EXPLORATION OF THE IMPACT OF TEENAGE PREGNANCY ON EDUCATORS IN RURAL HIGH SCHOOLS

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DECLARATION

I, Melita Mantoa Potjo declare that

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Vivien O’Neill
ABSTRACT

The purpose of this study was to explore the impact of teenage pregnancy on educators in the rural high schools at Thabo Mofutsanyane district in Eastern Free State. This study aimed to achieve four objectives which were to identify the impact of teenage pregnancy on educators; to identify the challenges that educators face when dealing with pregnant learners; to identify the form of training educators receive in preparing them to deal with teenage pregnancy; and lastly to identify the kind of support educators feel they are being given to help them deal with teenage pregnancy.

Participants were eight Life Orientation educators from two high schools and two principals in the respective schools. Participants were identified using a purposive sampling method. Interviews and one focus group were conducted with educators and principals from the two schools. Interviews were tape recorded, transcribed and translated into English where necessary. The collected data was analysed using thematic analysis.

The results of the study showed, firstly, that educators face a number of challenges including a lack of training and resources, poverty, lack of parental involvement, as well as a lack of policies and clear guidelines to be used when dealing with pregnant learners. Secondly, it showed that teenage pregnancy tends to have a negative impact on educators because they receive little support in dealing with pregnant learners. Thirdly, it showed that teenage pregnancy tends to have negative impact on educational performance because pregnant learners are distracting to the class and they are distracted themselves. This tends to affect the school’s overall performance which reflects negatively on educators.
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DEDICATION

This work is dedicated to my mother (Mrs. M.E. Potjo) and my late father (Mr. M.A. Potjo).
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CHAPTER ONE

INTRODUCTION

1.1 Background

Teenage pregnancy has become a public health concern “both in the developed and the developing world” (Raj, Rabi, Amudha, van Teijlingen & Glyn, 2010, p. 3). Raj et al., 2010, p. 3) also report that “[g]lobally, 15 million women under the age of 20 give birth annually”. This represents up to one-fifth of all births (Raj et al., 2010). According to Mangiaterra, Pendse, McClure and Rosen (2008), about 16 million girls aged between 15 and 19 give birth each year and almost 95% of these births occur in developing countries. In 2002, the highest rate of teenage pregnancy in the world was found in sub-Saharan Africa, where 143 per 1,000 girls aged between 15 and 19 were pregnant (Mangiaterra et al., 2008). This was nearly three times as high as in the United States where the same age group had about 53 births per 1,000, which made the US the country with the highest teenage pregnancy rate in the developed world (Raj et al. 2010). According to Raj et al. (2010), Mangiaterra et al. (2008) and Macleod and Tracey (2009), teenage pregnancy is associated with a number of negative health, psychological and educational consequences, some of which only materialize a long time after the birth.

Even developed countries show significant differences in rates of teenage pregnancy and birth (Kirchengast, 2009). However, “the teenage pregnancy and birth rates of developed countries are significantly lower than those of developing countries” (Kirchengast, 2009, p. 1). The rates of teenage pregnancies remain extremely high in many developing countries despite numerous efforts that have been made to try to deal with this problem (Department of Education, 2010; Kirchengast, 2009). However, “there has been a decline in teenage births in some countries like South Africa, where the teenage birth rate decreased from 102 per 1,000 births in 1995 to 73 per 1,000 in 2005” (Kirchengast, 2009, p. 2). The main concern in South Africa, however, has been a lack of accurate statistics concerning the rates of teenage pregnancy (Kaufman, De Wet & Stadler, 2001); however, according to Macleod and Tracey (2010, p 20), “there has been a decline in the overall fertility rate for the past
fifty years”. According to the South African Demographic and Health Survey (SADHS) (2007), teenage pregnancy and motherhood rates have decreased from 35% of women aged 15 to 19 years in 1998 to 27% of the women in the same age group in 2003. SADHS (2007) also reports that rates also dropped in non-urban areas from 21% in 1998 to 14% in 2003. Although the findings from the SADHS (2007) study have been used here, it has been criticized concerning the methodology used and the problems in the fieldwork, which limit the quality and reliability of the data (Naidoo, 2008; Panday, Makiwane, Ranchod & Letsoalo, 2009). Despite the criticisms made about this data, the study has been widely used by several other researchers (e.g. Macleod & Tracey, 2009; Panday et al., 2009) and so far it is the only study that could be used here to give the statistics concerning fertility trends in South Africa.

In many developing countries like South Africa, Botswana, Namibia and others, teenage pregnancy has been regarded as one of the major barriers to schoolgirls being able to achieve educational success (Department of Education, 2010; Chigona & Chetty, 2007). In an attempt to reduce the high number of school-going teenagers who become pregnant, the Department of Education in South Africa has introduced sexuality education as part of the Life Orientation (LO) curriculum (Naidoo, 2006). However, there have been many debates concerning the effectiveness of sexuality education in addressing teenage pregnancy and other sexuality issues affecting teenagers such as HIV/AIDS (Deventer, 2008; Francis, 2010; Panday et al., 2006).

The implementation of sexuality education in schools has been a serious concern for many parents, religious leaders and educators, who regard sex education as a social taboo (Majova, 2002). They believe that teaching young people about sexuality will encourage them to engage in promiscuous behavior (Majova, 2002; Mpanza & Nzima, 2006). As a result of these beliefs which underlie their attitudes towards sexuality education, parents and educators are not comfortable in discussing matters relating to sexuality with young people (Mpanza & Nzima, 2006). Kohli and Nyberg (1995) believe that one way of overcoming parents’ resistance towards sexuality education is to incorporate them in the school-based programs.
1.2 Motivation for the study
Teenage pregnancy is one of the main social problems affecting teenagers that has been widely discussed and researched (Macleod & Tracey, 2009; Popenoe, 1998; Sethosa, 2007; Spear & Cater, 2002). In the last decade, most social science researchers have focused attention on the causes and consequences of teenage pregnancy and a lot of work has been done in this field (Goldman & Bradley, 2001). According to Popenoe (1998), because teenagers spend most of their time in school, it is important to focus on what schools can do to prevent teenage pregnancy. This is because poor academic performance, dropping out of school and lack of engagement with school are important factors that predict teenage pregnancy (Grant & Hallman, 2006).

There are, of course, also consequences of teenage pregnancy. Chigona and Chetty (2007) believe that schools can develop a number of strategies that will help to give pregnant learners support and deal with stigma attached to teenage pregnancy, knowledge regarding teenage sexuality (Ncube, 2009) and the sense of future and academic motivation (Grant & Hallman, 2006), all of which can help teenagers to delay sexual activities.

In their effort to deal with teenage pregnancy in South African schools, the Department of Education (2007) has set out some guidelines and policies that educators and schools can use to manage pregnancies. The Department publicly supports abstinence from sexual activity among learners (Department of Education, 2007). It further maintains that programmes which focus on abstinence, and which are aimed at both boys and girls, should be offered in all public schools (Panday et al., 2009). However, most of these services are not available in rural schools and most educators are not well qualified to deal with the complex issues surrounding sexuality education (Naidoo, 2006; Panday et al., 2009). The lack of proper implementation of sexuality education in rural schools may be one of the contributing factors to a high level of teenage pregnancy (Department of Education, 2010; Majova, 2002, Reddy, James & McCauley, 2005). Ideally, Francis (2010) believes that the curriculum should contribute to meeting students’ health needs and social adjustment, as well as individual academic requirements.
There have been many discussions concerning the appropriate form of sexuality education that can help to reduce the number of sexuality issues faced by teenagers (Francis, 2010; Timmerman, 2009). However, few people actually discuss the effectiveness of the program itself, which might not necessarily be related to the content alone but to the presenter (i.e. the educator) (Berger, Bernard, Khzami, Selmaoui & Carvalho, 2008; Francis, 2010; Timmerman, 2009). According to Bowden, Lanning, Pippin and Tanner (2003), any curriculum content presented by a teacher may be strongly influenced by the teacher's attitudes. Timmerman (2009, p. 500) further states that "given the importance of human sexuality education today, an important focus of research should be the classroom teacher". Teacher characteristics, attitudes and interpersonal tendencies can influence both the explicit and the 'hidden' or implicit curriculum in the classroom (Berger et al., 2008; Francis, 2010). Bowden et al. (2003, p. 781) further suggest that "teachers' attitudes play a critical role in the effectiveness of their teaching, with characteristics of effective teaching evolving from their dispositions".

There is a need to clarify and understand the needs and problems of pregnant teenagers, as these often influence educators' experiences and their attitudes towards teenage pregnancy. Moreover, the management of these teenagers by educators needs exploration, as do the challenges that teachers face on a daily basis in trying to accommodate them. There is no doubt that the management of pregnant teenagers affects their own learning as well as other learners around them (Sethosa, 2007). Educators have increased responsibility in addition to teaching and ensuring that learning takes place in that they have to try to support pregnant learners and ensure that their needs are being taken care of (Bhana, Clowes, Morrell & Sheffer, 2008; Kanku & Mash, 2010; Majova, 2002; Mpanza & Nzima, 2006). So far, most literature fails to consider the impact that teenage pregnancy has on professional educators.

Teenage pregnancy is a sensitive topic for most people and it tends to trigger different personal and emotional reactions; because of their role as stand-in parents, educators are not an exception to this (Miller, 2001). In the past, educators were often the last to know about a pregnancy, because parents often took a girl away from school before the pregnancy could be noticed (Mohase, 2006). Thus, educators
did not have to deal with the problem because they did not know about it. However, because of many social changes and the policies of the Department of Education, educators now have to deal with pregnancy issues (Mohase, 2006; Mpanza & Nzima, 2006; Sethosa, 2007). Nowadays, teenagers are allowed to continue with their education during pregnancy. The result is that all school personnel are now more involved in teenage pregnancy than they used to be in the past (Sethosa, 2007).

This study explores the teachers’ experiences and perceptions regarding the causes of teenage pregnancy and its implications for the teaching and learning systems. This helps to clarify the needs and problems of pregnant learners from the educators’ perspective. In clarifying these needs and problems, different perspectives from different parties involved (such as parents, educators, and learners themselves) are needed. The main focus of the study is on the challenges that teachers face on a daily basis when they are teaching pregnant teenagers and how they cope with these challenges. The study also focuses on the issues of managing teenage pregnancy in schools and the implications that teenage pregnancy have for education.

1.3 Statement of the problem

Although the rate of teenage pregnancies has fallen, they are still extremely common and have become a major challenge and a critical issue facing South Africa (Panday et al., 2009; Sethosa, 2007). According to the Minister of Basic Education, Ms. Angie Motshekga, teenage pregnancy is common in South Africa and it is one of the main problems affecting young people in schools (Department of Education, 2010). In her address to the National Assembly, Motshekga maintained that teenage pregnancy tends to negatively affect teenagers’ future as well as their physical and emotional well-being (Department of Education, 2010). Despite all the efforts by the Department of Education to prevent the expulsion of pregnant learners in schools, many pregnant learners are still forced by circumstances to leave school and stay at home (Chigona & Chetty, 2008; Macleod & Tracey, 2009). There are many reasons for this which can be influenced by a number of factors. These factors include the educators’ attitudes towards teenage pregnancy (Mpanza & Nzima, 2006); stigma and discrimination of pregnant learners in schools (Chigona & Chetty, 2008); poverty...
(Klein, 2005); and lack of skills in dealing with sexuality issues (Francis, 2010; Timmerman, 2009).

In 2009, the national Department of Education held a number of workshops in Limpopo, Mpumalanga and the Eastern Cape to address the issue of teenage pregnancy (Department of Education, 2010). These workshops and the accompanying research by the Department of Education found that schools are having great difficulty in addressing the issue of teenage pregnancy (Department of Education, 2010). Research conducted by the Department of Education in 2009 has shown that teenage pregnancy is concentrated in rural areas where the rate of poverty is high and schools are under resourced. Several researchers have focused on the attitudes of both learners and educators towards teenage pregnancy as well as the impact of teenage pregnancy on learners (Chigona & Chetty, 2008; Grant & Hallman, 2006; Macleod & Tracey, 2009; Mpanza & Nzima, 2006). However, these researchers did not look into the impact that teenage pregnancy has on educators.

1.4 Objectives of the study
In response to the statement of the problem, this study will consider a number of questions:

- What impact does teenage pregnancy have on educators in rural high schools?
- What challenges do educators face when dealing with pregnant learners?
- What form of training do educators receive in preparing them to deal with teenage pregnancy?
- What kind of support do educators feel they are being given to help them deal with teenage pregnancy?

In addition, the study aimed to explore the educators’ views on the impact of teenage pregnancy on the education system, on learner achievement and whether they perceive that sexuality education is effective in reducing the rate of teenage pregnancy in their schools.
1.5 Definition of terms

1.5.1 Educator
According to the National Education Policy Act 27 of 1996, an ‘educator’ refers to any person who teaches, educates or trains other persons at an education institution or assists in rendering education services or education auxiliary or support services provided by or in an education department. According to Miller (2001), the term educator refers to an adult who has been trained to teach learners and to facilitate the learning of learners. For the purpose of this study, an educator will refer to a person who teaches in a high school and who has been trained in teaching learners and is well qualified to deliver the curriculum and facilitate learning.

1.5.2 Teenager
The term teenager is best understood in terms of the developmental stage of adolescence. Ncube (2009) defines adolescence as the period in human development that is indicated by the beginning of puberty and ends in adulthood. In this study, a teenager will be referred to as a young person who is going through the developmental stage of adolescence and who is still at school.

1.5.3 Teenage pregnancy
Teenage pregnancy can be defined as a teenage girl becoming pregnant (Kanku & Mash, 2010). The Dictionary of social work (1995) refers to teenage pregnancy as a pregnancy of an unmarried female person less than 18 years of age. In this study, teenage pregnancy will be referred to as the pregnancy of a female who is still at school.

1.5.4 Rural area
A rural area is outside of towns or cities where much of the land is devoted to agriculture (Oxford advanced learners’ dictionary, 2005). According to Pauw (2005, p. 03), a rural area is usually “characterised by high poverty rates, unequal distribution of income between various population group and high rates of unemployment”. Poverty and unemployment in South Africa are often associated with rural areas because many rural inhabitants are engaged in low-paying agricultural activities (Pauw, 2005). In this study, a rural area will be referred to as
the area where the inhabitants depend mostly on agricultural activities for survival and where there are high poverty and unemployment rates.

1.5.5 Rural high school
According to the National Education Policy Act 27 of 1996, a school generally means a pre-primary, primary or secondary school. The terms secondary and high school are often used interchangeably to refer to schools that accommodate learners from Grade eight to Grade twelve. For the purpose of this study, a rural high school will be referred to a school that caters for learners from Grade eight to Grade twelve which is situated in a rural area.

1.5.6 Sexuality education
Sexuality education “is a broad term used to describe education about human sexual anatomy, sexual reproduction, sexual intercourse, reproductive health, emotional relations and other aspects of human sexual behavior” (Sex education, n.d.). In South Africa, sexuality education does not exist as a separate learning area; it falls under the umbrella term of Life Orientation (LO) (Naidoo, 2006).

1.5.7 Life Orientation (LO)
LO is the learning area that aims to guide and equip learners for meaningful and successful living in a rapidly changing and transforming society (Naidoo, 2006). The focus therefore is on the development of self-in-society (Naidoo, 2006). LO starts in Grade R and continues to Grade 12.

1.5.8 Learner
According to the National Education Policy Act 27 of 1996, a learner is any person who is enrolled in an education institution and who is receiving education or is obliged to receive education. According to Mohase (2006), a learner is someone who is capable of learning and being educated through the formal education system. In this study, the term learner will refer to any person who is enrolled in a rural high school and who is receiving education provided by educators and who is capable of learning.
1.6 Structure of the thesis
The remaining chapters of the dissertation will be briefly described in this section.

1.6.1 Literature review
Chapter 2 will cover a discussion of related research literature. The aim is to contextualize the study to be described in terms of the relevant literature. The literature review will focus on teachers’ experiences with teenage pregnancy as well as their views regarding the causes and factors that lead to the high teenage pregnancy rate and how it influences the system of learning and teaching. In addition, areas of support for teenagers and their educators will also be considered, as well the role played by the education systems in dealing with this phenomenon.

1.6.2 Methodology
Chapter 3 will examine the methodology utilized in the study. It considers the research design and method which were chosen by the researcher. The specific and general advantages and disadvantages for choosing this methodology are explained. The sample and the data collection procedure will also be described, as well as the method that was employed to analyse the collected data.

1.6.3 Reporting and discussion of results
Chapter 4 will report the results of the data analysis and will attempt to explain them within the context of the relevant literature. It will attempt to give meaning to the pieces of information collected from the participants synthesising them into a perspective. It will also help to give answers to the questions that have been guiding the research and pave the way to the conclusion, critique and recommendations for future research.

1.6.4 Conclusion, limitations, and recommendations
Chapter 5 concludes the study by, firstly, summarising the main findings of the study. Secondly, it examines the limitations of the research design and provides recommendations for future research.
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction
There has not been much research done in South Africa concerning experiences of educators with regard to teenage pregnancy. However, much research has been done on the impact of pregnancy on teenagers and their family, attitudes of educators and parents towards teenage pregnancy and attitudes of teenagers towards pregnancy and sexuality education (Majova, 2002; Masuku, 2008; Mpanza & Nzima, 2006; Mwaba, 2000). There is also considerable literature on the causes and consequences of teenage pregnancy (Chigona & Chetty, 2007; Eaton, Flisher & Aaro, 2003; Grant & Hallman, 2006; Jewkes, Vundule, Mafrah & Jordaan, 2001; Sethosa, 2007). This chapter is divided into two parts. The first part focuses on the theoretical framework underlying the study and the second part focuses on the review of literature on teenage pregnancy. The theoretical framework that will be used to explain the phenomena under study will be ecological theory.

Literature on teenage pregnancy will be reviewed under the following subheadings: teenage pregnancy and education; pregnancy and poverty; teenage pregnancy and rural under-resourced communities; the role of parents in dealing with teenage pregnancy; the role of schools; educators’ attitudes towards teenage pregnancy; learners’ attitudes towards teenage pregnancy and sexuality education and, lastly, challenges faced by educators in dealing with teenage pregnancy. This chapter also focused on the consequences of teenage pregnancy from the ecological point of view, stressing the impact of teenage pregnancy on the family, the unborn child, the father, the school and the community in general.
2.2 Theoretical framework

A theoretical framework is referred to "as a systematic ordering of ideas about the phenomena being investigated or as a systematic account of the relations among a set of variables" Camp (2001 as cited in Byers & Wilcox, 1991, p. 67). A theoretical framework includes the examination of discipline-based literature related to the topic and identifying an overarching theory that explains the central hypothesis or proposition (Creswell, 1994). Theories are formulated to explain, predict and understand phenomena.

2.2.1 Ecological theory

The ecological perspective argues that the behavior of an individual always occurs within a particular environment. The ecological model of human development has been widely researched focusing on how local environmental processes and conditions direct human development (Bronfenbrenner, 1994). The ecological theory outlines “four types of systems which contain roles, norms and rules that shape development” (Ahuja, n.d.). Bronfenbrenner’s ecological model explains how the development of individuals differs depending on the "support, guidance and structure of the society in which they live" (Ahuja, n.d.). This perspective helps to bring an understanding of the various ways in which a person may adapt to a changing environment in order to survive (Bronfenbrenner, 1979).

According to Bronfenbrenner (1994), there are two main properties of the ecological model. The first proposition states that human development takes place through a series of complex interactions between the active developing individual and the people, objects and symbols in his or her immediate environment. Bronfenbrenner (1994) further maintained that for development to be effective, interaction should take place at regular intervals over an extended period of time. Bronfenbrenner (1994, p. 38) referred to these interactions in the immediate environment as “proximal processes”. The second specifying property states that “the form, power, content and direction of proximal forces” differs significantly as a result of the combined function of the characteristics of “the developing person, the environment and the nature of the developmental outcomes under consideration” (Bronfenbrenner, 1994, p. 39).
Bronfenbrenner’s theory considers a child’s development within the context of the system of relationships that forms his or her environment. This theory defines complex ‘layers’ of environment (microsystem, mesosystem, exosystem, macrosystem, chronosystem), each having an effect on the developing person. These layers are closely connected and effects of changes or conflict in any one layer are often observed throughout other layers (Paquette & Ryan, 2001). According to Salazar, Bradley, Younge, Dulanga, Crosby, Lang and DiClemente (2010), the ecological model of human development helps one to gain a proper understanding of the contextual factors that influence teenage sexual behaviors. This is because contextual factors provide a means of “shaping knowledge and attitudes that provides a basis for adolescents’ choice about sexual behavior” (Langille, Flowerdew & Andeou, 2004, p. 84). To study teenage pregnancy from an ecological point of view, the focus should not only be on the child and her immediate environment, but also on the interactions with and in the larger environments well (Paquette & Ryan, 2001). The following sections will describe Bronfenbrenner’s structure of the environment

2.2.1.1. Microsystem
The microsystem is the first system that the developing person comes into contact with. This system includes structures such as family, school, neighbourhood, as well as other systems which the developing person has immediate and direct contact with (Ahuja, n.d.; Beck, 2000; Paquette & Ryan, 2001). At the microsystem level, relationships have “bi-directional influences” on the developing child – both “towards the child and away from the child” (Paquette & Ryan, 2001, p. 2). This system includes factors such the parents’ educational level which is perceived to have an impact on teenage pregnancy. It also includes factors such as educators’ attitudes and their ability to manage teenage pregnancy in schools.

2.2.1.2 Mesosystem
The mesosystem involves “linkages and processes taking place between two or more settings containing the developing person” (Bronfenbrenner, 1994, p. 40). It focuses on the inter-relationships between the developing person’s microsystems (Paquette & Ryan, 2001). This system includes, for example, the interaction between the child’s home and the school.
2.2.1.3. Exosystem

The exosystem involves “linkages and processes taking place between two or more settings in which one of them does not contain the developing person” but the events indirectly influence the developing person (Bronfenbrenner, 1994, p. 40). The child is not actively involved in the exosystem but the activities taking place here tend to affect his or her development (Tudge, Mokrova, Hatfield & Karnik, 2009). According to Beck (2000) structures at the exosystem level influence the developing person by interacting with some structures in the microsystem. Exosystem structures include aspects like the parents’ work environment. Most parents in rural areas leave their children at home and look for jobs in the cities; they thus usually spend relatively little time with their children and are not always available to guide their children in making informed decisions about sexual behavior.

2.2.1.4. Macrosystem

Bronfenbrenner (1994) defines macrosystem as the over-arching pattern of micro-, meso-, and exosystems characteristics of a given culture or subculture. Macrosystem includes the larger cultural context (Ahuja, n.d.). This system is the outer layer in the child’s development consisting of “cultural values, norms and beliefs systems” (Paquette & Ryan, 2001, p. 2). Paquette & Ryan (2001) further state that the effects of the principles defined by macrosystems have a strong influence on the interactions of all other layers.

2.2.1.5. Chronosystem

The chronosystem focuses on the concept of time as it relates to the developing person (Beck, 2000). It “encompasses change and consistency” not only in the characteristics of the developing person but the environment as well (Bronfenbrenner, 1994, p. 41). Paquette & Ryan (2001) maintain that elements within this system can be either internal (those happening within the developing person, e.g. the timing of puberty) or external (those happening outside of the developing person, e.g. the transition to democracy in South Africa).
2.3 Teenage pregnancy and education

The relationship between teenage pregnancy and education is a complicated one. There is no simple cause-and-effect link between teenage pregnancy and underachievement (Grant & Hallman, 2006). However, it is often the case that pregnancy negatively affects the educational performance of teenagers. For example, teenage pregnancy often leads to the loss of time to learn. This happens in three ways. Firstly, the pregnant teenagers take time off school to attend antenatal clinics (Grant & Hallman, 2006). Secondly, pregnancy in teenagers is associated with significant health, emotional and social difficulties which either force students to miss school or affect their ability to concentrate and learn (Grant & Hallman, 2006; Klein, 2005; Miller, 2001). Lastly, once the baby is born, the teenage mother needs to spend time parenting the baby (Grant & Hallman, 2006).

According to Klein (2005), these young mothers often have poor parenting skills. They tend to take much longer than older mothers to learn how to respond appropriately to the baby’s needs. As a result, they lose time to focus on their educational activities, which in turn leads to academic underachievement and failure. Cater and Spear (2002) and Klein (2005) further state that teenage mothers often do not receive enough support from their partners who in many cases are adult men.

Teenage pregnancy can have negative consequences in other ways. There is a strong relationship between teenage pregnancy and academic failure in that “teenage pregnancy affects educational achievement of teenagers themselves as well as that of their children” (Spear & Cater, 2002, p. 66). According to Klein (2005) and Raj et al. (2010), children born to teenage mothers suffer from other consequences such as low birth weight and malnutrition. This may be because of poverty, stress, lack of proper eating habits and sometimes smoking and drinking among pregnant teenagers. Kirchengast (2009, p. 4) further stated that sometimes children born to teenage mothers also have “low cognitive and educational ability which affects their performance in school”.

On the other hand, Grant and Hallman (2006) and Ferguson and Woodward (2000) argue that pregnancy itself does not impact negatively on the academic performance of young girls. Grant and Hallman (2006) found that it is other factors such as
poverty and academic motivation before pregnancy that determines teenage mothers’ academic performance after they have delivered their baby. It is often the case that teenagers who become pregnant while at school are more likely to fail and/or drop out of school before obtaining their national certificate (Klein, 2005). However, it appears as if the main problem is not pregnancy but how teenagers deal with it. If teenage mothers continue with their schooling after delivery and they receive enough support, they can manage to complete their secondary education and enroll for tertiary qualifications (Ferguson & Woodward, 2000).

Grant and Hallman (2006) also found that the academic success of the teenage mothers depends on a number of other factors such as availability of a care-giver at home and their performance before pregnancy. From this it can be concluded that if teenage mothers have enough resources and skills to balance between parenting and schooling, they are as likely to succeed as those who are not pregnant. However, according to Mangiaterra et al. (2008), teenage mothers are less likely than their peers to participate in tertiary education and get professional jobs.

It is also the case that school achievement, attendance and involvement help reduce the risk of teenage pregnancy (Grant & Hallman, 2006). Teenagers who stay in school are less likely to become pregnant than those who drop out of school due to other reasons such as poverty and HIV/AIDS (Ferguson & Woodward, 2000). Thus being in school and improving one’s education may be helpful in preventing teenage pregnancy. According to The National Campaign to Prevent Teenage Pregnancy (2010), teenagers who are more involved in their school are less likely to fall pregnant than their peers who are not as closely connected to their school.

The Department of Education has put in place some policies and measures that help to accommodate pregnant learners in schools and prevent their expulsion. This is explained more fully in Section 2.4 below. However, even though girls who have experienced a teenage pregnancy are allowed to remain in school and to return to school after they have delivered their baby, only about a third of teenage mothers actually return to school (Panday et al., 2009). This may be related to “uneven implementation of the school policy, poor academic performance prior to pregnancy, few child-care alternatives at home, poor support from family, peers and the school
environment and the social stigma of being a teenage mother (Panday et al., 2009, p. 9).

The study by Grant and Hallman (2006) supports Panday et al.’s (2009) finding where child-care support is not available for teenage mothers, they unlikely to re-enter the education system. This is exacerbated for “every year that teenage mothers remain outside of the education system” (Panday et al., 2009, p.9). According to Panday et al. (2009), the most effective solutions that the Department of Education can implement to deal with teenage pregnancy would be to address financial and school performance issues and thereby ensure an early return to school after a learner pregnancy.

2.4 Measures for the prevention and management of teenage pregnancy
In an attempt to deal with teenage pregnancy in schools, the National Department of Education (2007) has set out some guidelines for the prevention and management of learner pregnancy in school. Because of the high rate of learner pregnancies in public schools, the Department of Education found it necessary to develop these guidelines that will help to deal with pregnancies in schools. The Department recognizes its responsibility and the influence that it can have with regard to teenage pregnancy within the wider community. The main aim of these guidelines is to communicate the clear and consistent message that all learners should abstain from sexual activities. There are two main reasons set out by the Department as to why learners should abstain from sexual activities. These primarily relate to fact that most learners do not engage in safe sex. Firstly, there is the risk of sexually transmitted diseases and teenage pregnancy and, secondly, there is the impact that HIV/AIDS and teenage pregnancy has on the future prospects of young people.

It is against this background that the Department of Education has set out measures and guidelines for dealing with pregnancy in schools. These guidelines focus on the prevention and reduction of teenage pregnancy and HIV infections so as to promote learning and development of healthy sexual behavior among learners. The guidelines are divided into three sections. The first section focuses on the prevention of teenage pregnancy, the second section focuses on the management of teenage pregnancy in schools and the last section focuses on the recommended procedures
to be followed when the learner become pregnant. These guidelines can be summarized as follows:

2.4.1 Prevention measures
The main aim of the Department is to ensure that learners are educated about the likely outcomes of engaging in sexual activity and to assist young people to make choices that protect their health and support their access to educational opportunities. This will be done by the schools in providing LO in collaboration with Non-Governmental Organizations. These guidelines further state that suitable and well-qualified educators should be employed in order to ensure the successful implementation of LO. The Department also stresses the importance of parental involvement through school governance and development of a school code of conduct, with specific strategies to eliminate teenage pregnancy.

2.4.2 Management of teenage pregnancy in schools
Schools should manage the situation by balancing the interests of the learner concerned with those of the school, educators and other learners. They should do that by adopting an inclusive approach to education and deal with all the cases in a confidential manner while safeguarding the interest of the leaner concerned.

2.4.3 Procedures recommended where pregnancy occurs
It is the responsibility of the pregnant learner to inform a designated senior educator about the pregnancy. The designated educator will then refer the learner to the clinic and keep the records of clinic attendance. Schools should also offer pregnant learners advice and counseling on motherhood and parenting and put in place mechanisms to deal with discrimination of pregnant learners and to handle complaints accordingly.

The learner will be required to take a leave of absence of up to two years to address pre- and post-natal health concerns and carry out childcare duties. Learners should be informed that they will not be admitted in the same year that they left school because of pregnancy. Parents are obliged to inform the school about the health condition of the learner and also to ensure that the learner receives all the class activities that she missed during the period of absence.
2.5 Role of schools and educators in sexuality education and teenage pregnancy

The provision of sexual knowledge and skill is advantageous for development because it helps teenagers and young people to make informed decisions concerning their sexual behaviors (Goldman & Bradley, 2001). It is also advantageous to schools as poor performance by pregnant teenagers may lower school performance rates and reflects negatively on educators and the school in general (Sethosa, 2007). Rosen, Murray and Moreland (2004, p.6) argue that “school-based sexuality and reproductive health education is one of the most important and widespread ways to help young people improve their reproductive health”. In addition, “the school setting provides an important venue to transmit information and skills” (Rosen et al., 2004, p. 6) related to health and human relations that can protect learners against risky behaviors and pregnancy (Deventer, 2008; Grant & Hallman, 2006; Majova, 2002).

Many countries (e.g. America, Asia, Mexico, Europe, South Africa, Nigeria and others) have organized different sexuality education programs (Goldman & Bradley, 2001; Naidoo, 2006; Rosen et al., 2004). Rosen et al. (2004, p. 6) conclude that “[s]uch programs, if carefully designed and well implemented, can provide young people with a solid foundation of knowledge and skills”. One of the main goals of a comprehensive sexuality education program is to give learners an opportunity to develop and understand their values, attitudes and beliefs about sexuality and to help develop relationships and interpersonal skills (Majova, 2002).

In 2006, sexuality education was first introduced in South African schools; this was because of the high rates of HIV/AIDS and other sexuality-related issues such as pregnancy, rape and other sexually transmitted infections (Francis, 2010). In an attempt to manage teenage pregnancy, the Department of Education took strong action in ensuring the implementation of sexuality education in all schools (Naidoo, 2006). The National Curriculum Statement provides for comprehensive life skills education as part of the LO curriculum, which is compulsory from Grade R to Grade 12 (Department of Education, 2003). The aim is to provide accurate information about human sexuality and an opportunity for young people to develop and
understand their values, attitudes and beliefs about sexuality (Department of Education, 2003).

The main role of a life skills educator is to promote a psychosocial environment that fosters understanding, caring and empathy for others and which contributes to positive values, beliefs and attitudes among learners (Timmerman, 1999). Life skills education is intimate and sensitive in nature, and because of this, these educators' personal characteristics are important in delivering a successful program (Department of Education, 2003). According to Reddy et al. (2005), careful selection of educators is required in order to facilitate proper implementation of a life skills program. Life skills educators should be receptive to individual learners' needs and they should be accommodating and flexible in their approach (Deventer, 2008; Timmerman, 1999). These characteristics also tend to influence educators' attitudes and beliefs and make it easier for them to offer support and advice to learners on sexuality issues.

Regardless of the effectiveness of sexuality education in addressing teenagers’ social, sexual and health needs, some topics such as human sexuality, teenage pregnancy and sexually transmitted infections are difficult for educators (Department of Education, 2003; Deventer, 2008; Francis, 2010). Life skills teaching, because of its intimate and sensitive nature, requires dedicated and committed educators (Reddy et al., 2005). Educators should be carefully selected and should receive detailed training and technical support in order for them to successfully implement the program (Reddy et al., 2005).

Majova (2002) argued that educators cannot fully advise teenagers on sexuality issues because they were not exposed to sexuality education in their own childhood homes and their training did not include the subject. Up to this point, most educators are still unaware of their responsibilities when they encounter the problem of teenage pregnancy in their schools (Masuku, 1998; Sethosa, 2007). Under these difficult circumstances, educators become frustrated and do not know what to do to control the situation because they were never trained or equipped with the necessary skills to deal with teenage pregnancy (Deventer, 2008; Sethosa, 2005). This often becomes a challenge for educators because they have to play different roles in trying
to support learners (Majova, 2002). In an attempt to assist learners, the educators often use their personal experiences and common knowledge as mothers because they are not otherwise trained to deal with pregnancy (Masuku, 1998).

It is also crucial to recognise that educators come to sexuality education with their own previous knowledge, their own family values, their own cultural values, their own experiences and their own fears (Gursimsek, 2009). In order to develop a deeper understanding of the effectiveness of sexuality education, it is important to evaluate the effect of educators’ values and beliefs on their capacity to deliver effective sexuality education (Naidoo, 2006). Because of their moral, religious and family background, some educators find teaching sex education difficult and even embarrassing and seem more than happy to allow other people to fill this role (Ferguson & Woodward, 2000). However, according to Timmerman (1999) and Goldman and Bradley (2009), the main necessity of a holistic sexuality education is the competence of educators. It is most important to use trained educators because training helps improve the implementation and effectiveness of the program (Gursimsek, 2009).

Despite the apparent effectiveness of sexuality education in most countries (Rosen et al. 2004), most parents still fear that giving teenagers information about sex will cause them to become sexually active (Key, Gebregziabher, Marsh & O’Rourke, 2008). However, Rosen et al., (2004, pp. 6-7) reported “sexuality education did not lead to either the initiation of sexual activity or an increase in the frequency of sex among youth”. Rosen et al. (2004, p. 7) also maintain that “all comprehensive sexuality education programs promote abstinence from sexual activity as part of the curriculum, and try to teach young people how to resist pressure for unwanted sex”. When most life skills education programs are evaluated, they tend to show delay in sexual initiation, decrease in the number of sexual partners and increased condom use among youth who are sexually active (Goldman & Bradley, 2009).
2.6 Learners’ attitudes towards sexuality education and teenage pregnancy

There are number of factors that play a significant role in determining teenagers’ attitudes towards sexuality education and pregnancy. According to Majova (2002), learners’ attitudes towards sexuality education are influenced by factors such as age, gender and rural/urban differences. In her study, 66% of females had positive attitudes towards sexuality education while 60% of males had negative attitudes towards sexuality education.

According to Francis (2010), the needs of boys and girls in sex education classes differ and are influenced by cultural and social norms. Francis (2010) also maintains that girls tend to be very quiet during sexuality education classes and that educators usually do not attempt to include them in discussion. Thus the traditional gender imbalances in a male-dominated society are still indirectly reinforced sexuality in education. Treffers, Olukoya, Ferguson and Liljestrand (2001) also emphasize that gender stereotypes play an important role in attitude formation. Treffers et al. (2001) further maintain that it is common for males to insist that females bear full responsibility for contraception and to blame females for getting pregnant.

Most adolescents consider their peers or friends to be the most accurate and reliable source of information when it comes to sexuality issues. The study by Masuku (1998) found that there is a discrepancy between the information presented by educators and what learners found from their own experiences, media and peers which tends to influence learners’ resistance towards sex education. However, despite learners’ resistance towards sex education, Francis (2010) still believes that school is the best place for imparting knowledge on sex education because most teenagers feel uncomfortable in discussing sexual issues with their parents. For most teenagers, school is the only place where they can discuss sexuality issues with adults (educators) because in their homes it is regarded as a taboo to discuss such issues with their parents (Spear & Cater, 2002).

In one study by Ndlangisa (1999, as cited in Majova, 2002), 51% adolescents wanted information from their teachers while parents were chosen by 34% of adolescents. Majova (2002) found that most teenagers want someone who is knowledgeable and unembarrassed to give sex education at school. However,
according to Bay-Cheng (2003), formal sex education should not be given without parental knowledge and cooperation. Learners believe that parents tend to have more restrictive attitudes and are not comfortable in discussing sexual matters with their children (Geasler, Dannison & Edlund, 1995).

However, Majova (2002) found that learners tend to be uncomfortable towards educators filling the role of sexuality educators, as they felt that educators do not respect their confidentiality and that exposing their problems to educators will affect their relationship with that educator in other classes. This suggests that some learners may lack trust and respect towards their educators. Reddy et al., (2005) support this view by concluding that unless educators develop mutually respectful and trusting relationships with their learners, the learners’ attitudes towards sexuality education will not easily change. A lack of trust and respect tends to hinder the successful implementation of sexuality education program (Francis, 2010; Timmerman, 2008). This raises a serious concern because sexuality education is regarded as the main tool that can help in dealing with teenage pregnancy.

Teenagers themselves tend to have negative attitudes towards teenage pregnancy (Mwaba, 2000). In his study, Mwaba (2000) found that 69% of adolescents believed that teenage pregnancy brought shame on the teenager’s family. Others believe that a teenage mother cannot be a good mother and that teenage pregnancy is not something to be proud of. Lastly, teenagers in the same study believed that teenage mothers face more problems than adult mothers.

Pregnant teenagers face many challenges both before and after giving birth. In a study by Chigona and Chetty, (2007), most learners reported that they are often verbally abused and teased by other learners making their performance in class difficult. Most of the time, pregnant or teenage mothers have a fear of participating in class especially in subjects like LO. When topics like teenage pregnancy come up, they feel uncomfortable and think that everybody is talking about their situation.

Contrary to the negative attitudes that most learners have towards teenage pregnancy Panday et al.’s (2009) research found that much of the literature on teenage pregnancy has paid attention to the negative consequences of teenage
pregnancy and failed to address the possibility that some teenagers might view pregnancy in a positive way. To some teenagers, especially from disadvantaged backgrounds, teenage pregnancy might be viewed in a positive way (Kohli & Nyberg, 1995). According to Bruckner, Martin and Bearman (2004), many female teenagers from disadvantaged backgrounds have limited aspirations for their future lives and they tend to under-achieve at school which tends to increase the chances of them falling pregnant. For this group of teenagers, becoming pregnant might give them a sense of security and prospects for future (Panday et al., 2009). For this group of teenagers, the benefits of childbearing, such as being considered mature enough to be called a mother, and a sense of being responsible for bringing a life into the world, as well as the common perception that it will lead to a better relationship with the baby’s father, outweigh any possible risks that might be identified (Kohli & Nyberg, 1995).

Kanku and Mash (2010) found that found that some teenagers tend to fall pregnant intentionally as a way of accessing the child support grant. For these teenagers, the “child support grant is seen as a means to increase household income and incentive for teenagers to contribute through having a baby” (Kanku & Mash, 2010, p. 556). It was also found by Myeza (2008) that many teenagers tend to fall pregnant intentionally in order to access the child support grant. However, the study by Panday et al. (2009) found no correlation between teenage pregnancy and the child support grant. This study found out that only a small percentage of South African teenagers actually receive social grants.

2.7 Challenges faced by educators in dealing with teenage pregnancy

Most of the challenges faced by educators when dealing with teenage pregnancy are similar to the challenges that they face when implementing sexuality education. In most rural schools in South Africa there is still little or no sexuality education (Naidoo, 2006). This is because of the three most prominent challenges that educators and school principals face when dealing with pregnant teenagers.

Firstly, schools often do not have adequate facilities to take care of pregnant teenagers (Sethosa, 2005). Educators believe that schools should be well equipped to cater for pregnant teenagers. This must include the provision of school nurses
who are skilled in taking care of emergency situations (Mpanza & Nzima, 2006). In most cases when emergencies arise, educators have to be midwives and nurses, using skills they were never trained in (Sethosa, 2005). Some educators also believe that counseling and other support services such as first aid kits are needed for pregnant teenagers and young mothers (Mpanza & Nzima, 2006). The lack of facilities for pregnant learners within the schools and the provisions by the South African Schools Act 84 of 1996 create a problem in helping educators to deal with teenage pregnancy.

Secondly, a challenge faced by educators is lack of training and sensitization in dealing with sexuality issues that often arises in schools (Francis, 2010; Timmerman, 2009). Most teachers are not well trained in that field and often the material required is not easily accessible. Thus, it becomes a challenge for educators to provide necessary support to pregnant teenagers because they have never been trained in that role and their knowledge and skills are limited (Deventer, 2008; Mpanza & Nzima, 2006). As a result educators end up being uncomfortable in supporting and accommodating pregnant learners in schools.

Another challenge faced by educators is the lack of clear understanding among educators of the policies on teenage pregnancy. There is a national policy designed to deal with teenage pregnancy in schools which was discussed in detail under Section 2.4 above. However, many educators believe that this policy does not address other issues such as pregnancy-related stigma and mockery in schools. The policy just stipulates that pregnant learners should not be discriminated against, but it fails to provide guidelines for educators on how to manage it when discrimination does occur among learners themselves (Department of Education, 2007). There is a strong need for an expansion of the policy that will help to deal with mockery and teasing arising from the stigma associated with teenage pregnancy which occurs mostly in rural communities (Chigona & Chetty, 2007). Within most black rural communities it is still a stigma for a girl to fall pregnant while in school (Kanku & Mash, 2010; Mpanza & Nzima, 2006). Some educators believe that pregnant girls should leave school because they cannot learn much while others are taunting them (Goldman & Bradley, 2001; Mpanza & Nzima, 2006).
Lastly, there is a need for policy that should explain educators’ responsibilities when dealing with pregnant teenagers. Measures set out by the Department of Education just stipulate that schools should put in place appropriate measures to deal with complaints of unfair discrimination, hate speech or harassment that arise (Department of Education, 2007). Often, educators become frustrated when problems arise and they do not know what to do to solve the issue (Sethosa, 2007); in most cases when parents are invited to come and discuss issues, they rarely come to address the problem but they nevertheless expect their children to attend school (Majova, 2002). Deventer (2008) concludes that putting educators in a situation where they lack expertise is not only stressful to educators but also makes the learners question the value placed on that particular subject. According to Francis (2010), most policies that are used in sexuality education are centered on HIV and AIDS issues only disregarding other sexuality issues.

As suggested in the previous paragraph, passive attitudes adopted by parents seem to be a major challenge experienced by educators when dealing with teenage pregnancy. Parents as primary caregivers tend to have attitudes and perceptions about teenage pregnancy and sexuality education that tend to have either positive or negative effects for their children (Goldman & Bradley, 2001). Many parents do not feel comfortable in discussing sexual issues with their children (Bruckner et al., 2004). According to Francis (2010) and Geasler et al. (2006), the best environment for providing sexuality education is the home environment. However, there have been a lot of angry outbursts from parents and sometimes silent refusal from the parents to be actively involved in sexuality education (Geasler et al., 2006). Goldman and Bradley (2001) believe that this tends to affect educators in two ways; firstly, because of the anxiety that sexuality education brings, educators become frightened of encouraging sexual activity among learners. Secondly, some educators feel it is inappropriate for them to talk about sexual issues to learners who are considered by their parents as being young and innocent.
2.8 Rural and under-resourced communities

The rate of teenage pregnancy tends to be higher in rural areas than in their urban counterparts. In the study by Majova (2002), about 69% of the urban sample was positive towards sexuality education while 54% of learners from rural areas responded negatively. Learners’ attitudes are strongly influenced by their parents’ attitudes and in turn tend to affect sexual communication between parents and teenagers. Geasler et al. (2006) believe that as a result of this, learners from rural areas tend to have more limited information and knowledge about sexuality than their urban counterparts. This is mainly due to the lack of resources and access to information which are typical in rural areas. Learners from urban areas tend to have access to information through media like magazines, newspapers and internet, services which are not easily available in rural areas.

Also related to access to information is the parents’ educational level. Most parents in urban areas are educated and tend to be open in discussing sexuality issues with their children (Klein, 2005), while lack of literacy among parents is a serious concern in rural areas (Geasler et al., 2006). Level of knowledge or the information that learners have concerning sexuality issues tends to influence their attitudes towards sexuality education.

According to Panday et al. (2009), teenage pregnancy statistics remain high despite the number of programs in South Africa intended to prevent this. These include Life Orientation programmes in schools, youth-friendly services at government clinics, and Non-Governmental Organisation programmes such as the LoveLife campaign (which focuses on teenage sexuality) and an HIV/AIDS education and awareness campaign (Panday et al., 2009). However, most of these services are still not available or difficult to access in rural areas. Most programs which target pregnancy prevention are geared mainly towards the urban population while rural areas often receive little funding for these types of programs (Majova, 2002; Mpanza & Nzima, 2006). Lack of access to media resources, lack of recreational facilities, and poor health and social welfare structures make teenage pregnancy in rural areas difficult to control (Mohase, 2006). In some instances, people in rural areas, because of their lack of literacy and ignorance, fail to understand how teenage pregnancy can negatively affect their socio-economic status (Mohase, 2006).
Many teenagers from rural areas lack options and resources to assist them in making informed sexual decisions (Raj et al., 2010; Spear & Cater, 2002). Sex talk with parents, which often helps teenagers in making informed decisions, is seen as a taboo in rural areas; as a result, this deprives the teenagers of knowledge about sex before they actually engage in sexual activities (Klein, 2005; Raj et al., 2010). With the increase in the access to the child care grant, some teenagers still believe that having more than one child will improve their financial status; however, they fail to see the long-term consequences that having children will bring into their lives (Kanku & Mash, 2010; Masuku, 1998). These teenagers “tend to remain in [rural] impoverished areas, be poorly educated and obtain low-paying jobs” (Brown, 2003, p. 19) or no jobs at all, subsequently relying on government grants (Klein, 2005; Kohli & Nyberg, 1995; Masuku, 1998).

The backgrounds from which teenage mothers come, including their socio-economic status, parental educational level and family history (in terms of teen pregnancy) may have a significant effect on the long-term outcomes of early childbearing (Mpanza & Nzima, 2006; Spear & Cater, 2002). At the same time, teenagers who live in rural areas “are exposed to significant levels of risk factors for early childbearing such as poverty, social isolation and substance abuse” (Brown, 2003, p. 20). State comparisons in European countries show that states with higher poverty rates also have higher proportions of non-marital births to adolescents (The national campaign to reduce teenage pregnancy, 2010, p. 2)). Teenagers residing in “communities with high rates of poverty and single mother households are at higher risk for early pregnancy” (Bruckner et al., 2004, p. 249). Some “teenagers are forced by poverty to have sex with older men in exchange of money and other material things” and eventually they fall pregnant (Kanku & Mash, 2010, p. 570).

Teenage childbearing tends to exacerbate the problems of poverty and family instability many young rural women already face (Klein, 2005; Spear & Cater, 2002). For instance, teenagers from these backgrounds are most likely to drop out of school during pregnancy and they never return to school after delivering the baby; as a
result, they remain in the cycle of poverty (Spear & Cater, 2002). The national campaign to reduce teenage pregnancy (2010, p. 1), summarised:

Failure to complete high school prevents young mothers from going on with tertiary education and participating in many vocational training programs. Limited educational achievement combined with low basic skills and limited job experience mean fewer job opportunities and lower wages for rural teenage mothers.

Rural teenage parents are therefore caught in a vicious cycle where they tend to be concentrated in “poor rural communities characterized by inferior housing, high crime, poor schools, and limited services’ (Spear & Cater, 2002, p. 66).

2.9 Role of parents in dealing with teenage pregnancy
The importance of the family’s influence on sexual education of children is emphasized on a daily basis by sexuality educators (Geasler et al., 1995). Families have considerable influence on their children’s sexual pathways. The family’s attitudes towards sexual behavior and child-bearing could be expected to be important to teenagers. Parents as primary educators have attitudes and perceptions about teenage pregnancies that have positive or adverse effects for their children (Goldman & Bradley, 2001). Parents who communicate effectively with their children about sex seem to be the exception rather than rule. According to Geasler et al. (1995), parents have the desire and willingness to communicate and teach their children about sexuality but both the parents and children in rural areas believe that parents have not functioned adequately in their roles as sexuality educators.

Teenagers who have a sense of connection to their family and school are more likely than their peers to delay having sexual intercourse (Kohli & Nyberg, 1995). According to Rutenberg, Kaufman, Macintyre, Brown and Karim (2003), adolescents whose parents communicated openly with them about sexuality when they were young are more likely to continue discussing sexuality topics with their parents during their teenage years and to make personal decisions reflecting parental values and morals. Parents who do not talk to their teenagers about sex often disapprove of sexuality education and discourage their children from having sex or using
contraceptives (Bay-Cheng, 2003; Kohli & Nyberg, 1995). The authoritarian parenting style also often has a negative impact on the parent-child relationship and often makes it difficult for teenagers to seek information and advice from their parents concerning sexuality issues.

Illiteracy among most rural parents tends to also play a significant role in their ability to provide sexuality education to their teenagers. Rutenberg et al. (2003) noted that a large majority of rural adolescents report that they cannot talk openly about sex with their parents because most parents handle sex education inadequately. There are various reasons for this inadequacy in handling sex education by parents. This ranges from lack of knowledge, the parents’ beliefs system, and distant relationships with their children to embarrassment in discussing sexuality issues with their children due to moral values, culture and religious beliefs (Goldman & Bradley, 2001). This differs from parents in urban areas in the sense that most parents in urban areas are educated, they tend to have close relationships with their children and culture does not act as such a strong barrier to communication as it does in rural areas (Klein, 2005).

In rural areas, the rate of unemployment is very high and as a result many parents often leave their children alone in order to work in urban areas (Kanku & Mash, 2010; Panday et al., 2009). Because of the changing times, even mothers have entered the workforce which gives the children plenty of time on their own without parental supervision and guidance. Under these circumstances, children get plenty of time to freely engage in sexual activities and ultimately fall pregnant. This is also the case in child-headed households, where there is a lack of parental guidance and supervision (Grant & Hallman, 2006).

There are also gender differences in parents’ abilities to act as sexuality educators for their teenagers. Fathers tend to have a more conservative and normative attitude in relation to sexuality (Gursimsek, 2009). Francis (2010) found that teenagers also find it uncomfortable to discuss sexuality issues in the presence of the opposite sex; they prefer to be taught by a same-sex educator or parent and be in a single-gender group rather than in a mixed group. However, teenage boys prefer to talk to their mothers when having sexual problems and find it difficult to approach
their fathers (Goldman & Bradley, 2001). This is because mothers tend to be more caring, empathetic and responsive to their children’s needs and this make it easier for teenagers to approach them and discuss sexuality issues than with their fathers who believe in a more moral aspect of parenting (Goldman and Bradley, 2001; Gursimsek, 2009).

2.10. Consequences of teenage pregnancy

The consequences of teenage pregnancy can best be understood in terms of the ecological approach outlined in Section 2.2.1. According to the ecological model of human development, the person and the environment are dependent on each other and the behavior of an individual always occurs within a particular environment (Bronfenbrenner, 1979). Consequences of teenage pregnancy are varied and do not only affect the concerned teenager but also affect her family, the unborn baby, the father of the baby, the school and the entire community.

Many pregnant teenagers may drop out of school simply due to the pregnancy; however, “social, economic and cultural issues also make girls’ school attendance a complex decision for the parents. Some parents may not send girls to school because they consider the benefits of education for girls to be limited and the cost of sending them to school to be unnecessary for the family” (Chigona & Chetty, 2007, p.4). When the teenage girl becomes pregnant, the family has to carry the burden of raising the baby. In most rural areas, grandmothers and other extended family members are the ones who help to raise the baby so that the mother can return to school. This often places unnecessary demands on the family because they have to stretch their limited resources and try to accommodate the new baby.

Most families in rural areas live below the poverty line and survival is an everyday struggle because of the high unemployment rate. Some parents abandon their responsibility on their teenage girl and focus on the needs of their grandchild (Kanku & Mash, 2010). This affects the teenage mother who is still a child herself and who needs financial support from her parents. According to Klein (2005), higher family income and staying in a stable family environment serves as a protective factor against teenage pregnancy. In many rural areas, childcare services are very limited and in most cases, learners use older adults like grandmothers and aunties to look
after their babies when they go to school. However, for some learners who do not have older adults to look after their babies, they are forced to take their babies to childcare facilities. Due to poverty, many teenage mothers cannot afford childcare facilities so that they can have time to study and do their homework.

Children born to teenage mothers often experience a number of challenges in their lives. Firstly, teenage pregnancy tends to pose serious health risk for the baby (Bruckner et al., 2004; Klein, 2005; Miller, 2001). In addition, due to their level of education, teenagers tend to lack parenting skills and they often have no income or have lower incomes when they leave school to go and work to support their children. Parents with lower incomes are more likely to use lower cost medical providers such as government clinics and primary health-care providers rather than specialists (Bruckner et al., 2004). These practices also tend to affect the unborn child; as a result, babies born to teenage mothers tend to have low birth weight and poorer health than those born to adults (Kirchengast, 2009). These children are also at a disadvantage in terms of cognitive and educational development (Miller, 2001).

Another consequence of teenage pregnancy is the cost and challenges for the father. Teenage fathers are an important part of teenage pregnancy (Miller, 2001). In some cases, fathers of the children born to teenage mothers are still at school themselves (Panday et al., 2009). Most of these fathers live in rural areas where the rate of poverty is high and job opportunities are low (Kaufman et al., 2009). Teenage fathers do not usually give any emotional or financial support to teenage mothers. Teenage fathers tend to be developmentally immature and emotionally unprepared to deal with parental responsibility (Spear & Cater, 2002). Sometimes teenage fathers deny paternity out of fear of the reactions of their parents and the possible financial consequence of fathering a child (Kaufman et al., 2009).

However, contrary to the idea that many young fathers deny paternity, Panday et al. (2009, p. 7) found that “most young men in the study expressed a sense of responsibility for the child and a willingness to be actively involved in the child’s life, motivated by the absence of their own fathers in their lives”. However, Panday et al. (2009, p. 7) also stated that for many young fathers, “the caring role of a father is
[often] overtaken by a need to provide financially for the child”. These young men sometimes have to drop out of school and find a job in order to support the baby.

Miller, (2001) describes teenage pregnancy as a social issue which does not only affect the concerned teenager but which makes a negative contribution to society at large because these teenagers are often psychologically and financially unstable. The provision of social security to pregnant teenagers is viewed as a burden to the state, according to Popenoe (1998) and the escalation of social grant recipients harms the country’s economy. It also places a huge burden particularly on the taxpayers who have to continuously contribute to the well-being of these recipients (Miller, 2001).

2.11. Summary
Teenage pregnancy has become one of the most crucial and challenging social problems in South Africa. Many scholars have identified causes and consequences of teenage pregnancy. This chapter identified the relationship between teenage pregnancy and education as well as the role of schools in dealing with teenage pregnancy. Several challenges faced by educators in dealing with pregnant learners were also identified. The challenges range from lack of skills such as counseling and health-care workers to handle health issues in schools. Another challenge is the lack of policies to deal with stigma and mockery associated with teenage pregnancy and lack of parental involvement. Parents as primary socialization agents have a big role to play in the implementation of sexuality education.

In this chapter, the role of parents was described as well as their attitudes towards sexuality education. Parents’ attitudes as primary caregivers often affect learners’ attitudes towards sexuality education and pregnancy. Learners’ attitudes were identified and described as being influenced by factors such as gender, age, and location (urban/rural dichotomy).

Literature concerning educators’ attitudes towards sexuality education and pregnancy was also reviewed. Educators’ attitudes can be divided into two categories: those who are in favor of sexuality education and who believe that pregnant learners should continue with their education and those who believe that
pregnant learners should stay at home and take care of their baby. Educators’ attitudes tend to differ and are often influenced by the stigma that is still attached to teenage pregnancy, especially in rural areas. Consequences of teenage pregnancy were also dealt with from the ecological perspective. From the ecological point of view, teenage pregnancy does not only affect the concerned learner but has significant impact on the family, the father, the school and the community at large.
CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction
In the previous chapters, the topic of the study was introduced and key concepts relating to the study were defined. Also, literature which relates to teenage pregnancy and education was described. The purpose of this chapter is to discuss the methodology followed to collect and analyze data for the purpose of responding to the research questions mentioned in Chapter one of this study. The rationale for the use of a specific methodology will also be discussed.

3.2 Aims and objectives of the study
The study aimed to explore the impact of teenage pregnancy on the education system, with special emphasis on educators’ experiences in dealing with teenage pregnancy. The study further aimed to achieve the following objectives:

- To identify the impact of teenage pregnancy on educators in rural high schools.
- To identify the challenges that educators face when dealing with pregnant learners.
- To identify what form of training educators receive in preparing them to deal with teenage pregnancy.
- To identify what kind of support educators feel they are being given to help them deal with teenage pregnancy.

3.3 Research design
The study follows a qualitative paradigm and it is exploratory in nature. One advantage of using qualitative methods in exploratory research is the use of open-ended questions and probing, which provides participants the opportunity to respond in their own words rather than forcing them to choose from fixed responses (Terre Blanche, Durrheim & Painter, 2006). Open-ended questions have the ability to evoke responses that are “meaningful and culturally salient” to the participant and are rich and detailed in nature (Creswell, 2009, p. 179). Qualitative approaches are generally
engaged with exploring, describing and interpreting the personal and social experiences of participants (Creswell, 1994). An attempt is usually made to understand a small number of participants from the perspective of their own frame of reference or view of the world; the main idea is to gather rich and detailed information about a particular area of study. The primary emphasis lies on how meanings are constructed and shaped (Terre Blanche et al., 2006). A qualitative approach allows the researcher to produce data that is holistic, contextual, descriptive and in-depth (Creswell, 2009).

An exploratory study is conducted to explore a topic and/or to familiarize the researcher with a new field of study (Babbie, 2002). This approach was used since the researcher was examining a relatively new interest. According to (Creswell, 1994), qualitative research can be employed when one is exploring a new territory or new ways of looking at a more familiar topic. There are three purposes of using explorative method in this study, firstly, to satisfy the researcher’s desire for better understanding of educators’ experiences with teenage pregnancy; secondly, to test the feasibility of undertaking a more extensive study that could explain and describe the research topic in a more detailed manner and give answers to the what, how and why questions involved in participants’ experiences (Babbie, 2002). Thirdly, the intention was to develop methods that could be used in subsequent studies, to further develop the understanding of the phenomena in question (Babbie, 2002).

3.4 Sampling design
In this study purposive sampling was used. Purposive sampling is a form of non-probability sampling where cases are selected based on the researcher’s judgement about information-rich participants (Ncube, 2009). Purposive sampling strategies are designed to enhance understanding of the experiences of selected individuals or groups for the purpose of developing theories and concepts (Babbie & Mouton, 2001). Purposive sampling depends on the “selection of typical cases of the population, not only on the availability and willingness to help” (Terre Blanche et al., 2006, p. 136). Researchers seek to accomplish this goal by selecting information-rich cases, that is, individuals and groups that provide the greatest insight into the research questions.
For the purposes of this study, a rural area was identified that was convenient to the researcher. The research target included two secondary schools in the Eastern Free State. These schools are under one of the five district municipalities in Free State province. The abovementioned district has been classified as a rural area in Free State province and it is characterized by high levels of poverty and a high burden of diseases such as tuberculosis.

School A is situated in ‘M’ village and caters for learners from this village and surrounding areas. This school is an ordinary public school funded by the government. The school caters for learners from Grade 10 to Grade 12. The school has five educators who are teaching LO, four female educators and one male educator. School B is situated in ‘T’ village and caters for the learners for this area and surrounding areas. This school is also an ordinary school funded by government. The school also caters for learners from Grade 10 to Grade 12. The school also has five LO educators all of whom are females.

Teenage pregnancy is considered to be the biggest challenge for the majority of these rural schools; however, only two were chosen to participate in the study due to logistical constraints. In addition, not all educators in these schools were chosen to participate in the study but only LO educators were approached. LO educators were chosen because Life Orientation is the part of the curriculum that deals with life issues affecting learners. Thus, LO teachers are the ones who mostly deal with sexuality education and other social and health issues affecting learners in their respective schools; thus, these educators were considered to be information-rich participants. It is believed that even though almost all educators would have experience of working with pregnant learners, not all of them would have the in-depth experience of supporting them and interacting with them on a daily basis, even outside the normal classroom activities. The details of the sample are described in Section 4.2.
3.5 Research instruments

In this study, focus groups and semi-structured interviews were used as the methods of data collection. Focus groups are an established and widely accepted research technique for qualitative explorations of attitudes, opinions, perceptions, motivations, constraints, participation and behaviors (Rabiee, 2004). According to Rabiee (2004, p. 655), focus groups are “in-depth group interviews in which a small group of participants are interviewed at length about a selected subject”. Terre Blanche et al. (2006, p. 140) refer to a focus group “as a carefully planned series of discussions designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment”. The use of focus groups provides researchers with insights, new hypotheses and understandings through the process of interaction (Byers & Wilcox, 1991). They allow for extensive probing, follow-up questions, group discussion and observation of emotional reactions, which is not possible in most quantitative studies (Rabiee, 2004, p. 656).

(Terre Blanche et al., 2006) identified three main features that set focus groups apart from other forms of group discussions: (1) a clear plan for a controlled process and environment in which interactions among participants takes place; (2) use of a structured process to collect (and interpret) data; and (3) participants are selected based on characteristics they share as opposed to differences between them. This process gives an understanding of the differences and commonalities between the groups that are being studied (Terre Blanche et al., 2006).

In a focus group, participants are selected because they fulfil the purpose of the study although they might not be a representative sampling of the specific population (Rabiee, 2004). Thus, participants are selected on the criteria that they would have something to say on the topic, would be comfortable talking to the interviewer and each other and they have similar characteristics such as being LO educators, working in rural schools and dealing with pregnant learners. One of the distinct features of focus group interviews is its group dynamics; hence, the type and range of data generated through the social interaction of the group are often deeper and richer than those obtained from one-to-one interviews (Golafshani, 2003; Rabiee, 2004).
Byers and Wilcox (1999) identify five advantages of the focus group: firstly, it allows for the “release of inhibition by participants” (p. 66), in the sense that a well-facilitated group encourages full and open expression of perceptions, experiences and attitudes. Secondly, focus groups are flexible. A focus group is more flexible than the individual interview in that a focus group facilitator works from a list of topics, “listening, thinking, probing, exploring and framing hunches and ideas” (p. 66). Thirdly, focus groups save time. Eliciting responses from a group of eight to ten participants in a focus group lasting one to two hours is more time effective than interviewing the same number individually (Byers & Wilcox, 1999; Rabiee, 2004).

Fourthly, the focus group offers “the provision of basic exploratory information” (p. 67). When little is known in advance of the investigation, the focus group provides a basis for formulating research questions and hypothesis. Lastly, focus group data is “highly interpretable” (p. 67). According to Byers and Wilcox (1999) and Rabiee (2004), though the data usually contains a wide range of responses, the identification of issues and the reasons participants hold positions on issues is usually clear, upon careful analysis.

Even though focus groups are useful and have many advantages, there are also three main disadvantages of focus groups as identified by Byers and Wilcox (1991). The first disadvantage is that focus groups tend to be costly in terms of recording and transcribing, data analysis and interpretation, and the facilitator fee. Secondly, when using focus groups, there are problems of the participants’ social conformity “Social desirability or respondents’ motivation to provide socially acceptable responses to conform to group norms” (Byers & Wilcox, 1991, p. 67) is higher in focus groups than in individual interviews. Lastly, there is a problem of “biased results” (p. 67) due to the sample size and sampling method employed to select the participants.

When using a focus group, a researcher should not generalise from the focus group results to the larger population from which the respondents were drawn (Byers & Wilcox, 1991). This is because sometimes the respondents are volunteers who may be more extroverted, outgoing and sociable than the average individual (Golafshani,
2003). Secondly, the general population might not share the same characteristics as the sample and also different schools experience different challenges.

The semi-structured interviews were able to give an insight into the individual experiences of different teachers and also to aid in understanding how the situation affects them on a personal level, which may also have impact on the entire school or community (Babbie & Mouton, 2001). A semi-structured interview is an interaction between an interviewer and a respondent in which the interviewer has a general plan of inquiry but not a specific set of questions as in structured interviews. Structured interviews contain questions that must be asked in particular words and in a particular order and do not allow participants to express their views in their own terms (Creswell, 1994).

The interviewer in this study had a set of guiding questions which were used in the study but there was also space for unstructured interviewing, allowing participants the freedom to express their views. The questions were used as a guideline for the interviewer; preparing questions in advance increases the validity of the research (Byers & Wilcox, 1991). However, it is important for the interviewer to be fully familiar with the questions asked. This allows the interview to proceed smoothly and naturally (Babbie, 2002). In terms of the unstructured part of the interviews, Creswell, (2009, p. 178) suggest these interviews are “flexible, iterative and continuous, rather than prepared in advance and locked in stone”. There are three main advantages of unstructured interviews; firstly, unstructured interviews are good in the initial stages of a project as they provide a general understanding of the problem. Secondly, they permit a full exploration of ideals and beliefs. Lastly, it is more like a conversation which allows the interviewee to be relaxed.
3.6 Reliability and validity of the research instruments

Reliability is the extent to which a measure is accurate and can produce the same results when replicated (Babbie, 2002). With a focus group, this concerns whether another focus group of similar but different people, would give similar answers. A focus group, like any other qualitative research method, often has problems with reliability. Focus groups tend to have problems with reliability because they deal with behaviors, attitudes, opinions and thoughts which are often hard to be replicated (Creswell, 1994).

Byers and Wilcox (1991) say that focus groups often sacrifice reliability for the sake of increased validity. However, the problem of reliability, according to Byers and Wilcox (1991), can be lessened if the facilitator is well trained and if questions are relatively specific while still allowing for the interviewer to probe for further information and not restricting him or her only to the available questions. Although the facilitator in this study was not well trained in this role, the questions were well prepared beforehand and were relatively specific. Obtaining detailed field notes, employing a good quality tape recorder for recording and accurately transcribing the tape also enhance reliability (Creswell, 1994). Babbie (2002) also maintains that transcribing the tapes indicating the small pauses and overlaps also increases the reliability of focus groups.

Validity is the extent to which a measure measures what it is supposed to measure (Babbie & Mouton, 2001). For the focus group in this study, this could mean whether it is reasonably certain that people are talking about teenage pregnancy and the education system only, rather than anything else, which could be a threat to the outcomes of the study. Focus groups tend to have a high level of content validity because they allow analyses of thoughts, attitudes, behaviors and opinions (Babbie, 2002). However, because the results of the present study are based on a small number of individuals (ten educators), the conclusions rest on face validity and rely mostly on depth of analysis rather than breadth; in addition, the results of the study will not be generalised to the entire population of rural educators.

According to Rabiee (2004), peer review or debriefing often increases the validity of unstructured interviews and focus groups. A peer reviewer is someone who “keeps
researchers honest”, asking hard questions about methods, meanings and interpretations (Rabiee, 2004, p. 658). The focus group data were transcribed by two different individuals and they met to compare their findings. These individuals were the researcher in this study and the Masters student who was helping with the data collection and who acted as a facilitator during the focus group. After this, the combined findings were taken to the peer reviewer who was not involved in the transcription of the tapes and who was not involved in the data collection process. The peer reviewer in this study was a Doctoral student at the University of Limpopo who is experienced in qualitative research.

Another procedure that was used to increase the validity of the research results was triangulation. In triangulation, the researcher makes use of multiple and different sources, methods, investigators and theories to provide supporting evidence (Creswell, 1994). Data from the interviewer and facilitator, the semi-structured interviews, focus group field notes and ecological theory were used together to confirm the validity of the findings. The researcher in this study acted as a facilitator for the interviews and she was helped by another Master's student who was also conducting research in the same area.

3.7 Data collection
Before collecting data, permission was requested in writing from the Free State Department of Education (see Appendix A). The Department granted provisional permission and sent a form for the researcher to complete to register the research project (see Appendix B). The information required in the form included a description of the research study, letter from the supervisor, letters which would be sent to the schools as well as the consent forms that would be completed by the participants. Two weeks after the form was sent, two letters granting permission for the project were sent to the researcher (see Appendix C). One letter was addressed to the education district where the data would be collected and the other one was for the researcher, explaining the conditions under which permission was granted.

After the initial permission was granted, the researcher contacted the school principals telephonically and made an appointment to meet with them individually. Before the meetings, the researcher sent letters to the principals of the two selected
schools requesting permission to conduct the research in their school (see Appendix D). The aim for the meeting was to explain the research topic and the procedure for collecting data to the principals. The letter from the Department of Education was shown to the principals and they were given copies to show to the educators who were willing to participate. The principals agreed to the research by signing and attaching the school stamp to the letter, which explained the purpose of the research and the procedure for the collection of data (see Appendix E). The dates were set and the researcher met with the participants. Informed consent forms were completed (see Appendix F) and the focus group and interviews were conducted.

In School A, the interviews were conducted from the morning until lunch. Because interviews were conducted during working hours, it was agreed that educators who had free periods would come for the interviews and most of them lasted for 20 to 30 minutes. Five educators were interviewed and all of them were L O educators. All the interviews were conducted in the principal's office. The first three were audio tape recorded. However, the last two interviews before lunch were not tape recorded because the principal's office is next to the playground and the learners were out on their break so it was difficult to record the interviews because of the noise. The researcher had to rely solely on written notes, and because of this, the last two interviews took longer than the rest. The focus group in this school did not take place because teachers were going to a South African Democratic Teachers Union (SADTU) meeting. The focus group was then rescheduled to take place three days after the interviews but on the scheduled date, two teachers were not available as they had to attend an urgent meeting at the district level, thus this focus group was cancelled.

In School B, the educator interviews were conducted in the staff room with other educators present. This posed a challenge both in terms of confidentiality and in terms of extra noise on the tape recordings. Thus, when the tape recordings were transcribed, it was difficult to hear because of the noise of other educators talking. Also, the presence of the other educators might have influenced the interviewees' responses and thus affected the validity of their responses. Four educators and the principal were interviewed. Among five participants, three agreed to participate in the interviews but requested not to be tape recorded. Thus, only two educators were
tape recorded in the second school. The focus group was conducted with all five educators and it lasted for an hour.

There were some guiding questions that were used for the interviews (see Appendix H). The questions were divided into three categories: the first part concerned the biographic details. This section asked about age, gender and educational qualifications. This was to identify if educators’ perceptions tended to differ based on any of those characteristics. The second part included questions on the educators’ attitudes and beliefs concerning teenage pregnancy and sexuality education, on the impact of pregnancy on academic performance, on the training received by educators to deliver LO and, lastly, on the support mechanisms for educators.

3.8 Data analysis
Two qualitative methods of data collection were used to collect data in this study namely, semi-structured interviews and focus groups. The data was analyzed using thematic analysis. Thematic analysis is a method for identifying, analyzing and reporting patterns within data (Braun & Clarke, 2006; Creswell, 1994). According to Braun and Clarke (2006, p. 84), thematic analysis “minimally organizes and describes data sets in rich detail”. The term thematic discourse analysis, according to Braun & Clarke (2006, p. 96) is used to refer “to a wide range of pattern-type analysis of data, ranging from thematic analysis within a social constructionist epistemology to forms of analysis very much akin to the interpretative repertoire form of discourse analysis”. Within social constructionist perspectives, data collected is regarded as a “social construct” (Braun & Clarke, 2006, p. 96) as it is socially constructed by individuals using their own language. This is one of the reasons why data collection methods such as focus groups and interviews were used, to capture the experiences of educators from their own point of view and to allow the expression of feelings, ideas, opinions and attitudes.

Braun & Clarke (2006) identified four decisions to be made before data analysis can begin. The first decision to be made is whether to use a rich description of the data set or use a detailed account of one particular aspect of the data. In the present study, the former option was used. According to Braun & Clarke (2006), there are two reasons for using a rich description of the entire data set; firstly, it is to give a
sense of all the important themes that emerged from the entire data rather than selecting only one set of the data while excluding the rest. Secondly, this form of analysis is used when the participants involved in the study have been silent with regard to the topic. Teenage pregnancy as a topic has been widely researched but the views of the pregnant learners and their experiences have not been heard in this study.

The second decision to be made when using thematic analysis is whether to identify the themes using “inductive or theoretical thematic analysis” (Braun & Clarke, 2006, p. 88). In this study, inductive analysis was used which means that the themes identified were strongly linked to the data itself and the main aim was to provide a thick description of the entire data set which is the reason why data-driven methods of theme identification were used. In this form of analysis, data analysis is not driven by the researcher’s own interests, questions, theoretical framework and preconceptions but it is driven by the data itself. However, Braun and Clarke (2006) and Rabiee (2004) emphasize that researchers cannot free themselves from their theoretical framework and data analysis cannot be made in isolation.

The third decision to be made in this form of analysis concerns the level at which the themes will be identified in terms of whether they are “semantic or latent themes” (Braun & Clarke, 2006, p. 88). This study used semantic themes, which implies that the researcher focused on the surface meanings of the data itself. When using this approach, the researcher does not move beyond the surface meaning of the data to consider the underlying assumptions informing the surface meanings expressed. However, as Braun and Clarke (2006) stated, there is a need for the researcher to move beyond the mere description of the themes, to summarize the data and interpret it in relation to the existing literature. Rabiee (2004) also supports this view that data analysis occurs on a continuum moving from the raw data to the descriptive statements and finally to the interpretation.

The last decision to be made is regarding epistemology in terms of whether to use “realist or constructionist thematic analysis” (Braun & Clarke, 2006, p. 89). In this study, constructionist thematic analysis was used. From the constructionist
perspective, meaning and experiences are socially constructed and reproduced rather than being regarded as inhering within individuals.

Initially the tapes were sent to a private company that transcribed the interviews but the main challenge was the poor recording of the interviews. Because of the environment where the interviews and focus groups were conducted, it was hard to hear what was being said. Secondly, some educators used their first language which is Sesotho and the people who were supposed to transcribe the interviews were Sepedi and Tsonga speakers which made it difficult for them to transcribe the tapes. In the end, the researcher who was the interviewer and the Masters students who was the facilitator for the focus group transcribed the tapes and translated them into English. Two final-year translation students from the University of Limpopo were requested to check the translated material. To ensure the accuracy of the transcribed data, transcripts were sent to the schools for educators to check if their opinions were accurately captured and they were all satisfied.

When analyzing the data using thematic analysis, the researcher engaged in several phases as outlined by Braun and Clarke (2006), Creswell (2009) and Rabiee (2004). These three authors discussed different models of analyzing qualitative data using thematic analysis. Their models tend to differ in terms of specific stages that the researcher can follow but the general idea of what needs to be done is the same.

The first phase was familiarization with the data (Braun & Clarke, 2006; Creswell, 2009; Rabiee, 2004). During this phase, all the data that was tape recorded was transcribed. During this stage, the researcher read all the materials and listen to the recorded tape over and over again to get a better understanding of the information provided. This also involved the reading of all the observational notes and the summary notes that were taken during the interviews because some of the interviews were not tape recorded. According to Creswell (2009, p. 185), the main aim of the first step is to get a “general sense of the data itself and to reflect on its meaning”. During the transcription process, the initial lists of ideas were recorded separately which helped in the second phase. During this phase, data was not coded but the general ideas were listed which were then used in the second phase where the actual codes were identified.
In the second phase, the researcher identified the initial codes. Coding refers “to the process of organizing the material into segments of text before bringing meaning to information” (Creswell, 2009, p. 186). The coding process involved taking the transcribed data, segmenting sentences and paragraphs and labeling them with a term (Creswell, 2009). Boyatzis (1998, p. 63, in Braun & Clarke, 2006, p. 98) refers to codes “as the most basic element of the data that can be assessed in a meaningful way regarding the phenomena”. Braun and Clarke (2006) maintain that what constitutes a code depends on whether the researcher is analyzing the data at a more semantic or latent level. The initial codes were taken from the notes, transcribed material and the research questions.

In the third phase, the initial codes were sorted and grouped together to form the themes (Braun & Clarke, 2006). Identification of themes moves beyond the initial coding to the broader level of themes. During this stage, the researcher used the coding process to generate a description of themes (Creswell, 2009), the codes were analysed and combined to form broad themes. Some codes can form a main theme while others can be divided further to form the sub-themes. Miles and Huberman (1994) differentiate between two types of coding: first level coding and pattern coding. First level coding is where the researcher summarizes the segments of data as described in phase one. Pattern coding is the identification of themes whereby the initial codes are grouped together into a “smaller number of sets, themes or construct” (Miles & Huberman, 1994, p. 69).

The fourth phase involves the naming of the themes (Braun & Clarke, 2006). When all the themes were identified and sorted, they were named and other themes were grouped together to form the main themes and the sub-themes. This is the stage that Rabiee (2004) refers to as charting, where the researcher moves the codes from their original context and rearranges them under the thematic content that has been formed in the previous stage. At this stage, the researcher has to “define and refine the themes”, meaning that he or she has to identify and define the main idea that each theme deals with (Braun & Clarke, 2006, p. 100). This was done by reviewing all the codes identified in phase two and also by reviewing the entire data set to ensure that the themes clearly captured the participants’ ideas.
According to Creswell (2009, p. 181), during this stage the researcher has to decide on how the themes will be presented in "qualitative narrative". During this stage, according to Braun and Clarke (2006), the researcher has to write a detailed analysis of each theme. Rabiee (2004) says this stage also involves data management and data reduction. According to Rabiee (2004, p. 658), this can be done by "comparing and contrasting data and cutting and pasting similar codes together".

When all the themes have been identified, sorted and named, the final phase of analysis begins. The final phase of data analysis is to interpret the data (Creswell, 2009; Rabiee, 2004) and write the report (Braun & Clarke, 2006). This final stage is about "making meaning of the data and reflecting on the lessons learned" (Creswell, 2009, p. 189). According to Creswell (2009), the lessons learned can come from the researcher's personal experience or they can come from the literature that has been reviewed by the researcher. This helps to identify the limitations of the study and raises any new questions that might need to be explored by future studies (Creswell, 2009).

According to Braun and Clarke (2006, p. 101), the main aim of writing the research report is to tell the story in a clear and coherent way, which "will convince the reader of the merit and validity of the findings". This can be done by using the actual themes from the data, avoiding repetition and ensuring that there is a logical flow of ideas. Braun and Clarke (2006) further maintain that the report should not just be a description of the data, it should form an argument and it should be interpreted within the theoretical framework.
3.9 Ethical considerations
Before the research was conducted, ethical clearance was obtained from the University of KwaZulu-Natal ethics committee. During the data collection process, two main ethical issues were taken into consideration: informed consent and confidentiality. The educator participants were adults and they participated voluntarily in the research. The participants signed the consent form that explained the research topic and all the procedures to be followed. In terms of confidentiality, because there was another individual who was involved in the research as an interviewer, she signed a confidentiality form (see Appendix G). This form clearly states that she is not allowed to discuss anything related to the research with anybody else without the consent of the researcher. Also related to confidentiality was the issue of anonymity. Participants were informed that their names, school names and any identifying information, such as location of the school, which can be traced back to them, will not be included in the final dissertation.

3.10 Summary
The chapter has outlined the aims and objectives of the study as well as the research design and methodology that were employed to conduct the study. It included a description of the general population from which the sample was drawn as well as the sampling procedures employed. The advantages and disadvantages of the research method used were explained as well as its validity and reliability. The procedure followed to collect the data was explained, which included the process of requesting permission from relevant authorities and obtaining informed consent from the participants. The method of data collection was explained and the data analysis process was discussed.
CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction
The results of the study are presented in accordance with its objectives. The responses were analyzed using thematic analysis and are illustrated with verbatim quotes from participants. Therefore, this chapter provides a holistic picture of the educators’ perceptions of the impact of teenage pregnancy on them and their schools. The first part of this chapter will give an overview of the research participants in terms of biographic details (age; gender; years of experience as an educator; years of experience in teaching LO; highest educational qualification; experience in dealing with pregnant learners; and training received with regard to LO and on pregnant learners in particular). This was done with the aim of gaining a better understanding of the participants and obtaining this information also helped to build rapport with participants. In addition, certain characteristics such as age, years of experience and training tend to influence educators’ attitudes and their experiences with regard to teenage experience.

The second part discusses the themes identified. After the analysis was made, nine themes were identified and some of them were further divided into related subthemes. The following themes which emerged from the data are discussed:

- Classroom and school distractions which included:
  - Absenteeism and school dropout
  - Physical, behavioral and cognitive changes
- Legislation and policies, which included:
  - Lack of clear guidelines in dealing with teenage pregnancy
  - Lack of policies to deal with stigma and mockery
  - Learners ignore guidelines
  - South African legislation
- Lack of support for educators
- Lack of parental guidance and involvement
- Lack of resources and services
• School performance and underachievement
• Lack of training and skills to deal with sexuality issues
• Impact of teenage pregnancy on educators
• Environmental influences

4.2 Description of participants

TABLE 1: EDUCATORS’ BIOGRAPHIC DETAILS

<table>
<thead>
<tr>
<th>Gender</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of education*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B Ed Honors (Psychology)</td>
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<td></td>
</tr>
<tr>
<td>PGCE (Psychology-LO)</td>
<td>1</td>
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* Two educators had two qualifications

According to the data in Table 1, ten educators participated in the study, five from each school. Amongst the ten educators who participated, nine were females and only one educator was a male. The educational qualifications of the educators included Bachelor of Education (BEd), Postgraduate Certificate in Education (PGCE), Advanced Certificate in Education (ACE) and Higher Education Diploma...
(HED), with half (50%) of the educators having ACE. The age of the educators who were in the study ranged from 24 to 56 and was divided into three ranges: 24 - 34; 35 - 45; 46 - 56, with the majority (60%) falling into the last category.

Years of experience ranged from one year to 31 years and was divided into three ranges: 1 - 10, 11 - 20 and 21 – 30; the majority of the educators (70%) who participated in the study were in the last range with 21 to 30 years of teaching experience. Another category considered years of experience in teaching LO. This category ranged from one year to six years and was divided into two: 1 - 3 years and 4 - 6 years and 60% of educators had experience of teaching LO for between four and six years. In all, 80% of the educators involved in the study had had experience of working with pregnant learners and only 40% of them had received training in teaching LO.

The biographical data shows that most of the participants in this study were well-experienced educators the majority of whom have had experience of working with pregnant learners. However, only a minority had training to teach LO. Two of the participants in the study have a psychology background as part of their educational qualifications, although they did not receive any training with regard to LO, in particular. The other two participants are currently enrolled for the ACE and majoring in LO, to improve their skills and competencies in delivering the curriculum.

4.3 Description of themes identified

Each of the themes identified will be discussed separately in this section. These themes will be supported by the participants’ verbatim responses and they will be discussed with reference to findings from previous studies. Arbitrary initials have been used to protect participants’ identity.
4.3.1. Classroom or school disruptions

Five participants reported that having a pregnant teenager in the class often affects classroom management and discipline. If educators fail to control or manage their classrooms properly, this can affect the entire school’s functioning. According to Sethosa (2007), teenage pregnancy tends to pose itself as a management issue in most schools because educators are expected to take a more active role in supporting these learners. Classroom or school disruptions will further be discussed under the following subheadings: ‘Absenteeism and school dropout’ and ‘Physical, emotional and cognitive changes’.

4.3.1.1 Absenteeism and school drop out

Most educator participants were concerned about the disruptions that occur in the school when teenagers become pregnant. Learners who are pregnant often absent themselves from school to go and attend antenatal clinics. Sometimes their babies get sick and they have to stay away from school to take care of them. When the babies are not well, sometimes they cry during the night and the mothers cannot get enough sleep and they often struggle to focus the following day in class.

*Mrs M; Grade 10 LO and English educator; School A*

Pregnant learners often disrupt the school system, most of the times they have to go and attend clinics, and their babies gets sick - you know how babies are, it's full time jobs, so during those times their mothers can’t come to school.

Some of the learners never return to school after the pregnancy. They drop out and never have a chance to complete their studies. Ms D (LO educator; School A) said:

*Ms D (LO educator; School A)* said:

Some of these learners don’t return to school after pregnancy. And this is frustrating for us sometimes. You know it’s not good for learners to drop out of school and never come back. And things like this disrupt our school system, you know some learners dropping in the middle of the year coming back the following year, struggling to cope and finally dropping out.

It was also found by Sethosa (2005) that some learners’ academic performance drops drastically after giving birth while others drop out of school in the middle of the year (which also lowers the school’s performance statistics). According to Ncube
(2009) and Chigona and Chetty, (2007), even though teenagers have the opportunity to continue with their education, many may choose not to do so, due to embarrassment, fear and stigmatisation by their peers.

In some situations, young mothers find it difficult to divide their attention between the newborn baby and their school work so they choose to drop out. According to Grant and Hallman (2006), the academic success of teenage mothers depends mostly on their ability to balance between the responsibility of taking care of the baby and school work. Chigona and Chetty (2008) also support this idea that girls’ ability to manage logistics such as childcare and the finances associated with mothering and schooling increases their ability to return to school following pregnancy.

"Sometimes they can’t stay for afternoon studies; they have to rush home because maybe the old woman who is looking after the kids has to be released, so it’s difficult for them."  
(Ms M; Gr 10 LO and English educator; School A)

One of the reasons that make it difficult for the learners to remain in school is the high number of child-headed households in the community (Klein, 2005). For the learners who are staying alone, it is difficult for them to take care of their babies and other siblings and still focus on their schoolwork. According to Langille et al. (2004), if there is a problem in one structure or layer of the environment, this tends to show itself in other layers as well and overcompensation in one structure cannot make up for the problem in another. If teenagers have problems at home, the support that they can receive at school will never fully compensate for the struggles that they face at home. This is related to findings by Grant and Hallman (2006) that the availability of another older woman in the household increases the likelihood that the pregnant learner will return to school following pregnancy.

"Pregnancy actually makes things very difficult for our learners. Others they stay alone so they have to take the baby to another woman who can take care of the baby while they are at school, so they have to make sure that they prepare the bottles, feed and bath the baby before taking him/her to the nanny and they come to school late."  
(Mr T; LO Educator, School A)
4.3.1.2 Physical, emotional and cognitive changes

When a female becomes pregnant, there are many physical and psychological changes involved. Due to their youth, pregnant learners may find these particularly difficult to cope with. As a result of these changes, many educators find it difficult to deal with pregnant learners. For example, because of the hormonal changes, pregnant learners might experience mood swings and be very emotional at school. Also, the small size of some pregnant learners makes the physical changes in the body in pregnancy very difficult for them. As the pregnancy goes on and they gain weight, they also often struggle to cope with activities like physical training. Teenage pregnancy is also associated with lots of tension and stress among teenagers. This is a time when they have to take difficult decisions.

The teenage years are generally stressful because teenagers are still trying to make sense of their lives and make decisions concerning their future. Becoming pregnant at this stage is stressful because it tends to add to the tension that teenagers already face (Myeza, 2008). According to Salazar et al. (2010), the timing of the significant life experiences in human development also plays a role as to how the person will handle the responsibility. Compared to older women, who are at a developmental stage that is less stressful and who have already made significant decisions about their lives, teenagers tend to handle pregnancy in a less effective way.

Most of the pregnant learners in our school are doing Grade 10. You know those Grade 10 learners, they are small and still trying to adjust to secondary school. When they become pregnant, they become very emotional and tearful. When others say something to her she starts crying and even when we call them if we notice that they may be pregnant, the first thing they do before you even start talking to them is to cry; they are very tearful and fragile at that time.

(Mr T; LO Educator, School A)

At the beginning of pregnancy, teenagers might experience extreme nausea and may have to make frequent visits to the toilet. These visits to the bathroom often disrupt lessons and make it difficult for other learners to concentrate; it is also not easy for educators to focus on the lesson when learners are not concentrating.
Pregnant learners disrupt classes. You know when someone is pregnant they visit the bathroom regularly and sometimes they vomit a lot. So they will constantly come to you and ask to go to the bathroom, sometimes they don't even ask, when they stand up and they are about to vomit they just run quickly out and they are already putting their hands on the mouth, now you know what's happening. And the problem is other learners don't concentrate, their attention is on that one that has just left and they are laughing. Now you have to stop and discipline the whole class before you continue with your lesson; it's frustrating, sometimes you even lose focus yourself as the teacher.
(Miss L; LO Educator, School B)

Another problem that educators are facing when dealing with pregnant learners is the lack of concentration. This is not only the case with the pregnant learner but the rest of the class as well. There are various reason why this becomes a problem when there is a pregnant learner. Firstly, other learners fail to concentrate because they focus too much on the pregnant learner and mock her instead of focusing on the lessons presented in class.

Pregnant learners often don't concentrate much in class when others are constantly mocking them, and I mean... there is not much that we as educators can do except when you are in class at that particular time but we are not always in the same class, so when they constantly go out and others are laughing at them, when they come back from the bathroom, they don't concentrate that much because they are ashamed and embarrassed. We try by all means to make things easier for them but you know how learners are.
(Mrs M; School Principal, School B)

Secondly, the physical changes and tiredness that come with pregnancy and motherhood make it difficult for learners to concentrate. A third challenge becomes when their school uniform becomes too tight and they do not have a new one. Once their abdomen pushes out in the tight uniform, they feel uncomfortable because other learners often focus on their tummies and this makes it difficult for them to relax and concentrate in class.

They don't concentrate in class; sometimes they get tired. You know when you are pregnant and the tummy is too big and everybody is looking at you, it's too much for them. Other problem is when they have the child, sometimes the baby cries during the night and the following morning they have to come to school, they are tired and sleepy, they don't even hear what you are teaching them.
(Mrs D; LO Educator, School A)
Also they get sick a lot, some of them towards the end of the term, you can see that they are just forcing themselves, they are always tired and they cannot concentrate in class. (Miss L; LO Educator, School B)

Another challenge related to the physical changes caused by pregnancy is that, sometimes, it is difficult for educators to treat pregnant learners like any other learner. The educators feel tempted to give them special treatment to accommodate their situation, but at the same time, they do not want to send the message to other learners that being pregnant is a good thing.

The other day they were presenting in my class. There was this other pregnant learner; she was supposed to present and her tummy was so big and I didn’t know what to do. To allow her to present while sitting or to tell her to stand up like others. But I knew that if she stands up, others will not listen to what she is presenting; they will just focus on her tummy and start laughing. And it was difficult for her too, throughout the time when others were presenting, she was not concentrating. You could see that she was already frustrated and thinking about the reaction of others when it’s her time to present. And others were constantly looking at her, so it’s frustrating for you as an educator when things like that happen. (Mrs L; LO Educator, School B)

Chigona and Chetty (2008) believe that teenage childbearing and pregnancy is associated with numerous academic disruptions and if society expects these teenagers to continue with schooling, provision must be made for meeting their needs.

4.3.2. Legislation and policy

The main legislation that will be discussed here will be the Children’s Act, No 38 of 2005. In addition, the Termination of Pregnancy Act, No. 92 of 1996 will be referred to in this section. Policy, on the other hand, refers to a plan of action agreed to or chosen by government. This section will focus on the lack of adequate government policy on how to deal with teenage pregnancy in schools; lack of policy to deal with stigma and mockery of pregnant teenagers; policy on how to deal with learners who keep their pregnancy hidden, and lastly lack of policy dealing with support for educators. The issues raised in this section provide an illustration of how factors at the mesosystemic and macrosystemic levels impact on the pregnant learner.
4.3.2.1 Lack of clear guidelines in dealing with teenage pregnancy

Most educators are concerned about the lack of clear guidelines as to how to deal with pregnant teenagers. There are guidelines that were released in 2007 by the Department of Education concerning the prevention and management of pregnant learners in schools. However, most of the participant educators believe that these guidelines are not sufficient in that they do not state clearly or specifically enough how schools and educators should handle learner pregnancies.

There are no clear policies as to how to handle pregnant learners in our schools. They say there are guidelines but me as a LO teacher who is supposed to deal with pregnant learners, I have not seen anything. We often hear that there are guidelines and sometimes you hear that they have changed, so the Department doesn’t help us in that matter. We were told that we have to compile our own guidelines in school but we have to keep in mind that there is no child should be rejected or removed from school due to pregnancy.

(Mrs M; School B Principal)

In particular, the educators say that the guidelines do not offer practical guidance that will help educators who often have to struggle to find ways to help the pregnant learner. At the same time, the educators are often concerned about the legal implications of handling pregnant learners.

If the child gives birth at the school and I try to help as a teacher and the baby die, I will be charged with negligence; at the same time if I don’t do anything, I just call the ambulance and it takes five hours to come and the baby die I will also be charged with negligence, so we don’t know what to do. And the Department does not tell us what to do in those situations. What they say is that we are not nurses and can’t deal with those issues but at the same time pregnant learners are allowed to attend school and sometimes they hide their pregnancy terms, as to how far they are with their pregnancy so we are running the risk of learners delivering in class.

(Mrs D; LO Educator, School A)

It was also found by Sethosa (2007) that educators are expected to play more than one role in the process of helping learners to reach adulthood while at the same time they are afraid of the legal implications should something go wrong when trying to help pregnant learners.
There is a lot of confusion among educators concerning the guidelines produced by the Department of Education concerning teenage pregnancy. This has led the Bloemfontein High Court to instruct the Minister of Basic Education to come up with clear policies concerning teenage pregnancy in schools (SAPA, 2011). This was following a court case held in Bloemfontein after two schools refused to accept pregnant learners (SAPA, 2011). It also appears as if there is lack of communication between the Department of Education and educators, because most educators in this study raised the concern that they are not formally informed about the guidelines that are supposed to be used. In some cases it appears as if they do not even know when the guidelines are changed or improved and they still continue to use the old ones.

The other problem we have is the guidelines, which doesn’t become an act or legislation like child act, or the termination of pregnancy. Today you hear that this is how to deal with pregnant learners and the following day when you go to the District you get another different story, so you end up being confused. I hear that there is another set of guidelines but I have not seen anything up to so far. This thing of pregnancy in school is frustrating. They tell us that we can’t admit them during the same year that they left but at the same time when they stay at home we have to make sure that they get the work and when we calculate their year marks if we are supposed to divide by seven and the learner completed only five task then we have to accommodate them and divide their work by five. There are lots of contradictions with these guidelines.

(Mrs. M; School B Principal)

4.3.2.2 Lack of policy to deal with stigma and mockery

In most rural areas, it is still a stigma for a girl to fall pregnant while still at school (Mpanza & Nzima, 2006). In many cases, pregnant girls are being mocked by their fellow learners and are made to feel inferior by their peers. In some cases they even become isolated and lose their friends because of pregnancy (Chigona & Chetty, 2007; Mpanza & Nzima, 2006). This kind of situation makes teaching and learning difficult and often leads to under-achievement or, in the worst cases, to dropping out of school. These experiences of stigmatization become a serious concern for educators, who are supposed to support pregnant learners, because of the lack of policy that guides them as to how to handle such issues when they occur (Sethosa, 2007).
You see… when there is a pregnant learner in class others often mock her, there is that thing that other learners mock the pregnant one that she doesn’t know what she was doing, they make them feel bad, they reject them… you know how learners are…. It’s as if they say you don’t know what you are doing, you should have asked us and we would have told you how to do it. It’s like they say you got what you wanted.
(Mrs M; LO Educator, School A)

The guidelines for the management of pregnancy in schools stipulate that educators should not discriminate against pregnant learners and should ensure they deal with the incidents of discrimination accordingly. However, it becomes a dilemma to some educators because they do not know where to draw the line especially when teaching LO. For example, when teaching about the consequences of teenage pregnancy, it becomes difficult to try to warn others about the dangers of early pregnancy and at the same time to do it in a way that is not offensive to the pregnant learners or those learners who have returned to school after having their babies. Sometimes pregnant learners feel as if the educators are intentionally mocking them when they discuss teenage pregnancy in class.

Dealing with pregnant learners is difficult in the LO class. You try by all means to teach others about the consequences of teenage pregnancy and to abstain, but it’s difficult to do it when there is a pregnant learner around; they become sad and they even cry in class as if you are punishing them. Sometimes these learners become very rude especially after giving birth. They now think that they are old and are women enough, the situation is like when they come back from initiation school. Anybody who doesn’t come back from initiation school is not a woman enough. They even ask you if you have a child, like they are saying you can’t tell us anything about kids if you don’t have your own.
(Ms. M; Grade 10 LO and English Educator, School A)

When one teenager becomes pregnant and you are in class talking about sexual issues, when you try to warn them about dangers of sex others look at the pregnant one like they are saying we don’t do it, she is the one doing it. You know in class when one becomes pregnant, it’s like she is the one who engages in sex. Meanwhile we all know that most of them does, but when they get pregnant, it’s like now there is the proof that you are the one who is actually doing it, and you are now the odd one.
(Miss L; LO Educator, School B)

This is similar to what Sethosa (2005) mentioned in her study that when dealing with teenage pregnancy, educators have to always be careful of what they do or say, because they are afraid of getting on the wrong side of the policies set out by the
Department of Education. According to Chetty and Chigona, (2008), teenage mothers come to school without any counselling to help them deal with the stigma, parenting challenges and schooling so in many cases these learners become overwhelmed by the situation.

4.3.2.3 Learners ignore guidelines

Another challenge faced by educators in trying to implement measures for the management of pregnancy in schools is the tendency of most learners to try to keep the pregnancy hidden. This is despite the Department of Education guidelines which state that learners should inform their school immediately if they are pregnant. Some girls can hide their pregnancy, especially if they do not have a big abdomen or they are naturally big. It is easier for educators to notice pregnancy in girls with a small body size but for those who are a little bit bigger, it is difficult to see when they are pregnant. This failure to notify poses a challenge to educators because if they only notice late that learners are pregnant, they cannot keep a record of the learners’ pregnancy or refer them to the clinic as the guidelines require.

This also becomes a problem because some learners give birth without educators noticing and then they come back to school immediately. In this case, the policy that they should not come back to school during the same year that they left because of pregnancy becomes difficult to implement.

I nearly had a learner delivering a baby in the examination room last year. They were writing final exams and nobody knew that that particular girl was pregnant. Luckily enough, our school is next to the clinic. We rushed her to the clinic and later that day her mother came to tell me that the girl has a baby. I was shocked ……and the mother told me that she also didn’t know that she (the girl) was pregnant. We were lucky because the clinic is just near, just imagine …..What would have happened if the clinic was far from us…..and we had to call the ambulance? So those are some of the difficult situations that we have to deal with on our own. Department doesn’t tell us that if such situations arises what should we do.

(Mrs M; LO Educator, School B)

In the study by Chigona and Chetty (2008, p. 15), they found that “some pregnant girls were afraid and ashamed to be seen by their teachers and fellow learners; they resorted to hiding their pregnancies so that nobody could notice them”. Educators
cannot ask every girl if she is pregnant just because she has gained weight or they suspect that she might be pregnant. Similarly, even if they ask them if they are pregnant, some girls say no and educators cannot force them to go to clinic and bring the test results.

*Sometimes we don’t know that these teenagers are pregnant. They attend school like other learners and they will miss school on Monday and Tuesday and when you ask, others will tell you that she gave birth over weekend. So we are running the risk of having learners giving birth in class. They try to hide the pregnancy…. I don’t know why. Maybe it’s because they are afraid that others are going to mock them. This is difficult for us because the Department expect us to support them and to send them to the clinic and keep their records. How can you do all those things if they keep it a secret? Or maybe….maybe we have to go around asking them if they are pregnant? I don’t know.*

(Ms. M.; LO Educator, School A)

Bronfenbrenner (1994) maintains that the cultural demands of a society tend to have a significant influence on the everyday interactions between individuals. Society still sends the message that getting pregnant at an early age is wrong and previously because pregnant teenagers were not allowed to attend school, it is still difficult for pregnant teenagers to be open about pregnancy with their educators. This is an example of an influence at the macrosystemic level of Bronfenbrenner’s theory.

Also related to these difficulties is the issue that sometimes educators are accused by parents of favouring certain learners and allowing them to return to school in the same year while others are not allowed to do this. Some learners give birth over the weekend and come back to school on Monday or just miss few days of school. In the eyes of the community members, this appears as if educators are favouring those girls, while the reality is that nobody knew that the particular learner was pregnant. Educators believe that parents are to be blamed for this because some of them do not even report to the school that their children are pregnant.

*Keeping pregnancy as secret is difficult - some parents come to school being angry that other learners get a special treatment from us. When you ask why they tell you that we allow other learners to come to school for the duration of their pregnancy and to come back immediately after giving birth but we don’t give their kids that opportunity. So you see it’s because of those who keep it a secret and in those cases...*
we can't implement all those policies and we appear to be bad people in the community.
(Mrs L; LO Educator, School B)

4.3.2.4 South African legislation

In another example of a macrosystemic influence, some of the educator participants believe that some government legislation actually has the effect of promoting high rates of teenage pregnancy. For example, according to the Children’s Act No 38 of 2005, every child has the right to education, so educators cannot deny learners access to education because of pregnancy. Educators believe that this makes their job more complicated because the Act only focuses on the needs of the young mother while ignoring the associated consequences. Even though the Act clearly stipulates that all children must be taken care of, it does not bind teenage mothers to stay at home and take care of their babies.

Our community and the Department of Education are just concerned about legislations while ignoring the consequences associated with teenage pregnancy. After giving birth a young mother needs time to stay at home and be taken care of until her body is fit again, and she also needs time for her baby and try to adjust to the new role of being a mother and form a bond with her child. How can she do all of that if she give birth in December and come back to school in January? When parents come to tell us that we should admit their kids after giving birth, they only stress their children’s right to education. What about the right of the baby who will be left at home and not be breastfed? What about the same girl’s health and need to get extra care after giving birth? They don’t consider those things and the Department of Education also doesn’t consider those issues either.
(Mrs M; LO Educator, School A)

Some policies actually increase the rate of pregnancy in our schools, policies such as child act they need to be revised. What the Department is concerned about is us having more and more children at school whether they will perform and actually get their matriculation certificate. It's like they don’t care. It does not mean we don’t want to admit them or to have young mothers at school but there are other consequences associated with pregnant learners. However, if you say they should not come to school and take time to get fit, it looks like you deny them their right to education.
(Mr T; LO Educator, School A)

Another piece of legislation that educators believe perpetuates teenage pregnancy is the Termination of Pregnancy Act, No. 92 of 1996. Some educators believe that learners fail to use contraceptives because they know they can go and terminate the
pregnancy if they do fall pregnant. According to these educators, the fact that parents’ consent is not needed for teenagers to go for a termination of pregnancy is actually allowing these teenagers to continue being pregnant. However, the educators say that the problem is that sometimes the learners only notice too late that they are pregnant and it is then too late for a termination. Their lack of clear understanding and knowledge of the process of termination tends to create a problem for teenagers. Another challenge is that because of the stigma associated with termination in rural areas, it is not easy for teenagers to seek information from their parents, educators or any older person on abortion.

I don’t think encouraging these learners to use contraceptives is working. They just ignore using contraceptives knowing that they will go for abortion. I don’t know which best method will ever work for these learners. Even that abortion is not working for them. They notice late that they are pregnant and therefore they can’t abort if it’s too late. So they have to keep the baby. It’s not like they don’t know about contraceptives; they often think that they have a second option which is to abort.
(Mrs D; LO Educator, School A)

This view is also supported in a study by Ncube (2009) which argues that the legislation that allows access to termination of pregnancy without parental consent contributes to the high rate of teenage pregnancy because teenagers engage in unsafe sex knowing that they have an ‘escape route’. According to Kaufman et al. (2009), illegal termination of pregnancy is common among school-going and university students. In addition, Jewkes et al. (2001), in their study among pregnant teenagers, found that 31% of teenagers in Cape Town have considered termination of pregnancy as an option for them. However, Panday et al. (2009) found that young women in rural areas do not have sufficient knowledge about the legality and the costs of termination services. As a result, they tend so seek termination too late in their pregnancy, forcing them to resort to illegal alternatives.

Another thing that has led to high rate of pregnancy is abortion. Some of these learners will never use contraceptives because they know that they can just go and abort, they don’t even need parental consent. They often influence each other about it. Unfortunately for some, they don’t notice when they are pregnant and by the time they find out, it’s too late and they can’t abort so they keep the baby. This thing of abortion they also keep it as a secret because it’s still not accepted in our culture. You will just hear rumours that so-and-so did abortion and her friend wanted to do the same but it was too late for her.
(Mrs M; LO Educator, School A)
4.3.3. Lack of support for educators

Educators are expected to cater for pregnant learners and support them in all spheres; however, the challenge that educators experience is that they feel there is no support for them. They have to deal with a number of difficult issues brought about by unplanned pregnancies; for example, they have to contain all the emotions associated with pregnancy in teenagers and guide them in making proper and informed decisions in the best interests of the learner and the unborn baby. In the midst of everything, they also have to deal with unsupportive parents (see following section).

_There are no support mechanisms in place to support educators. We just have to swallow all the pain and frustrations and continue as if nothing happened. It is difficult because you feel pity for the learners but sometimes there is nothing you can do to help them._

(Mrs D; LO Educator, School B)

Another concern for educators is the issue of confidentiality and trust. Some learners find it hard to trust educators with their problems; they tend to be afraid that educators will go around and tell others about their problems.

_After talking to these learner hearing their stories you feel like talking to someone just to release the tension but then you are afraid because you have to keep it a secret. Some of the things they tell you, they are really heavy and if you tell some educators and learners find out that you told someone else, it’s going to destroy the trust they have in you, and worse of all, its going to destroy the trust for the whole school. Everybody will be talking about you, telling each other that they should never trust you with their personal issues. Therefore, we just have to go home with the heavy burden on our shoulders and maybe talk to someone who is not in your school and you know that they will never meet your learners._

(Mrs D; LO Educator, School B)

One of the resources available for educators are the learning facilitators. However, this help is not enough for educators because learning facilitators are not always available as they have to deal with a number of schools in the District. A further difficulty is that learning facilitators offer advice that is content based; they do not offer psychological support to help the educators in dealing with all the emotions and difficulties aroused by teenage pregnancy.
Sometimes when we have problems we call our LO learning facilitators. They sometimes help but it’s difficult. We need proper support like counselling so that we can be able to handle all the emotional stuff that we come across. Sometimes they are not available to assist. There is shortage of staff.

(Ms. M; LO Educator, School A)

4.3.4. Lack of parental guidance and involvement

Parents are usually the earliest influence on their children’s behavior. However, many parents especially in rural areas are forced by their financial circumstances look for jobs in urban areas, leaving their children alone at home with nobody to supervise them and. This often forces teenagers to take care of themselves and their younger siblings. In other cases, parents are staying at home with their children but they do not have close relationships with them. Many parents still find it embarrassing and inappropriate to talk about sex with their children. Under these circumstances, teenagers often turn to their friends and peers for guidance and information. These are examples of microsystemic influences on pregnant teenagers. According to Bronfenbrenner (1994), activities taking place at the exosystemic level also have an impact on the developing child even though he/she is not directly involved in them. Thus, for example, parents' workplace demands tend to affect their children’s development because in rural areas, many parents tend to leave children alone and work in urban areas.

As a consequence, the high number of child-headed households is another problem faced by educators and, in their view, this dynamic actually contributes to high rates of teenage pregnancy. Educators believe that in child-headed households, there is a lack of parental guidance and so these children are free to engage in sexual activities. This is supported by Ncube (2009), who found that teenage pregnancy tends to be very high in child-headed households due to a lack of parental guidance and supervision. Spear and Cater (2002) also indicate that females whose families provide less support and supervision are more likely to become pregnant as teenagers.

Lack of parental guidance in child-headed households is a serious problem. Kids will always be kids; they constantly need parental guidance and discipline but if parents work in Johannesburg and come home once in a year, what do you expect them to do? They get involved in all sort of things and the end product is pregnancy. Some parents don’t even take interest in their children’s lives; they just send money and
don’t even know how their children are coping. That is why they look for love in all wrong places.
(Mrs M; LO Educator, School A)

We don’t teach kids here, we teach mothers and fathers who have to take care of themselves. Our learners are really struggling, and if there are no parents to discipline them, they are free to do whatever they want. They drink and go to clubs during the night and come home when they feel like. And sometimes they even bring their boyfriends at home and worse some of them stay together for a week or month; nobody tells them what to do. So if that is the situation, there is no way that they won’t get pregnant.
(Mrs M; LO Educator, School B)

There are several factors leading to children being left alone. As suggested above, many parents in rural areas are forced by circumstances to leave their children to look for employment in the cities. Secondly, some mothers have been married to other men rather than the biological father of their children, so they leave their children with grandparents and in the situation where the grandparents die, the children are left alone with no-one to take care of them on a daily basis. Lastly, some of the parents have died and there is no-one to take care of their children so they are just left alone. Because of the increase in HIV/AIDS-related deaths, many children are either left alone or they are taken care of their grandparents. As an example of a chronosystemic influence, the timing of significant life-changing situations like the HIV pandemic tends to determine outcomes for the developing person. According to Bronfenbrenner (1994, p. 4), chronosystem “encompasses change or consistency over time not only in the developing person but also in the environment where person lives.”

Child-headed households are a serious problem for our school. Most of our learners stay alone, others stay with their grandparents. Some parents have died; you know… due to high rates of HIV/AIDS that is affecting our community and the country in general. Others are married and left the kids behind and others are working, so they are on their own, taking care of their younger siblings.
(Mrs M; LO Educator, School B)

In addition, according to Majova (2002), most parents do not attend when called for a meeting to come and discuss their children’s issues with educators. As Mrs M (LO Educator, School B) said:
This is difficult for us because when you call parents to come, if there are some problems, they don’t come.

In most cases, those who do come do not have any solutions or strategies as to how to solve the problem. But it is surprising that they expect their children to attend school and pass at the end of the year. The interaction between parents and educators also tends to have a significant influence on the success of teenagers in school. Teenage learners are not directly involved in this system but the activities taking place tend to affect their development. According to Salazar et al. (2010), teenagers are not directly involved in the activities taking place at the mesosystemic level (parents and educators interaction) but these activities tends to have impact on their development and success.

4.3.5 Lack of resources and services

Lack of resources and services tends to influence educators at the microsystemic level. The educator participants reported that a lack of resources and services is a serious issue affecting educators in rural schools, especially if they have to accommodate and support pregnant learners. The educators believe that if they had enough resources, they would be able to service all the pregnant learners’ needs and make sure that all of them remain in school and achieve their full potential. However, this is not possible because schools lack resources such as telephones to make contact in case of emergencies; nurses to help with health issues; social workers to help in dealing with other issues, such as emotional, financial, and family issues that learners experience.

One of the main challenges that we face as educators is the shortage of resources. We don’t even have enough resources for teaching, things like computers, telephone, fax machines, text books. Just the basics we don’t have let alone all the resources needed to service pregnant learner because they are classified as learners with special needs. If we have a crisis or emergency, one of us has to use his/her cell phone to call the parents and then the principal has to use her own car to transport the learner because the ambulances take forever to come, and we don’t get any reimbursement for our airtime and petrol. So we really struggle to service these learners.

(Mrs D; LO Educator, School A)
According to Chigona and Chetty (2008), professional counselling for young mothers seems to be a major problem in schools. The services are not readily available because there are very few professional counsellors to cater for the large number of schools. The measures set out by the Department of Education clearly state that pregnant learners are classified as learners with special needs but there are very few schools that are well resourced for these kinds of learners (Department of Education, 2007). The Department of Education measures also stipulate that when learners come back to school after having their baby, they should receive counselling; however, there are no professionals who are trained to provide such services (Department of Education, 2007). In the study by Key et al. (2008), the provision of social workers in school-based support programs is more useful and effective in reducing subsequent pregnancies and births among teenagers than when using non-professionals.

"We have a lot of challenges; you see we are in rural areas and we have to deal with a number of issues facing the learners despite pregnancy. Now if you add pregnancy in the equation, it becomes even more complicated. Only if we have one nurse allocated to us it will be better. Just coming to the school twice a week and we know that if we have a crisis she/he will immediately respond. Also we don’t have counselling services, no social workers, no psychologist, so we can’t do counselling. We try but it’s not enough. We need the service of a social worker. You see we are not trained in that role and some of the issues we faced need a professional help."
(Mrs M; School Principal, School B)

4.3.6 School performance and underachievement
Most of the educator participants expressed a concern that teenage pregnancy affects learners’ performance and leads to underachievement. The main concern is that if learners do not perform well, it reflects badly on the entire school. Various factors tend to affect the educational performance of pregnant teenagers. Firstly, some students drop out during the course of the year and do not manage to write their final examinations (Sethosa, 2005); this tends to reflect badly on the general school performance, especially for Grade 12 learners. In addition, pregnant learners usually stay at home for some time without studying and when they come back, they struggle to adjust because of the increased workloads and responsibilities of having a baby.
Teenage pregnancy affects our school performance. Pregnant learners often perform badly due to pregnancy or having a baby. When they come back after delivery, it’s like they have never been in school before; even the best learners, their performance just drops. They just take time to adjust and this is because of the number of factors. Their background is often poor, so the cost of raising the baby and sometimes the father is not even involved so it’s stressful for them. They struggle to concentrate and they fail.
(Mrs M; LO Educator, School B)

Pregnancy affects our performance as a school; sometimes you find that pregnant learners are doing Grade 12, so when they drop out in the middle of the year it reflects negatively on our results and then our schools end up being labelled as dysfunctional.
(Mrs N; School A Principal)

This difficulty is mentioned by Grant and Hallman (2006) who found that the academic success of teenage mothers depends on the availability of care providers such as an adult who can help in taking care of the baby. Sometimes teenage mothers do not receive any means of support from their parents and they have to carry the burden of raising the baby alone. This is similar to the findings by Chigona and Chetty (2008) that some of the parents tend to distance themselves from their pregnant teenage daughters and leave them to carry the full responsibility of the new baby.

When you take all the issues affecting pregnant teenagers and teenage mothers, it's impossible to expect them to perform well. These learners try to do their best but they struggle. They need a lot of support but we can’t do everything on our own, our skills and resources are very limited. We often produce bad results because the time that we are supposed to spend teaching, we focus on other issues affecting these learners and the time they are supposed to spend studying, they have to take care of their kids because they are mothers, so it becomes the problem, and it’s not good for us as educators too, every year having bad results, it’s like we are not doing our job properly.
(Miss L; Grade 10 Educator, School B)

In addition, some of the learners display a negative attitude after having a baby. Some of the learners believe that now they are mothers, their status has changed and disciplining them becomes difficult for educators.

Also, these learners after giving birth, they have such a bad attitude, very bad. You can’t tell them anything. Isn’t they are mothers now, so you can’t discipline them.
(Mrs N.; School A Principal)
This is also reinforced by the status that some of the girls receive in the community after giving birth. Some members of the community still see teenage pregnancy as a way for girls to prove their fertility. Kanku and Mash, (2010) found that there has been cultural shift in the way teenage pregnancy is perceived by both teenagers and their families. Traditionally teenage pregnancy was not acceptable but recently teenagers who become pregnant are accepted by their families and they also gain some status among their peers (see also Section 4.3.9).

4.3.7 Lack of training and skills to deal with sexuality issues

LO needs to be taught by well-trained educators for it to be successful in addressing the social, health and psychological issues facing learners. One of the challenges that many educators face when teaching LO is their lack of training. Most educators who teach LO are not well trained to deliver it and to deal with all sexuality issues included in the curriculum (Majova, 2002). This poses a challenge to the participant educators when they have to address all the learners’ concerns and try to do a good job in delivering the curriculum. According to Deventer (2008), placing educators in situations where they lack expertise is not only stressful and frustrating for them, but it also raises a lot of questions among learners about the value of LO, if presented by unqualified educators.

I didn’t attend any training, we just read from the pamphlets and the LO booklet itself and use our experience to deliver the curriculum. Only one educator went for the training and she had to give us the material when she came back and then we always get some pamphlets from the Department and the clinics. You know, everything that you get that you think it’s useful, you use it.

(Mrs M; LO Educator, School A)

LO is still a relatively new curriculum and when most of the participant educators were initially trained, this was not part of their training. A very intensive training is needed to help educators not only with the content of LO but the teaching method that they have to utilise (Naidoo, 2006). Unlike some of the subjects where they can follow the study material, LO needs to be more practical and interactive for it to be able to meet the learners’ specific issues. Francis (2010, p. 316) states that “for sexuality education to be effective, it must meet the needs and the interests of young people as conceptualised by them”.

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Training that we received is not enough. They deal with issues at the superficial level and they don’t address real-life issues, so it’s difficult if you don’t have a background in psychology to deal with all those questions that learners raise. I also think age plays a role; for older educators it’s even more difficult, they rely on their experience which is quite different from what today’s teenagers face. We need practical training on how to deliver the curriculum and how to deal with sensitive issues and topics affecting our learners. But I believe LO is a core of our school curriculum; since it’s still new, we need more training. All educators should be trained.
(Mrs D; LO Educator, School A)

Another concern is the sensitive nature of the curriculum itself. Some educators find it difficult to discuss some topics especially those of a sexual nature due to cultural and religious factors. This view is supported by Francis (2010, p. 316) who said that “talking about sex often generates a great deal of anxiety and some educators are embarrassed to talk about sex to learners who are still young in their eyes”. The Department of Education (2003) also maintains that well-trained educators are needed for LO because of the sensitive nature of some of the topics involved. Timmerman (2009, p. 501) also supports this view by saying that “because of the intimate and personal aspects that are involved, sex education is regarded as a very sensitive subject”. An evaluation of the HIV/AIDS program implemented in South African schools by Reddy et al. (2005) also found that educators face several challenges when implementing LO because of the sensitive nature of the subject itself.

For me, I can say the training is not enough because I still find it difficult to discuss certain issues with the learners. You know some things you can discuss but things like sex, it’s difficult for me. I think it’s the way we were brought up; we never discussed such things with our parents and teachers of that time. Our religion and culture also plays a role. Older people in the community like our parents and pastors never discussed sexual issues with us when we were growing up and they still can’t discuss them even now because in their eyes you are a child until you die, so it seems to be wrong.
(Mrs L; LO Educator, School B)
4.3.8. Impact of teenage pregnancy on educators

According to the educator participants, there are no support systems in place to help educators in dealing with pregnancy in schools. This poses a serious challenge because this is a role that educators were never trained in and they have never engaged in that role before. Dealing with pregnant learners with no resources, no support and no skills is emotionally exhausting for educators. Educators have to engage in more than one role in trying to support learners in all respects. They have to be counsellors, nurses and educators all at once. This leads to educators being frustrated and demotivated to continue with their work because of the challenges that they face.

Teenage pregnancy affects us emotionally. It’s difficult for us to cope with it. You know most of these learners are poor, so when they become pregnant, you feel pity for them. Sometimes they don’t even have clothes because their school uniform doesn’t fit anymore. You just feel pity for them. You don’t know what to do. The feeling is sometimes overwhelming and you just don’t know what to do.
(Miss L; LO Educator, School B)

Deventer (2008, p. 135) supports this view when he says that “it is stressful and frustrating to place educators in areas where they do not have expertise”. Having to deal with pregnant learners with few resources and no support reduces educators’ morale because sometimes they feel like they fail in their role as educators. This is due to the fact that the majority of these learners do not perform well and some drop out of school. Hills and O’ Brien (1999, as cited in Sethosa, 2005, p. 5) also believe that “educators’ are working in a society that is depressed, full of problems and they are affected mentally, psychologically and spiritually”.

Pregnancy affects us negatively. Emotions are too much; it’s hard to contain them and with no support, it’s tough for us. Taking into consideration their background, sometimes their boyfriends are not even involved anymore when they become pregnant, so they are left stranded [and] alone.
(Mrs D; LO Educator, School A)

This is related to the view of Miller (2001) that teenage pregnancy often triggers different and mostly negative emotions in most people and, because of their
It's difficult for us. You go home and you think about them. Sometimes we feel so ... helpless, you know ... it's too emotional for us. [PAUSE] At times you don’t feel like working at all; you don’t have motivation to continue teaching after dealing with these learners who are pregnant. At times you feel like you can help but what can you do? We don’t have resources and you can’t help all of them. But we try whatever we can, only if we have social workers and nurses to help us. We also working with this learners and afraid of what is going to happen to you and your career if something goes wrong. When you are not a trained counsellor of social worker, you can easily mess up and then the Department will be on your case that you did something wrong.

(Mrs M; LO Educator, School A)

4.3.9. Environmental influences

The environments in which teenagers live often influence their behavior. According to Arai (2007), social interaction is important in understanding how neighbourhoods (including individuals such as family, peers, and neighbours) affect behavior. In terms of Bronfenbrenner’s model, these are microsystemic influences.

One of the concerns for the educator participants is the cultural demand from some adults for teenagers to have kids and get married. The ecological model of human development provides a helpful explanation of the relationship between the environment and teenage pregnancy. At the macrosystemic level of the model is the influence of culture, belief systems, and customs on the developing person (Bronfenbrenner, 1994). Thus, according to Langille et al. (2004), “community level factors can provide insights as to what needs to be further explored at both individual and contextual levels in order to better explain sexual health outcomes”.

I think to some extent our community here is to be blamed. I think they still believe that having a child will increase their kids’ chances of getting married, and they think that a child proves your maturity as a woman. Every now and then, you find some of them being happy that their children are pregnant; that shows that they [the children]
are women. So it’s difficult for us to preach the abstinence message while the parents are encouraging early child-bearing. I think sexuality education should start at home. Sometimes we confuse these kids - they receive two different messages from school and home. Some parents still see early child-bearing as culturally appropriate and as the way for their children to get married and prove that they are proper women. If you tell them to abstain, it sounds like you are against their beliefs and those of their parents.

(Mrs D; LO Educator, School A)

Kohli (1995) argues that good communication between parents and their children tends to reduce the likelihood of sexual activity among children thus lowering the rates of teenage pregnancy. However, according to Kaufman et al. (2001), some parents and other community members believe that pregnancy is the way for young girls to prove their fertility and that getting pregnant at a young age is a way through to marriage. Kanku and Mash (2010) also suggest that, in some cultures, teenagers fall pregnant to attain adult status and to prove their fertility. Some of these beliefs among community members perpetuate teenage pregnancy and often make sexuality education ineffective because the message that educators convey to the learners is not being reinforced at home by parents and other community members.

There is also a high level of illiteracy in the rural community so young people often lack motivation to continue with their studies and to foresee a brighter future. This is regarded as one of the reasons why some of the learners drop out of school once they fall pregnant. In addition, some learners are reluctant to return to school after their pregnancy because they do not have plans and motivation to further their studies and obtain tertiary qualifications. For them it is the norm to drop out of school and stay at home, because of the influence from the communities.

According to Miller (2001), there is a strong correlation between socio-economic status, and cognitive and academic motivation. Popenoe (1998) also supports the view that teenagers who live in low socio-economic status communities and whose parents are not educated are more likely than their peers to follow the same trend because they do not have motivation to continue with schooling and attend higher education.
I think parents and other community members need a lot of sexuality education and teenage pregnancy. They indirectly encourage teenage pregnancy by believing in that getting pregnant will enable their girls to get married and proving their fertility and at the same time they want them to attend school. How is that possible being a woman and a learner at the same time? Afterwards they leave the burden to the educators; they don’t get involved at all. When you call them to the school, they don’t come. Some of these learners, when you tell them about contraceptives, they say it is against their religion to use them. However, you will be surprised to see them pregnant. I think even religious leaders need sexuality education; if everybody in the community can work together the problem will be solved.

(Mrs N.; School Principal, School A)

Another negative environmental influence is poverty which is also regarded as one of the leading causes of teenage pregnancy. Most rural learners come from a poor background. As suggested above, many learners either stay alone or stay with their grandparents who depend on their pension for survival. Others stay with their parents who are unemployed. Eaton, Flisher and Aaro (2003), in their review of literature dating from 1990, concluded that in the South African context, poverty is a structural factor that has a pervasive influence on young people’s sexual behavior.

Poverty is the main cause of teenage pregnancy in our community. Most of our learners come from poor backgrounds and if you go to their families there is nobody working there. Sometimes they rely on the social grant for their younger siblings or sometimes it’s the granny’s pension.

(Miss L; Grade 10 Educator, School B)

Poverty is also a consequence of teenage pregnancy as argued by Popenoe (1998) and Spear and Cater (2002), who say that children born from teenage mothers often grow up in poverty. They are also more likely to have health problems and are more likely to commit delinquent’s acts and adult crimes. Poverty is an environmental factor that impacts on the pregnant teenager at microsystemic (family home; parent-child relationships), mesosystemic (parent-teacher meetings hampered by absent working parents), and macrosystemic (lack of community resources) levels.

Many girls, in order to survive, get into relationships with older men so that they can provide for them (Kanku & Mash, 2010). Panday et al. (2009) argue that power imbalances and the use of violence are extremely high in these relationships. According to Panday et al. (2009), this makes it difficult for young girls to negotiate
safer sex. This is similar to the findings of Jewkes et al. (2001), who found that most young people engage in sexual relationships with older men to secure a brighter future. This is one of the reasons why it is difficult for these young girls to negotiate safer sex and why they remain in abusive relationships (Klein, 2005). In addition, sometimes girls feel pressured to engage in sexual activities even if they are not ready because the older men provide for them and sex is viewed as an exchange for money and other gifts that they receive (Kanku & Mash, 2010).

This community is poor. I think that’s why our learners often date older men, especially taxi drivers. Some of them, it’s not just to buy nice things and to look beautiful; they just want to buy bread so that they can eat with their siblings. And it’s difficult to say no to sex if someone provides for you. Even to tell them to use protection is difficult, so I think that’s why they fall pregnant. It’s in rare cases that you will find that the father of the baby is another learner. And what’s sad about these taxi drivers is that they have many girlfriends and chances are they will give them HIV. So these become a circle of problems, poverty, pregnancy, disease and goes back to poverty again; the circle never ends.

(Mrs D; LO Educator, School B)

A further environmental challenge identified by the educators is the lack of recreational activities in the community. According to the participants, most learners do not have any meaningful activities that they engage in after school and during the weekends, so they often resort to substance abuse and sexual activities to keep themselves busy.

One of the leading causes of pregnancy here despite poverty and others is lack of sports and other things to keep our youth busy. What they do over the weekend is just to drink and hang around those other people who don’t attend school so they get negative influence. Some of them become pregnant and they don’t even know who the father is, because of substance abuse…. And there is no motivation at all…how can somebody who dropped out of school at Standard 5 tell you that you have to pass your Grade 12 and go to university? There is no motivation at all because people here are not educated.

(Mr D; LO Educator, School A)

Arai (2007) also agrees that young people in deprived communities, where opportunities for social mobility are limited, may be vulnerable to influence from peers and other social factors in the community. Spear and Cater (2002) also found that levels of teenage pregnancy tend to be high in areas where there is a high rate
of crime, low socio-economic status, many single parents and low academic achievement. According to Bronfenbrenner (1994), neighbourhood and community contexts are the main mesosystems that are likely to have an impact on the development of youth indirectly through their interaction with family, school and their peers.

4.4 Summary of the main findings

Firstly, according to the educator participants, teenage pregnancy has a negative influence on educators in rural high schools. Most educators are trying hard to support learners but they feel they have to carry the entire psychological burden associated with it and they do not have anybody to help them. Often the teenager’s parents are not actively involved in dealing with the situation because they are either not available or they are working in urban areas. According to Klein (2005), parental supervision and positive parent and child connectedness tend to help teenagers in delaying early sexual relationships and engaging in risky sexual behaviors. In some cases, educators are being accused of favoring some learners over others by parents who do not understand the policies concerning teenage pregnancy and the complexities surrounding dealing with teenage pregnancy in general.

Secondly, related to the psychological impact of teenage pregnancy is the reported lack of support for educators. The educator participants felt that there are no support mechanisms that have been set out to help educators in dealing with the consequences that teenage pregnancy has for them. The Department of Education (2007) guidelines stipulate that learners should be offered counseling when they return to school; however, such services are not readily available in schools. This raises the question as to who should render such service. It was also found in the study by Chetty and Chigona (2007) that most learners come back to school after pregnancy without proper counseling to deal with the stigma attached to pregnancy and to also guide them in balancing between schooling and parenting.

Thirdly, there are number of challenges that educators face when dealing with pregnant learners. The main challenge is the lack of necessary training and resources (Sethosa, 2007). Often educators feel powerless and helpless when faced with this difficult situation and they do not know how to handle it. Educators need
more intensive training that will help them to deal with practical issues that teenagers face. Lack of proper training is a serious challenge for educators because it reduces their confidence in delivering the LO curriculum (Deventer, 2008). This is supported by the study by Francis (2010), who believes that educators fail to deliver effective sexuality education because they are given a script to read and they are told not to deviate from the script. Sexuality education is sensitive in nature and well-qualified and capable educators are required to effectively deliver the curriculum (Department of Education, 2003). Francis (2010) believes that for sexuality education to be effective, it needs to go beyond a prescriptive approach and develop a learner-centered approach. This involves taking into account learners’ needs, expectations and their representation as an important part of the learning process.

Related to lack of training is the lack of clear policy and guidelines as to how to handle pregnancies in schools. Most educators are not aware of the guidelines that are being used to guide the management of pregnant learners in schools. One of the concerns among educators is that guidelines are constantly changing and they are not being properly informed about those changes. This was confirmed by the discussions and workshops held by the Department of Education in different provinces where it was found that the educators are struggling to manage teenage pregnancies in schools (Department of Education, 2010). The Department of Education further stated that there is an uneven implementation of policy that is intended to keep learners in schools before and after pregnancy. Associated with these is the concern among educators that these guidelines and policy are not being converted into legislation that can be used to guide the management of teenage pregnancy in schools. According to Sethosa (2005), teenage pregnancy poses a serious management issue in schools.

Fourthly, a major challenge being faced by educators is the issue of poverty and child-headed households. Most learners are staying alone and it is difficult for them to focus on their school work and take care of their babies and siblings at the same time. According to Bhana et al. (2008), African schoolgirls are under a lot of pressure because in some cases parents are either absent or working in urban areas and they cannot help in taking care of the baby, so the teenager has to carry all the burden of childcare and try to balance this with school work.
A lack of parental supervision is also regarded as a reason for the high teenage pregnancy rate in the area. This is because learners have the freedom to engage in risky sexual behaviors with no one to guide and discipline them. This also becomes a challenge to educators because when they call parents they do not come so it becomes difficult to support the learners. This view is further reinforced by Benoit (2008) that family, schools and community are the three main systems that can work together to improve learners’ successes. She further states that “[w]ith this type of environment, children would receive similar messages from school, home and community regarding expectations and achievement, thus increasing their frequency and effectiveness” (Benoit, 2008, p. 10).

Conflicting cultural and societal influences on teenage pregnancy are still dominant. Community contextual factors help in shaping adolescents’ knowledge and attitudes that provide a basis for their choices concerning sexual behaviors (Langille et al., 2004). These contextual factors in turn provide community norms which define acceptable behaviors and outcomes. Communities are sending different messages to teenagers. The abstinence message that educators are delivering to the learners is not being openly accepted and encouraged by some of the community members. This is also similar to the findings by Arai (2007) that peers and community members tend to have a significant influence on teenagers’ attitudes towards pregnancy, as well as on their decision whether or not to become pregnant. For some parents and other community members; having a child at a young age is the passage to womanhood and they believe that it increases their children’s chances of getting married. Klein (2005) supports this view that cultural and family patterns of early sexual experience tend to be one of the main predictors of sexual intercourse during teenage years. At the same time and in the same communities, pregnant teenagers are also being mocked and stigmatized.

Lastly, linked to cultural and societal influences, is the high illiteracy level among community members. This tends to make educators’ efforts meaningless because the learners do not receive a positive influence and motivation from their families and the community at large. Kanku and Mash (2010) found that a high level of school education and family connectedness tends to act as a protective factor against
teenage pregnancy. Teenagers whose parents have obtained tertiary qualifications and have close relationships with their children tend to serve as motivation to continue with education and obtain tertiary qualifications like their parents. These parents tend to act as role models for their children and, as a result, serve as protective factor against teenage pregnancy and/or early school leaving.

4.5 Summary
In this chapter, the findings of the study were presented in a way that provided a holistic picture of the educators’ experiences of the impact of teenage pregnancy, as well as the challenges that they face when supporting pregnant teenagers. Biographic details of the educators who participated in the study were presented. A number of themes relating to the challenges reported by educators were identified and discussed, together with their related subthemes. The last chapter will conclude the study with a discussion of the limitations of the study. It will also make recommendations to the Department of Education and the schools.
CHAPTER FIVE

CONCLUSION: LIMITATIONS OF THE STUDY AND RECOMMENDATIONS

5.1 Introduction
This study aimed to explore rural educators' experiences and perceptions regarding teenage pregnancy and its implications for teaching and learning in rural schools. The main focus of the study was on the challenges that educators face on a daily basis when teaching pregnant learners and how they cope with this. The study further aimed to establish if there are any support systems in schools to help teachers cope with this difficult challenge and to determine their perceptions of how teenage pregnancy affects the educational environment and school achievement. Lastly, it explored the perceived role played by sexuality education in reducing the rate of teenage pregnancy.

The study achieved its main objectives and the findings of this study warrant the following conclusions:

1) In dealing with learner pregnancies, there are several challenges faced by educators. These include a lack of resources to accommodate pregnant learners, lack of policy to guide the management of pregnant learners in schools, poverty and lack of parental involvement as indicated by the number of child-headed households in the community.

2) Educators experience that they receive very little or no support. They feel there are no proper structures set out to support them in dealing with teenage pregnancy. In most cases, educators have to use their own personal experience to help pregnant teenagers. This poses a challenge because, in some difficult cases, they might unintentionally fail to follow the guidelines set out by the Department of Education, which might put their careers in danger.

3) The educators perceive that there is little role played by sexuality education in dealing with teenage pregnancy. This is mainly due to the lack of training and resources in delivering an effective curriculum. LO is still a new curriculum to most
educators and most of them still need proper training to be able to successfully deliver it to learners.

4) Educators believe that teenage pregnancy negatively affects the educational environment in that pregnant learners are distracting to the class and they are distracted themselves. In addition, educators see that these circumstances negatively affect the overall school performance which tends to reflect negatively on the educators and the school in general.

5.2 Limitations

5.2.1 Sample size
Although not inappropriate for a qualitative research design, the study sample was relatively small (ten participants) from only two schools. As a result, the study results cannot be generalized beyond the participants and schools of the study. However, the results across these two schools were quite consistent and it is possible to hypothesize that they represent the experience of rural educators in general. A larger sample is required to confirm the results of this study. In addition, possibly some large-scale quantitative research may provide the broader picture that this study lacks.

5.2.2 Homogeneity of the study participants
The study participants were homogenous in that they were mostly females. The male educators’ voice in the study was very limited. In addition, the schools used were not diverse in that they consisted only of black educators and learners; therefore, a comparison of data among different groups is not possible. Secondly, educators in this study were interested parties in the topic; most of them shared the same views on the impact of teenage pregnancy on educators. This might be the influence of macro system which is concerned with the beliefs, bodies of knowledge and the overarching cultures of the system. Macrosystem is concerned with the identification of broad and specific social and psychological features that affect conditions and processes at the micosystem level. Participants at this study shared the similar views which might be affected by their schools culture and beliefs concerning teenage pregnancy; how they should handle and interact with them on daily basis.
5.2.3 Validity of the data collection
In the second school, the interviews were conducted in the staff room with many other educators present so this might have influenced the validity of the responses. Some educators might have been influenced by group conformity to provide socially desirable answers, rather than expressing their honest opinions or experiences.

5.2.4 Method of data analysis
The thematic content analysis method has its own limitations. When the researcher interpreted the data, the researcher might have incorporated her own subjectivity into the findings.

5.3 Recommendations
5.3.1 Educators’ training and skills development
The Department of Education needs to ensure that all educators who are selected to deliver LO are well trained and are capable of delivering the curriculum. LO is a relatively new learning area needing considerable attention and resources to be placed into it. In addition, the training of educators should not only be in theoretical terms but should be more practical and try to develop educators in their attempts to address real-life issues affecting learners.

5.3.2 Parental involvement and workshops
Lack of parental involvement is identified as one of the serious challenges for educators in trying to deal with teenage pregnancy. Parents as the primary socialization agents have a major role to play in solving this problem. Schools in collaboration with (NGOs) and the Department of Education need to workshop with parents on sexuality education, so that the same message that is being delivered at school about abstinence and a healthy sexual lifestyle can be reinforced by parents at home.
5.3.3 Provision of social workers for schools
Some of the issues affecting learners are beyond the scope of educators. They do not have the resources and/or expertise to deal with them. Provision of social workers will ensure that all teenagers who are pregnant receive grants, which can help them in taking care of the babies. It will also help in delivering counseling and helping learners make informed decisions concerning pregnancy and their future. Social workers will also help in dealing with some of the family issues that some learners are facing and allow educators enough time to concentrate of delivering the curriculum. It will also make the referral system easy and educators will know that their learners’ problems are being addressed.

5.3.4 Health-care workers working in collaboration with the schools.
Having health-care workers visiting the schools on certain days of the week would also be helpful in dealing with teenage pregnancy. Health-care workers can work together with educators in addressing learners’ health issues in general and offer health education to learners. These will also ensure that educators know that when an emergency occurs in school, there is a health-care worker who will respond immediately.

5.3.5 Availability of more sporting codes and recreational facilities
Lack of recreational activities and sports facilities is a serious concern in rural areas. Most young people do not have anything to do after school and during the weekends. This tends to be another contributing factor to the high levels of teenage pregnancy. Most schools have very limited sports codes and few resources which cannot accommodate all learners. Only those who can perform well in the available codes are being accommodated while the rest are left out.

5.3.6 Availability of child-care services for learners
The Department of Education maintains that all learners should be allowed to return to school after delivering their baby but they should ensure that proper child-care arrangements have been made for the baby before the mother can go back to school. These pose a challenge to the young mothers and educators because some learners go to school late and have to leave early to take care of their babies. These
child-care facilities would also make it easier for young mothers to continue breastfeeding because they would be closer to the school.

5.3.7 School- and district-based support systems for educators
There is a strong need to have school- and district-based support systems for educators. The district-based support teams would help all the schools in the district concerning the issues that educators find difficult to deal with. These support systems should be comprised of the learning facilitators, the school principals as well as educators, together with other professionals who can help in supporting educators as primary caregivers at the school level. The school-based support teams should be comprised of the educators and parents and be monitored by the delegates from the district support teams who can offer advice and guidance in making them successful.

5.3.8 Approach to sexuality education
Current approaches to sexuality education need to be revisited. Sexuality education should provide a holistic picture of teenage sexuality, including both positive and negative aspects. Sexuality education should also cover a broad scope and be given enough time and attention. The curriculum should also be made flexible enough to allow interactions between educators and the learners to be able to address learners’ specific needs and concerns.

The current approach to sexuality education in South Africa paints the picture that engaging in sexual activities is the wrong thing to do. It fully encourages young people to abstain from sexual activities until they are older. However, this form of sexuality education, like many others, fails to point out the possibility that young people are sexual by nature and are driven by the desire to explore their own sexuality (Bay-Cheng, 2003). The approach also fails to consider the possibility that young people can successfully manage their own sexuality, especially if they are given enough support and all the information they need to make sexuality decisions without being forced to abstain. There is thus a need to review the whole sexuality education curriculum and come up with the new approach that will holistically address the sexuality needs of young people.
An alternative model to sexuality education can borrow from the recent drug policy in the UK that publicly states that talking about drugs is not a bad thing as opposed to the former model which encouraged young people to just say no to drugs (Wheeler, 2013). This model actually offers young people a platform to discuss the consequences of using drugs and allowing them freedom to make their own choices after being offered the information on the positive and negative consequences of using drugs (Wheeler, 2013). The success of this model lies in the approach being used which encourages young people to talk about drugs thereby expressing their fantasies, their fears and any other misconceptions that they might be having. This approach is considered to be effective because young people’s fantasies about drugs are explored and misconceptions addressed by a knowledgeable person. Bay-Cheng (2003) also advocates for an alternative sexuality education model, one that is not based on moral and religious values. The current model just teaches young people that sex out of wedlock is a negative thing; as a consequence, the possibility of teaching young people to successfully managing their sexuality is excluded.

5.3.9 Clear guidelines and policy concerning teenage pregnancy in schools

There is a need to revise the guidelines that are used to manage teenage pregnancy in schools. The first challenge is that the guidelines state that teenagers should not come back to school during the same year that they left school to deliver their baby. These can only be applied to those pregnancies that were noticed. In addition, there is a vast difference between a learner who delivered her baby in January and one who delivered in December in terms of their readiness to return to school the following January. Secondly, the guidelines state that, at the time that learners return to school, they should be given counseling on parenting. However, educators are not well skilled to deliver this service; a professional person is needed.
5.4 Suggestions for further study

Based on the limitations and the findings of this study there is a need for further studies that will address the following issues

- The sample size for this study was small; there is a need for a larger scale quantitative study that may confirm the findings of this study.

- Participants in this study were homogenous, coming from the same cultural background and being all females. The male voices are very silent in this study. There is a need to have a study with a more heterogeneous group of educators so that male voices can be heard and also to compare if male and female educators have different or similar experiences concerning teenage pregnancy.

- This study focused on rural educators and there is a need to have a larger scale study that can compare data from rural and urban areas to find out if there are any differences between rural educators and urban educators with regard to experiences of teenage pregnancy.

- The views expressed in this study were those of educators only. There is a need to get the Department of Education perspective on the support provided to the educators.
REFERENCES


REFERENCES


APPENDICES

APPENDIX A

Letter to the Department of Education

P.O BOX 1289
Makeneng Village
Witsieshoek
9870

Free State Department of Education
Private Bag X20565
Bloemfontein
9300.

REQUEST TO CONDUCT RESEARCH AT THABO MOFUTSANYANA DISTRICT

I am a Masters student at the University of KwaZulu-Natal and I am currently doing my Masters in Psychology and I am expected to conduct research at the topic of my choice as part of my studies. My research topic is the exploration of the impact of teenage pregnancy on educators in rural high schools. I hereby request your permission to conduct research at two schools at Thabo Mofutsanyana district. This study will only focus on Life Orientation educators in both schools. Interviews and focus groups will be used as the method of data collection.

Thank you for your time

Yours faithfully

Potjo, Mantoa Melita
APPLICATION FORM TO REGISTER RESEARCH PROJECTS IN THE FREE STATE DEPARTMENT OF EDUCATION

Please complete all the sections of this form that are applicable to you. If any section is not applicable please indicate this by writing N/A.

If there are too few lines in any of the sections please attach the additional information as an addendum.

Attach all the required documentation so that your application can be processed.

Send the application to:
Director: Quality Assurance
Room 401
Syfrets Building
Free State Department of Education
Private Bag X20565
Bloemfontein
9300.
Tel: 4048750/4048658
Fax: 447 7318

1 Title (eg Mr, Ms, Dr, Prof): M I S S

2 Initials and surname: M M POTJO

3 Telephone: Home: - 

Work: 0 5 1 - 2 6 8 3 1 4 1

Cell: - 

Fax: - 

E-Mail

4 Home Address: M A K E N E N G V I L L A GE W I T S I E S H O E K 9 8 7 0
5 Postal Address:

W I T S I E S H O E K

6.1 Name of tertiary institution/research institute
University of Kwazulu-Natal (Pietermaritzburg campus)

6.2 Occupation: Tutor at University of Limpopo

6.3 Place of employment: Turfloop /Mankweng

7 Name of course: Masters in Educational Psychology

8 Name of supervisor/promoter: Mr. Douglas Mansfield
Please attach a letter from your supervisor confirming that you have registered for the course you are following.

9 Title of research project:
Exploration of the impact of teenage pregnancy on educators in rural high school

10 Concise explanation of the research topic:
Research aims at exploring experiences of teachers with regard to teenage pregnancy. How it affects teaching and learning environment. It also aims at exploring challenges those teachers’ experiences when dealing with pregnant learners.

11 Application value that the research may have for the Free State Education Department:
This study will provide department with the deeper understanding of the nature of challenges faced by educators when dealing with pregnant teenagers. At the end of the study findings and recommendations will be made available to the department of education.

12.1 The full particulars of the group with whom the research is to be undertaken:
Research will only concentrate on Life Orientation teachers with the aim that they are the ones who are actively involved in sexuality education and are trained in handling psychosocial issues like teenage pregnancy.

12.2 List of schools/Directorates in the Department/Officials:
Two schools will be used at Thabo Mofutsanyane district.

12.2.1 Grades:
Grade 10, 11 and 12

12.3 Age and gender groups:
Different age groups and both genders will be used in the study

12.5 Language groups:
South Sotho will be preferred but other language groups will still be accommodated because interviews and focus groups will be conducted in English
12.6 Numbers to be involved in the research project:
4 to 5 educators from each school which amounts to the total of 8 to 10 participants for the entire project

13 Full particulars of how information will be obtained e.g. questionnaires, interviews, standardized tests. Please include copies of questionnaires, questions that will be asked during interviews, tests that will be completed or any other relevant documents regarding the acquisition of information.
Semi-structured interviews will be conducted with individual educators from each school. Focus group will also be conducted with a group of educators from their school.

14 The starting and completion dates of the research project: (Please bear in mind that research is usually not allowed to be conducted in the schools during the fourth term.)
04 April to 30 May 2011 but a minimum of one week can be used for the whole project and it will depend on the days that will be suitable to the participants

15 Will the research be conducted during or after school hours?
After school hours

16 If it is necessary to use school hours for the research project, how much time will be needed?
Individual interviews will take 30 to 45 minutes each, which amount to 2 hours for each school. Focus group will take 45 minutes to 1 hour. Total time spend will be 3 hours in each school.

17 How much time will be spent on the research project by individual educators and/or learners?
3 to 4 hours in each school

18 Have you included?

18.1 A letter from your supervisor confirming your registration for the course you are following? YES

18.2 A draft of the letter that will be sent to the principals requesting permission to conduct research in their schools? YES

18.3 A draft of the letter that will be sent to parents requesting permission for their children to participate in the research project? (If applicable) NO

18.4 Copies of questionnaires that you wish to distribute? NO

18.5 A list of questions that will be asked during the interviews? YES

I confirm that all the information given on this form is correct.
APPENDIX C

LETTERS FROM THE DEPARTMENT OF EDUCATION
2011 - 03 - 31

MS M. M. POTJO
Makeneng Village
WITSIESHOEK
9870

Dear Ms Potjo

REGISTRATION OF RESEARCH PROJECT

This letter is in reply to your application for the registration of your research project.

2. Research topic: Exploration of the impact of teenage pregnancy on educators in rural high school.

3. Your research project has been registered with the Free State Education Department.

4. Approval is granted under the following conditions:-

4.1 Principals participate voluntarily in the project.

4.2 The name of the school and participants involved remain confidential.

4.3 The questionnaires are completed and the interviews are conducted outside normal tuition time.

4.4 This letter is shown to all participating persons.

4.5 A bound copy of the report and a summary on a computer disc on this study is donated to the Free State Department of Education.

4.6 Findings and recommendations are presented to relevant officials in the Department.

5. The costs relating to all the conditions mentioned above are your own responsibility.

6. You are requested to confirm acceptance of the above conditions in writing to:

The Head: Education, for attention: DIRECTOR: STRATEGIC PLANNING, POLICY AND RESEARCH, CNA Building, Private Bag X20565, BLOEMFONTEIN, 9301

We wish you every success with your research.

Yours sincerely

DIRECTOR: STRATEGIC PLANNING, POLICY AND RESEARCH

Directorate: Strategic Planning, Policy & Research – Private Bag X20565, Bloemfontein, 9300 – Room 301; Old CNA building,
Mailand Street, Bloemfontein 9300 - Tel: 051 464 50 / Fax: 051 447 7318 \ E-mail: quality@edu.fs.gov.za
2011 - 03 - 31

Mr WRM Mokuena
Director, Thabo Mofutsanyana Education District
Private Bag X817
WITSIESHOEK
9870

Dear Mr Mokuena

NOTIFICATION OF A RESEARCH PROJECT IN YOUR DISTRICT

Please find attached copy of the letter giving Ms. M. M. Potjo permission to conduct research in sampled schools in the Thabo Mofutsanyana Education District. Ms Potjo is a Tutor at the University of Limpopo and is studying for Masters in Educational Psychology with the University of Kwa-Zulu Natal.

Yours sincerely

FR SELLO
DIRECTOR: STRATEGIC PLANNING, POLICY AND RESEARCH
APPENDIX D

LETTERS TO THE SCHOOLS

TO: The Principal
XXXXXX Senior Secondary School

FROM: Potjo, Melita Mantoa

SUBJECT: Request to utilise XXXXXXX Secondary School as a research site for a project towards Master’s degree in Educational Psychology.

TOPIC: An exploration of the impact of teenage pregnancy on educators in rural high schools.

I am a graduate student enrolled towards a Master’s degree in Educational Psychology at the University of KwaZulu-Natal, Pietermaritzburg Campus. I am required to conduct a research project, with the topic of my choice, as part of the programme. My supervisor for this research is Mr Douglas Mansfield.

I hereby request to utilise your facility and enlist the co-operation of your educators during the data collection process of this project. My research deals with the exploration of the impact of teenage pregnancy on educators and how it affects the system of learning and teaching, with the special emphasis on the experiences of educators in these settings.

The main emphasis will be on the Life Orientation educators as well as educators who form part of school support system. Interviews and focus groups will be utilised to collect the data. Each interview is anticipated to take 30 minutes with mutually convenient times and dates that will be arranged.

Please note that no educator will be coerced into participation, which is completely voluntary. Educators who will be participating may withdraw from the study at any time. Each educator’s responses will be totally anonymous and the school will not be identified in any way. Copies of the final project will be made available to the school upon request.

Thank you for your co-operation

Yours Sincerely
Potjo, Melita Mantoa, Ms

Consent of the school to participate.

_________________   ___________________
Signature     Principal

School stamp
TO: The Principal
Tsholo Secondary School

FROM: Pofjo Melita Mantoa

SUBJECT: Request to utilize Tsholo Secondary School as a research site for the project towards master’s degree

TOPIC: The exploration of the impact of teenage pregnancy on educators in rural high schools

I am a graduate student enrolled towards a master’s degree in educational psychology at the University Of KwaZulu Natal Pietermaritzburg Campus. I am required to conduct a research, with the topic of my choice, as part of the programme. My supervisor for this research is Mr. Mansfield. I hereby request to utilize your facility and enlist the co-operation of your educators during the data collection process of this project. My research deals with the exploration of the impact of teenage pregnancy on educators in rural high schools. The research will focus on how teenage pregnancy affects teachers and the learning environment in general.

The main emphasis will be on the life orientation teachers and teachers who form part of school support system. Interviews and focus groups will be utilised to collect the data. Each interview is anticipated to take 30 minutes with mutually convenient dates that will be arranged.

Please note that no teacher will be coerced into participation, it will be completely voluntary, and educators who will be participating may withdraw from the study at any time. Educators’ responses will be totally anonymous and the school will not be identified in any way. Copies of the final project will be available to the school upon request.

Thank you for your co-operation

Yours Sincerely
Pofjo Melita Mantoa

Consent of the school to participate.

Signature

Principal

School Stamp

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APPENDIX F

CONSENT FORM TO EDUCATORS

Consent to participate in the research project.

I hereby authorise Ms. Potjo M. M., student at the University of KwaZulu-Natal, Pietermaritzburg campus, to involve me in the study; the exploration of the impact of teenage pregnancy on educators in rural high schools. This study is designed to explore educator’s perceptions, experiences and attitudes regarding teenage pregnancy in their schools and how it affects teaching and learning system.

I understand that I have been asked to participate because I am an educator at the school and I command valuable information that can properly inform the investigation. I understand that if I am a participant, I will be asked questions in an interview that will probably not take longer than 30 minutes and be asked to participate in a focus group that will involve other educators. I understand that Ms. Potjo will come to my school once for the interview and if necessary follow up for clarification, secondly, I will be asked to participate in a focus group with other educators. I understand that there will be two questions to begin the interview and subsequent questions will emerge as we proceed. Interview will be tape recorded and permission is granted. The procedure has been explained to me by Ms. Potjo.

I understand that the study will not impose any pressure on me, but some of the probing questions may seek personal information. Beyond that there is no other risk that this study will impose on me. I understand that I have the right to refuse to participate or answer certain questions that I feel uncomfortable; I also have the right to withdraw from the study at any given point, without any consequences. I have been informed that my identity will not be disclosed in any way without my separate consent; except as specifically required by law. I understand that the name of my school will also not be identified in any way.

I understand that there will be no other benefits from participating in this study except having the access to the findings. If the study design or use of data is to be changed, I will also be informed and my consent re-obtained. I understand that Ms. Potjo may be reached at 076 *******, and she, as well as her supervisor Mr. Douglas Mansfield, will be available to answer any queries I may have regarding the study.

Patient’s Signature ___________________ Date _______________
APPENDIX G
RESEARCH ASSISTANT CONFIDENTIALITY FORM

TITLE OF THE PROJECT: Exploration of the impact of teenage pregnancy on educators in rural high schools.

I Mphahlele, Macdonald, ID number: 85**********, agree to participate in this study as a research assistant and I have understood all the conditions regarding my involvement in this study. I hereby certify that I will abide to the following terms with the understanding that:

All the information and materials concerning this research - recording, interviewing or transcribing - will be confidential.

I would not be allowed to discuss any content of research with anybody except the principal researcher.

If I have to discuss any material concerning this research or to seek any clarity or help with the material from the third party, I would firstly need the consent of the principal researcher.

I will delete all the research material in my computer as soon as the research is completed and return all the hard copies and tapes to the principal researcher.

I will keep all the material in my possession in a secure place and no other third party will access the material.

________________________    _____________________
Research assistant        Date

________________________    _____________________
Principal researcher       Date
APPENDIX H

Questions for the interview

1. Background Information
   - Age
   - Gender
   - Educational qualifications
   - Years of experience in education in general
   - Years of experience in teaching life orientation

2. Rate of Teenage Pregnancy in the School
   - What is the rate or level of teenage pregnancy in your school?
   - Will you consider teenage pregnancy a serious concern or a problem for your school and surrounding community?
   - Have you been involved with any pregnant learner in your school?

3. Systems or Mechanisms used to Support Educators
   - Any training with regard to sexuality education
   - What mechanisms can be used to reduce teenage pregnancy?

4. Attitudes and Beliefs about Teenage Pregnancy and Sexuality Education
   - Personal view towards teenage pregnancy
   - What causes teenage pregnancy in your school/community? Does it differ from the causes in other communities or schools?
   - How does teenage pregnancy affect the educational environment?
   - Personal view towards sexuality education
Questions for focus group

1. Teenage Pregnancy
   - How widespread is teenage pregnancy in your school?
   - What are the beliefs they bring about teenage pregnancy?
   - How does having pregnant teenagers in a class facilitate or hinder the teaching that class?
   - What is their attitude to pregnant teenagers and is it different from that of the surrounding communities?
   - How often do you interact or deal directly with pregnant learners?

2. Consequences or impact of teenage pregnancy
   - What impact do you think teenage pregnancy has on the educational performance of the students?
   - What impact does it have on the educators and the entire school?
   - How does teenage pregnancy affect you as an educator?

3. Sexuality Education
   - Does sexuality education help in dealing with teenage pregnancy?
   - What are the areas within sexuality education that you found most useful in addressing teenage pregnancy?
   - Any challenges faced when implementing sexuality education?

4. Support Systems
   - What are the support systems in place to help in dealing with teenage pregnancy?
   - As educators are you well equipped to deal with teenage pregnancy and sexuality education in your respective schools?
   - Have you received any training in dealing or supporting pregnant learners?
   - If you encounter any difficulties when dealing with pregnant learners in school are there any places where you can receive help and support?
   - What are the coping mechanisms that you use in dealing with the demands you face when dealing with pregnant learners?