuidenhout (2004, p. 40) further explains that "should the father of the child be an old man, he may face legal charges and the legal action may affect his future lifestyle and relationships with others, especially if he is married."

According to a study conducted by the Human Science Research Council in 2009, "teenage fathers have wide-ranging experiences of disappointment and frustration - with themselves, with their inability to find work and support the child financially; with being excluded from their child's life through cultural restrictions; and with their powerlessness to negotiate relationships with the mother of their child's family."

2.4.9 Experiences of the baby

According to Bobak and Jensen (1984), research indicates that the younger the mother of the child is, the lower the birth weight of the baby is likely to be. For those mothers who decide to abandon their children, Bezuidenhout (2004, p.40) emphasizes that "abandonment affects the life and future of those children, because the effective socialization requires the participation of both parents." In the future, if the mother of the child decides to marry a man who is not the child's father, problems may be arising between the stepfather and the child Bezuidenhout, 2004).

Children born to such young parents often display delayed psycho-social development and the deleterious effects of malnutrition, because many teenage mothers lack parenting skills. Teenage mothers often fail to understand what their children need and they may not realize the importance of smiling, touching or verbally communicating with the child.

Anger against society is often taken out on the child and physical abuse is possible. Hence, when they grow up, many of the offspring of these 'teen mothers' tend to show behavioural tendencies regarded as socially unacceptable. Some of the sons become criminal offenders and land up in prison – the rate is three times more for these boys that normal offenders. The daughter may follow in the footsteps of her mother and become a victim of teenage pregnancy herself (Odei, 2008).

2.4.10 Experiences of the families of the teenage father and the teenage mother.

If the mother of the child decides to abort the unborn baby through a backstreet abortion, the remaining members of the family members may have positive, negative and or indifferent feelings towards the abortion. On the other hand, should the father of the child be unable to support the child, her family will have to pay to meet the material needs of the child which may leave them unable to meet their material needs. If the paternal family wants to take care of the child while the maternal family does not agree with this decision, the matter may end up in court. The resulting friction may adversely affect the relationship between the young person and his or her parents (Bezuidenhout, 2004, p.42).

2.4.11 Impact of teenage pregnancy on society

According to Bezuidenhout (2004) unwanted pregnancies increase the financial burden on state funds, such as child support grants and foster care grants. Moreover, state funds are also needed to provide health clinics and other forms of health care services for the pregnant teenager, and for the unwanted teenage pregnancies. These services put more pressure on the state because the young person may be hospitalized for the subsequent treatment. The abandoned children and those who are found in need of care may be put in places of safety, children's homes and foster care, which also may add further burden to the taxpayers. The organizations which are engaged to trace the abandoned children also have to be subsidized by the state through taxpayers' money (Bezuidenhout, 2004).

2.5. The roles of parents, teachers, community members, friends and the government in combating teenage pregnancy

2.5.1. The role of parents and school teachers

Nemutanzhela (2007) emphasizes that parents and teachers have a critical role to play as sex educators by sharing knowledge with the teenagers which can help them to deal with their own challenges. This information sharing with teenagers may enable them to avoid teenage pregnancies as it allows them to make informed decisions. Parents are regarded as guiders who are in a position to encourage teenagers to accept mistakes and be able to acknowledge that mistakes are part of life as well as the process of learning. In this way parents can potentially create a suitable social environment which encourages development and the ability to be able to cope with their own stresses (Nemutanzhela, 2007). According to Nemutanzhela (2007), the paramount role of parents is to support their children and motivate them to go to school to shape their future and become responsible mothers.

2.5.2. The role of community members and friends

According to Nemutanzhela (2007), when teenagers are pregnant, friends and communities tend to neglect and avoiding them. On the other hand, when they are accepted and loved, it tends to reduce feelings of inferiority. The social support provided to teenagers is likely to result in the development of healthy coping strategies. Granot (2005) emphasizes that society should worry less about the epidemic of 'teenage pregnancy' and more about the hopeless, discouraged and empty lives that early childrearing means to teenagers and their families.

2.5.3. The role of the government

According to Waddington (2007), the legal age of consent for sex in Sweden is 15 years. However, in South Africa the legal consent age is 16 years. It is further explained that the Swedish National Committee for Public Health introduced three main objectives on sexuality of young people namely, to give young people equal opportunities to develop a

healthy sexuality, to reduce the incidence of new cases of sexually transmitted infections (STIs) and to reduce the number of the unwanted pregnancies.

In terms of teenage pregnancy, Nemutanzhela (2007, p.81) describes the role of the government in South Africa as follows:

- To facilitate awareness of the consequences of teenage pregnancy.
- To facilitate awareness of problems associated with teenage pregnancy.
- To explore the options for teenager to avoid teenage pregnancy.
- To take care of the teenager's child through a child support grant (Skills Development Act 97 of 1998).

The second piece of legislation introduced in South Africa to deal with the challenges faced by teenagers is the Children's Act, 38 of 2005. The government provides contraceptives free of charge and parental consent is not needed for teenagers to access these services (Edgardh, 2000).

In dealing with the challenges of HIV/AIDS in South Africa, the Department of Health introduced the Khomanani ('Caring Together') Campaign. The purpose of the campaign is to encourage people, including teenagers, to maintain good health through healthy lifestyle choices such as safe sex, good nutrition and regular physical activities. Its focus is on the acceleration of HIV/AIDS and TB prevention, as well as health promotion. The primary goal of the campaign is to reduce the rate of new HIV infections in youth including teenagers and mitigate the impact of AIDS on individuals, for example, teenagers, families and communities. This programme is aimed at the discouragement of risky behaviour such as smoking, irresponsible alcohol use and substance abuse. Khomanani is further aimed at empowering and motivating individuals and communities not only to learn about prevention, care and support, but also to take personal and communal action (Dlamini, 2007). This programme is relevant for to educate teenagers in schools and clinics.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter provides a detailed description of the research aims and objectives, the research design as well as the ethical considerations underpinning the research.

3.2. Research question, aim and objectives

3.2.1. Research Question

This research study focused on the exploration of answers to the following questions:

- What are the factors causing teenage pregnancy and what are the consequences thereof as perceived by teenagers, their parents/primary care-givers and teachers?

- What are the consequences of teenage pregnancy as perceived by teenagers, their parents/primary care-givers and teachers?

- What are the challenges faced by teenagers, their parents/primary care-givers and teachers if the teenager falls pregnant?

- What coping strategies are used by teens, their parents/primary care-givers and teenagers to manage teenage pregnancy?

3.2.2. Primary Aim:

The primary aim of the research study was to explore the causes and consequences of teenage pregnancy, the needs and the challenges, as well as the coping strategies of

pregnant teenagers as perceived by these teenagers, their teachers, their parents or primary care-givers.

3.2.3. Secondary Objectives:

A. Parents/ Primary Care-givers

1. To explore the parents'/primary care-givers' views on the factors contributing to teenage pregnancy;
2. To explore what parents/primary care-givers think are the consequences of teenage pregnancy;
3. To find out what parents/primary care-givers think their needs are when faced when faced with the challenge of caring for the pregnant teenager
4. To probe how parents/primary care-givers manage the challenges presented by teenager pregnancy;

B. Teenagers

1. To explore teenagers' views on the factors contributing to teenage pregnancy;
2. To explore the perceptions of teenagers regarding the consequences of teenage pregnancy for teenagers;
3. To probe the needs and challenges of teenagers in relation to prevention, termination or continuing with teenage pregnancy;
4. To determine the coping strategies of teenagers in dealing with challenges of teenage pregnancy.

C. Teachers

1. To explore teachers' views on the factors contributing to teenage pregnancy;
2. To explore the perceptions of teachers regarding the consequences of teenage pregnancy for teenagers;
3. To explore perceptions of teachers regarding the impact of the Children's Act on teenage pregnancy;

4. To probe the needs and challenges of teachers in relation to teenage pregnancy;
5. To determine the coping strategies of teachers in dealing with teenage pregnancy.

3.3. Research design

An exploratory research study was conducted, using a qualitative research approach. Qualitative research is contextual and seeks to understand human experiences from their personal perspective (Buckingham & Saunders, 2004). This is essential as this research is an attempt to discover the personal views of teenagers, teachers and parents regarding the social phenomenon of teenage pregnancy. Terre Blanche, Durrheim and Painter (2006, p. 563) explain that qualitative research seeks to preserve the integrity of narrative data and attempts to use the data to exemplify core themes embedded in contexts.

3.3.1. Sampling Procedure

The study was carried out with eight teenage mothers and pregnant teenage mothers (between the ages of 16 and 19 years). In order to enhance the validity and reliability of the research, the researcher also interviewed six parents whose teenagers were pregnant or had been pregnant, and six teachers who were teaching or had been teaching the targeted sample as they are people who are likely to be affected by the challenges of teenage pregnancy.

The researcher approached Ikageng Aids Ministry, teachers, learners, community members and community leaders, and gained entry to the participants. The sample was made up of participants who had willingly agreed to participate in the study after the researcher had explained the purpose of the research to them. Teenagers and teachers in the selected sample were associated with Orlando West High School or Anchor Comprehensive High School, Soweto, in the sense that teenagers concerned had fallen pregnant whilst attending one of these schools and the sample of teachers had taught or were still teaching pregnant teenagers at one of the said schools. More than one school was used to enhance the quality and comparison of the views of the responses from

various respondents in the three different groups. The use of three different groups allowed for triangulation. Maxwell and Starke (2006, p.7) define triangulation as a process of "enhancing the value of a theory by using multiple methods and perspectives to investigate the truth."

To select this targeted sample, purposive sampling was used as a strategy as the intention was to target particular individuals and categories of individuals for investigation. A purposive sample is composed of elements that contain the most characteristics representative of typical attributes of the population (de Vos, 2002). In purposive sampling the researcher selects a sample of participants that he believes would yield the most comprehensive understanding of participants that comes from extended observation and reflection (Rubin & Babbie, 2001).

3.3.2. The Research Instrument and Tool

The fundamental instrument in qualitative research is the interviewer responsible for gathering data, usually the researcher. Because the nature of this research requires essential communication skills, like active listening and showing empathy and respect, the researcher had to manage the personal interviews in a professional manner.

Due to the qualitative nature of the research project, a semi-structured interview schedule was designed and used with each category of participants. According to Bailey (2007, p.100), "a semi-structured interview schedule involves a list of issues to be addressed and answered and also allows flexibility." De Vos, Strydom, Fouché and Delport (2005, p.293) define semi-structured interviews as "interviews organized around areas of particular interest, while still allowing considerable flexibility in scope and depth." In most cases the researcher was able to follow up particular interesting information emerging in the interviews. In semi-structured interviews the respondents were given the necessary encouragement to proceed when explaining issues (de Vos, et al., 2005). This approach helped the participants to provide more in-depth information on their

experiences and their social contexts that enabled the researcher to probe and gain clarity on certain issues.

Both open-ended and close-ended questions were used. Open-ended items invite expansion of expression and leave participants to express their feelings freely in any way they wish. Welman, Kruger and Mitchell (2005, p.176) define open-ended questions as "ones in which the interviewer asks questions without any prompting with regards to the range of answers expected". The used of open-ended items enabled the respondents to formulate their responses themselves. With these kinds of questions there were no prior lists of answers (Welman et al., 2005).

The strength of using open-ended questions was that the respondents' answers were not influenced by the interviewer or the questionnaire. The verbatim replies from respondents provided a rich source of varied material which have been untapped by categories on a pre-coded list (Welman et al., 2005). In addition open-ended questions reduced researcher and interviewer biases and inconsistencies. They allowed the researcher to cover what he intended to cover and to remain focused on issues. Open-ended questions helped with the flow of interviews (Rubin & Babbie, 2001). Closed-ended questions focused on the specific issues that required a short answer (Hepworth & Larsen, 2002).

According to Welman et al., (2005, p.95) semi-structured interviews "allow the interviewer to use probes with a view to clearing up vague responses, or to ask for elaboration of incomplete answers." Additional questions were required to explore the research question and the objectives given the nature of events within particular questions.

3.3.3. Pilot Study of Research Tool

The interview schedule was administered to three willing participants, namely, a teenager, a teacher and a parent/primary care-giver. According to Israel and Hay (2006) a preliminary administration of the interview schedule assists in determining the preparedness or the quality of questionnaires. These participants were not included in the

final study. The pilot study made it possible for the researcher to adjust the research tool for the suitability of the research study.

3.3.4 Data collection

Individual, face-to-face interviews were used to gather data. In the face-to-face interviews conducted, questions were asked orally and the participants' responses were recorded in writing due to the fact that participants did not want the researcher to audio-tape the interviews in light of the civil servants' strike tension. Using tape recording during the interviews would have been more helpful in capturing accurate language used, detailed responses and verbatim recordings during data collection (McBurney, 2001).

Data collections took place in the offices arranged for the researcher and where selected in order to enhance confidentiality and privacy. The duration of the interviews varied due to the information given. However, the duration of each interview was approximately 45 minutes.

de Vos, et al. (2005, p.293) define semi-structured interviews as "interviews organized around areas of particular interest, while still allowing considerable flexibility in scope and depth." In most cases the researcher was able to follow up on particular interesting information emerging during the interviews. In semi-structured interviews the respondent were given the necessary encouragement to proceed when explaining issues (de Vos et al., 2005). In order to enhance trustworthiness, all the respondents were asked the same or similar questions to gain knowledge on issues related to the research topic.

3.3.5. Data analysis and presentation

The qualitative data gathered was analyzed via thematic content analysis. Thematic content analysis is used to analyze data using the inductive approach. "Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data. It minimally organizes and describes data set in (rich) detail" (Braun & Clarke, 2006, p.79). This study used thematic content analysis also because of its potential to further interpret and highlight emerging themes and aspects pertaining to the research topic. In addition,

this method of data analysis brought clarity on emerging themes that came out during the interviews.

The following qualitative analysis steps were followed:

Step 1: The researcher first read all the notes taken to get an understanding of the meaning of the data.

Step 2: The researcher then looked for developing and recurrent themes and sub-themes; make notes and try to retain the language of the participants as much as possible.

Step 3: Thematic analysis was employed to pull out recurring themes with some aspects of discourse analysis to understand how participants spoke about their experiences.

Step 4: Data analysis also involved coding data with respect to relevance to the themes and constant comparison and domain analysis was undertaken.

Lastly a written account of the interpretation of the findings was compiled.

3.4. Ethical consideration

de Vos (2002, p.63) defines ethics as "moral principles that are suggested by an individual or a group, which are subsequently widely accepted, and offer rules and behavioural expectations about conduct within the profession." In conducting the study, the researcher adhered to the following ethical principles:

3.4.1. Informed consent

All participants were fully informed about the purpose of the research (See Appendix I, J and K). The researcher informed them that participation is voluntary and that they have the right to withdraw from the study at any time without incurring any penalties. In terms

of incentives, the researcher informed participants that no remuneration was going to be paid for participation in the research study. The researcher formulated written documents for participants to sign in order to give consent to participate in the study (See Appendix L, M, N, O and P). For minor participants, assent forms were be provided. In addition, consent forms were given to parents to give permission for their teenage children to participate in the study. Teachers' consent forms and the 18 and 19 years old teenagers consent forms were designed and given to them to sign (Bailey, 2007).

3.4.2 Protection from harm or non-maleficence

The researcher made every attempt to ensure that participants did not experience emotional distress during the interviews. He made provision for participants to receive professional counselling from the Family and Marriage Society of South Africa (FAMSA) should services be required. These services would be free of charge.

3.4.3 Honesty and avoidance of deception

The researcher was committed to honesty and did not deceive participants. Honesty and avoidance of deception enhanced mutual trust between the researcher and the participants (Israel & Hay, 2006). Sources used in the research study were acknowledged in order to avoid plagiarism.

3.4.4 Confidentiality

Information gathered was kept confidential and all raw data will be stored for 6 years in a locked cupboard after completion of the study. Biestek (1992, p. 121) cited in Banks (2006) defines confidentiality as "the preservation of secret information contained in the interview which is disclosed in the professional relationship." The researcher ensured that participants were informed that the information they provided would have no personal reference to them and that their names were not going to be identified in the final report because this would be a violation of confidentiality. The information obtained from them was used only for the purpose of the research. Moreover, sensitive information was withheld by the researcher to protect the participants' privacy and dignity. The researcher

also informed the participants that the information was only going to be shared with the supervisor for the study (Bailey, 2007).

3.5. Limitation of the research methodology

The limitation of this study was that it was carried out with a small sample. Hence the findings cannot be generalized to the broader population of teenagers, teachers and parents/care-givers. The study was affected by the civil servants' strike, preparatory September 2010 examinations' schedules for Grade 12 learners as well as personal and work related commitments of the interviewees. For that reasons, the researcher frequently had to reschedule his time to meet with participants at times and places that were convenient for them. In some instances, appointments were arranged and participants were unable to come as arranged because the school gates were always locked to prevent Congress of South African Students demonstrators and other teachers to interrupt their studies. The fact that the researcher was a male, however this did not discourage to the responses. Moreover, a female interpreter was organized to avoid any inconveniences.

The limitations of closed-ended (pre-coded) questions were that they restricted participants to particular responses that were not provided for their unique situation. They further limited participants' freedom to express themselves (Welman, Kruger & Mitchell, 2005).

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF RESULTS

4.1 Introduction

This chapter focuses on the findings in respect of the three targeted groups of participants, namely, parents/care-givers, teenagers and teachers. Results are presented and discussed in accordance with the objectives of the study, including the factors perceived to contribute to teenage pregnancy; the consequences of teenage pregnancy; knowledge of the Children's Act 38 of 2005 and whether it was perceived to influence teenage pregnancy; coping strategies of parents/care-givers, teenagers and teachers as well as the needs and challenges experienced by the three respective groups.

4.2. Profile of participants

4.2.1Teachers

Participants' standard of education was relatively high and they were all employed. The type of employment was directly related to level of education. Also surprisingly was the fact that all participants in this category were employed in light of the high unemployment rate in South Africa. According to the figures given by the Statistics South Africa (2011), the rate of unemployment stands at 25.2 percent and 171 000 people lost their jobs during the fourth quarter of the year 2009 and first quarter of the year 2010.

4.2.2. Parents/Caregivers

The demographic particulars of the parents/care-givers who participated in the study are summarised in Table 1. on the following page.

Table1. Profile of Parents/Care-givers (n=6)

Gender	F	F	F	F	F	F
Age	45	43	49	56	47	39
Home Language	Sesotho	Setswana	IsiXhosa	IsiZulu	IsiXhosa	Sepedi
Religion	Christian	Christian	Christian	Christian	Christian	Christian
Marital Status	Widow	Married	Divorced	Not Married	Not Married	Not Married
Own Children	03	06	04	01	01	03
Level of Education	Grade 12	Grade 12	Diploma	Grade 8	Bachelor of Arts in Social Work	Grade 12
Occupation	Director for Orphans and Vulnerable Children	Director	Community Worker	Cleaner	Social Worker	Self Employed
Type of Grant received	Not receiving grant	Child Support Grant	Not receiving Grant	Foster Care Grant	Not receiving Grant	Child Support Grant

The ages of the participants ranged from between 39 and 56 years with an average age of 47 years. The youngest parent participating in the study was 39 years old. IsiXhosa was the dominant home language with Sesotho, Setswana, IsiZulu and Sepedi also being spoken. The significance for the inclusion of home languages in the table was to show that the researcher tried to explore the needs, challenges and coping strategies of the parents' of teenagers from different ethnic groups. All the participants who took part in the study were Christians. Three of the participants who took part in the study were not married, one was a widow, one was married and one was divorced. The marital status of the participants cut across spheres of life experiences with one widow, one married, one divorced to none single. The number of children of participants ranged from one to six. Three of the participants had children in grade 12 level of education, with one having a diploma, one grade 8 and one a Bachelor of Arts in Social Work level of education. The occupations of the participants were diverse and cut across various spheres of

employment. Three of the participants were not receiving any grant while two were receiving a child support grant and one was receiving a foster care grant.

4.2.3 Teenagers

The demographic particulars of the teenagers who participated in the study are summarised in Table 2 below.

Table 2. Profile of Teenagers (n=8)

Age	16	16	16	17	18	19	19	19
Home Language	Sotho	Zulu	Zulu	Zulu	Sepedi	Zulu	Zulu	Zulu
Religion	Christian	Christian	Christian	Christian	Christian	Christian	Christian	Christian
Marital Status	Not Married	Not Married	Not Married	Not Married	Not Married	Not Married	Not Married	Not Married
Own Children	01	01	Still pregnant	01	01	02	01	02
Level of Education	9	11	10	11	12	11	12	12
Occupation (Part time)	Student	Student	Student	Student	Care-giver	Volunteer	Student	Student
Type of Grant received	Not receiving Grant	Not receiving Grant	Not receiving Grant	Not receiving Grant	Child Support Grant	Child Support Grant	Child Support Grant	Child Support Grant

Three teenagers who participated in the research study were 16 years old, while another three were 19 years old. One of the participants was 17 years old. Most of the teenagers had one child each whereas two of the teenagers had two children each; except for one teenager who was still pregnant at the time the interview was conducted.

Six of the teenagers spoke Zulu while the remaining two were Sesotho and Sepedi speaking. All of the participants were Christians and all of the participants were not married at the time the interviews were conducted with them.

Three teenagers who participated in the study were in grade 11, three were in grade 12, whilst two participants were in grades 9 and 10 respectively. Six teenagers were not engaged into any temporary work to supplement their income. The other two teenagers were involved in care-giving and volunteering in order to help meet their children's material needs. Regarding grants received by teenagers, the researcher found that four of the teenagers were not receiving Child Support Grants at the time the research was conducted because they were minors (i.e. below aged 18). At the time the research study was conducted, according to the South African Social Security Agency (2009), a child had to be under the age of 15 years for the parent/ primary care-giver to qualify for a Child Support Grant. However, the age criterion was recently extended to the age of 18 years.

4.2.3. Teachers

The demographic particulars of the teachers who participated in the study are summarised in the Table 3 below.

Table 3. Profile of Teachers (n=6)

Gender	F	M	M	F	F	F
Age	45	35	41	40	40	50
Home Language	Sepedi	Tshivenda	XiTsonga	Setswana	Sesotho	Setswana
Religion	Christian	None	Christian	Christian	Christian	Christian
Marital Status	Married	Married	Married	Not married	Not married	Not married
Level of Education	Bachelor of Education Honours	Relative Education Qualification Value	Bachelor of Arts	Diploma	Advance Certificate in Education	Bachelor of Education
Occupation	Educator	Head of Department	Educator	Educator	Educator	Educator

The age of the teachers who took part in the study ranged from 35 to 51 years. The most frequently spoken language by the participants was Setswana. The other languages spoken by participants were Sepedi, Tshivenda, XiTsonga and Sotho. Four of the teachers that participated in the study were married and two were single. The levels of

education of the teacher participants varied and cut across the categories of education qualifications. Five of the teachers were educators and one was HOD of the school.

4.3. Findings regarding parents/primary care-givers

4.3.1 Parents/Primary care-givers'views on the factors contributing to teenage pregnancy

The following themes came to the fore as factors contributing to teenage pregnancy.

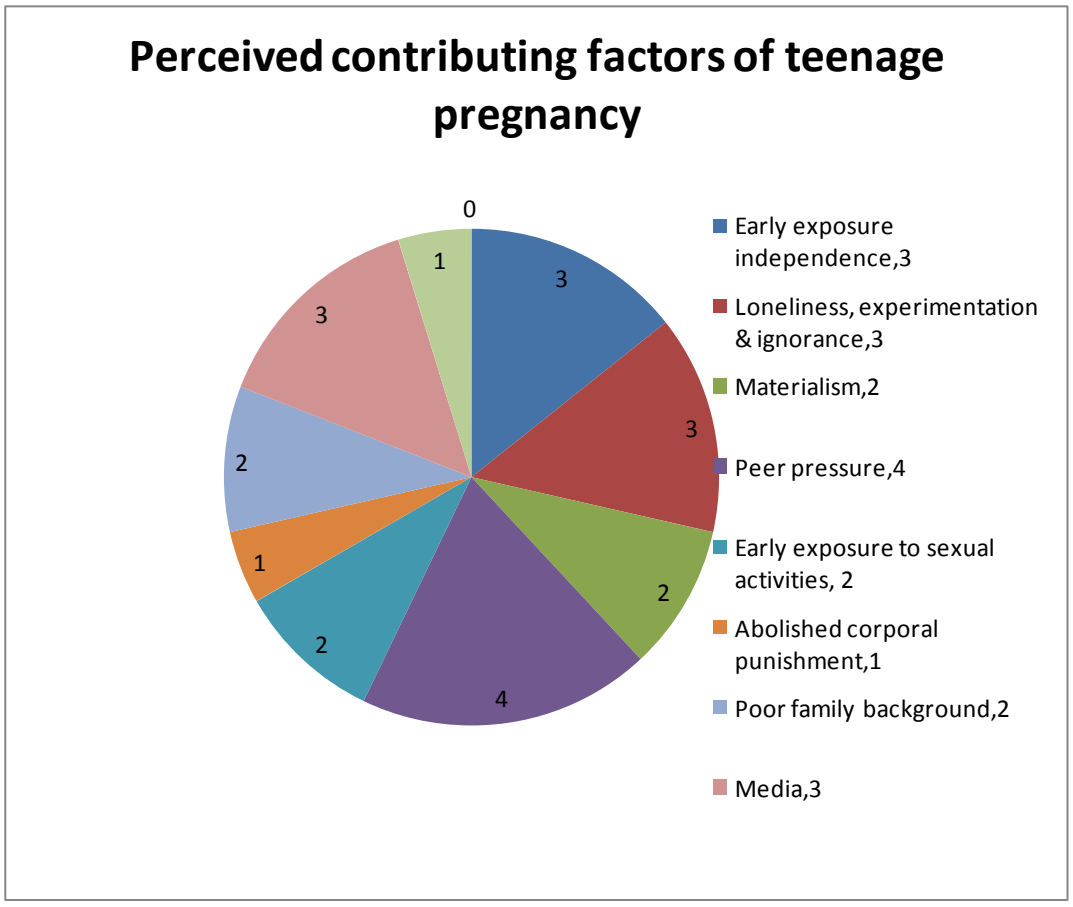

Figure 1: Parents/primary care-givers' views on the factors contributing to teenage pregnancy

4.3.1.1. Exposure to early independence

Three of the parents/care-givers regarded exposure to early independency as one of the factors contributing to teenage pregnancy. One of the participant explained that "*single parents working as domestic workers stay full time with their employers and far away from their children. Consequently, their children assume their responsibilities as parents on their behalf. Boys are taking an advantage by putting girl children under pressure until she succumbs to it.*"
Miller (2002) explained that children growing up in a single-parent homes, or without any parents, place adolescents at risk of early pregnancy.

Another parent explained that ignorance of parents exposed young children to early independence by letting children socialise at night without monitoring their whereabouts. The children were then afforded the opportunity to engage in sexual activities. She further explained that the children whose parents abuse alcohol were easily exposed to sexual activities because their parents did not have time to supervise them or talk to them about issues affecting them.

4.3.1.2. Loneliness, experimentation and ignorance

Three of the parents/primary care-givers were of the opinion that loneliness, experimentation and ignorance are some of the factors contributing to the challenge of teenage pregnancy in school children. One of the participants explained that:
"*If a teenager is not given attention and love by the mother, she seeks attention outside. Insufficient attention from parents leads to loneliness in teenagers.*" Moreover, when a girl child is alone she is seeing that as an opportunity to be used for the fulfilment for her sexual desire not hesitating. In the study conducted by Sekgobela (2008, p.91), two participants that took part in the study expressed that the feeling of loneliness was because of poor family support and psychological problems.

Benda and Corwyn (1998, p.78) explain that "early involvement in sexual behaviour in teens arises from the absence of positive support from families, and from negative

feelings such as frustration from their experiences." Thus, as a result of lack of support from their families, many teens find themselves relieving their frustrations through sexual gratification.

Two of the primary care-givers explained that even though teenagers were aware of the consequences of their sexual engagement, they continued doing them. It is believed that billboards are located all over the country teaching about safe sex, but teenagers seemed to ignore reading the messages displayed on them. These two participants expressed the view that teenagers used to listen to useless things which are not benefiting them anywhere. It was also reported that teenage girls were aware that there were people distributing pamphlets advertising persons claiming to terminate pregnancies.

One of the parents explained that:
"*Teenagers are engaging in sexual activities in order to experiment with termination of pregnancy*." The unfortunate part of the matter was that these exercises are conducted in backyards and under unsafe conditions. One of the participants revealed that she lost her child because of a backyard termination of pregnancy. She further revealed that: "C*hildren are urged not to tell where the activities of termination of pregnancy are conducted because the perpetrators do not wish to disclose their whereabouts."* She continued explaining that her child informed her that those activities were conducted in a dark room where the perpetrators could not be identified.

Despite the abortion legislation in South Africa in 1996 and the progressive increase of services available in public and private facilities, few teenagers reported using legal services for termination of pregnancy. Failure to use legal services is probably related to lack of information about the costs of termination and the stage of gestation in which legal termination can be done, as well as the stigma of pregnancy and abortion from the community and in the health system. So termination of pregnancy is performed, regardless of whether it is illegal (Panday et al., 2009).

4.3.1.4 Materialism

Two of the parents who took part in the study viewed materialism contributing to teenage pregnancy. One of them explained that: *"Teenagers are involved in relationships with 'sugar daddies' for the love of money and clothes."* The participant further revealed that: "*teenagers are competing with each other via clothes and money at school."* The unfortunate part is that many 'sugar daddies' involved were married men and had their own families to maintain. As a result those teenagers were enticed with money and other material things to go wherever they were asked for.

Another parent revealed that her child was involved with a taxi driver and she was always in possession of money. She explained that she once tried to ask her where she obtained the money from. The answer was: "*I won a jackpot and there is also 'minister of finance*." The mother was not aware of the meaning these words until she noticed that someone used to drop her daughter off at the gate. To the mother it was sad because her child became pregnant and the 'jackpot and minister of finance' were no more. The two terms imply that the teenager had two men whom one was giving money and the other one was for transportation to various places. The mother had to take responsibility for her child and the unborn baby and as a single mother struggled to raise her children. 'Sugar daddies' supposedly run away because they do not want to assume additional responsibilities because they already have the responsibility of their own families. Teenagers exchange their bodies for the love of money and other material needs.

In the study conducted by Panday et al. (2009, p.59) it was found that when young women were involved in relationships where power is imbalanced, men decided the conditions under which sex occurs. In this research study teenagers were subjected to 'sugar daddies' authority due to material things. This suggested that teenagers had no control over 'sugar daddies'.

4.3.1.5. Peer pressure

Four of the parents/ primary care-givers in the study regarded peer pressure as the most frequent contributing factor in teenage pregnancy. According to one of the participants: "T*eenagers are seeking guidance from their peers rather than their parents/care-givers because of lack of communication and openness between parents/care-givers and children.*"

Another parent further explained that: "…… *as a result, when they are together they need to share experiences about their boyfriends and how they behave when they are with their boyfriends and they are only advising each other on how to keep a boyfriend for sexual gratification. In these instances they forget that they do not have knowledge to make informed decisions.* "

Jali (2008) explains that teenagers frequently engage in sexual behaviour because of the nature of peer pressure. Jali (2008, p.36) further explains that peer pressure leads adolescent to indulge in sex because everyone does so or because they want to feel part of the group. The influence of peer pressure also seems to be encouraged by the lack of interest of parents in their children lives. Peruk, Petersen, Bhana, Berglas, Bell and McKay (2005) explained that parents lacking both knowledge and skill to talk openly about sex seems feeling disempowered for taking control to their children.

4.3.1.6. Early exposure to sexual activities

Expose to sexual activities was another theme highlighted in the study. Two of the participants articulated that early exposure to sexual activities contribute to the problem of teenage pregnancy. One of the participants revealed that:
"*Insufficient spaces in the family where parents are sharing a room or a shack with their children tend to expose children to sexual activities.*" Panday et al. (2009, p.58) revealed that "when young children grow up in residential areas where poverty is entrenched, they are at risk of experiencing an early pregnancy." This is because children become familiar

with sexual activities because their parents do not have privacy in the limited living space. This is seen as a reflection of the gap between the rich and the poor.

Another parent reported sharing a room with her children. She further explained that: "*if we are under the influence of alcohol we have sexual intercourse unaware that children are listening to whatever is happening. As a result, children become inquisitive to understand what is happening. Sometimes they are sharing with friends at school and discuss about what they heard*."

4.3.1.7. The abolition of corporal punishment

One of the parents/care-givers expressed that the abolition of corporal punishment contributes to teenage pregnancy. She explained that:
"*Too many rights have been given to children in such a way that their parents are unable to take control of their lives. These lead to communication breakdown between parents and their children*." The participant further explained that:
"C*hildren seem to be out of order because the rights given to them seem to undermine parental and teachers' roles.*"

In the study conducted by Ncube (2010, p. 46) it was established that parents no longer feel able to control their adolescents because in terms of the Children's Act (38 of 2005) if they punish their children, their children can press charges against them.

4.3.1.8. Poor Family background

On the theme of 'poor family background', two participants viewed poor family circumstances as contributing to teenage pregnancy in schools. One of the participants explained that:
"*Teenagers find themselves under pressure when their parents are unemployed for meeting their material needs. As a result they find themselves under pressure to accept whatever opportunities come to them for meeting their material needs. Then when the working boys or men come to them they see them as an opportunity to meet their material needs*."

Another parent added that: "*Teenagers regard boys or working men as an opportunity for economic stability whereas they forget the consequences of their sexual acts*." In this regard teenagers need to be guided about the effects of teenage pregnancy and its challenges.

4.3.1.9. The Media

Three parents/primary care-givers were of the view that media contributes to teenage pregnancy. Meier (1994) regards media is as a contributing factor to teenage pregnancy. One of the participants explained that:
"T*eenagers are watching Generations where one of the actors, for example, 'Karabo Moroka' keeps on changing boyfriends. As a result, teenagers find themselves under pressure to exercise what is seen on TV by their role models*."

Another participant explained that: "*Actors kiss each other and further display romantic acts which attract teenagers to engage more in sexual activities*."
Meier (1994, p.9) emphasizes that "media also contributes to sexual acts amongst teens because most of sexual acts are shown on television and movies." The research conducted by Mohase (2006) found that television shows, movies and music videos that display sex impact teenagers' life styles. As a result, for teenagers to engage in sexual intercourse looks easy, fun and glamorous without thinking about the consequences.

Another participant explained that "*actors kiss each other and further display romantic acts which attract teenagers to engage more on sexual activities*." According to Mohase (2006, p.17) "media also plays the role of shaping youth's feelings and attitudes about relationships."

4.3.1.10. Technology

One of the six participants perceived technology as one of the contributing factors encouraging teenage pregnancy. She explained that:

"D*ue to the highly accessible and well developed technology which is now linked to cell phones, children are able to visit the internet and view programmes which contain pornography*."

Van Wyk (2010, p.10) expressed that "children filming themselves nude, having sex or masturbating and distributing the videos to others has spiralled out of control." Twitter, Mixit and Face Book were regarded as some of the social networks that expose teenagers to chatting with strangers with whom they eventually meet and with whom they engage in sexual activities.

4.3.1.11. Lack of communication between female teenagers and their mothers

One out of six participants in the study regarded lack of communication as a factor contributing to teenage pregnancy. The participant mentioning the factor explained that: "*Lack of communication between a girl child and her mother close the gap for information sharing*." Hollander (2003) revealed the importance of communication in the sense that parent-child communication is important for the prevention and reduction of teenage pregnancy. It was anticipated that lack of communication may lead to lack of transference of information to the teenager. Moreover, the teenagers needed to be empowered and be guided on aspects that they may affect their future.

4.3.2 Parent/caregivers' perceived consequences of teenage pregnancy

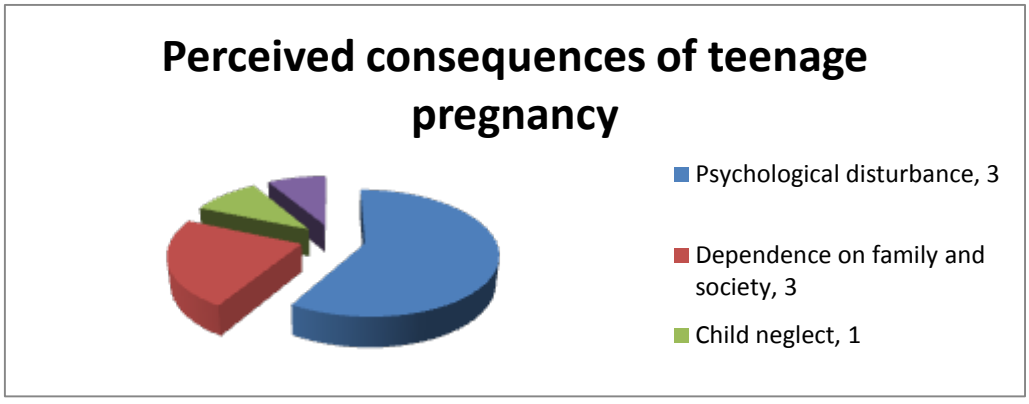

Figure: 2 Parents/Care-givers' perceived consequences of teenage pregnancy.

4.3.2.1 Psychological disturbance

Three out of the six participants perceived psychological disturbance to be one of the consequences of teenage pregnancy. Teenage pregnancy was perceived to be disturbing teenagers mentally in such a way that they are unable to concentrate on their studies. Disturbance of their studies was believed to lead to the development of lack of interest in their studies. One of the participants explained that:
"*If a girl child's academic progress is disturbed, her future is also disturbed*."

The teenager was perceived to be always worried about her situation which can also contribute to deterioration in her health. A participant who worked as a community worker explained to the researcher that:
"*The teenager is worried because of the pressure of being a learner and a mother at the same time. Her role confusion caused confusion, stress and depression*." Bezuidenhout (2004, p.33) explained that "while the teenage mother-to-be has to cope with her own developmental needs, she must now also learn how to cope with the tasks associated with pregnancy and the needs of her unborn baby."

Another participant revealed that:
"*The more the teenager becomes depressed the more she sleeps in class, and she lagged behind in her studies*." Moreover, Sethosa (2007) substantiates that teenage pregnancy characterizes by the effect of emotional, social well-being, psychological and physical challenges which may lead a possible change in educational and career pursuits.

Another participant regarded teenage pregnancy as detrimental to the development of future generations. Girl children were not aware of the challenges of being mothers and immediately they found themselves in this situation, part of their life chances becomes destroyed, including class room performance. Sethosa (2007, p.3) added that "most of the teenagers ended up dropping out of school, whereas others' academic performances dropped drastically. This contributes to the school's high failure rate."

In addition, Kaseke (1996, p.4) further revealed that pregnancy disrupts schooling in the following ways: it affects the student mother's self-esteem, it increases the risk of becoming HIV positive and it also affects the student's working abilities. Teenage pregnancy was perceived to be a family problem because it involved all family members to meet the material needs of both the child and the mother and the cost thereof.

4.3.2.2. Creates dependence on family and society

Three of the parents/primary care-givers were of the opinion that teenage pregnancy creates dependence on families and society. One of the participants explained that:
"*Teenagers are still school going children and they are unemployed and their see the children of the teenagers as a burden in the family where the children depend on them for everything*." On this matter the entire responsibility was shifted onto the parents of the teenager and the focus was only on meeting the material needs of the grandchildren.

Bechrach (1994) explains that most parents take the role of the mother from their children in order for the mother of the child to remain focused on her studies. On the government side the mothers of the children are obliged to apply for Child Support Grant so that the children can receive money to supplement their material needs.

According to Mohase (2006), population growth contributes negatively to the development of the country. The negative contribution of the population to the country leads to a lack of jobs which also affects the economy of the country. In this way, the tax payers' money is spent on teenagers' children while other material needs for the development of the country are neglected.

4.3.2.3. Child neglect

One of the participants perceived child neglect as the consequences of teenage pregnancy. She further explained that:
"S*ome teenagers who do not have anyone to remain with their children when going to school may decide to abandon their children in order to pursue their studies. Often teenagers become reluctant to leave children with other people because those people*

need to be paid whereas the mothers of the children are unemployed." The participant expressed that "*the pressure is placed on grandparents financially as children depend on them for material needs.*" Therefore it seems like when there is no one to assist the teenager the only solution is to neglect the child. According to Merrick cited by Bissell (2000, p.191) this is caused by the fact that the adolescent still needs to develop a sense of identity through the cultivation of independence and a separation from the family.

4.3.2.4. Social exclusion

One out of six participants regarded social exclusion to be one of the consequences of teenage pregnancy. She expressed that "*the teenager becomes isolated from her peers due to her status*." The teenager is isolated from her peers because she has to be a mother and a teenager at the same time. The activities she was doing with her peers are no longer suitable for her. Consequently, other teenagers are reported no longer willing to accommodate her in their company. As a result, she has to find a new group of peers with similar characteristics like her to associate with because she is embarrassed to interact with the former ones. The more teenagers are isolated from their peers they may feel stigmatised. Social exclusion may lead to lack of confidence to approach life in a positive way. Stigmatisation may also have a negative impact on family members.

The participant further explained that "*teenagers develop a fear of attending local clinics because they seem not to be user friendly due to the fact that confidentiality is not properly exercised at a local clinic*."

4.3.3. Perceptions of parents/care-givers regarding the impact of the Children's Act on teenage pregnancy

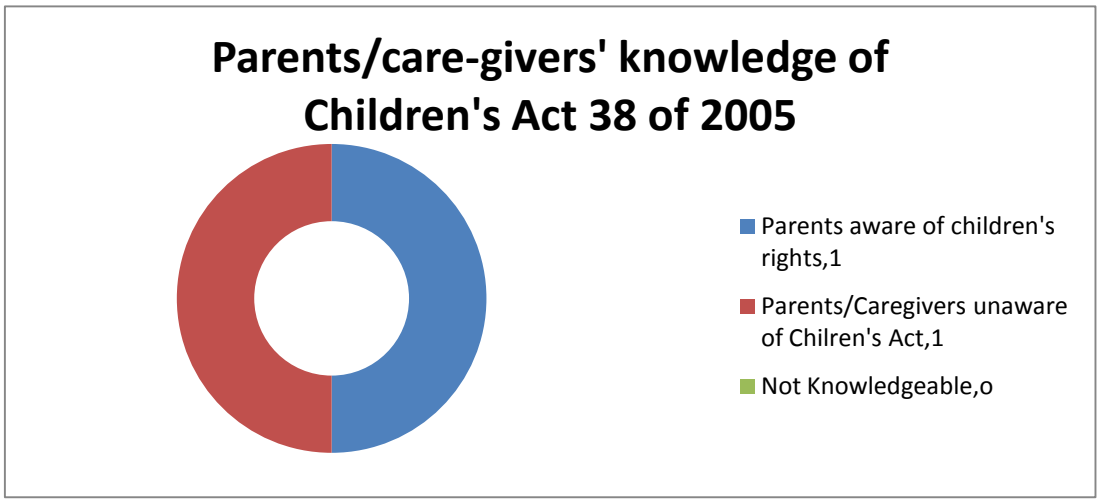

Figure 3: Parents/care-givers' knowledge of Children's Act

All participants' knowledge of the Children's Act was explored because it is based on a developmental approach to manage children at risk and the universal rights of children.

Four of the participants were aware of the existence of Children's Act through the SABC 1 Current Affairs programme, Asikhulume. One of the participants was only aware of children's rights and the other was unaware of Children's Act of 38 of 2005 or children's rights.

The general feeling was that Children's Act encouraged teenage pregnancy. Parents felt that teenagers were of the opinion that they were sufficiently mature to make informed decisions affecting their future. Therefore the implementation of the Children's Act was seen as a way of undermining parental roles because parents were no longer taking control to their children. Section 134 (2)(a) of the Children's 38 of 2005 states that "contraceptives other than condoms may be provided to a child on request by the child without the consent of the parent or caregiver of the child if the child is at least 12 years of age." Two of the participants explained that "*children are disrespectful and are not*

listening to their parents. Legislation (Children's Act) is giving more rights to children and also tends to encourage ill discipline that leads teenagers to engage in sexual activities."

One of the parents was of the view that the Children's Act, 38 of 2005, is aiming to highlight and identify issues to be taken into consideration. She further explained that "*Children's Act 38 of 2005 is a way out to deal with particular problems happening in the society and also it is a way to protect vulnerable children.*"

4.3.4. The needs and challenges experienced by parents and care-givers in relation to teenage pregnancy

4.3.4.1. Challenges:

4.3.4.1.1. HIV/AIDS

Six of the participants viewed HIV/AIDS as one of the most serious challenge they faced. One of the participants explained that her teenage daughter died of HIV/AIDS and her daughter's child remained with her. She further explained that her teenager's death placed a heavy load on her because she was expected to take the child to crèche and to the doctor if she was sick. The participant further explained that "*the presence of my grandchild changed my social roles in my family.*" She further explained that teenage pregnancy has added to economical instability in her family. As a result, she had to adjust challenges to suit the needs of the child. A painful thing to the participant was that the mother of the child was the only child in the family. She further explained that she had hoped her daughter would change the family's financial and social status but now '*the water spilled'*. This meant that she could not do anything because her child cannot come back from the grave.

The participant further explained that some of the "*parents are infected with HIV when taking care of the infected daughters. The death of the mothers of the children seems to be traumatizing for children and this may lead to the development of anti-social behaviour when children grow up.*" Treatment is expensive but government makes it freely available at government hospitals and clinics. The participant felt that caring for an

infected person was stressful. The statement of the participant is supported by Karim (2000) who explains that as the illness progresses to the advanced stage, there is an increase in health care expenditure and the fall in income is accompanied by a decline in expenditure of the basic needs.

4.3.4.2. Needs:

4.3.4.3. Additional financial and educational support from government

Three of the parents suggested that there should be the establishment of empowerment centres which can facilitate empowerment of parents/caregivers. Government seems to be doing well by assisting parents financially, but this not sufficient to meet the material needs of orphaned children. Moreover, there should be additional financial assistance to help them cope with their financial stress.

Sexuality education should be stressed for teenagers so that they develop a deeper understanding of the challenges of having a child at a young age. Three parents needed the government to establish programmes that could be able to promote a mutual relationship between parents and children so that they may be able to have opened discussions about sexual activities. Moreover, sexuality education can strengthen open communication and may instil a sense of belonging and encouragement. Teenagers should also be encouraged to attend antenatal clinics for the prevention of teenage pregnancy. Two participants also explained that "*the government should establish teenagers' empowerment centres for supporting them emotionally and empowering them with skills for enable them to deal with their own challenges*." One of the parents explained that she wanted '*the government to legalise virginity tes*ts' because she was of the view that virginity testing could be used as a strategy to fight HIV and AIDS in the county.

4.3.5. The coping strategies of parents/care-givers in dealing with teenage pregnancy

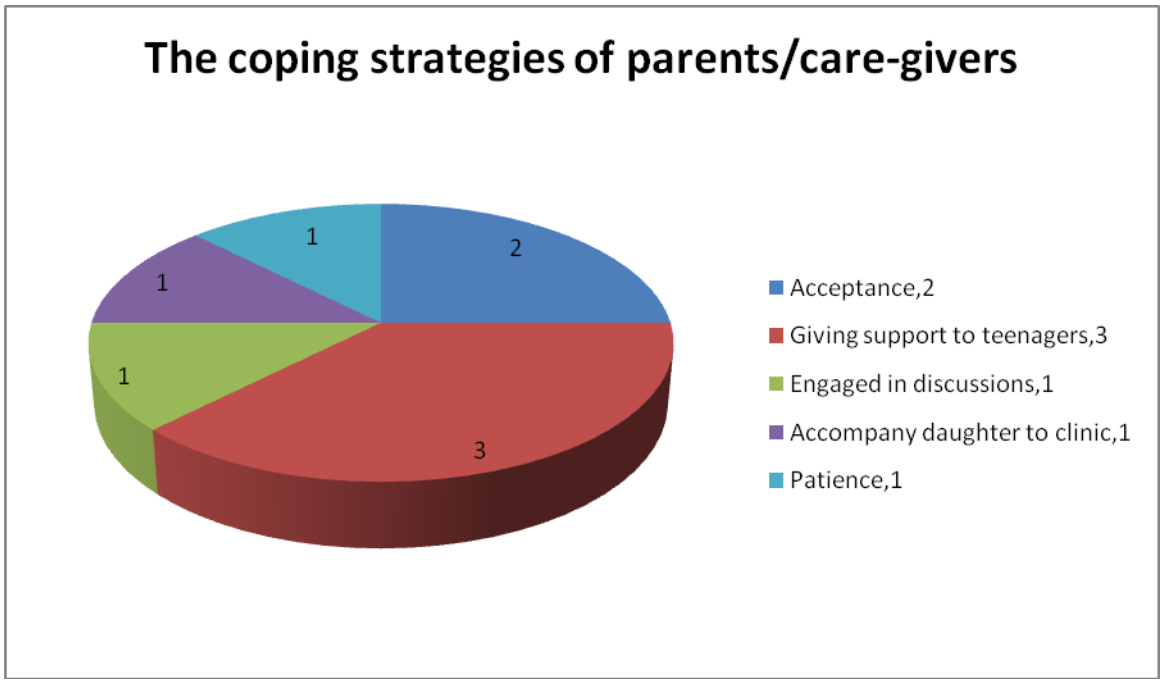

Figure 4: The coping strategies of parents/care-givers

Two participants out of six participants explained that they accepted the situation so that they could deal with the challenges of teenage pregnancy. Three of the parents/care-givers reported giving support to teenagers in order to give a chance to the unborn children to live because '*a person has been created in the image of God.*'

One of the six participants revealed that they engaged in discussion as a family and continued encouraging teenagers not to view pregnancy as the end of their future. Encouragement implies that they have to return to school and continue to shape their future in order to become independent in future.

One of the participants explained that she was "*taking initiative to accompany my pregnant teenage daughter when she attended antenatal clinic.*' She further added that communication with her daughter helped them to create a mutual relationship.

The other participant explained that for her to cope with her daughter's pregnancy she became patient with her daughter, motivated her and empowered her about the challenges of her pregnancy. She further explained that communication helped her to cope with her child's pregnancy until she delivered.

4.4: FINDINGS IN RESPECT OF TEENAGERS

4.4.1. The views of teenagers on the factors contributing to teenage pregnancy

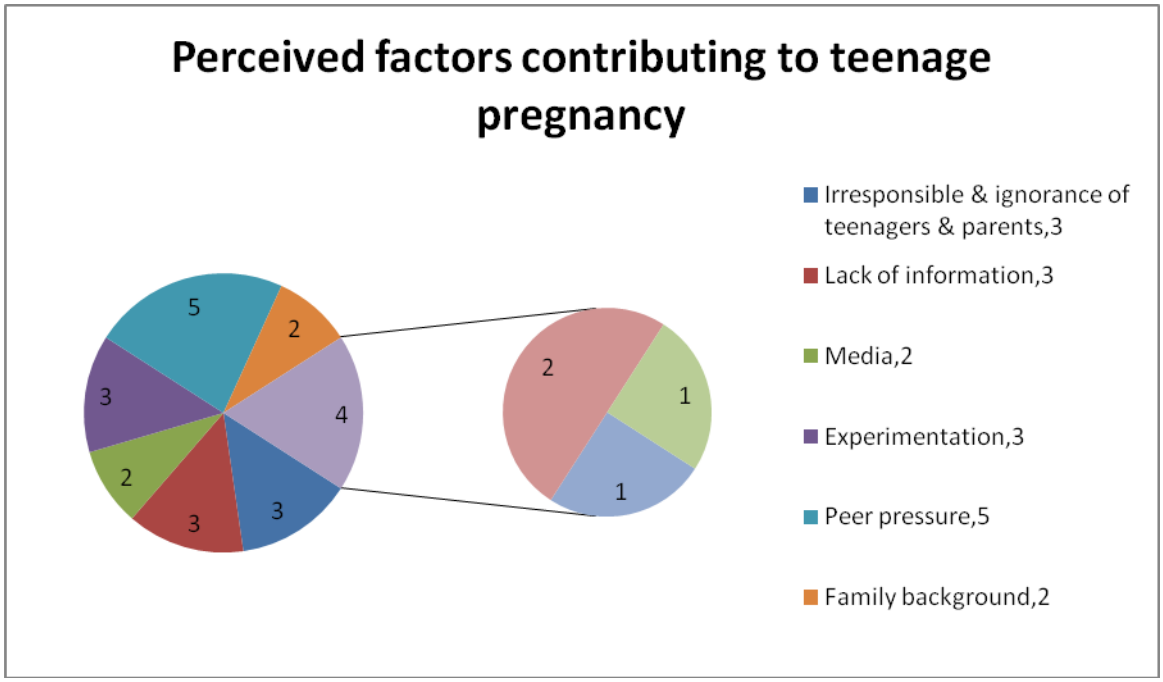

Figure 5. Perceived factors contributing to teenage pregnancy

4.4.1.1. <u>Irresponsible and ignorant teenagers and their parents, family background and poverty.</u>

Three out of eight teenagers held the view that the irresponsibility and ignorance of teenagers and parents was a factor that was contributing to teenage pregnancy. Teenagers possess information about the consequences of sexual activities but they are not using contraceptives. Mpanza (2006, p.3) stated that "parents as primary educators have

attitudes and perceptions about teenage pregnancies which have positive or adverse effects for their children." In relation to the irresponsibility of parents, one of the teenagers explained that "*after my mother died my father left us to stay with another woman around Soweto. Then he stopped maintaining us.*" The sad story for this teenager was that their father left the thirteen children in her care and without any assistance. "*So I realised that the only survival strategy is to have a working boyfriend to maintain us after our father told me that I should go outside to sell my body for money to survive.*"

The father of the abovementioned participant heard that she was pregnant and organised a meeting with her. In that meeting her father informed her that he had heard that his daughter has "*put a rock on top of the other rock*", meaning "*her daughter has created a problem on top of another problem.*" The participant further explained that "*papa o ile a nthela gore ke tswele pele ke itshelele ka mmele waka*", meaning "*her father encouraged her to continue selling her body to men.*" Then another meeting with the boyfriend was arranged and in that meeting her father told the boyfriend that he was unable to maintain his family. The father asked the boyfriend to continuing maintaining his family. According to the participant, the boyfriend took an advantage and continuously abused and cheated on her.

The boyfriend had sex with her before going to school and when returning from school. The participant narrated that "*two weeks after I delivered my boyfriend forced me to sleep with him and I submitted to him just to keep him because he was providing material needs for me and the family.*" The teenager explained that after the delivery of her baby she was stitched and those stitches were torn apart when her boyfriend slept with her soon after she had given birth. So she spent several days being unable to walk properly. The boyfriend continued stabbing her with the screwdriver if she could tell him that she experienced pain she could not continue having sex with him. The teenager further explained that "*my younger sister is pregnant due to our father's irresponsibility and ignorance.*" She reported being angry with her father and she lost trust in him. The participant further said "*to tell you the honest truth, I am who I am because of my father's irresponsibility and immaturity.*" The participant did not report the case to police because

she was afraid that if she reported the case to police the boyfriend would stop maintaining her. As a result, she would not have someone to provide for her material needs.

The other teenager explained that because of ignorance "*I ended up unable to initiate safe sex with my boyfriend*." Another teenager added that she was ashamed to talk about safer sex with her boyfriend because he told her that "*nna ke nyaka nama nameng*', meaning "he prefer flesh to flesh, unsafe sex."

4.4.1.2. Family's Financial Circumstances

Two out of eight teenagers expressed that they view family background as one of the factors contributing to teenage pregnancy in schools. One of the teenagers explained that "*the behaviour of parents and other adults of changing to different partners daily lead teenagers to become exposed to promiscuity during their teenage life*." Therefore when they grow up they believed that a better life was when changing partners. Kearney and Levine (2007) revealed that adolescents raised in poverty-stricken households may lack the motivation to prevent pregnancy and they have little options. The challenge is that the some parents and other adults in the family are unable to control teenagers when they are changing boyfriends like their parents.

Another teenager explained that "*if we do not have money at home you agreed on terms with the older person to provide money on exchange for sex for meeting the material needs.*" She further explained that she usually went for married men because they had experience in maintaining their families. She realised that when married men experienced marital problems, she became a substitute for the exchange of money only. However, she was aware that what she was doing was not good but she reported not knowing what to do because at home there was nothing to meet her material needs. She is also aware that she was becoming a tool to be used for sexual gratification by married men. Moreover, she was aware that she was going to have to raise children from different fathers. However, she forgot that in the future she was going to fail in disciplining her own child because having children from different fathers might reveal her identity to them.

Two out of the eight teenagers also regarded poverty as the other factor causing teenage pregnancy. One of the two participants explained that "*due to the fact that there is no one working in the family and the family struggles to meet the material needs, you end up having a child so that you can access a social grant*." This may suggest that social grants are being used for other things rather than the children's material needs. According to Bopape (2006, p.21) poverty is one of the "worst enemies of humankind as it severely limits people's rights to choices." It was understandable that teenagers stricken by poverty were more likely to experienced challenges such as unplanned pregnancies among adolescents due to limited choices in their lives.

This finding may suggests that teenage pregnancy becomes additional burden to parents because teenagers are still young and unemployed. Economically they are still depending on their parents for material needs.

4.4.1.3. Lack of information

Three of the participants had the view that lack of information was a factor contributing to teenage pregnancy. One of the teenagers explained that parents do not have time with their children to talk about sexuality and sexual activities. Parents were regarded as being embarrassed to talk about sex with their children. However, in the research conducted by the Kaiser Family Foundation and the SABC in 2006) it was found that 79 percent of adolescents regarded parents as trusted sources of information. Two of the teenagers further explained that sharing information about sex with parents is a taboo topic. Therefore three of the participants stressed that their parents believed that sharing information about sexual issues would seem as if they were giving children the go ahead to engage in sexual activities.

The other teenager added that "*my parents never guided me or monitor my behaviour. They did not bother when I am coming home. So this gave me a chance to do what pleases me outside.*" Positive, open and frequent family communication about sex and

fewer sexual partners were regarded as tool for empowerment (Blake, Simkin, Ledsky, Perkins & Calabrese, 2001).

The study conducted by Sekgobela (2008, p.69) revealed that 11 teenagers did not have adequate knowledge about contraceptives use. As a result, it was recommended that schools should develop and communicate clear health and safety policies for pregnant young women. They should be encouraged to undertake risk assessments for pregnant pupils, to avoid unforeseen circumstances due to teenage pregnancy.

4.4.1.4. Materialism

This issue was also perceived to be contributing to teenage pregnancy. Two of the eight teenagers were of the view that materialism contributes more to teenage pregnancy. Two of the teenagers explained that "*sugar daddies are saying that teenagers are less demanding and they are only used for 'hit and run' purposes*." The other teenager further explained that "*they are forcing by the fact that they want to make up their hair and buy nice clothes for parties, stockvels and weddings.*" Darroch, Landry and Oslak (1999) added that teenagers often partner with adult men because their relationships with teenagers are viewed as advantageous in terms of the resources men are able to provide. The two teenagers explained that sometimes they needed to buy '*kotas*', sweets and soft drinks at school. Moreover, their parents were unable to meet their material needs. As a result they were going after 'sugar daddies' because they tended to give lots of money after having sex with them.

The researcher is of the opinion that socio-emotional and financial empowerment is crucial. Young people need to be socialised to be ambitious and work hard rather than depending on others to provide for them e.g. the sugar daddies. Young people should also be encouraged and inspired to think big, beyond the culture of materialism and immediate gratification.

4.4.1.5. Experimentation and peer pressure

Three of the teenagers were of the view that experimentation contributed to teenage pregnancy. One of the teenagers explained that other parents used to intimidate teenagers by stating that if they fell pregnant they should be expelled from their families. Then they fell pregnant to test whether their parents would expel them from their families. The other thing that was stressed was that some boyfriends told them that if they can have their children they would be theirs forever. One of the participants explained that "*experimentation of sex lead me in the situation I am now.*" To support the respondent's experience, Sekgobela (2008, p.66) found that "risk-taking behaviours contributed to student nurses' pregnancy." The teenagers, whose boyfriends were cheating on them, reported telling them that if they could have a child they would stop cheating. However, after having children they were surprised that paternity was denied while others disappeared. The other teenager explained that "*I am not coping because I am always thinking about my future and the future of the child I carried*."

This finding suggests that parents and professionals still have a long way to go in order to educate children about the importance of shaping their futures rather than giving birth. They have to be taught that sex is for responsible adults. To support the statement that parents and professionals still have a long way to go, Sekgobela (2008, p.69) found that 13 teenagers wanted to be pregnant to prove that they can have children.

Eight teenagers perceived peer pressure as a factor contributing to teenage pregnancy in schools. One of the teenager explained that "*If you are not doing what they are doing, you are called by names. Therefore, because we are not feeling well if you are called 'a boring person' we are joining them for social acceptance. As teenagers, you find that your boyfriend tells you that if we are not having sex it means you do not love me. "* Therefore you find that when you share the challenges with your friend "*she also tells you that your boyfriend is going to cheat on you*." You finally become convinced because she is telling you that her boyfriend has done that and finally he cheated on her. Due to the fact that "*you do not want to lose him, you finally agree to have sex with him*."

The other teenager further explained that "*another thing I can share with you is that after having sex with him just to satisfy him, he told me that to prove that I love him we must have a child else he is going to leave me for someone willing to have his child. So after some weeks I told him that I am pregnant and that was the last day I saw him. The painful thing was the fact that I did not know where the guy was from*." One of the participants expressed her self saying that "*it is now a shame on me because I am stuck between parenting and teenager age."*

One of the teenagers realised that having teenage friends with children could lead her to have her own child because when she was trying to playing with her friend's child she was asked "*why not having your own?"* She further explained that *"in order to achieve a sense of belonging to the group you end up have your own child forgetting that having a child is another responsibility."*

4.4.1.6. Rape by relative(s)

It was found that one of the participants was pregnant because she was raped by a family member. She explained that she tried to break the silence to her mother but because the perpetrator was the teenager's uncle who maintained the family, explanation fell on deaf ears. Consequently, the matter was not reported to the police because the family tried by all means to bribe the teenager. Moreover, at the time the teenager was interviewed, she was 7 months pregnant. On that matter, she further explained that *"I do not know how I am going to cope with this unborn child after the child is delivered because the experience would be traumatic for me*." According to her it was very difficult to trust her uncle and her family because they betrayed her. The teenage further explained that her mother and other family members did not believe her and they were unwilling to believe her. As she was explaining she mentioned that her family was divided and she was blamed to be the cause of the division. This may imply that her family members were protecting their uncle, at the expense of the child forgetting that the same person might repeat what he had done before.

According to Kirby (2002), adolescents who had a history of sexual abuse are less likely to use contraceptives than those who were not abused. Therefore it is very important for the family to take a responsibility to shield teenagers as much as they can. Moreover, the participant seemed to have been traumatised and disturbed by the behaviour of her parents and other family for shielding their family member for the wrong doings he had done.

4.4.1.7. Substance abuse

One of eight teenagers was of the opinion that substance abuse is contributing to teenage pregnancy. She expressed that in her experiences "*teenagers drink alcohol to reduce stress and material gains*." Consequently, the participant and their friends frequented taverns and other places where alcohol is sold to attract guys and older men for money to entertain them. Morojele, Brook, and Kachieng (2006) reported that alcohol and drug use is believed to increase sexual arousal and desire, diminishing decision-making, judgement and sense of responsibility and general disempowering women to resist sex. The participant further explained that "*these men buy alcohol for us and have sex with them.*" The challenging thing is that when they are under the influence of liquor they are unable to negotiate safe sex. Kirby (2002) further explained that alcohol and drug use increases an adolescent's chances of unprotected sexual intercourse and consequently, pregnancy. In this way some may be infected with HIV and STIs as some of the parents/care-giver explained earlier during the interviews.

4.4.2. The perceptions of teenagers regarding the consequences of teenage pregnancy for teenagers.

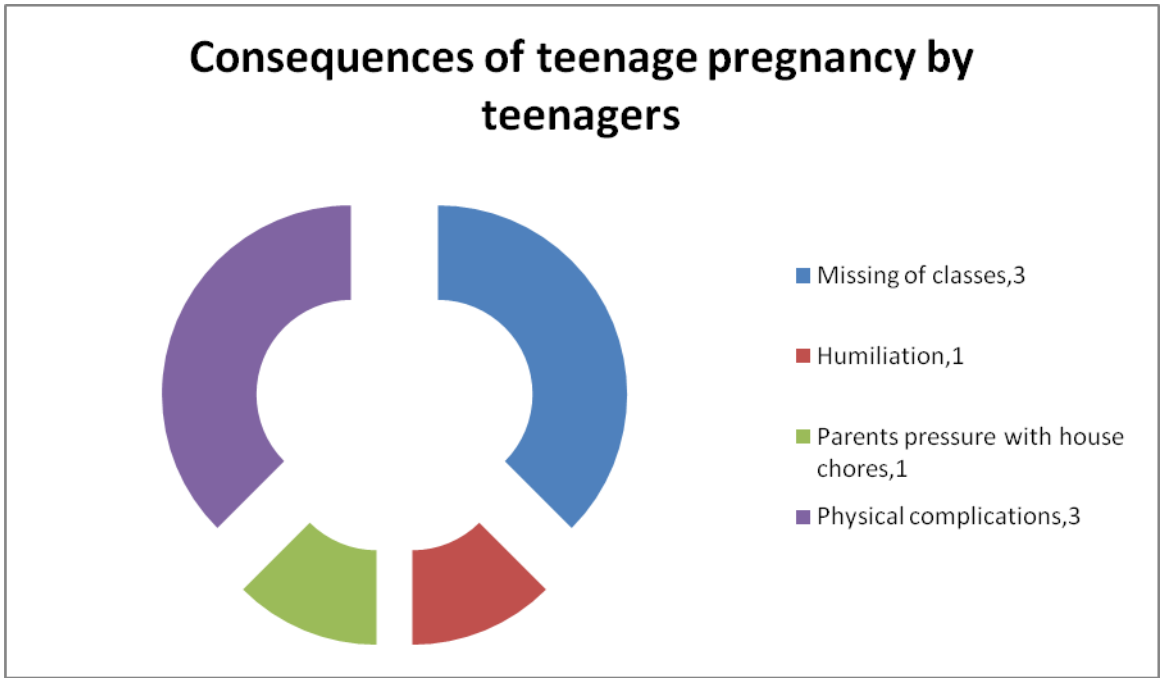

Figure 7: Perceived consequences of teenage pregnancy by teenagers

4.4.2.1. Missing of classes at school

Three of the eight teenagers in the study perceived missing of classes as one of the consequences of teenage pregnancy. The other two participants expressed that "*teenagers miss classes due to complications of pregnancy*." Another teenager reported that "*teenagers having children miss classes because they have to take children to crèches and clinics if is their clinic day*."

The findings may indicate that missing and drop out from school may lead teenagers to remain in the same grade for a long time without progress. The study conducted by Bopape (2006) revealed that one of the problems participants noted was that unplanned pregnancy negatively affects teenagers' academic progress. However, the participants did not see how teenage pregnancy affected the career path of teenagers. Moreover, one of the teenagers was of the view that teenage pregnancy may imply the struggle to raise children as they are not economically viable.

4.4.2.2. Lack of finances to meet basic needs of child

One of the teenagers reported that because there was no elderly person at her home to assist her with the child, she kept on requesting neighbours to help her with the child. Neighbours who were helping to look after the child reported expected to be paid at the end of the month. One of the teenagers continued explaining that "*in this regard Child Support Grant is paid to the neighbour who is taking care of the child rather than assisting with material needs of the child. As a result of insufficient food or lack of a balanced diet for the child, the child develops malnutrition. Therefore if a teenager feels that she is not coping with her situation she leaves her studies and become a drop-out. "* She further reported that teenage pregnancy lead to double role because she was supposed to behave as a teenager and as a mother at the same time. The participant regarded the situation as traumatising and disturbing for a teenager.

4.4.2.3. Humiliation of being pregnant

One of the teenagers regarded humiliation to be one of the consequences of teenage pregnancy. The participant expressed that "*she experienced humiliation throughout her pregnancy.*" It was explained that because of the experience of humiliation at school and home environment the teenager start hating herself to an extent of contemplating suicide as a solution. Due to humiliation the teenager also reported deterioration of self-esteem and lack of self competence. Consequently, the challenges experienced may have led to the development of a feeling that they were not accepted at school and in the community at large. This may indicate that the participant developed guilt and was embarrassed about her pregnancy status.

4.4.2.4. Pressure from parents to continue with house chores

One out of eight participants regarded pressure from parents to continue with house chores as one of the consequences for teenage pregnancy. The participant explained that "*parents are expecting teenagers to continue doing all the house chores they were doing*

before they become pregnant. She further explained that the situation was frustrating and sad and she felt unable to cope with her pregnancy. " Dlamini (2002, p.189) discovered that lack of support was the biggest problem of pregnant adolescent mothers. She further explained that "parents tend to forget that when someone is pregnant there are complications with which one cannot always cope. The participant added that "*her mother is always telling her that she is lazy and she wants others to cook for her.*" Consequently, she felt that she was not receiving the support she needed from her mother.

4.4.2.5. Physical complications

Three out of eight teenagers who took part in the study reported that physical complications were viewed as one of the consequences of the teenage pregnancy. One of the teenagers reported that "a *common occurrence is sleeping in class due to the experienced morning sickness.*" This led to poor concentration on what the teacher was teaching about. Goosen and Klugman (1996) articulated that major problems that students faced might be tiredness, which may result in a lack of concentration during class. One of the teenagers explained that "*my body size changed quickly. So it becomes a problem when I have to wear a school uniform. "* In that instance she added that she decided to abort the unborn baby because she was not coping with the situation, but she changed her mind after she was told she was six months pregnant.

4.4.3. Perceptions of teenagers regarding the impact of the Children's Act 38 of 2005 on teenage pregnancy

The response from teenagers about the impact of Children's Act on teenage pregnancy was balanced. Four of the respondents had heard about the Act on Asikhulume, SABC1 Current Affairs Programme and four participants were not aware of the Children's Act.

Four of the teenagers who were aware of the Children's Act felt that the Act encouraged teenage pregnancy for sexually active teenagers. Teenagers who were aware of the Act felt that it also helped those who might be raped because they would be well prepared for

any eventualities that may happen to them. One of the teenagers who was aware of the Act explained that she was "*regarding the Act as a strategy to minimize teenage pregnancy*." The other two participants indicated that "*the Department of Basic Education did not educate learners about the Act*."

4.4.4. The perceived needs and challenges of teenagers in relation to prevention, termination or continuing with teenage pregnancy

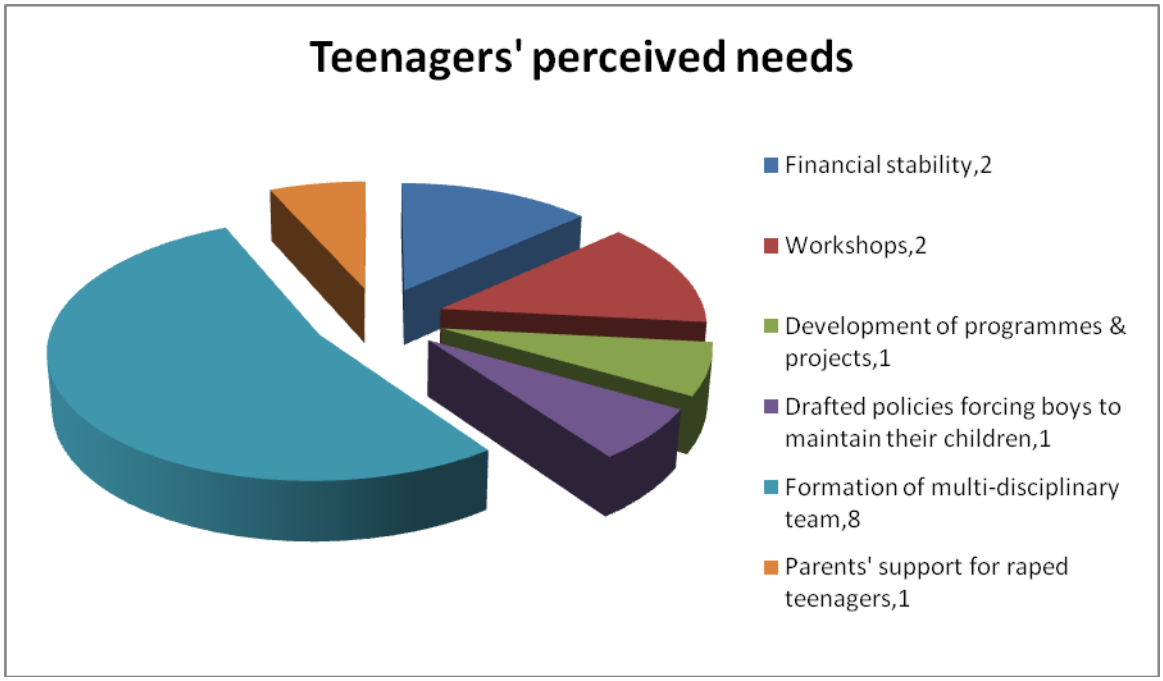

Figure 8: Displaying perceived teenagers' needs

4.4.4.1.Needs:

Two of the teenagers regarded financial stability as needed to buy milk and other material items for the child. Teenagers also suggested that their parents should be supportive for building a mutual relationship together. Some of the teenagers perceived workshops as necessary strategy for their development and empowerment of their skills for the betterment of their future. The other teenager suggested that the development of

programmes and projects to keep them busy aimed at avoiding falling pregnant as important for their own development.

One teenager suggested that *"teenagers need to be supported to continue coping with their studies for their brighter future and also their children's brighter future*." Another teenager suggested that *"the government should draft policies that encourage teenage boys to take responsibilities when are employed."* One of the teenagers suggested that "*our parents should believe us when reporting rape by a family member*." She further explained that if "*a parent do not trust what the child is reporting, the child also develop mistrust with him or her*." All the teenagers recommended the incorporation of social workers, nurses, teachers and parents as necessary for the formation of multi-disciplinary team to guide them about sexuality issues, adoption, termination of pregnancy and sexual activities. The eight teenagers were of the view that a multi-disciplinary team could help to mobilize parental involvement in the development of teenagers.

4.4.4.2.The perceived challenges of teenagers:

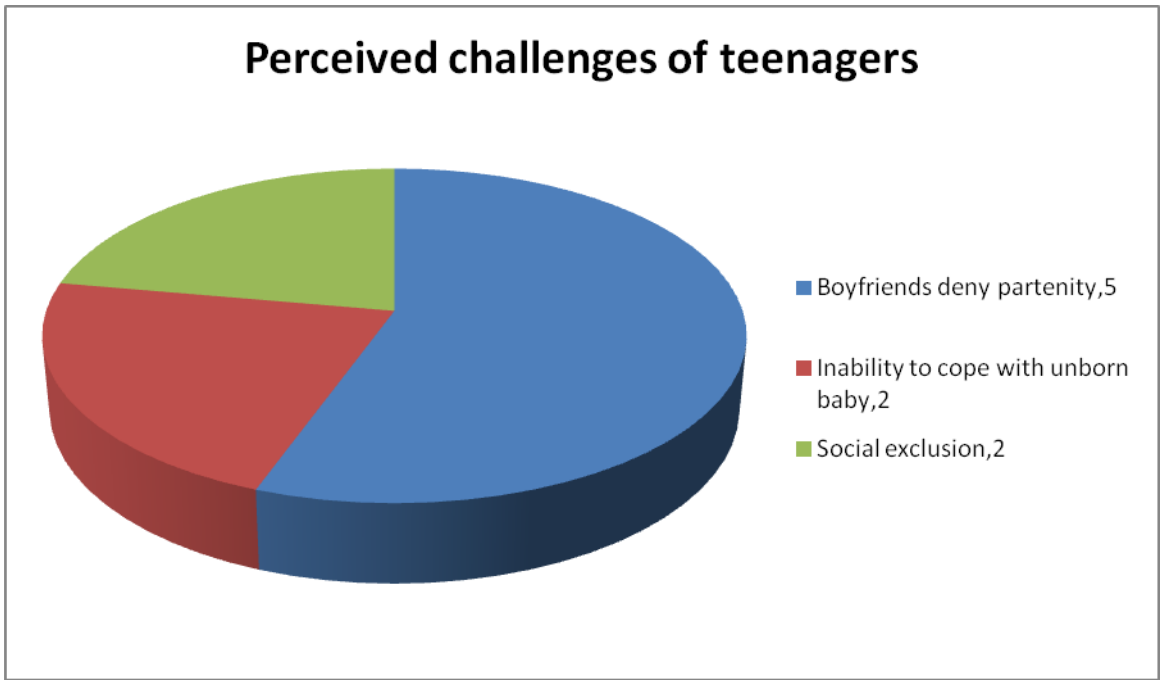

Figure 9: Perceived challenges of teenagers

4.4.4.3. Boyfriends deny paternity

Five of the teenagers reported that one of the challenges they faced was that their boyfriends denied of paternity. Five of the teenagers explained that their boyfriends denied paternity and they carried out the burden of raising children alone. Varga (2003, cited in Panday et al. 2009, p.27) revealed that "young fathers often deny paternity to protect their own educational and financial aspiration." One of the teenagers emphasised that "*her family was disappointed because they are feeling pressurized to take care for the teenage mother and her child*." According to one of the teenagers, the reason given by her boyfriend was that he was not the only one who had had sexual intercourse with her. Therefore to her it became a challenge because she was not aware how to prove that this particular boyfriend was the father of the child. The study conducted by Dlamini (2002, p.178) found that the "fathers of the teenagers' children were not willing to support the children or even denied paternity." The teenage mother experienced challenges of being a mother and a learner at the same time. When the child was sick she had to stop going to school to take the child to the clinic for medication. The teenager then developed identity role confusion because she needed to have time with her peers whereas she was also expected to perform parental roles. The teenager's multiple roles reduced her time to read and write homework or assignments.

Another teenager stressed that "*it is very challenging for being a pregnant teenager*." She was expected to eat healthy and balanced food and prepare for the unborn child. One of the teenagers was of the view that in her future marriage she seems afraid to have children due to the challenges she faced earlier.

4.4.4.4. Inability to cope with the unborn baby and social exclusion

Two of the participants out of eight perceived inability to cope with the unborn baby as one of the challenges teenagers faced. One of the participants reported that "*I am unable to cope with my unborn baby and my studies.*" Sekgobela (2008, p.99) found that "19 teenagers were of the view that it was not simple to cope with their studies and

pregnancies." She then explained that she was always thinking about the future of the child because she was unemployed. The question she used to ask her self was "*after delivering the child how am I going to raise the child*?" She was also worried about her studies because she was going to remain behind. It was a challenge to her because she did not know whether she was not going to obtain employment to keep on maintaining the child if she was not going back to school. The other teenager added that she "*ended up stop going to school*." She further explained that "*my challenge is that there is a possibility to repeat the same grade for a long time*."

Two of the teenagers viewed social exclusion as one of the challenges teenagers may be facing. One of the two teenagers explained that when it was physically clear that she was pregnant at school, she experienced social exclusion from their peers, some teachers and some family members. According to Holgate, Evans & Yuen (2006), there should be special units focusing on the reintegration of young mothers into the mainstream (Reintegration Officers). The Reintegration Officers may help in changing the attitudes of teachers to pregnant teenagers to enhance mutual relationships. The teenagers can contact the Reintegration Officer as soon as they realize that that they are pregnant in order to enhance support and empowerment.

4.4.5. The coping strategies of teenagers in dealing with challenges of teenage pregnancy

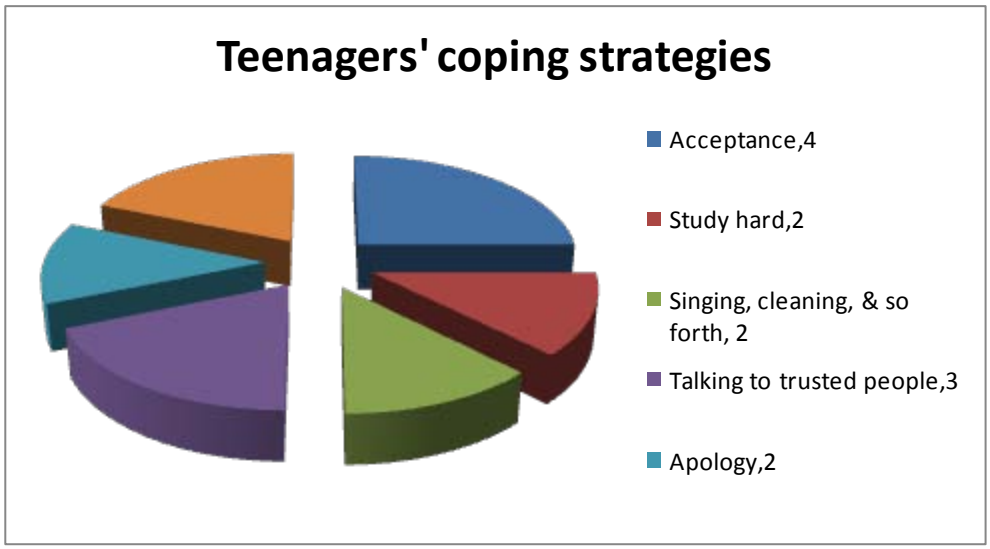

Figure 9: Coping strategies of teenagers in dealing with teenage pregnancy

It was found that four of the teenagers utilized acceptance and consultation with professionals as a strategy to cope with the challenges of pregnancy. They explained that acceptance helped them to cope with their situations easily. According to one of the teenagers, "*acceptance and calmness raised hope in me and realized that having a child is not the end of the world and I regarded pregnancy as a wake up call.*"

Two of the eight teenagers were of the view that studying hard and remaining focused in the studies seems to be a strategy to cope with their studies. One of them further stressed that "*this motivated me to remain focused in my studies.*" Another two teenagers viewed singing, reading different books, cleaning, watching TV and discussions with their parents and sisters about general life challenges helped them to adjust to their physical challenges.

Three teenagers out of eight explained that they kept on talking to people they trust regarding their challenges to realize new ways of coping with their challenges. The other

two teenagers apologised to their parents and their families, and continued to live a positive life style as coping strategy that can be used.

Three of the eight teenagers recommended avoidance of stressful situations and quitting from drinking liquor as a strategy worked for them. One of them further stressed that "*pregnancy opened my eyes to see life in a different way.*"

4.5. FINDINGS FROM TEACHERS

4.5.1 Views on the factors contributing to teenage pregnancy

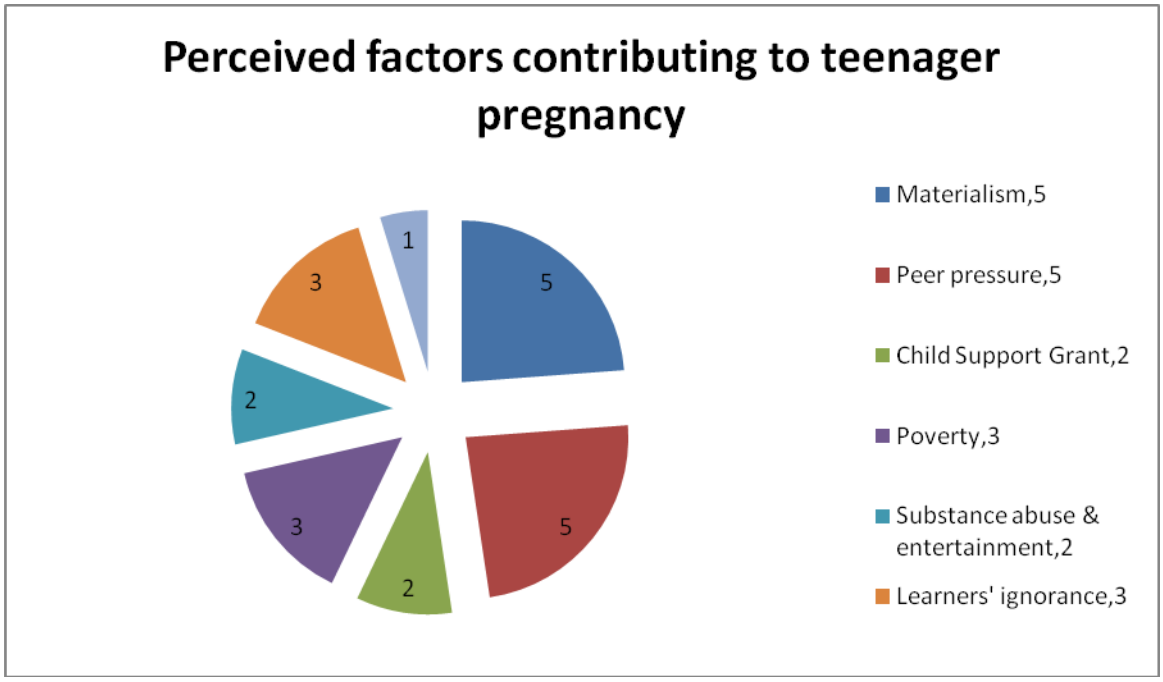

Figure 10: Teachers' perceptions of factors contributing to teenage pregnancy

4.5.1.1. Materialism

Five of the teachers who took part in the study viewed materialism as a contributing factor to teenage pregnancy. One of the teachers explained that "*materialism is something that leads teenagers to fall into the trap of the perpetrators and teenagers like to*

associate themselves with people wearing expensive clothes so that other people may admire them." Panday et al. (2009, p.59) indicated that "teenagers engaging in relationships for the reciprocity of sex in exchange for material goods leads to young women remaining in dysfunctional relationships, engaging in multiple sexual partners and involvement with older men." The participant further stressed that "*this leads them to use whatever means to access those expensive clothes.*" Another teacher explained that '*bana ba rena ba swara jase ba se ne dihlong*', meaning "our children hook whatever person they wish for accessing money with no shame." The participant added that "*as long as a man is driving an expensive care it is a target to them. In this regard they found themselves in the hands of the wrong people. "*

The other teacher stressed that one of the girl who was dropped by a taxi driver at the school gate told him that "*the taxi driver is taking care of me and I am always in the possession of money*." The teacher further explained that the teenager continued explaining that: "*Manneer, tseba gore ka dinako tsa lena ke be ke se gona*." Meaning "*Mister, know that I was not there in your time.*" Therefore the teacher felt that teenagers need to be guided that materialism is something that can destroy a person's life. This may imply that the teenager who was talking to the teacher may be disrespectful and unaware that materialism could destroy her future.

4.5.1.2 Peer pressure, substance abuse and entertainment

The five teachers of the six in the study were of the view that peer pressure was one of the contributing factors to teenage pregnancy. One of the teachers was of the view that "*teenagers succumbed to peer pressure for social affiliation.*" He further explained that "*teenagers wanted to share common things when they are together to strengthen their relationship*." In the study conducted by Wood, Maepa & Jewkes (1997), they found that girls who were sexually inexperienced were excluded from friendship circles when issues of sexuality were discussed because they were regarded as 'children'. As a result of this social affiliation they were doing things to please peers and be accommodating in their friendship. Teenagers are involved in intimate relationships so that their peers can

accommodate them. However, when others became pregnant in their group, their friendship ended immediately and they were called names. For example, they were called names such as "*ke barie*", meaning "*is a stupid*." One participant said that they were calling her by names because she just volunteered to be involved in a relationship without any knowledge. To support this statement, the study conducted by MacPhail & Campell (2001) discovered that to maintain acceptance and support from peers, one was expected to be sexually active and be able to maintain multiple sexual partnerships.

Two teachers out of six teachers were of the view that substance abuse contributes to teenage pregnancy. One of the participants was of the view that the majority of teenagers of these days seem to be using substance abuse more than their parents and were claiming to have been entertaining themselves. In that process of entertaining themselves some become drunk and experience blackout. As a result others ended in rape cases which may affect them emotionally.

One of the teenagers reported that "*substance abuse may lead teenager girls into date rapes because the perpetrators buy liquor for them in expectation of sexual favours.*" On that matter alcohol abuse is something that may impact on teenagers' lives for the entire life if one can develop alcoholism. Mohase (2006) found that careless behaviour often leads to drug and alcohol abuse which also leads to unprotected sexual intercourse because when they are under the influence of these substances they become so careless. Substance abuse could lead the teenagers to have their first sexual intercourse whilst under the influence of drugs and alcohols hence they are vulnerable to STI and HIV infections (Mohase, 2006).

4.5.1.3 Child support grant and poverty

Two of the teachers out of six teachers who participated in the study revealed that Child Support Grants were one of the contributing factors to teenage pregnancy. Aguero, Carter & Woolard (2006) view the Child Support Grant as another effective policy instrument to reduce the impact of poverty on children, including those born to teenage

mothers. One of the teachers reported that "*other teenagers reported that they aimed to accumulate Child Support Grants through pregnancy because of no other means of support in the family*." In the research study conducted by Panday et al. (2009, p.57) it was revealed that "there was no correlation of an increase in teenage births during the period in which the Child Support Grant has been implemented." Panday et al. (2009) added that there was no available evidence suggesting that South Africa had a relatively high rate of teenage fertility before the introduction of the Child Support Grant. Child-headed families encountered difficulties in meeting the material needs of the children left by the deceased parents, especially if they were still too young for the application of foster care grants. As a result, they resorted to pregnancy to be able to meet their material needs (Panday et al, 2009).

Poverty as perceived as one of contributing factor to teenage pregnancy, three of the teachers motivated that poverty encourages teenage pregnancy. One of the teachers was of the view that children from poor background seems seeing life in a different way in such a way that they see boys and working men as a solution for bettering their future. The teacher further emphasised that boys or men impregnate them so that they can secure money for meeting their material needs for survival. This may imply that teenagers' behaviours of exchanging boyfriends may lead them into prostitution. One of the teachers explained that in some instances teenagers think that "*if my friend is pregnant why should I not be pregnant*." Mohase (2006) also found that teenagers relied on exchanging their bodies for money and clothes. Then boys left them pregnant and girls faced challenges alone.

4.5.1.4. Lack of information, parental involvement and Ignorance of learners

One of the teachers expressed that lack of information and parental involvement as a factors contributing to teenage pregnancy. Teenagers were seemed not to be given attention at home by their parents. Parents are unable to talk to their children about contraceptives. Therefore lack of parental guidance made it difficult for the teachers to deal with these challenges at school. Cox (2007) found that teenagers whose parents

provided a warm, loving, and nurturing environment are less likely to engage in sex. According to one of the teachers it was "*difficult to deal with sensitive issues whereas parents at home are not talking about them. If parents can be able to stress these sexual activities at home, it will be very simple for teachers to advise teenagers about sexual activities.*"

Two of the teachers participated in the study were of the viewed that learners' ignorance as a contributing factor to teenage pregnancy. The two teachers described teenagers as ignorant because they are doing Life Orientation at school. One of the teachers explained that "the purpose of Life Orientation is to empower teenagers with the skills involving their lives." The other teacher added that "*teenagers are listening to other people forgetting that their lives comes first rather than pleasing people. Debates about challenges faced by teenagers were covered in the discussions but they only listen to what they want to hear*."

4.5.1.5. Culture and lack of initiation schools

One of the teachers who took part in the study held the point of view that culture is a contributing factor to teenage pregnancy. Giddens (2001, p.23) refers to culture as the way of life of the members of a society, or of groups within a society. On this matter Sethosa (2007, p.2) added that consequently "cultural values and norms exacerbate the rate of teenage pregnancy." The participant viewed that "*culture prohibits parents from being open to discussing sexual activities because it is regarded as a taboo in African culture*." In the research study conducted by Mohase (2006), it was found that most of parents still deem it a taboo to discuss or talk about sexual activities with their children. Therefore this misconception misleads children and leaves children without information. Parents were reportedly referring their children to their aunts for parental guidance rather than explaining issues to teenagers by themselves. Teenagers' aunts were not in the position to explain more than their parents. The participant added that "parents *do not have time with their children because most of African cultures prohibit them to have time with their children*." Moreover, she continued adding that "*culture is dynamic and parents should learn that children of these days need more guidance*." However, in most

cultures it is the responsibility of "great" aunts to give sexual education. It was considered a respectful yet open relation between the girl child and her aunt. The referral by parents is meant to honour the obligation placed on the aunt, by the family, from a cultural perspective rather than shifting parental responsibility.

One of the teachers who participated in the study reflected that lack of initiation schools as a contributing factor to teenage pregnancy. She was of the view that initiation schools were perceived to be ineffective in communities because they were all about money and not teaching children values. She continued saying that "*in the past initiation schools were introduced by the teacher to children and it was all about norms and values of the society and the elderly were preparing teenagers to be responsible.*" The participant added that "*due to the fact that currently few children are going for initiation schools it becomes a challenge for parents to deal with teenagers' issues.*"

4.5.2 The perceptions of teachers regarding the consequences of teenage pregnancy for teenagers

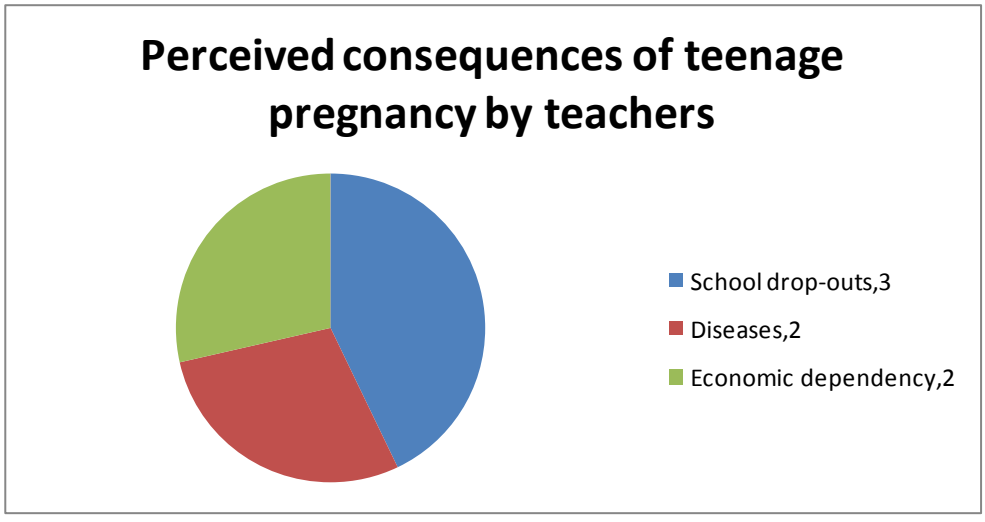

Figure 11: Teachers' perceived consequences of teenager pregnancy

4.5.2.1 Teenagers become school drop-outs

Three out of six teachers who took part in the study perceived that school drop-out was one of the consequences of teenage pregnancy. One of the teachers mentioned that "*the teenagers develop anti-social behavior and inferiority complex at school. Therefore they are unable to cope with the changes of pregnancy.*" Mpanza (2006, p.3) added that "pregnancy contributes to loss of time in the sense that the teenager had to absent herself from school to attend antenatal clinic." Other teachers perceived teenagers to be experiencing stigmatization and discrimination from their peers. Then their socialization patterns became strained and eventually they realize that the solution was to stay at home. According to Sekgobela (2008, p.33), "students might drop out at school or fail, and make poor progress because motivation decreases. Subsequently, their career opportunities may be limited and they may be forced into low paying wages."

4.5.2.2. Diseases

Two of the teachers viewed diseases as another consequence of teenage pregnancy. Some of the teenagers were perceived to contract STIs and were infected with HIV. One of the teachers explained that "*for the families whose teenagers are infected with HIV, it became a challenge to take care of them.*" Therefore when HIV progresses to full-blown AIDS, taking care of the infected teenage mother becomes expensive. Desmond, Michael and Gow (2000) stressed that medication required for treatment is usually expensive and requires re-balancing of the family budget. Some of them suffer from the stigma and discrimination attached to the disease and they start feeling the burden of the disease upon them.

4.5.2.3 Create economic dependency on parents

Two teachers who took part in the study mentioned that teenage pregnancy creates economic dependency on parents. One of the teachers reported that due to the fact that the teenagers who participated in the studies are still at school and they do not have a

means for survival, they are fully dependent on their parents for meeting their material needs. The other teacher expressed that "*teenagers need assistance with transportation to clinic for antenatal care and a balanced diet so that their babies could grow healthy*." Therefore after teenagers have given birth their parents need to accommodate teenagers' children and their mothers in their budget. Cassell (2002, in Panday et al., 2009, p.27) explains that "early childrearing can worsen the economic situation of young women."

4.5.3. Perceptions of teachers regarding the impact of the Children's Act on teenage pregnancy

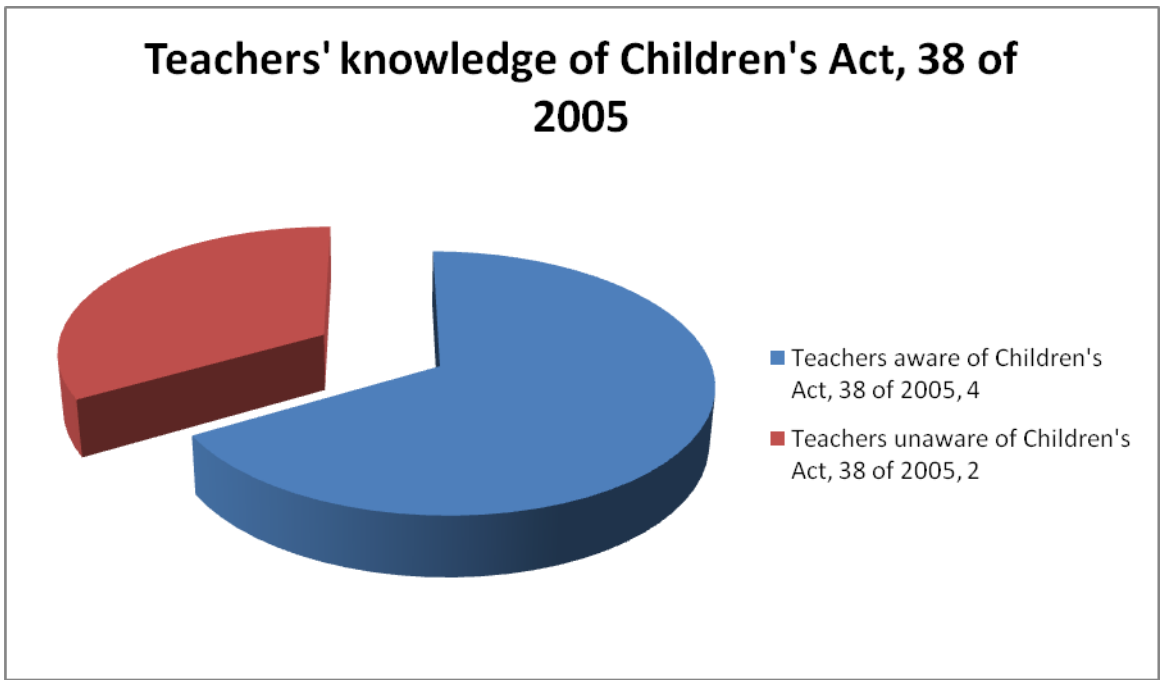

Figure 12: Teachers' knowledge of the Children's Act

Four teachers had knowledge of the existence of Children's Act 38 of 2005 from SABC1 Current Affrairs Programme, Asikhulume. Two of the teachers interviewed were not aware of Children's Act. This finding may imply that the media plays an important role by educating and informing the public. The other two teachers who were unaware of the Children's Act indicated that the Department of Education never tried to educate teachers concerning the implication of the said Act. This statement emanated from the fact that

teacher were not aware of section 130 (2) (a) (i) of the Children's Act which stipulates that "consent for HIV-test may be given the child, if the child is 12 years of age or older."

Teachers who were aware of the Act explained that a 12 year old child is still a minor and is too immature to be capable of informed decision-making. They felt that the Act undermined the role of parents because if a child developed complications due to the use of contraceptives, parents should be involved in that regard. In their view the Act encouraged promiscuity and lack of control on the part of teenagers. One of the teachers perceived the Children's Act as a way of violating Christian norms and values which stress that "*sex before marriage is a sin*." The suggestion of one of the teachers was that the Children's Act should be amended because it was perceived as infringing on parental roles and rights. Another teacher perceived the Act as more Eurocentric and therefore inapplicable from an African perspective. The African Charter on the Rights of the Child and Welfare of the African Child (1990) recognises that the child occupies a unique and privileged position in the African Society and that for the full and harmonious development of his or her personality. The Charter emphasises that the child should grow up in a family environment in an atmosphere of happiness, love and understanding.

The participants explained that when they were trying to discipline children at school, learners informed teachers that they were not there during their youth day and they were not aware how they were behaving. One of the teachers was of the view that children, particularly teenagers, seemed not understanding their rights because they are using other sections of Children's Act to manipulate teachers. Two of the teachers felt that when telling a 12 year old child to go and take contraceptives without the consent of the parent was another way of saying go and have sexual intercourse there is no problem. Two of the teachers regarded teenage pregnancy as likely to increase as long as the distribution of condoms continues. As a result, distribution of condoms was seen as a misuse of state funds and tax payers' money because even though condoms were distributed, teenage pregnancy statistics rose higher and higher in schools.

The Children's Act was viewed as a violation of the Abstain, Be faithful and Condomise campaign which was initiated by the Department of Health to strengthen fight against HIV/AIDS in South Africa. According to one of the teachers, "*abstinence may imply that totally you must not have sexual intercourse in any form.*" The other four of the teachers who participated in the study felt that family planning was initiated for the management of the family. As a result, teenagers should keep on abstaining because they are not ready to start their own families. The general feeling of the teacher was that the government seems to be encouraging children to go for contraceptives without parents' consent.

4.5.4. The needs and challenges of teachers in relation to teenage pregnancy

4.5.4.1.Needs

Three of the teacher were of the view that multi-disciplinary structures that can deal with teenagers' challenges at school need to be initiated, for example teams comprising psychologists, social workers, nurses, and doctors, for discussions and debates in order to help teenagers to deal with their personal challenges. One explained that legislations involving teaching and learning should be included in the syllabus to empower teachers, parents and school children to fully understand them. The teacher felt that when legislation was drafted, rights and responsibilities should be outlined to help children to understand them. The conditions of sub-sections of the legislation should be explained to children because teachers tended to be manipulated by children on regulations of the Acts. The other teacher suggested that the government should consult teachers, parents and communities through public hearings before passing a particular piece of legislation. Parents felt that consultation by the government when conducting public hearings is improper and ineffective.

Teachers were of the viewed that parents should fully care for their children to empower them with parenting skills. One of the teachers felt that the government should come up with the policies that may exclude learners for a particular period. However, the researcher thought that the idea of the participant would be contrary to the Constitution of

the Republic of South Africa, Act 108/96 Chapter 2 Section 29 sub-sections (a) and (b) which states that: *"(a) everyone has a right to basic education, including adult basic education and (b) to further education, which the state, through reasonable measures, must make progressively available and accessible.*"

One of the teachers felt that there should be a policy that encourages the improvement of the relationship between teachers, learners and parents to facilitate mutual relationship between the three groups. Two of the teachers were of the view that the age of the child not requiring consent from a parent should be extended from 12 years to 18 years because a person of 18 years can be accountable and be responsible. The person of 18 years is sufficiently matured to make informed decisions.

One of the teachers suggested that they needed to receive proper training to with the Children's Act to enable them to deal with teenage pregnancy in schools because they were not equipped with skills like nurses to deal with the challenges of teenage pregnancy. Two teachers suggested that a School Based Support Team (SBST) should receive intensive training to be able to deal with the challenges of teenage girls and other related issues in schools. Two of the teachers expressed that the government should actively strengthen abstinence campaigns, priority and be a practical exercise for teenagers.

Regarding public participations, it seems not be possible for the government to consult individuals because it will be time consuming. On lack of information, teachers seem needed to be empowered with the interpretation of some of legislation so that they can understand better. On that matter, workshop needed to be effectively conducted.

4.5.4.2. Challenges:

Teachers highlighted two main challenges they face, namely insufficient material resources provided by the state and the trauma of classroom labour/deliveries.

One of the teachers felt that the government was not providing enough material resources for learners. The teacher was of the opinion that uniforms should have been provided to all needy learners rather than being given to grade ones. The children whose parents died should be a priority for support services provided by the government.

The teacher expressed that the there was a lack of resources in their schools to help pregnant teenagers when they went into labour. For example, an ambulance takes 1 to 2 hours to reach their schools when required. The teacher reported that "*teachers are not trained as mid-wives to be able to help in delivering babies.*" In the study conducted by Masuku (1998), teachers expressed that lack of training and equipment to help pregnant girls creates a negative attitude towards them. Therefore he felt that there must be school nurses operating in schools to help during labour complications and other health issues experienced in schools. Moreover, if the Department of Education was unable to secure a partnership with the Department of Health it should initiate an empowerment strategy to empower teachers to deal with such challenges in schools.

One of the teachers felt that when a teenager experienced labour pains at school it became traumatic situation to other learners and male teachers. The Human Sciences Research Council (2009, p.27) expressed that the cause of the challenge was that "girls report stigma, fear, shame, and embarrassment of having to reveal an early pregnancy to family, partners and peers."

4.5.5. The coping strategies of teachers in dealing with teenage pregnancy

- Two of the teachers who took part in the study reported giving information through discussions and debates about teenage pregnancy as a strategy they are using to deal with teenage pregnancy in schools.
- One teacher reported giving other teenage girls assignments or projects to be given to pregnant learners who were absent from school. These assignments would then be returned to their teacher for marking. This support strategy reportedly helps pregnant teenagers not get too behind with their school work.

CHAPTER FIVE
SUMMARY OF MAIN FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1. Introduction

In this chapter the main findings which emerged from this research report are summarised. The researcher will then concluded the chapter by giving an account of what the study came up with in relation to the research questions and recommendations related to the research topic will be made.

5.2. Main findings of study

5.2.1. Parents/Primary care-givers' perceptions of teenage pregnancy

Parents/care-givers perceived various factors as contributing to teenage pregnancy. The following factors were highlighted: exposure to early independence; loneliness; experimentation and ignorance; materialism, peer pressure; early exposure to sexual activities; the abolishment of corporal punishment; poor family background; media and lack of effective communication between female teenagers and their mothers.

These participants perceived the following matters as consequences of teenage pregnancy: psychological disturbance; creation of dependency syndrome to families; society and the government; child neglect and social exclusion. A pertinent point raised was that teenage pregnancy is detrimental to the development of future generation as teenagers were not aware of the challenges of being mothers and immediately the time of pregnancy arrived, part of their adolescence was destroyed.

Participants who were aware of the Children's Act, 38 of 2005, had become aware of the said Act through an SABC 1 current affairs programme, namely 'Asikhulume'. Most of the participants did not have a detailed knowledge of the said Act, which of course is understandable. However, the general feeling was that the Children's Act encouraged teenage pregnancy. Parents felt that teenagers regarded themselves as sufficiently mature

to make informed decisions about their future. Consequently, the implementation of the Children's Act was seen as a way of undermining parental roles because parents no longer had control of their children by implementing corporal punishment. Children were also perceived as being disrespectful of them. Legislation giving more rights to children was regarded as encouraging ill-discipline that lead to engagement in sexual activities.

HIV/AIDS was perceived as the most significant challenge facing parents. It brought financial challenges to the family as family members had to take of care of the sick member, particularly if the mother of the child was the only child in the family. Parents wanted to help children to grow and become proud of them when they are grown-ups. Therefore when the child died it became a challenge for parents to cope with circumstances emotionally. They had to also take on the responsibility for their grandchild who had become orphaned.

Parents and primary care-givers expressed a number of needs:

- Assistance in forming caring relationships with their teenagers so that they could discuss openly the matter of sexual activities.
- The government should ensure that centres are established to support teenagers emotionally because their boyfriends disappear when realising that their girlfriends are pregnant.

The parents/primary caregivers were adopting the following strategies to cope with teenage pregnancy:

Parents/care-givers explained that they endeavoured to accept the situation to be able to deal with the challenges of teenage pregnancy. One of the parents explained gave support to her pregnant teenage daughter so that the unborn child a chance to live because a child has been created in the image of God. This particular parent's attitude was strongly influenced by her religious beliefs. Other parents reportedly engaged in discussions with their family members and continued encouraging teenagers not to view pregnancy as the

end of their future. Accompanying a pregnant teenage girl for regular antenatal clinic attendance was another copy strategy identified.

5.2.2. Teenagers' perceptions of the factors contributing to teenage pregnancy

In relation to factors perceived contributing to teenage pregnancy, teenagers were of the view that irresponsible and ignorant teenagers and parents, lack of information, materialism, experimentation, peer pressure, family background, rape by relative/s, poverty and substance abuse contribute to teenage pregnancy.

In terms of the consequences of teenage pregnancy, teenagers perceived missing of classes at school; experiencing humiliation for being pregnant; pressure from parents to continue with house chores and body complications as consequences.

Media had played an important role in informing half the sample of teenagers about the Children's Act (No. 38 of 2005). Just like their parents/primary caregivers, they had heard about the Children's Act on 'Asikhulume', an SABC1 current affairs programme. Teenagers aware of the said Act were of the opinion that it encouraged teenage pregnancy for teenagers who were sexually active. Teenagers who were not aware of the Act believed that the Act helped those who may have been raped because they could be well prepared for anything that might happen to them.

Teenagers suggested the following needs and challenges for their pregnancies:

- Financial assistance to buy milk and other material needs for the child.
- Full support from their parents/primary care-givers
- Workshops to help them become skilled
- Programmes and projects to keep them occupied in order to avoid falling pregnant.
- Support to continue with their studies for their future and their children's future.
- Government should come up with policies that can compel fathers of the children to take responsibility for their children.

- Trust from parents when telling them that they had been raped by a family member. If there is no trust from their parents/care-givers this leads to the development of ongoing mistrust between the parent and teenager.
- Guidance on how to look after children
- Help and guidance from people such as social workers, teachers, nurses and parents so they get to know more about termination of pregnancy, adoption and how to go forward with the pregnancy.

Teenagers perceived the following challenges faced in teenage pregnancy: many of the boyfriends' denial of paternity, inability to cope with the new parenting responsibilities and stigmatization.

On the other hand, the coping strategies applied by the teenagers included: acceptance of their situation; consultation with professionals such as nurses; re-focusing on their studies; extra-curricular activities such as reading and relying on a trusted network of people for support.

5.2.3. Teachers' perceptions of teenage pregnancy

Teachers viewed the following as factors contributing to teenage pregnancy: materialism; peer pressure; availability of the Child Support Grant; poverty; lack of information and limited parental involvement; culture; substance abuse; the love of entertainment; ignorance of learners and lack of initiation in schools to guide teenagers about their roles and responsibilities.

Teachers felt that the consequences of teenage pregnancy resulted in teenagers becoming school drop-outs, unable to contribute to the economy of the country. Teenagers also contracted STIs and became infected with HIV which later developed into AIDS. Consequently this shifted the burden to the parents of the teenagers where they were compelled to take care of the child and the teenage mother. Teenage pregnancy was regarded as creating economic dependency on parents on the part of the teenage mothers.

Most teachers reported having knowledge of the existence of the Children's No. Act 38 of 2005 from the SABC1 current affairs programme, 'Asikhulume'. Teachers who were aware of the Act highlighted that they perceived a 12 year old child as a minor and thus too immature to make informed decisions about pregnancy. They regarded the said Act as a way of undermining parents and the encouraging ill-discipline of learners in schools. One of the teachers perceived the Children's Act as violating Christian norms and values. Another perception communicated to the researcher was that the Children's Act is Eurocentric and hence inappropriate for the South African environment.

The Children's Act was also viewed as opposing ABC (Abstain, Be faithful and Condomise) campaign initiated to fight HIV/AIDS in South Africa. The Children's Act was seen as in contrary to the Constitution of the Republic of South Africa, Act 108 of 1996 because a 12 year old child is regarded is a minor and is not allowed to apply an ID, and yet are not allowed to sign forms consenting to HIV testing or request the use of contraceptives.

Teachers regarded the following as their needs for the betterment of their working environment in order to address the challenge of teenage pregnancies:

- Multi-disciplinary structures needed to be established to be able to deal with the challenges of teenage pregnancy in schools;
- Teenage pregnancy needed to be part of the syllabus;
- Legislation needed to be part of school curricular for empowering and developing teachers and learners;
- Rights and responsibilities should be linked together to guide teenagers because they are using rights without taking responsibilities into consideration;
- Effective consultation with professionals, parents and communities need to be done through public participation before passing any legislation. Currently teachers interviewed are of the view that consultation seems ineffective.
- Parents should be effectively engaged and equipped with skills for guiding and teaching teenagers about teenage pregnancy.

- The Children's Act was regarded infringing parental roles and rights of teachers. Therefore teachers expressed a need for amendment.
- A School Based Team needed to be thoroughly trained to be able to deal with the challenges of teenage pregnancy.
- Teachers suggested that abstinence should be a priority to deal with teenage pregnancy in schools.

Teachers explained that they are facing the challenges of insufficient material resources provided by the State and the stress of classroom labour and deliveries were hindering their progress in schools.

In terms of coping strategies**,**

- It was found that teachers were trying to give teenagers information in order to empower them;
- Teachers discussed whatever issues relating to teenager pregnancy arose in the absence of teenagers' parents/care-givers if this proved necessary;
- Teachers reported assisting in discussions and debates related to teenage pregnancy and this was used as a strategy to deal with teenage pregnancy;
- Teachers were supporting teenage learners who were absent from school by having classmates deliver assignments or projects so that the pregnant teenagers could complete the assignments at home and return them to the teachers for marking.

5.3. Conclusions

This research report revealed that parents, teenagers and teachers have similar perspectives of the factors contributing to teenage pregnancy and the consequences thereof. In terms of the needs experienced, there was also a correlation between the parents' and teenagers' perspectives, probably because they are functioning within the same family system. Differences in the coping strategies adopted to manage teenage

pregnancy were not as closely related. For example, teachers focused on providing education on teenage pregnancy to help prevent adolescents from falling into unplanned pregnancy problem-situation. They also tried to facilitate continued education for those teenagers unable to come to school in light of their pregnancy. Teenagers and parents coping strategies were largely affected by the attitude they adopted. Coming to terms with the unplanned teenage pregnancy involved accepting the problem-situation and being mindful of the unborn child. Caring parents/care-givers made an effort to provide the pregnant teenager with practical support. Teenagers also found it beneficial to come to terms with the fact they were pregnant and then implement ways of relieving stress and continuing with their education.

The research question seems to have achieved what it was supposed to achieve. Parents, teenagers and teachers responded positively and some of the issues mentioned are common, like peer pressure, materialism, ignorance, lack of information, etc. However, some of their suggestions seem to be unrealistic to be met.

On this matter the researcher is of the view that teenage pregnancy challenges need to be dealt with in a multidisciplinary team. Poverty, which is related to socio-economic disadvantages, peer pressure and ignorance, seem to be the most pressing challenges facing society which has a negative impact on the phenomenon of teenage pregnancy. Consequently, Youth Health Centres should be well equipped with visual aids that can be in the language of teenagers, parents/caregivers understand better.

5.4. Recommendations

It is recommended that the following aspects be taken into consideration for the development and the enhancement of teaching and learning in schools:

5.4.1. The Department of Basic Education

- The Department of Basic Education needs to focus on the social development and empowerment of teenage mothers. Programmes currently being implemented to improve education standards and enhance the retention of primary and secondary

learners could focus on the engagement of teenage mothers in education, training or employment to reduce their risk of long-term social exclusion. Retention programmes may also be a strategy for the reduction of teenage conceptions.

- The Department of Basic Education should appoint more school social workers who may be able to deal with challenges of teenage pregnancy faced by schools. Social workers could play a significant role empowering teachers, school children and parents regarding the social problem of teenage pregnancy.

- Workshops to educate educators about legislative policies like the Children's Act should be organized to empower them about the implementation of those policies

- Children should be taught about the relationship between rights and responsibilities so that they are aware that rights and responsibilities are related.

5.4.2. The Department of Basic Education and the Department of Social Development

- These two state departments should ensure that public awareness programmes and workshops are initiated to educate teenagers about their role as future mothers and the consequences of teenage pregnancy. The development of sexual communication skills including negotiation and assertiveness skills about safe sex should be emphasized. Young mothers should actively participate in sex education so that they can learn and empower those not involved in young motherhood. This information can be taught to children in the school set-up; churches and other community groups involving adolescents.

- Progammes including teenage boys should be established in order to educate them about their responsibilities as future fathers of the nation.

- Healthy norms and values of the society need to be revived in schools and in the family system to instill discipline and respect. To achieve this goal, parenting workshops should be readily available to parents/primary care-givers.

- These departments should work in partnership with Community Based Organizations such as churches and non-government organizations such as FAMSA, SANCA, and so forth.

- Media resources, such as television and radio, should be encouraged to present programmes focusing on: safe sex; the consequences of teenage pregnancy and managing peer pressure etc.

5.4.3. The Department of Health and Social Development

- The Department of Health and Social Development, in partnership with the Department of Basic Education, should work in partnership to empower teenagers, teachers, parents and care-givers with strategies to deal with teenage pregnancy;

- The Department of Health and Social Development need to establish specializing clusters for community work and group work which may work closely with communities to deal with problems at grass roots level. Current social workers are mainly absorbed in foster care, child protection and welfare planning mainstreams which are not sufficiently developmental and do not allow social workers to practice what they have been taught during their tertiary training.
- The old programmes of nurses visiting schools to educate children about health issues and assessment of pregnant girls with the aim of empowering them should be revived to intensify the quality of health services to schools.
- There should be monitoring and evaluation teams comprised of parents, teachers, nurses and social workers helping to monitor whether teenage girls are using contraceptives properly for the prevention of teenage pregnancy. In relation to

teenage boys, there must be a team initiated for educating them about their responsibilities and their contribution to teenage pregnancy.

- Abstinence should be a priority and practical option exercised by teenagers.

5.3.4. The National Youth Development Agency

- The National Youth Development Agency (NDYA) should intensify their efforts to create an environment that is empowering and promotes positive individual behaviour in our communities, especially amongst young people. For example, they need to develop programmes and projects on sexual awareness and develop an educative and integrated youth strategy which is developmental. NDYA should focus on the development and empowerment of vulnerable youth like teenage girls, particularly those from poverty stricken backgrounds.
- Comprehensive sex education programmes should be incorporated to target teenager learners and youth. Public awareness campaigns should be taken to the public with the aim of targeting teenagers and youth in their school premises to develop and empower them.

The above recommendations are applicable on a provincial and national level. Focusing more specifically on the schools involved in the study and social workers in the community should become involved in education presentations on teenage pregnancy for teachers, learners and their parents'/primary care-givers. Working in conjunction with local nurses and teachers they could enhance this preventative approach. Pregnant teenagers and parents should be involved in group work to facilitate support and understanding of teenage pregnancy and how best to manage the problem-situation.

Finally, it is recommended that the present study be replicated using larger, more representative samples. Exploring the perceptions of teenage boys regarding teenage pregnancy would also be a good idea.

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LIST OF APPENDICES

APPENDIX A

REQUSITION LETTER TO GAUTENG DEPARTMENT OF EDUCATION

University of the Witwatersrand, Johannesburg
School of Human and Community Development
Private Bag x 03
WITS, 2050
2009 May 20

The Assistant/ Director
Department of Education,
Gauteng, Johannesburg

Sir/ Madam

RE: REQUISITION FOR PERMISSION TO CONDUCT A RESEARCH

I, Magashe Makola, I am a registered Masters (Social Development) student at the University of the Witwatersrand in the School of Human and Community Development. As part of the course, I am required to carry out a research. My research topic is "**TEENAGE PREGNANCY: VIEWS OF PARENTS/CAREGIVERS, TEENAGERS AND TEACHERS AT TWO HIGH SCHOOLS IN SOWETO, GAUTENG**". The research is aimed at exploring the causes of teenage pregnancy and the better understanding of the challenges faced by schools, parents and teenager mothers. The researcher wants to enhance the strength and promote the moral purpose of social work practice to be able to deal with challenges facing social work practice as increasing level of poverty within communities. The teenagers targeted are those are between the age 13 and 18 who are in grades 9 to 12. I am aimed to interview teenagers, teachers and parents to get rich information. The information gathered will be documented as a research report that will be submitted at the University another copy will only be given Education on request to assist in identifying the gaps that may assist to deal with the problem of teenage pregnancy.

Your assistance will be highly appreciated. May your respond be in writing to serve as a proof to the University of the Witwatersrand. For queries call 0721976339.

Yours Faithfully

Magashe Makola (Mr), (011) 717- 4475 (Research Supervisor, Mrs. Gerrand)

APPENDIX B

REQUSITION LETTER TO ORLANDO WEST HIGH SCHOOL

University of the Witwatersrand, Johannesburg
School of Human and Community Development
Private Bag x 03
WITS, 2050
2009 May 20

The Principal
Orlando West High School

Sir

RE: REQUISITION FOR PERMISSION TO CONDUCT A RESEARCH

I, Magashe Makola, I am a registered Masters (Social Development) student at the University of the Witwatersrand in the School of Human and Community Development. As part of the course, I am required to carry out a research. My research topic is "**TEENAGE PREGNANCY: VIEWS OF PARENTS/CAREGIVERS, TEENAGERS AND TEACHERS AT TWO HIGH SCHOOLS IN SOWETO, GAUTENG**". The research is aimed at exploring the causes of teenage pregnancy and the better understanding of the challenges faced by schools, parents and teenager mothers. The researcher wants to enhance the strength and promote the moral purpose of social work practice to be able to deal with challenges facing social work practice as increasing level of poverty within communities. The teenagers targeted are those are between the age 13 and 18 who are in grades 9 to 12. I am aimed to interview teenagers, teachers and parents to get rich information. The information gathered will be documented as a research report that will be submitted at the University another copy will only be given Education on request to assist in identifying the gaps that may assist to deal with the problem of teenage pregnancy.

Your assistance will be highly appreciated. May your respond be in writing to serve as a proof to the University of the Witwatersrand. For queries call 0721976339.

Yours Faithfully

Magashe Makola (Mr), (011) 717- 4475 (Research Supervisor, Mrs. Gerrand)

APPENDIX C

REQUSITION LETTER TO ANCHOR CONPREHENSIVE HIGH SCHOOL

University of the Witwatersrand, Johannesburg
School of Human and Community Development
Private Bag x 03
WITS, 2050
2009 May 20

The Principal
Anchor Comprehensive High School

Sir

RE: REQUISITION FOR PERMISSION TO CONDUCT A RESEARCH

I, Magashe Makola, I am a registered Masters (Social Development) student at the University of the Witwatersrand in the School of Human and Community Development. As part of the course, I am required to carry out a research. My research topic is "**TEENAGE PREGNANCY: VIEWS OF PARENTS/CAREGIVERS, TEENAGERS AND TEACHERS AT TWO HIGH SCHOOLS IN SOWETO, GAUTENG**". The research is aimed at exploring the causes of teenage pregnancy and the better understanding of the challenges faced by schools, parents and teenager mothers. The researcher wants to enhance the strength and promote the moral purpose of social work practice to be able to deal with challenges facing social work practice as increasing level of poverty within communities. The teenagers targeted are those are between the age 13 and 18 who are in grades 9 to 12. I am aimed to interview teenagers, teachers and parents to get rich information. The information gathered will be documented as a research report that will be submitted at the University another copy will only be given Education on request to assist in identifying the gaps that may assist to deal with the problem of teenage pregnancy.

Your assistance will be highly appreciated. May your respond be in writing to serve as a proof to the University of the Witwatersrand. For queries call 0721976339.

Yours Faithfully

Magashe Makola (Mr), (011) 717- 4475 (Research Supervisor, Mrs. Gerrand)

APPENDIX D

PERMISSION FROM GAUTENG DEPARTMENT OF EDUCATION TO CONDUCT RESEARCH STUDY

UMnyango WezeMfundo
Department of Education

Lefapha la Thuto
Departement van Onderwys

Enquiries: Nomvula Ubisi (011)3550488

Date:	23 March 2010
Name of Researcher:	Makola Magashe
Address of Researcher:	25141 Makhura Street
	Ext 10
	Diepkloof 1862
Telephone Number:	0119831004/0721976339
Fax Number:	0119831022
Research Topic:	Teenage Pregnancy: Views of Parents/Caregivers, Teenagers and Teachers at High Schools in Soweto, Gauteng
Number and type of schools:	2 Secondary Schools
District/s/HO	Johannesburg South

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 to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

Permission has been granted to proceed with the above study subject to the conditions listed below being met, and may be withdrawn should any of these conditions be flouted:

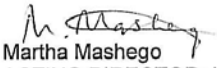
1. ***The District/Head Office Senior Manager/s concerned must be presented with a copy of this letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.***
2. ***The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.***
3. ***A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.***

Office of the Chief Director: Information and Knowledge Management
Room 501, 111 Commissioner Street, Johannesburg, 2000 P.O.Box 7710, Johannesburg, 2000
Tel: (011) 355-0809 Fax: (011) 355-0734

4. *A letter / document that outlines the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.*
5. *The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, and chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.*
6. *Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.*
7. *Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year.*
8. *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.*
9. *It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.*
10. *The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.*
11. *The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.*
12. *On completion of the study the researcher must supply the Director: Knowledge Management & Research with one Hard Cover bound and one Ring bound copy of the final, approved research report. The researcher would also provide the said manager with an electronic copy of the research abstract/summary and/or annotation.*
13. *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.*
14. *Should the researcher have been involved with research at a school and/or a district/head office level, the Director 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



Martha Mashego
ACTING DIRECTOR: KNOWLEDGE MANAGEMENT & RESEARCH

The contents of this letter has been read and understood by the researcher.	
Signature of Researcher:	
Date:	

APPENDIX E

PERMISSION TO CONDUCT RESEARCH STUDY FROM ORLANDO WEST HIGH SCHOOL

ORLANDO WEST HIGH SCHOOL

7339 Vilakazi Street
P.O.Orlando
Orlando West

Tel/Fax (011) 939-1516

P.O. Box 167
Orlando
Johannesburg
09 June 2010

Enquiries : M.J. Malindi 0721872797

Date:	09 June 2010
Name of Researcher:	Makolo Magashe
Address of Researcher:	25141 Makhura Street
	Extention 10
	Diepkloof 1862
Telephone Number:	011 9831004 / 0721976339
Fax Number:	011 9831022
Research Topic:	Teenage Pregnancy: Views of Parents / Caregivers, Teenagers and Teachers at High Schools in Soweto Gauteng
Number and type of schools:	Orlando West High School
District/s HO	Johannesburg West (D12)

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 researcher has negotiated appropriate and relevant time schedules with the school/s and /or teachers involved to conduct the research. A separate copy of this letter has been presented to him to pass to the relevant institution confirming that permission has been granted for the research to be conducted.

Permission has been granted to proceed with the above study subject to the conditions listed in the letter from Department of Education

Orlando West high School wishes you well in this important undertaking and look forward to examining the findings of your research study.

Kind regards

M.J.Malindi (Pricipal)

The contents of this letter has been read and understood by the researcher.

Signature of Researcher:

Date: 2010/06/09

GAUTENG DEPARTMENT OF EDUCATION
ORLANDO WEST HIGH SCHOOL
09 JUN 2010
P.O. BOX 167
ORLANDO 1804
TEL: (011) 939 1516

APPENDIX F

PERMISSION TO CONDUCT RESEARCH STUDY FROM ANCHOR COMPREHENSIVE HIGH SCHOOL

Anchor Comprehensive School

(011) 536-3275
(011) 536-0684
E-mail: anchorcomprehensive@yahoo.com

P.O BOX 323
MEADOWLANDS
1852

08 June 2010

TO WHOM IT MAY CONCERN

RE: Approval in respect of request to conduct research

The management, SGB, staff and learners of the above – named school hereby wish to indicate that approval is hereby granted to the researcher (Mr Makola Magashe) to proceed with research in respect of the study indicated above,

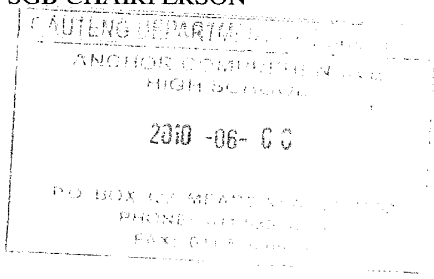
We wish and hope that the results of this research will benefit the nation as a whole.

Thanks

MR J.R MORAKABI
PRINCIPAL

RCL SECRETARY

PP W Makola
SGB CHAIRPERSON



APPENDIX G

PERMISSION TO CONDUCT RESEARCH STUDY FROM POST-GRADUATE RESEARCH OFFICE

Faculty of Humanities - Postgraduate

Private Bag 3, Wits 2050, South Africa • **Tel:** +27 11 717 4007 • **Fax:** +27 11 717 4037

Student Number: 0210543K

Mr M P Makola
P O Box 659
MAKADIKWE
1062

11 May 2010

Dear Mr Makola

APPROVAL OF PROPOSAL FOR THE DEGREE OF MASTER OF ARTS BY RESEARCH REPORT AND COURSEWORK

I am pleased to be able to advise you that the readers of the Graduate Studies Committee have approved your proposal entitled *"Teenage pregnancy: view of parents/caregivers, teenagers and teachers at high schools in Soweto Gauteng"* and you have now been admitted to full candidature. I confirm that Prof. E Ross has been appointed as your supervisor in the Department of Social Work.

The research report is normally submitted to the Faculty Office by 15 February, if you have started the beginning of the year, and for mid-year the deadline is 15 August. All students are required to RE-REGISTER at the beginning of each year.

You are required to submit 2 bound copies and 2 1 CD in pdf (Adobe) format of your research report to the Faculty Office. The 2 bound copies go to the examiners and are retained by them and the 2 corrected unbound copies are eventually sent to Archives and to the Library.

Please note that should you miss the deadline of 15 February or 15 August you will be required to submit an application for extension of time and register for the research report extension. Any candidate who misses the deadline of 15 February will be charged fees for the research report extension.

Kindly keep us informed of any changes of address during the year.

Note: All MA and PhD candidates who intend graduating shortly must meet your ETD requirements at least 6 weeks after your supervisor has received the examiners reports. **A student must remain registered at the Faculty Office until graduation.**

Yours sincerely

V N Mnguni
Virginia Mnguni
Postgraduate Division
Faculty of Humanities
Private Bag X3
Wits, 2050
Tel: +27 11 717 4007

APPENDIX H

HUMANT RESEARCH ETHICAL COUNCIL (NON-MEDICAL) CLEARENCE CERTIFICATE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (NON MEDICAL)
R14/49 Makola

CLEARANCE CERTIFICATE **PROTOCOL NUMBER H100 701**

PROJECT Teenage pregnancy: Views of parents/caregivers, teenagers and teachers a high schools in Soweto Gauteng

INVESTIGATORS Mr MP Makola

DEPARTMENT Social Work

DATE CONSIDERED 16.07.2010

DECISION OF THE COMMITTEE*

NOTE:

Unless otherwise specified this ethical clearance is valid for 2 years and may be renewed upon application

DATE 16.08.2010 **CHAIRPERSON** .....
(Professor R Thornton)

cc: Supervisor : Prof E Ross

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 a completion of a yearly progress report.**

Signature

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX I

PARTICIPATION INFORMATIONS SHEET FOR PARENTS/CARE-GIVERS

PARTICIPANT INFORMATION SHEET TO PARENTS/CAREGIVERS

Good day,

My name is Magashe Makola, a Masters student registered with the University of the Witwatersrand. I am conducting research into teenage pregnancy. It is hoped that this information may enhance social workers' understanding of the experiences of people in this situation and help to improve support services for teenagers. The aim of the research is to investigate factors influencing teenage pregnancy and the challenges faced by teachers, parents and teenagers, as well as their coping strategies.

I wish to invites you to share with me the factors, challenges and experiences of this problem. The information gathered from you will be used for a research report to be submitted to the University. Another copy will be given to Department of Education on request. If you agree to participate in the study, the interview will last for 45 to 60 minutes.

Participation is voluntary and you are free to withdraw from the study at any time. There will be no penalties if you decline to answer any question or if you withdraw from the study. Your withdrawal will not affect any services you receive from the government. One experiences emotional distress during or after the interview, couselling will be arranged for you free-of-charge by the researcher. There will be no reward for participation in the study.

Confidentiality is assured with the sharing information because I am bound by my practice not to reveal any information without your permission. Only I and my supervisor will have access to the raw data, which will be stored for 6 years after the research report is submitted to the University. If you have any queries about the study, I am prepared to answer them to the best of my ability. I may be contacted at the following numbers: (011) 983-1747 or 0721976339 and my supervisor Mrs. Gerrand can be contacted on (011) 717- 4475. If interested in the study, please sign the participation information sheet form below.

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

Yours sincerely

Name: (Participant) ---------- Signature: ----------

Date: ----------

APPENDIX J

PARTICIPATION INFORMATIONS SHEET FOR TEENAGERS

PARTICIPANT INFORMATION SHEET TO TEENAGERS

Good day,

My name is Magashe Makola, a Masters student registered with the University of the Witwatersrand. I am conducting research into teenage pregnancy. It is hoped that this information may enhance social workers' understanding of the experiences of people in this situation and help to improve support services for teenagers. The aim of the research is to investigate factors influencing teenage pregnancy and the challenges faced by teachers, parents and teenagers, as well as their coping strategies.

I wish to invites you to share with me the factors, challenges and experiences of this problem. The information gathered from you will be used for a research report to be submitted to the University. Another copy will be given to Department of Education on request. If you agree to participate in the study, the interview will last for 45 to 60 minutes.

Participation is voluntary and you are free to withdraw from the study at any time. There will be no penalties if you decline to answer any question or if you withdraw from the study. Your withdrawal will not affect any services you receive from the government. If one experiences emotional distress during or after the interview, couselling will be arranged for you free-of-charge by the researcher. There will be no reward for participation in the study.

Confidentiality is assured with the sharing information because I am bound by my practice not to reveal any information without your permission. Only I and my supervisor will have access to the raw data, which will be stored for 6 years after the research report is submitted to the University. If you have any queries about the study, I am prepared to answer them to the best of my ability. I may be contacted at the following numbers: (011) 983-1004 or 0721976339 and my supervisor Mrs. Gerrand can be contacted on (011) 717- 4475. If interested in the study, please sign the participation information sheet form below.

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

Yours sincerely

Name: (Participant) ---------- Signature: ----------

Date: ----------

APPENDIX K

PARTICIPATION INFORMATIONS SHEET FOR TEACHERS

PARTICIPANT INFORMATION SHEET TO TEENAGERS

Good day,

My name is Magashe Makola a Masters student registered at the University of the Witwatersrand. I am conducting research into teenage pregnancy. It is hoped that this information may enhance social workers' understanding of the experiences of people in this situation and help to improve support services for teenagers. The aim of the research is to investigate factors influencing teenage pregnancy and the challenges faced by teachers, parents and teenagers, as well as their coping strategies.

I wish to invites you to share with me the factors, challenges and experiences of this problem. The information gathered from you will be used for a research report to be submitted to the University. Another copy will be given to Department of Education on request. If you agree to participate in the study, the interview will last for 45 to 60 minutes.

Participation is voluntary and you are free to withdraw from the study at any time. There will be no penalties if you decline to answer any question or if you withdraw from the study. Your withdrawal will not affect any services you receive from the government. If you experience any emotional distress during or after the interview, couselling will be arranged for you for free-of-charge by the researcher. There will be no reward for participation in the study.

Confidentiality is assured with the sharing information because I am bound by my practice not to reveal any information without your permission. Only myself and my supervisor will have access to the raw data, which will be stored for 6 years after the research report is submitted to the University. If you have any queries about the study, I am prepared to answer them to the best of my ability. I may be contacted at the following numbers: (011) 983-1004 or 0721976339 and my supervisor Prof. Ross can be contacted on (011) 717- 4472. If interested in the study, please sign the participation information sheet form below.

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

Yours sincerely

Name: (Participant) ---------- Signature: ----------

Date: ----------

APPENDIX L

CONSENT FORM FOR PARENTS/ PRIMARY CARE-GIVERS

CONSENT FORM FOR PARENTS/CAREGIVERS FOR PARTICIPATION IN THE STUDY

I, …….. here by consent to participate in the study that will be conducted by Magashe Makola, a Masters student at the University of the Witwatersrand, in the School of Human and community Development.

I am aware that:

- My name will not be used in the research report to ensure privacy.
- I am allowed to withdraw from the study any time I wish to do so and I will not be penalized.
- I may decline to answer any question that I do not feel comfortable with answering and there will be no negative consequences.
- The researcher will store the raw data for the period of five years in a locked cupboard. Thereafter, raw data will be destroyed.
- There will no direct benefits or rewards for participating in the research.
- If I experience any emotional distress arising from the interview, counseling will be provided for me.

Name of participant: …… Date: ……..

Signature: ……

CONSENT FORM FOR AUDION-TAPING OF THE INTERVIEW

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

Name of participant: …… Date: ……..

Signature: ……

APPENDIX M

CONSENT FORM FOR PARENTS/CAREGIVERS ALLOWING TEENAGERS UNDER 18 YEARS TO PARTICIPATE IN THE STUDY

CONSENT FORM FOR PARENTS ALLOWING UNDER 18 YEARS TEENAGERS FOR PARTICIPATION IN THE STUDY

I, …….. here by consent to participate in the study that will be conducted by Magashe Makola, a Masters student at the University of the Witwatersrand, in the School of Human and community Development.
I am aware that:

- His or her name will not be used in the research report to ensure privacy.
- He or she is allowed to withdraw from the study any time he or she wishes to do so and he or she will not be penalized.
- He or she may decline to answer any question that I he or she do not feel comfortable with answering and there will be no negative consequences.
- The researcher will store the raw data for the period of five years in a locked cupboard. Thereafter, raw data will be destroyed.
- There will no direct benefits or rewards for participating in the research.
- If he or she experiences any emotional distress arising from the interview, counseling will be provided for him or her.

Name of participant: …… Date: …….

Signature: ……

CONSENT FORM FOR AUDION-TAPING OF THE INTERVIEW

I hereby consent to tape-recording of the interview with my child. I understand that his/her confidentiality will be respected at all times and that tapes will be destroyed two years after any publication arising from the study of five years after completion of the study if there are no publications.

Name of participant: …… Date: …….

Signature: ……

APPENDIX N

ASSENT FORM FOR TEENAGERS

ASSENT FORM FOR TEENAGERS UNDER 18 YEARS TO PARTICIPATE IN THE STUDY

I, …… here by assent to participate in the study that will be conducted by Magashe Makola, a Masters student at the University of the Witwatersrand, in the School of Human and Community Development: Social Work Department.

I am aware that:

- My name will not be used in the research report to ensure privacy.
- I am allowed to withdraw from the study any time I wish to do so and I will not be penalized.
- I may decline to answer any question that I do not feel comfortable with answering and there will be no negative consequences.
- The researcher will store the raw data for the period of five years in a locked cupboard. Thereafter, raw data will be destroyed.
- There will no direct benefits or rewards for participating in the research.
- If I experience any emotional distress arising from the interview, counseling will be provided for me.

Name of participant: …… Date: …….

Signature: ……

ASSENT FORM FOR AUDION-TAPING OF THE INTERVIEW

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

Name of participant: …… Date: ……..

Signature: ……

APPENDIX O

CONSENT FORM FOR TEENAGERS OF 18 AND 19 YEARS

CONSENT FORM FOR TEENAGERS OF 18 AND 19 YEARS FOR PARTICIPATION IN THE STUDY

I, …….. here by consent to participate in the study that will be conducted by Magashe Makola, a Masters student at the University of the Witwatersrand, in the School of Human and community Development.
I am aware that:

- My name will not be used in the research report to ensure privacy.
- I am allowed to withdraw from the study any time I wish to do so and I will not be penalized.
- I may decline to answer any question that I do not feel comfortable with answering and there will be no negative consequences.
- The researcher will store the raw data for the period of five years in a locked cupboard. Thereafter, raw data will be destroyed.
- There will no direct benefits or rewards for participating in the research.
- If I experience any emotional distress arising from the interview, counseling will be provided for me.

Name of participant: …… Date: …….

Signature: ……

CONSENT FORM FOR AUDION-TAPING OF THE INTERVIEW

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

Name of participant: …… Date: …….

Signature: ……

APPENDIX P

CONSENT FORM FOR TEACHERS

CONSENT FORM FOR TEACHERS FOR PARTICIPATION IN THE STUDY

I, …….. here by consent to participate in the study that will be conducted by Magashe Makola, a Masters student at the University of the Witwatersrand, in the School of Human and community Development.
I am aware that:

- My name will not be used in the research report to ensure privacy.
- I am allowed to withdraw from the study any time I wish to do so and I will not be penalized.
- I may decline to answer any question that I do not feel comfortable with answering and there will be no negative consequences.
- The researcher will store the raw data for the period of five years in a locked cupboard. Thereafter, raw data will be destroyed.
- There will no direct benefits or rewards for participating in the research.
- If I experience any emotional distress arising from the interview, counseling will be provided for me.

Name of participant: …… Date: …….

Signature: ……

CONSENT FORM FOR AUDION-TAPING OF THE INTERVIEW

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

Name of participant: …… Date: …….

Signature: ……

APPENDIX Q

INTERVIEW SCHEDULE FOR PARENTS/CARE-GIVERS

INTERVIEW SCHEDULE FOR PARENTS ON TEENAGE PREGNNCY

Section A: Personal Details

1. Gender: ----------
2. Age: ----------
3. Home language: ----------
4. Religion: ----------
5. Marital status: ----------
6. Level of education: ----------
7. Occupation: ----------
8. Type of grand received: ----------

SECTION B: Parents/Caregivers

1. In your opinion, what are the factors contributing to teenage pregnancy?
2. In your experience, what are the effects of teenage pregnancy on teenage learners?
3. Are you familiar with the Children's Act?
4. If yes, do you think the Act has any impact on teenage pregnancy?
5. If so, please explain.
6. When dealing with teenage pregnancy, what are your needs and challenges?
7. Could you share with me your coping strategies in dealing with pregnant teenage learners?
8. Any other comments in relation to teenage pregnancy?

APPENDIX R

INTERVIEW SCHEDULE FOR TEENAGERS

INTERVIEW SCHEDULE FOR TEENAGES ON TEENAGE PREGNNCY

Section A: Personal Details

1. Age: ----------
2. Home language: ----------
3. Religion: ----------
4. Marital status: ----------
5. Own children: ---------- (to explore number of children of teenagers to determine her responsibilities)
6. Level of education: ---------- (to explore grade of a teenager)
7. Occupation: ---------- (part-time job for teenagers if any)
8. Type of grand received: ----------

SECTION B: Teenagers

1. In your opinion, what are the factors contributing to teenage pregnancy?
2. In your experience, what are the effects of teenage pregnancy on your studies?
3. Are you familiar with the Children's Act?
4. If yes, do you think the Act has any impact on teenage pregnancy?
5. If so, please explain.
6. What are your needs and challenges you are facing in dealing with prevention, termination or continuing with teenage pregnancy?
7. Could you share with me your coping strategies in dealing with teenage pregnancy?
8. Any other comments in relation to teenage pregnancy?

APPENDIX S

INTERVIEW SCHEDULE FOR TEACHERS

INTERVIEW SCHEDULE FOR PARENTS ON TEENAGE PREGNNCY

Section A: Personal Details

1. Gender: ----------
2. Age: ----------
3. Home language: ----------
4. Religion: ----------
5. Marital status: ----------
6. Level of education: ----------
7. Occupation: ----------
8. Type of grand received: ----------

SECTION B: Teachers

1. In your opinion, what are the factors contributing to teenage pregnancy?
2. In your experience, what are the effects of teenage pregnancy on teenage learners?
3. Are you familiar with the Children's Act?
4. If yes, do you think the Act has any impact on teenage pregnancy?
5. If so, please explain.
6. When dealing with teenage pregnancy, what are your needs and challenges?
7. Could you share with me your coping strategies in dealing with pregnant teenage learners?
8. Any other comments in relation to teenage pregnancy?