



COPYRIGHT NOTICE

Please note:

The material contained in this document can be used **ONLY** for **personal** study/research and therefore can be copied but only for **personal** use.

Any form of copying for distribution purposes requires copyright permission from author/university.

**THE EFFECTS OF TEENAGE PREGNANCY ON THE SCHOOL
LIFE OF ADOLESCENT GIRLS**

by

Angelina Priscilla Lungile Nzama

Submitted to the Faculty of Education

University of Kwazulu-Natal

**In partial fulfillment of the requirements for the Magister
Educationis**

Supervisor: Dr N. de Lange

JULY 2004

Durban

DECLARATION

I hereby declare that this dissertation is my own original work and contains no material which has been submitted previously for the award of any other degree or diploma in any university. To my knowledge and belief this dissertation contains no material previously published by any other person except where due acknowledgement has been made.



A.P.L. Nzama

Date:30 July 04

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude and appreciation to the following individuals who have contributed towards the completion of this research study:

- My supervisor, Dr Naydene de Lange, for her scholarly guidance and inspiration. Her professional advice, guidance, patience, empathy and encouragement did not only help me to come to terms with the direction my research ultimately was to follow, but was also instrumental in making me grapple with the demands of this dissertation.
- Dr Thenjiwe Magwaza for her additional guidance and support.
- The Department of Education and Culture in KwaZulu-Natal for granting me authority to do research in their school.
- The Principal, educators and learners of The High School for their assistance, co-operation and support throughout the study.
- Emmanuel Mgqwashu, for his encouragement, motivation and many hours of editing my dissertation.
- My friends, Nonhle and Busi, for their encouragement and motivation.
- My husband and children for their understanding, love, encouragement and unwavering moral support during my course of study.

Finally, I wish to thank God for giving me the strength and stamina I needed at each juncture to see this dissertation through its successful completion.

CONTENTS

PAGE

CHAPTER ONE

GENERAL ORIENTATION, PROBLEM STATEMENT AND AIM, RESEARCH METHODOLOGY AND COURSE OF STUDY

1.1 General Orientation	1
1.2 Problem Statement	4
1.3 Aims of the research	5
1.4 Definition of concepts	5
1.4.1 Adolescent	5
1.4.2 High school	5
1.4.3 Teenage pregnancy .	5
1.4.4 School life	6
1.5 Research Design and Methodology	6
1.5.1 Research design	6
1.5.2 Research methodology	6
1.5.2.1 The sample	7
1.5.2.2 Data collection	7
1.5.2.3 Data analysis	7
1.6 Delimitation of the Study	7
1.7 Course of the Study	8
1.8 Conclusion	8

CHAPTER TWO

A THEORETICAL PERSPECTIVE ON TEENAGE PREGNANCY IN SCHOOLS

2.1 Introduction	9
2.2 What is Teenage Pregnancy?	9
2.3 Historical Overview	10
2.4 Extent of Teenage Pregnancy Problem	11
2.4.1 The international context	11
2.4.2 The South African context	12
2.4.3 Who are at risk	13

2.4.4 Teenage pregnancy and psycho-social development	16
2.5 Effects of Teenage Pregnancy	18
2.5.1 Effects on the adolescent	18
2.5.2 Effects on her family	19
2.5.3 Effects on school life	20
2.5.5. Effects on the community	21
2.6 Preventative Measures	22
2.7 Conclusion	24

CHAPTER THREE

RESEARCH DESIGN AND RESEARCH METHODOLOGY

3.1 Introduction	25
3.2 Problem Statement	25
3.3 Aims of the Research	25
3.4 Research Design	25
3.4.1 Qualitative research	26
3.4.2 Trustworthiness	26
3.5 Research Methodology	29
3.5.1 The school	30
3.5.2 The sample	30
3.5.3 Data collection process	31
3.5.4 Data analysis	33
3.5.5 Recontextualisation and literature control	33
3.5.6 Ethical consideration	33
3.6 Limitations of the Study	34
3.7 Conclusion	34

CHAPTER FOUR

RESULTS AND DISCUSSION OF FINDINGS

4.1 Introduction	35
4.2 Results and Discussion	35
4.2.1 Theme 1: Role of the families	35
4.2.2 Theme 2: Physical effects of pregnancy	37

4.2.3 Theme 3: Feelings that the adolescent experiences	38
4.2.4 Theme 4: Effects on school life	41
4.3 Conclusion	42

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction	43
5.2 Conclusions	43
5.3 Recommendations	44
5.4 Recommendations for Further Research	45
5.5 Conclusion	45

REFERENCES	47
------------	----

APPENDICES	
------------	--

ABSTRACT

This study aims to explore and describe the effects of teenage pregnancy on the school life of teenage mothers who are learners at The High School. It also seeks to generate guidelines which could be useful for educators, programme planners, and other stakeholders involved in designing intervention programmes to help teenage girls avoid unintended pregnancies and those who have fallen into this trap, to be resilient.

The sample consists of thirteen learners who were either pregnant or teenage mothers already. The participants were purposively chosen from grades 8-12, two from each grade and five from grade 12. This study uses a qualitative, contextual, descriptive design to investigate the effects the teenage pregnancy has on the lives of girls who fall pregnant while at school. It employs a case study methodology and the data collection instruments included face-to-face interviews and document analysis such as mark schedules and attendance registers.

The findings revealed that teenage pregnancy causes tension in the girls' families; the physical changes and experience of pregnancy impacts on their school life; pregnancy causes emotional instability in the teenage girls' lives and their education is indeed disadvantaged. A positive aspect is that there is a chance to make up for the lost time if educational opportunities and support exist.

The researcher recommends that there should be support for pregnant girls and teenage mothers within the school system. For this study to have more impact as well as influence policy makers and senior Departmental officials to act upon these recommendations, it is advisable that further research be conducted in other schools to explore the impact of teenage pregnancies on their school life in particular, and schools in general.

CHAPTER ONE
GENERAL ORIENTATION, PROBLEM STATEMENT AND AIM,
RESEARCH METHODOLOGY AND COURSE OF STUDY

1.1 GENERAL ORIENTATION

“At the heart of intentions to change the rate of teenage pregnancy lies the simple assumption that each pregnancy is bad for everyone; the girl, her family, the health services, the education authorities and society in general. Thus teenage pregnancy is perceived as a disaster for all concerned.”

(Jacobson, Wilkison and Pill, 1998:233)

One of the most threatening challenges facing the 21st century generation is the prevalence of immature, not yet prepared, mothers to ‘mother’ their children. While teenage pregnancies have increased all over the world (Loening, 1996:200), it is a source of great concern in South Africa. This is because unplanned pregnancies have detrimental effects, not only on the concerned teenager, but also her baby, her parents, the father of the child, and the community, bearing in mind the South African situation in terms of HIV/AIDS. As Mogotlane (1993:11) points out: “With teenage pregnancy comes an inevitable interruption in education and dropping out of school following a pregnancy is an almost certain outcome. In some instances this is temporary while with others it may be permanent”. The World Health Organisation (WHO) Report of 1975 sums it up accurately that

“Despite the apparent liberation of attitudes in recent years, unwanted pregnancy for a variety of complex, social, economic and cultural reasons, continues to be a source of stress on the adolescent girls and her immediate family ... In the case of the unmarried adolescent particularly it has been observed to precipitate a broad range of events that combine to disrupt both education and family life” (WHO, 1975:15).

When looking at the situation in South Africa, Gillham (1997:26) points out that South Africa has one of the highest teenage pregnancy rates in the world and within the South African context the above has become a daily occurrence. Medical records reveal the extent of teenage pregnancy which Greathead (1988:20) summarizes to mean every year two out of ten South African teenagers become pregnant and of

these, 5 000 are under 16 years. It has to be noted, furthermore, that black South African teenagers constitute the majority. Morrell's (1992:5) findings indicate that about half of all first babies born in KwaZulu-Natal are born to girls still at school. These findings seem to suggest that teenage pregnancy is (and will continue to be) part of South African society despite several efforts that have been implemented to tackle this problem. Efforts such as sexuality education by educators, for example, seem to be failing. Fraser and Sadker (1979:106) argue in this regard that as early as 1973 anything related to sexuality itself is the schools' number one taboo. The situation at The High School is not an exception as experiences of teenage mothers within the school bear witness to the lack of sexual knowledge.

While common sense tells us that the teenage mother needs support not only from the school, but also from her family, peers, church, the media, the community, and the legal system, this research will mainly focus on the support that can be given to the teenage mother by the school in which she is a learner. The study hopes to reveal, among other things, that the hardships, loss of education, health-related concerns, responsibility and monetary costs of having and raising a child, significantly outweigh even the slight monetary gain a child-support grant may provide a teenage mother. The question around curbing the teenage pregnancy surge in South African society has featured prominently in recent debates in health, education and welfare. Most research has only focussed on preventive measures (Mntaka, 1995:11) and less on the support of those schoolgirls who are already pregnant and those with babies. Urgent attention to these issues is a must, lest we see the younger generation and future workforce give-up their dreams of a promising future.

The constitution seems to be addressing some of these factors. The South African Schools Act 84 of 1996 (DoE, 1996:9) prohibits the expulsion of pregnant learners on the grounds of pregnancy, but makes no stipulation concerning the provision of health and child care facilities within the education system. This omission in the act creates further problems in that pregnant schoolgirls are often absent from school on occasions to attend the clinic, and this disruption of schooling may lead, in the long-run, to academic underachievement.

With specific reference to The High School situated in the area of Inchanga, this case study seeks to explore the question: in what way and to what extent pregnancy affects the school lives of teenage girls who become pregnant whilst at school?

Inchanga is a semi-rural area situated on the western fringe of the Durban Metropolitan Area. It is a predominantly working-class community with approximately 20 000 inhabitants. It is home to three Secondary Schools, with one serving the community living in the area known as the Mission (of the Roman Catholic Church) dominated by residents of middle class status. The other two schools are located in the area where traditional and less-educated (in terms of Western standards) people dominate. The study was undertaken in one of these schools after a newspaper article from a local newspaper revealed that the area is distinguished by one of the highest teenage pregnancy rates in the province and that thousands of young girls have had their lives ruined by pregnancy (Kwasa, 2002:3). This is evidenced by the fact that all the teenage mothers in the study could name at least one other family member who had conceived during teenage years. Premarital and teenage pregnancy, as in most communities, is also taboo in this area and it is not surprising that very little support is given to girls who get pregnant. Though members of this community show their disapproval of premarital pregnancy, there are some practices which, on the surface, seem to suggest that teenage pregnancy may be acceptable to some family members. The Zulu cultural influence, for instance, allows most families in this community to accept 'ukuqoma' (dating) among teenagers and The High School teenage girls, since they are from these communities, are not immune to this trend.

The High School is one of the three secondary schools situated in the Fredvile village of Inchanga and has a learner population of 960. The teacher to pupil ratio is 1: 60-80. For the past three years there has been an increase in the number of teenage pregnancies in the school and this coincided with the fact that the matric pass rate dropped from 62% in 2001 to 33% in 2002. In the The High School Report (2002:8) written by the principal, teenage pregnancy was listed as one of the contributing factors towards this underachievement.

In 2002 I undertook a small study on the causes of teenage pregnancy. That study was an attempt to respond to the concerns expressed by parents, educators and the community, the biggest concern being the disruption of schooling. The concern arose from the fact that pregnancy is regarded as having an effect on teenage mothers in that it leads to poor academic performance and thus poor results for the whole school. As far as the principal of the school is concerned the matter needed to be investigated further in order to find strategies to tackle this challenge. A recommendation made in that study was that a school environment conducive to the continuing education of pregnant schoolgirls could contribute towards solving the problem of the general poor performance in school. That study constitutes a preliminary step towards this goal and a basis for a pilot intervention strategy.

On the basis of the principal's suggestions and discussions with educators, the school governing body and the representative council of learners, it is evident that the following are main justifications for undertaking a study of this nature:

- ◆ Educators in this school were concerned about the problem of teenage pregnancy;
- ◆ Pregnancies were mostly unplanned and often unwanted;
- ◆ The principal and his staff expressed the desire that something should be done about the problem;
- ◆ The pregnant girls drop out of school and thus lose out on their schoolwork and;
- ◆ Support programmes should be in place to help teenage girls catch up with their work, and thus make a success of their schooling.

1.2 PROBLEM STATEMENT

The research questions can be stated as follows:

- ◆ What are the effects of teenage pregnancy on the school life of teenage mothers who are learners at The High School?
- ◆ Which guidelines could be generated that could be useful to educators, programme planners and others involved in designing interventions to help teenage girls avoid unintended pregnancies?
- ◆ Which guidelines could be generated that could be useful to help teenage girls who fall into this trap, to be resilient?

1.3 AIMS OF THE RESEARCH

The aim of this research is twofold. Firstly, it aims to explore and describe the effects of teenage pregnancy on the school life of teenage mothers who are learners at The High School. Secondly, to generate guidelines which would be useful for educators, programme planners and others involved in designing interventions to help teenage girls avoid unintended pregnancies, and also those who have fallen into this trap, to be resilient.

1.4 DEFINITION OF CONCEPTS

There are a number of other concepts used during the course of this study which are worthy of definition. These terms, and accompanying definitions follow.

1.4.1 Adolescent

Erikson (1963:160) defines adolescence as the period within the lifespan when most of a person's biological, psychological, and social characteristics are changing from what is considered childlike to what is considered adult. This stage starts with the onset of puberty at approximately twelve, and ends with the beginning of maturity, which could be anywhere between the eighteenth and twenty-fifth year (Erikson, 1963:160). An adolescent is the person experiencing this transition. The term 'teenager' is used interchangeably with 'adolescent'.

1.4.2 High School

A high school refers to a public or an independent school which enrolls learners in grades eight to grades twelve, according to the South African Schools Act, 84 of 1996 (DoE, 1996:9).

1.4.3 Teenage pregnancy

Teenage pregnancy refers to a bodily process which includes conception, pregnancy and giving birth by unmarried adolescents (Davis, 1989:89).

1.4.4 School Life

School life refers to the sequence of physical and mental experiences that make up the existence of an individual at school (Webster, 1973:663). This includes the social and emotional experiences inside and outside the classroom.

1.5 RESEARCH DESIGN AND METHODOLOGY

1.5.1 Research design

The study was conducted at The High School where the researcher is a member of staff and the teenage mothers the population of study. A qualitative case study approach seemed relevant as one intended to explore and describe the teenage mother's experiences at school. The exploration of the case took place through detailed, in-depth data collection methods, involving multiple sources of information. It used a qualitative, contextual, descriptive design (Merriam, 1988:17) to investigate the effects teenage pregnancy has on school lives of girls who fall pregnant while at school. The information presented in this study was derived through multiple sources, including in-depth interviews with teenage mothers who are learners at The High School; discussions with teachers and community workers.

1.5.2 Research Methodology

Although a number of research methods were used, the major instrument that was utilised was the unstructured face-to-face interview (De Vos, 1998:339). This method was appropriate for the collection of data to provide information for qualitative analysis.

Unstructured interviews allows face-to-face interaction between the researcher and the participants in order to facilitate access to the participants' life experiences as expressed in their own words (Merriam, 1988:27). The flexibility of the unstructured interview provides more opportunity for the participant to discuss what she really means and this may strengthen the trustworthiness (De Vos, 1998:342) of the data. These conversations will be captured on audiotapes for analysis. Through document

analysis, a careful examination of the relevant assessment documents, namely mark schedules and attendance registers will be undertaken.

1.5.2.1 The sample

Pregnant girls and teenage mothers were purposely chosen from grades 8-12, two from each grade, but five from grade 12, as participants in the study.

1.5.2.2 Data collection

The exploration will take place through:

- ◆ Unstructured face-to-face interviews with thirteen girls and;
- ◆ Documents analysis: mark schedules, progress reports, attendance registers and learners' profiles.

1.5.2.3 Data analysis

A descriptive analysis technique (De Vos, 1998:154) is used to analyse data. Units of meaning will be identified and categorised, after which central themes will be identified. A literature control will be undertaken to identify both similarities and differences between the situation at The High school and other schools countrywide. The results of the research will be presented under the central theme headings that emerged.

1.6 DELIMITATION OF THE STUDY

This study is located in the Educational Psychology field and is based on the work of Erikson (1963), whose comprehensive theory known as the psycho-social theory of development provides a framework for studying personal and social development. In his theory Erikson (1963:114) offers a basic framework of understanding the needs of young people in relation to the society in which they grow, learn, and later make their contribution. In school educators are concerned with not only the academic

development, but also the personal and social, aspects of their learners' lives and Erikson's theory gives us a means to link these.

1.7 COURSE OF THE STUDY

In Chapter Two the literature relevant to the study is reviewed. This chapter serves as a theoretical framework against which the data collected for this study is interpreted. Despite the literature being largely from outside the country, the researcher believes that findings therein are applicable to teenage girls in general.

Chapter Three focuses on the research design and the procedure used to collect data. This study takes the form of a case study using mainly the unstructured interview for the collection of data. The interviews were conducted and analysed by the researcher.

A discussion of the findings and how they relate to the literature reviewed is undertaken in Chapter Four. The initial phase of analysis focuses on assembling and organising data. The second phase centered on categorising the information, which was then transformed into themes.

Chapter Five contains some concluding remarks and some guidelines for the design and implementation of interventions.

1.8 CONCLUSION

Much of the foregoing is supported by the educational and health literature focussing on teenage pregnancy and its prevention. The next chapter surveys selected literature on teenage pregnancy and intervention measures. The literature emphasises understanding adolescents who fall pregnant as people who need help and support regarding their development from all structures of the society. It is clear from this literature that given the necessary support and relevant educational opportunities these girls can bounce back, complete their schooling and become productive and successful members of society.

CHAPTER TWO

A THEORETICAL PERSPECTIVE ON TEENAGE PREGNANCY IN SCHOOL

2.1 INTRODUCTION

In recent years adolescent pregnancy has become a serious social problem and the subject of heated educational debate and controversy both at provincial and national levels (Bull, 1998:199), due to the fact that the rate of these pregnancies is very high in South African society (Loening, 1996:150). Pregnancy under the age of seventeen has been viewed as a catastrophe for individuals, family and society (Greathead, 1988:21), and as such, it is assumed that when a teenager has a baby, it destroys her chances of getting educated (Craig, 1980:3). It is on the basis of these claims that this chapter reviews and synthesizes the disparate literature on the effects of teenage pregnancy on the lives of schoolgirls. Several empirical studies that provide information on resilience after adolescent pregnancy and childbearing are highlighted. Findings from these studies help to identify factors that buffer adolescents against adverse effects of early childhood pregnancies. Against the background that will be presented in this chapter, the situation in the school of study will be discussed.

2.2 WHAT IS TEENAGE PREGNANCY?

Defined broadly, teenage pregnancy refers to a bodily process which includes conception, pregnancy and giving birth by unmarried adolescents (Davis, 1989:14). Though a biological process, teenage pregnancy has social effects (Rickett, 1999: 667). Adolescents account for a third of all out-of-wedlock births per year in America (National Campaign to Prevent Teenage Pregnancy, 2000:7). Associated problems include the increased likelihood of deleterious consequences for both adolescent mothers and their children (McAnarney & Hendee, 1989:117) and the cost for society as a whole (Burt, 1986:55).

2.3 HISTORICAL OVERVIEW

For most cultures in South African society, the approved way of having children is for the mother and father to be married to each other according to recognised procedure, before the child is conceived, or at least before the child is born (Bezuidenhout, 1993:37). However, it is common to see unmarried girls become pregnant unintentionally and others intentionally (Shah, Zolnik & Smith, 1986:40).

Teenage pregnancy has increased all over the world (Bull, 1998:348) and is seen as a source of great concern in South Africa. While teenage pregnancy has a detrimental effect on the teenage mother, Masuku (1998:4) states that the public concern over teenage pregnancy is not new, nor is it unique to this period of democratic governance. Under the apartheid government concern about teenage pregnancy was frequently expressed. During the apartheid years a racialised view of teenage pregnancy predominated, and this was linked to the need for population control among black South Africans. The incidents of teenage pregnancies had to be reduced just as the overall birth rate of blacks had to be reduced. This was the government-sanctioned view which “attempted to link poverty and other socio-economic problems in black communities to population control, rather than to the apartheid system”(Ngwezi, 1996:10).

The common practise in schools during the apartheid era had been the expulsion of pregnant schoolgirls, and this was partly treated as a warning to other girls that the school did not tolerate pregnancy. It must be noted, however, that the expulsion of girls was not a South African phenomenon only. Fraser and Sadker (1979:124) made similar observations when investigating teenage pregnancy in England. They point out that pregnant high school girls got punitive treatment at schools by learners, educators and the system at large. As early as 1975 The World Health Organisation (WHO) report also reveals that “few educational systems make provision for accommodating pregnant girls, or girls with children within normal school activities. In fact the existing policy in some countries is to deny them entry for fear that they might be an undesirable influence on other children” (WHO, 1975:15).

The change from apartheid to democracy offered South Africans a unique and exciting opportunity to formulate and implement policies in every arena of societal existence (Ngwezi, 1996:15). With the government of National Unity in power, things have been changing, both in education policies and gender issues. Teenage pregnancy was addressed and accommodated in the 1996 Schools Act No 84 (DoE, 1996:9). The Act allowed for learners to continue with learning before and after childbirth. However, no provision was made in the law regarding supportive measures by the schools to help these girls after the interruption in their education (Mogotlane, 1993:11) due to pregnancy. This study aims to highlight that there is an important need for schools to have supportive measures for teenage mothers to be rehabilitated back to school.

The question of what should be done to address the high incidences of teenage pregnancy in South Africa featured in recent debates on health, education and welfare policy. An illustration of this is the priority status given to teenage pregnancy in the Reconstruction and Development Program (RDP) of the Government of National Unity (Masuku, 1998:8). Unfortunately the focus so far has been preventive measures only and very little is said about helping and assisting those who have gone through this difficulty.

2.4 EXTENT OF THE TEENAGE PREGNANCY PROBLEM

2.4.1 The international context

While Dean (1997:134) sees teenage pregnancy as an increasingly devastating and costly problem in the whole world, Singh (2000:14) demonstrates that the USA has the biggest problem, as it was announced on National Television that the United States has much higher teenage pregnancy and birth rates than the other fully industrialized countries. Even news commentators in the United Kingdom constantly refer to the situation as an ‘epidemic’ (News Release, 2002). The findings of the National Campaign to prevent Teen pregnancy (2000:3) confirms that “...4 in 10 teenage girls get pregnant at least once before they reach age 20, with over 900 000 teen pregnancies annually. The trend towards too early motherhood cuts through all socio-economic groups.”

2.4.2 The South African context

According to Langeni (1988:17), South African statistical representations of the teenage pregnancy rate cannot be regarded as a true reflection on the phenomenon. This is particularly true, as far as Langeni (1988:17) is concerned, for black schoolgirls. Masuku (1998:7) argues the state of affairs exposed by Langeni's research may be attributed to the cultural and historical stigma of shame and embarrassment attached to bearing a child outside marriage. Although this stigma is slowly deteriorating, it haunts the majority of black girls to the extent that, where possible, their parents would hide the fact that their teenage girls ever 'fell' pregnant, by either getting an abortion, or sending the teenager to grow up with a very distant relative (Parekh, De la Rey, Naidu & Shembe, 1995:121). Langeni (1988:17) draws our attention to the problem when she points out that in 1985 South Africa had the highest teenage pregnancy rate in the world. Africa and America had more than 1million teenagers falling pregnant every year – 30 000 before they reach the age of 15; one third of all abortions carried out throughout the world occurred amongst teenagers; at one hospital in Zululand (KZN) an average of 30 babies were delivered daily and between 20% and 25% of these deliveries were by teenage mothers. It is also useful to note that South Africa has a large teenage population as revealed by the following figures:

Black teenagers – 41% of the population

Colored teenagers – 39% of the population

Indian teenagers – 37% of the population

White teenagers – 28% of the population (Langeni, 1988:17).

The situation presented here is alarming, especially when one considers that it is based on the 1985 findings. A recent study by Ntombela-Motapanyana (1995:152) shows that instead of decreasing, the rate of teenage pregnancy is escalating. More than one-third of all babies born in South Africa has mothers younger than 19 and according to Ntombela-Motapanyana (1995:152) "...rates of teenage pregnancy are alarmingly high in South Africa with the official statistics being 12%. With smaller studies this rate puts the figure between 22-40% in some areas."

Concerning the smaller studies reference is made to research done in the Eastern Cape and Gauteng. Some recent statistics show that nearly 1 million African teenage girls get pregnant every year, many of them in the Western Cape (Rooyen & Louw, 1994:18). Masuku (1998:13) maintains that among young girls teenage pregnancy rates are the highest. De Visser and le Roux (1996:103) point out that black women start reproducing at a very young age and that 53,3% of first babies occur during teenage years.

2.4.3 Who are at risk?

In a recent meta-analysis of studies of adolescent pregnancy prevention outcomes, Franklin, McCoy and Wibbelsmann's (1998:159) findings indicated that *older teenagers* (15–19) perform better on contraceptives use measures than girls 14 and younger, and that older adolescents are less likely to get pregnant.

Poverty and low educational achievement appear to be major precursors of teenage pregnancy. Research (Brewster, Billy, & Grady, 1993:713) demonstrates that adolescents who come from disadvantaged communities with high poverty rates are more likely to have sex, become pregnant, and give birth. Voydanoff and Donnelly (1990:28) have made observations about teenagers in America that sexual activity (which often leads to teenage pregnancy) among adolescents is more evident among children from poor families. They point out that "It is well documented that adolescents from lower-class families are likely to become sexually active at younger ages than those from families in higher income brackets. It does not seem to matter whether socio-economic status is measured in terms of parental income, neighbourhood quality, or parental education, early sexual experience is more likely among adolescents from poorer than wealthier families." (Voydanoff & Donnelly, 1990:28). As it will be demonstrated later, findings of this particular research seem to confirm this.

What needs to be noted at this stage, is that *racial and ethnic* composition of the neighbourhood tend to give some indications in terms of teen behaviour. White teens living in communities with a large black or foreign-born population, for instance, are more likely to delay first intercourse, possibly due to a reduced pool of available

partners of the same ethnicity or race in these communities (Brewster, *et al.*, 1993:736). African adolescents residing in disadvantaged areas, on the contrary, are more likely to initiate sexual intercourse than their white counterparts.

Limited or no educational achievement and/or high school dropout rates is a risk factor (Miller, 1998:148). In his study, Loening (1996:151) argues that values and behaviours are strongly modelled by both educators and peers in schools. He further explains that schools are places where information about sexuality and relationships may be shared and discussed in ways that are unlikely to happen in either the family or peer group. Adolescents who have low academic achievement, low academic ability and low educational goals are more likely to experience sexual intercourse at an early age. Problematic school experiences, in addition, also have consequences for adolescent pregnancy.

From infancy, *the family* is the primary place where a child's social and emotional development is shaped (Loening, 1996:151). Loening (1996:151) explains that specific patterns of sexual behaviour and values attached to social and emotional development are powerfully modeled to children in the family by actions and attitudes of adults around them. Adolescents whose mothers gave birth to them as teenagers are more likely to start having sex at an early age and to become parents themselves (Manning, Longmore & Giordano, 2000:104). Most studies report that adolescents from one-parent homes tend to be more sexually active than those with two-parent homes (Dawson, 1986:155). Single-parent families have a higher incidence of adolescent pregnancy, but because poverty is associated with family structure, it is not clear whether this elevated risk is caused by family structure or by effects of poverty.

Teenagers who feel that they have *a high-quality relationship with their parents* and communicate regularly with them are likely to initiate sex at a later age and behave in less risky ways than their counterparts (Miller, 1998:155). Moreover, teens whose parents talk about sex and birth control with their children and communicate strong disapproval are more likely to have positive reproduction health outcomes (Miller, Norton, Jenson, Lee, Christopherson & King, 1993:109). Adolescents from chaotic *families with permissive attitudes* towards premarital sex, furthermore, are also at high risk for early sexual activity, as are those of excessively rigid, overbearing families. In

fact moderate levels of supervision and control may help delay sexual activity, and extreme control or extreme permissiveness may be related to early sexual activity and ineffective contraceptive use (Santelli & Beilensen, 1992:205).

Most research findings support the widespread belief that *peers* play an important role in adolescents' lives and Loening (1996:150) has consistently argued that the peer group has strong influence on the development of sexuality and patterns of sexual behaviour. Sexual behavior of adolescents is usually affected by the sexual behavior of best friends of the same sex and close friends of both sexes (Miller, 1998:128). Teenagers with sexually active friends are more likely to have sex themselves (Miller, *et al*, 1993:109). Adolescents who believe that their friends do not use contraceptives or that their peers do not like using contraceptives are less likely to use them (Whitaker & Miller, 2000:272). Adolescents whose peers drink and use drugs as well as teens who think their peers engage in these activities are more likely to have sex than those who have friends who engage in less risky behavior (Miller, 1998:127). Adolescents who have dated or who say that they have been in a *romantic relationship* are also at risk. In fact Reynolds and Birch (1997:235) have discovered that most teenage pregnancies occur among teenagers who have been going steady for a long time and who have made a commitment to each other.

Zabin and Hirsch (1986:205) have tended to identify *substance use* as a risk factor for early sexual behavior. Bernett and McKay (1991:298) found that low self-esteem was significantly correlated with pregnancy. This was, however, opposed by Vernon (1983: 199) when his study did not find a relationship between self-esteem and pregnancy in their sample of mainly black females.

Vincent and Dodd (1997:154) reveal that a lack of *religious affiliation* among pregnant teenagers place them at risk, while Loening (1996:150) reckons that religious values might be influential in preventing teenage pregnancy. Strong religious positions in relation to issues such as contraception, abortion, marital rights, and masturbation, for example, certainly affect the developing sexuality of children. Participation in a religion appears to serve a protective function against sexual activity.

Sexual abuse accounts for sexual activity and pregnancy of a large percentage of younger adolescents and as a consequence of sexual assault, ranging from intimidation to rape, many female adolescents are prematurely forced into sexual activity, and thus pregnancy (Alan Guttmacher Institute, 1994).

While it is true that the above are risk factors, it is important to consider that pregnancy is not an illness that can be contracted and, according to Santelli and Beilensen (1992:119), early pregnancy is also associated with the relationship that exists between the social environment and the psychological development of a person. Emphasis on the relationship between context and the individual is confirmed by Erikson's (1963:262) psycho-social theory of development.

2.4.4 Teenage pregnancy and psycho-social development

The adolescent stage is the time during which the individual works to develop his or her identity or sense of uniqueness to become independent of, and separate from, parents while retaining basic ties and values (Murray & Zentner, 1997:546). Because of the many possibilities, determining one's identity can be difficult, can take time and can be detoured by other factors such as pregnancy. Erik Erikson (1963:262) formulated a comprehensive theory of emotional and social development involving a series of eight critical stages, each leading to positive or negative outcomes.

Erikson sees development as a passage through a series of stages, each with its particular goals, concerns, accomplishments and dangers (Bukatko, 1995:58). At each stage the individual faces a developmental crisis as new demands are imposed by society. Firstly, the way in which the individual resolves each crisis will have a lasting effect on the person's self image and view of society. The successful resolution of each crisis contributes to the ability to meet future crises. Secondly, an individual who has not satisfactorily resolved a crisis at one stage always has the opportunity to do so at a later stage. In this way Erikson makes provision for the spontaneous recovery of developmental problems. This means that given necessary support, adolescents who go through developmental problems, as well as a pregnancy, can possibly resolve the issue and become resilient.

For the purposes of this study, the main focus is on the fifth stage, which is referred to by Erikson as the identity stage or adolescence. A number of developmental problems may arise in the physical, psychological, or social dimensions. Adolescence starts with the onset of puberty at about twelve, and ends with the beginning of maturity, which could be anywhere between the eighteenth and twenty-fifth year. The physical changes of puberty, the onset of sexual maturity and the social expectations, all force the individual to re-examine earlier certainties. It is important for adolescents to question carefully what they are in the eyes of other people, how the image others have of them correlates with their self-image. Erikson refers to this as the quest for self-image: the search for identity. Teenagers re-evaluate who they are in many areas of development, including the physical, sexual, intellectual and social. This quest for identity often causes the adolescent to clash with the rules of society and with persons who are close to her. The danger of this stage is that she may become confused in her search for identity and a suitable social role. Usually the roles are related to gender and socio-economic status. This is referred to as identity diffusion. Identity diffusion results if the adolescent fails to achieve a sense of identity (Murray & Zentner, 1997: 509). In some cultures identity formation is not the task of the individual but the adolescents are expected to follow the pattern set by the elders. Erikson refers to this process as identity foreclosure. Identity foreclosure gives a person a self-concept around which to organise feelings and behavior. Often adolescents choose a role that they know will be socially desirable. Sometimes, however, as in the choice of sexual promiscuity by a rebellious youth or a naïve uninformed teenager, the behavior may draw disapproval.

Erikson (1963:262) explains adolescent behaviour patterns like participation in group activities, falling in love, and the predilection for youth movements as part of the search for identity. Adolescents must begin to solidify their sexual identity and feel comfortable with it, and in the process some problems can arise. The most important aspect of development during these adolescent years is sexual maturation. Sexually mature adolescents become physically and hormonally equipped for sexual relationships. The emotional and psychological impact of these early sexual experiences may have repercussions in the context of schooling. Even more troubling today, one consequence of this early sexual activity seems to be unexpected and unwanted pregnancy. This is an added crisis which is even harder to resolve.

Erikson (1963:115) insists that society accommodates the adolescent's search for identity by providing a psychological moratorium – a period of grace for the youth to pursue her quest for identity relatively undisturbed. Society must provide active support through social institutions like schools, universities, tribal schools, military service and extended vocational training. This is exactly what this study intends to do, that is, to explore the effects of teenage pregnancy and then to devise strategies to assist and support teenage girls to cope in their school life.

2.5 EFFECTS OF TEENAGE PREGNANCY

Early pregnancy and childbearing can produce adverse effects which are intricately intertwined with the social and economic circumstances of many mothers who will be parenting their children on their own. In this section the effects of teenage pregnancy on the life of the teenage schoolgirl, effects on her family; effects on her school life and the effects on the community, will be explored.

2.5.1 Effects on the adolescent

Teenage pregnancy has been reported by Ricket (1999:675) to have both medical and non-medical impacts, that is, emotional, social, physical, educational and economical effects on the life of a teenage mother. He maintains that these young girls become mothers before they could even understand anything about themselves, their health and the dangers they might be exposed to as a result of early pregnancy. Some of them get involved in doomed marriages and produce more children. A very young body may be able to conceive a baby, but carrying a baby to term may be extremely stressful. Obstetric health risks to the mother include such conditions as toxemia, anemia, cephalopelvic disproportion, and hypertension (Murray & Zentner, 1997: 527). Neonatal risks are not uniform and vary by age of the teenage mother, amount of prenatal care and racial identification (Franklin, 1998:202). Hayes (1986:149) argues that adolescents younger than 15 might experience perinatal outcomes worse than for older adolescents. Murray and Zentner (1997:194) also cited that adolescent childbearing is related to obesity. Evidence cited, though inconclusive, states that the adolescent mother's lactation might increase their likelihood for demineralization and after-delivery complications and infections. To minimize these medical risks, good

medical care is vital. The more likely contributors to poor health outcomes for the adolescent mother and her child are sociodemographic in origin, such as low socioeconomic status (SES), single status and poor prenatal care (McAnarney & Hendee, 1989:172).

Pregnant teenagers usually have a low self-image and have doubts about their feminine attractiveness, feel inferior and seek warmth and attention (Vincent & Dodd, 1987:111). Scales (1989:598) purports that pregnant teenagers very often do not know how to say “no”, they cannot set priorities for themselves, they cannot take a stand and adhere to a decision. A teenage mother also experiences far more doubt, uncertainty, loneliness and powerlessness than their peers do. Vincent and Dodd (1987:113) found that the girls might feel guilty and depressed in view of the increasing responsibility. Erikson (1963:123) maintains that the teenage mother will be faced with confusion (identity crisis) over her teenage role and feelings of rejection by her peers. Not many of these teenagers bounce back after their pregnancy and resume their studies.

2.5.2 Effects on her family

A teenage pregnancy causes tension in both the girl's and the boy's families. Rickett (1999:669) notes that disturbances in the relationships of knowing, trust and authority between parents of teenagers in a pregnancy situation and their teenagers occur. Most parents react negatively, expressing anger and disappointment. Parents experience embarrassment and shame about their daughter, and worry that there will now be another mouth to feed. Communication between the pregnant teenager and her parents is often poor because of the disturbed relationships (Vincent & Dodd, 1987:113). Van Rooyen and Louw (1994:109) confirm this finding when they point out that in many cases the mother of the pregnant teenager is domineering and the teenager is overly dependent on her. The relationship with the father is often one of rejection and distortion.

South African research shows that very few families actually reject their pregnant daughter. In the Black communities in particular, there are helpful customs and rituals which allow for the “cleansing” of the mother and child and the payment of

reparation. This means despite the initial reaction of parents, most rise to the challenge, providing psychological and economic support and welcoming the baby into their family. No doubt there are lots of conflicts and resentments to be sorted out (or to simmer unresolved). Van Rooyen and Louw (1994:109) argue that teenagers sometimes report an improvement in their relationship with their parents once their baby is born. As so often in South African family life, “granny power” goes into action, making it possible for the child to be part of the family.

2.5.3 Effects on school life

Teen mothers are likely to leave school and face a high risk of unemployment, poverty and dependence (Loening, 1996:195). The American statistics show that only 41% of mothers who have children before age 18 ever complete secondary school compared to 61% of similar situated young women who delay child bearing until 20 or 21 (The National Campaign to prevent Teen Pregnancy, 2000:13).

The girls’ education is indeed disadvantaged by their pregnancies, yet there is often a chance to make up for lost time later on but only if the education opportunities exist in the first place (Loening, 1996:154). It is unfortunate that in most schools these education opportunities do not exist. As a result not many of the teen mothers bounce back after their ‘fall’ and resume their studies. It is, however, interesting to note that research in South Africa shows that the number of pregnant teenagers completing high school had increased from half to two thirds, and at least a third had gone on to further education (McCoy & Wibbelsmann, 1998:222). This may be due to the introduction of the Schools Act which abolished the expulsion of teenage girls from schools.

Having a baby separates the teenage mothers from her former friends, whose interests are now radically different (Wilson, 2001:67). The teenage mothers find that when they return to school after the birth of the baby many of their old friends had moved to a higher school standard or do not want to associate with them because of the stigma of pregnancy (Wynneken, 2001:12). These girls miss their friends and experience a sense of loss with respect to their social life. Wilson (2001:67) points out that forming

new friendships is not easy for some of them because of limited time available, as most of their time outside of school is spent on childcare activities.

2.5.4 Effects on the community

Teenage pregnancy is regarded by many as a social problem (De la Rey & Parekh, 1996:101) and it therefore has effects, not only for the life of the adolescent and her family, but her community as well. In some communities such as the Zulu community, it is customary that all adults assist in raising children in that community. The support can be in the form of money, education, housing and food for the new infant. As more babies are born to teenage girls, there is now less support from the community and this leads to poor living conditions.

Teenage pregnancy has led to the decline in cultural values and moral standards. Many African communities used to promote virginity, that is, sexual activity should be reserved for marriage. As more and more teenage schoolgirls become pregnant there is now strong beliefs about contraception. Teenage pregnancy affects the economy and quality of life of people in the community. Youth unemployment become rife as some teenage mothers drop out of school before completing their matric to take care of their babies. Those who work get waged employment rather than career employment.

Many communities, especially Black, view teenage pregnancy as a completely negative experience (De la Rey & Parekh, 1996:101). South African studies on teenage pregnancy in Zulu communities in KZN (Preston-Whyte & Zondi, 1989:15) give evidence that premarital sex and teenage pregnancy is still frowned upon. Communities stigmatize young women who seem to be sexually active outside marriage. Teenage mothers face shaming and blaming from other people, and are afraid to admit that they are pregnant. This unfortunately keeps many away from the doctor, clinic or antenatal class until the pregnancy is in an advanced stage.

2.6 PREVENTATIVE MEASURES

If more children were born to parents who are ready and able to care for them, there could be a significant reduction in a host of social problems, from school failure and crime to child abuse and neglect (The National Campaign to Prevent Teen Pregnancy, 2000). Helping young women avoid early pregnancy and child bearing is easier and much more cost effective than dealing with all the problems that occur after the babies are born. Most literature on teenage pregnancy (De la Rey & Parekh, 1996:378) generally agree that there is definitely a need for intervention to help prevent teenage pregnancy which, in most cases, is unwanted. Bernfein (1992:86) points out that many believe ignorance about sexuality plays a major role. If this is true, who should teach young people the facts and what should they learn?

Berlin (1996:61) states that there is a division in what should be taught. At one extreme there are those opposed to any form of discussion or instruction related to sex that occur outside the home. On the other hand there are those who rally for extensive education in schools along with health services providing contraceptives. The majority of people, however, probably fall somewhere in between. They want their children to be informed, but have mixed feelings about the best approach.

Wolverton (1992:132) suggests that education is the basic prevention and he maintains that successful educational programs should help adolescents understand and explore attitudes about human development, sexual behavior, relationships, sexual health, sexuality and culture. Franklin (1998:115) envisages a situation where community-based pregnancy prevention programs will be more effective than school-based programs. He insists that pregnancy prevention programs should be offered in settings other than school for several reasons. Firstly, schools are often constrained from offering programs with sufficiently comprehensive content. Secondly, teenagers who attend school services risk stigma and embarrassment. It is clear from this that although there may be disagreement on how or where prevention should take place, the truth is that accurate education about conception and effective contraceptive use is clearly needed, as are programs to improve young women's self-esteem, assertiveness and ability to take greater responsibility for their lives and their futures.

The following are some of the best practices for pregnancy prevention and parenting programs as suggested by several writers (De la Rey & Parekh, 1996:379).

- ◆ Parents are often children's first and best teachers about love, sex and relationships, but many parents do not know how to discuss these issues. Programs to help foster communication between parents and their teenage girls play a vital role in pregnancy prevention program;
- ◆ Teen pregnancy prevention can be more effectively addressed by targeting or including females and males. Programs for males should provide educational opportunities, skills training, employment assistance, abstinence education, family life education, and family planning services;
- ◆ Family life education programs are an important part of adolescent pregnancy prevention and it positively influences adolescents and provides them with knowledge about human development, relationships, personal skills, sexual behavior and sexual health;
- ◆ Assertiveness and decision-making training can teach young people problem-solving, decision-making, and interpersonal communication skills. One way to help adolescents develop these skills is by providing them with opportunities in the planning and implementation of programs such as pregnancy prevention education. Programs should seek the advice and input of teens about how to provide services. Many teens are cognizant of the issues revolving around adolescent pregnancy and they are well respected by their peers and;
- ◆ Providing access to family planning is an important part of preventing teen pregnancy. Organisations should either offer family planning services or provide information and assistance to enable youths in accessing such services.

Adolescents must be motivated to prevent pregnancy in order for sexuality education and contraceptive services to be effective. Programs that enhance adolescents' sense of their future, their sense of self-worth, their understanding of the value of education and their awareness of work and career options serve to increase life options and provide reasons to delay pregnancy.

2.7 CONCLUSION

Whether teenage pregnancy is seen as a problem or not, depends on how one constructs it – the attitude and values that define your perspective. For many women who are determined to have a career, pregnancy before their late twenties would be seen as a personal disaster. An unplanned and unwanted pregnancy can certainly cause emotional anguish and possible health risks, but not all pregnancies are really unplanned or unwanted. There is a significant amount of evidence that many teenagers are happy to find themselves pregnant. Most of these girls in this case study live in the area of Inchanga where sex out of wedlock is permissible for boys. This permissive attitude that pre-marital sex is acceptable as long as the couple love each other, does not only exist in the community but in their homes also. The path for women often consists of some education, motherhood, waged labour and sometimes marriage. To the girls who live in Inchanga, being pregnant is not a problem, as it puts them in a better position for marriage with the baby's father.

Whether teenage pregnancy is perceived by the people as a problem or not, the truth is, for this school it definitely is. It affects the general performance of the pregnant schoolgirls and thus affects the quality of results for the entire school, and so something must be done about it.

In the fourth chapter a description of how learners are affected is given. It is because of the influence of these effects that the school is trying to make provision for targeted intervention programs, that is, preventive programs for learners and support programs for teenage mothers (who are learners in this school) to make up for the lost time and to help to catch up in their school work.

CHAPTER 3

RESEARCH DESIGN AND RESEARCH METHODOLOGY

3.1 INTRODUCTION

The purpose of this chapter is to describe the research design and research methods employed during the data collection and data analysis process.

3.2 PROBLEM STATEMENT

The research question can be stated as follows:

- ◆ What are the effects of teenage pregnancy on the school life of teenage mothers who are learners at The High School?
- ◆ Which guidelines could be generated that will be useful to educators, programme planners and other stakeholders involved in designing interventions to help teenage girls avoid unintended pregnancy and those who fall into this trap, to be resilient?

3.3 AIMS OF RESEARCH

Firstly, this research aims to explore and describe the effects of teenage pregnancy on the school life of teenage mothers who are learners at The High School. Secondly, it aims to generate guidelines which would be useful for educators, programme planners and other stakeholders involved in designing interventions to help young girls avoid unintended pregnancies, childbearing and those who have fallen into this trap, to be resilient.

3.4 RESEARCH DESIGN

This study uses a qualitative, contextual, descriptive design (Merriam, 1988:17) to investigate the effects teenage pregnancy have on the school lives of girls who fall pregnant while at school. An investigation into the effects of teenage pregnancy requires a qualitative form of inquiry which exposes one to a variety of interpretations

and views about a particular phenomenon. Merriam (1988:17) puts this better when she says that “qualitative research assumes that there are multiple realities – that the world is not an objective thing out there, but a function of personal interaction and perception. It is highly subjective phenomenon in need of interpreting rather than measuring... It is assumed that meaning is embedded in people’s experiences and mediated through the investigator’s own perception.”

3.4.1 Qualitative research

A qualitative research strategy have been applied. This strategy was chosen for the following reasons: The application of a qualitative research strategy rules out a statistical inferential analysis. The qualitative method is the only way to obtain data on many areas of social life not amendable to the techniques for collecting quantitative data (Glazer & Strauss, 1967:15). One of the important aspects of a qualitative research approach is the generation of a hypotheses. As a result of an in-depth holistic analysis certain expectations concerning the study are usually formed (Lincoln & Guba, 1985:103). These could even lead to expectations concerning other and relevant study subjects. These expectations are the starting point for the formulation of further hypothesis. The qualitative research strategy is by nature the generation of a new theory. This implies that when a qualitative strategy is followed, inductive reasoning is eminent in the building of statements and relationships and in the formulation of conclusions. In essence the application of the qualitative strategy leads to the building of a conceptual framework. Advocates of qualitative data (Lincoln & Guba, 1985:163) state that such data is the richest for theorising about social structures and social systems.

3.4.2 Trustworthiness

Trustworthiness was established by utilising Guba’s model for trustworthiness (Lincoln & Guba, 1985:172) of qualitative research. The four criteria for trustworthiness are truth-value; applicability; consistency and neutrality.

Truth value

Truth value asks whether the researcher has established confidence in the truth of the findings for the participants or informants and the context in which the study was undertaken (Krefting, 1990:214). In qualitative research truth value is usually obtained from the discovery of human experiences as they are lived and perceived by informants (Guba, 1981:73). Lincoln and Guba (1985:174) termed this credibility. To ensure credibility the researcher spent informal time with the participants to gain their confidence. Lincoln and Guba (1985:174) termed this 'prolonged engagement'. This engagement allowed the researcher to check perspectives and gave the participants an opportunity to become accustomed to the researcher. The researcher is familiar with the population of the study since she has ten years experience as an educator in this school and has worked with this community before and after the introduction of the Schools Act (DoE, 1996:9) which made a ruling against the expulsion of pregnant girls. Before 1996 pregnant schoolgirls were expelled from school and this school was practising this punitive treatment of pregnant girls. In many ways this was a form of discrimination. Boys who were responsible for those pregnancies, for instance, remained in the school.

Triangulation was done to enhance the study's credibility. The information supplied by participants during the interview process was assessed against class registers and mark schedules to confirm certain aspects of the study. Credibility was also enhanced during the interview process. Repetition of questions and asking probing questions was done to verify meaning. A transcript of interviews is attached to this research to increase credibility and to ensure that the researcher has accurately translated the participants' viewpoint into data.

Applicability

Applicability refers to the degree to which the findings can be applied to other contexts and settings or with other groups (Lincoln and Guba, 1985:174). Lincoln and Guba (1985:175) argue that what case studies offer are 'working hypotheses' whose appropriateness for understanding other cases (that is, their transferability) can only be assessed by comparing the fit (the similarities) between source and target cases, since generalisability of a qualitative study cannot be guaranteed. Applicability was addressed in sample selection. The sample included learners in all grades at The High

School who would be able to offer insights into the issue of the effects of teenage pregnancy on their school lives. This particular sample related to other teenage mothers in high schools, and hence conclusions made in this study may be transferable.

Detailed background information about the participants' research context and setting was given to allow others to assess how transferable the findings are. Themes were formulated as a way to determine if the contents of the interviews and the behaviours of the participants are typical or atypical of the lives of the participants (Krefting, 1990:216).

Consistency

The third criterion of trustworthiness considers the consistency of the data, that is, whether the findings would be consistent if the inquiry were replicated with the same participants or in a similar context (Lincoln & Guba, 1985:175). Qualitative research emphasizes the uniqueness of the human situation so that variation in experience is sought. Guba (1981:83) states that consistency is defined in terms of dependability. His concept of dependability implies trackable variability, that is, variability that can be ascribed to identified sources. Dependability is enhanced through triangulation. Mark schedules, discussions with educators and attendance registers were used as alternative data to ensure that possible weakness of the interviews are compensated for and also to confirm certain aspects of the study.

Neutrality

Neutrality refers to the degree to which the findings are a function solely of the informants and conditions of the research and not of other biases, motivations and perspectives (Guba, 1981:85). Lincoln and Guba (1985:176) shifted the emphasis of neutrality in qualitative research from the researcher to the data. They suggested that confirmability be the criterion of neutrality. Confirmability was ensured by providing a transcript of an interview with one teenage mother to support my analysis and interpretation of the findings.

3.5 RESEARCH METHODOLOGY

The problem identified in this study revolves around teenage pregnancy among schoolgirls and the negative effects it has on their school lives. This study seeks to find, among other things, ways in which the school can help these girls bounce back after having sometimes temporarily or permanently dropped out of school in order to give birth. Advocates of qualitative research state that such data is the richest for theorizing about social structures and social systems. Furthermore, a qualitative method was the only way to obtain data on many areas of school life (Glazer & Strauss, 1967:15). This is a qualitative case study. Merriam (1988:14) defines a qualitative case study as an intensive, holistic description and analysis of a bounded phenomenon such as a program, an institution, a person, a process, or a social event.

The basic reason for choosing a case study research method was that it does not require control over behavioural events (Yin, 1984:156) and it concentrates on many, if not all, the variables present in a single unit (Merriam, 1988:7). To Yin (1984:157), a case study is an inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used. The phenomenon studied is teenage pregnancy and the context is the school where these girls are learners. The participants are teenage girls who have experienced this phenomenon.

According to Merriam (1988:10), a case study does not claim any particular method for data collection or data analysis. Any and all methods of gathering data from testing to interviewing can be used, although certain techniques are used more than others. Yin (1984:20) also sees this advantage in case studies when he states: "the case study's unique strength is its ability to deal with a variety of evidence". The information presented in this study is derived from multiple sources and this includes in-depth interviews with teenage mothers who are learners at The High School and discussions with educators and community workers. In addition, school records were used to monitor their progress before and after pregnancy. Although a number of data collection methods were used, the major instrument was the unstructured face-to-face interview. The purpose was to explore the participant's life experiences or situation as expressed in their own words (De Vos, 1998:299) and to establish how the individual

teenage mother was directly affected by the pregnancy, the intention being to assist in devising strategies and programmes to help these girls bounce back to life in general, and to school in particular.

3.5.1 The school

The whole village of Inchanga is faced with the ‘problem’ of teenage pregnancy and concern about teenage pregnancy is frequently expressed. The area has three subsections, each with a secondary school. There are therefore three secondary schools in the area and most teenage mothers are learners attending these schools. The reasons to base this study at The High School are:

- ◆ It is the largest and the oldest of the three secondary schools (established in 1969);
- ◆ It is located in a community that has adopted a negative attitude towards premarital and teenage pregnancy. From personal observations during community meetings on the subject of teenage pregnancy, girls receive open condemnation from the community and very little support from their families;
- ◆ Until the year 2000, the school has been achieving much better matric results than the other two schools. Teenage pregnancy was listed as the cause of change in academic achievement after year 2000.
- ◆ The Department of Education uses the school for a pilot project of Peer Education. This is a form of prevention and support programme adopted by the KZN Education department to impart awareness about the HIV and AIDS virus to learners.
- ◆ Above all, the researcher was motivated to select the school by the fact that she is a Life Orientation educator in the school and was put in charge of the Peer educators, and thus in close contact with learners in this school. This made it easy for the researcher to access the participants and make observations.

3.5.2 The sample

Although observations of, and discussions about, teenage pregnancy that were held with the principal, educators and certain members of the community, particularly in their reaction to the high pregnancy rate, were a demonstration of some conservatism,

the clause on the Schools Act on pregnancy and causes of teenage pregnancy and how it was affecting the school, were considered significant. Of utmost importance in this study are the effects teenage pregnancy has on the school lives of teenage mothers. This information could only be obtained from the girls themselves. The participants were pregnant girls (and teenage mothers) randomly chosen from grades 8-12, two from each grade but five from grade 12. The justification for choosing more grade 12 girls is that the stress that pregnancy puts on these girls who are about to complete their schooling and suddenly discover that this may not be possible, meet the goals of the study. Furthermore, the disturbance (as a result of their temporal or permanent dropout from school to deliver the baby) and poor academic performance of the grade 12 learners has a direct impact on the matric results of the school. The ages of the girls ranged from 13 years to 19 years old, with a mean age of 14.

Once the researcher had completed compiling the list with names of the learners who had fallen pregnant in the last two years (2002 and 2003) with the help of the class educators, meetings were arranged with the learners. Although the list was very long, through purposive sampling twenty girls were asked to participate. Of the girls who agreed to participate, seven did not present themselves for the interviews for reasons unknown to the researcher. Other interviews, however, were successfully conducted.

3.5.3 Data collection process

Interviews

The researcher met the given participants over a period of three weeks. Thirteen teenage mothers were interviewed and this number was regarded as sufficient as no new data emerged and the data reached saturation. Learners were notified in advance about the time and place of the interview. Time allocation was mainly during the lunch-hour break. The researcher's own office provided a comfortable zone and also offered some degree of privacy for the girls to be interviewed. Due to the sensitivity of the topic, an unstructured interview with one main question, namely "How did the pregnancy affect your school life?" was used in order to get information on the experience and situation of each girl. The interview was conducted in the participants' preferred language and all of them preferred isiZulu. With the more introverted participants, the prompts and probes proved quite useful for clarification and more

information. The interviews were audiotaped and participants were reassured that the tapes will be used for research purposes only and would be treated with the strictest of confidence. Nobody objected. The use of the tape recorder had the following advantages: the researcher was able to concentrate on listening and prompting rather than making notes. It also allowed active involvement as non-verbal responses such as body language and facial expression enhanced the reception of some responses. It also saved time and reduced the pressure to try to record every word. The tape recordings provided a permanent record for use days or weeks later. The interviews were translated to English and then transcribed.

Discussions with other stakeholders (educators and SGB members)

A deliberate attempt was made to involve members of the school community whose association with the problem of pregnancy amongst the school children was professional. The participants included the Principal of the school, five educators of each grade, the local clinic Sister (who is also a member of the governing body in the school) and two other members of the School Governing Body. The decision to include the discussions as part of this study was made for the following reasons:

- ◆ To obtain the understanding of other stakeholders about the phenomenon;
- ◆ To assess the honesty of the participants' replies to the question asked;
- ◆ To aid the interpretation of the participants' responses to the question asked in the interview and;
- ◆ To maintain contact with those from whom the initial request for the research came.

In particular, their involvement focussed on the content of the unstructured interview.

School Records

A third source of data was the school records (including the mark schedules and the attendance registers) and samples of work. This was done to monitor the change in attendance and performance patterns before and after pregnancy.

3.5.4 Data analysis

The analytic procedure was guided by Marshal and Rossman's approach (Poggenpoel in De Vos, 1998:342) to qualitative data analysis. The data collected by means of audiotape were transcribed verbatim and field notes collected in a notebook were organised into personal logs. These formed the material for analysis and the initial phase of analysis focused on assembling and organising data. This involved repeated reading through the data in order to become familiar with it. During the reading process, events, ideas, feelings and quotations from the interviews were constantly sifted and written down in order to be able to retrieve the information easily.

The second phase centered on categorising the information and coding categories were opened, information transformed into themes, and themes that occurred frequently were classified into categories which were then coded. The researcher further used the written field notes captured during the interviews to support the process of analysis. Analysis of data was done manually. The audiotaped interviews were transcribed. The initial interviews in isiZulu were transcribed, first into isiZulu and then translated into English. The English interviews were then transcribed and analysed. Units of meanings were identified and categorised, after which central themes were identified. The results of the research are presented under the central theme headings.

3.5.5 Recontextualisation and literature control

A literature control was undertaken to place results in the context of established knowledge and to identify the results that support the literature or claim unique contributions (De Vos, 1998:342). Literature control helped to identify both similarities and differences.

3.5.6 Ethical consideration

Due to an awareness that teenage pregnancy is a controversial issue, as well as sensitivity of this issue, the researcher felt strongly that only schoolgirls who are either pregnant or have a baby can share their experience. Verbal consent was obtained from each participant and assurance was given that the information provided

would be used for the study only. Names of the participants were not to be disclosed and to ensure this, numbers were allocated to the participants to ensure confidentiality and anonymity. Although it was within the researcher's job description to conduct research that sought to improve services in the school, permission was obtained from the principal for ethical reasons.

3.6 LIMITATIONS OF THE STUDY

A major limitation in this study is the language issue. Learners in this school are black isiZulu-speakers. English (the language in which the dissertation is to be presented) is the second language. The researcher was aware of that and thus allowed them to respond in isiZulu and later translated their answers into English, which consumed a lot of time.

For young amaZulu girls pregnancy is a sensitive and controversial issue which cannot be discussed freely with an older person and this constrained efforts to share information with ease. Initially it was not easy for the girls to express their feelings. It is possible that they were reluctant to divulge information which they perceived may have negative implications for themselves.

The study is limited to girls who are teenage mothers who were learners in this school only. Although the school had the statistics on learners who had gone through this phenomenon, the names of the girls were not available. The researcher had to trace the girls from discussions with educators and learners, and thus compile a list of the participants.

3.7 CONCLUSION

Following the collection of data from the participants, the analysis was done and the findings will be highlighted in Chapter 4.

CHAPTER FOUR

RESULTS AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

This chapter presents the findings in the form of categories and themes as they emerged from the collected data.

The following four themes emerged from the data collected:

- ◆ Role of the families
- ◆ Physical effects of pregnancy
- ◆ Feelings the adolescent experiences
- ◆ Effects on school life

4.2 RESULTS AND DISCUSSION

The results will be presented according to the four themes that were identified above. The researcher will refer to supporting literature and will quote certain portions of the transcribed tape recordings. It is important to highlight that although the teenage mothers who were interviewed were at different stages of their education, that is Grades 8-9 in the GET phase and grades 10-12 at the FET phase, their experiences were found to be similar.

4.2.1 Theme 1: Role of the families

Most girls received *little or no support* from their parents, often with no communication with their parents. This was revealed in the following:

“ My father refused to look at me ... let alone speaking to me...”

Vincent and Dodd's (1987:113) assertion that communication between the pregnant teenager and her parents is poor because of a disturbed relationship, confirms this. However, it is interesting to note that girls from single parent families had the support of their mothers who, although disappointed by the pregnancy, worried about their daughters (Walker, 1977:57). Single mothers are said to be tolerant and supportive of

their daughters, probably because they themselves gave birth in their teens and therefore understand their situation better. This is clear from the following:

“...When my mother discovered ... she was very concerned...” and

“... my mother was worried...”

It appears that the academic performance of these girls improved soon after the delivery of the baby. This may be attributed to the fact that they did not have long breaks from school as the supportive mother made arrangements for the baby's care. As a result they had enough time to study and do homework, thus managed to catch up with their work. This statement is supported by the following direct quotations of the participants:

“ My mother... talked to my class teacher...” and

“ My mother... arranged that the baby stays with his father's parents...I am now doing very well... I passed my trial exams...I am now confident...” and

“ My mother and my grandmother take care of the baby... I passed grade 11...”.

Van Rooyen and Louw (1994:218) state that young and single mothers who themselves went through teenage pregnancy are very supportive towards their daughters. This was confirmed by one educator who said that mothers who come to school to report their teenage daughter's predicament are themselves very young. They would request that their daughters be accepted back soon after the baby is born. Most of them are even prepared to come and collect work for their daughters to do at home. As a result their pregnant teenage daughters experience little disturbance in their schoolwork.

This is contrary to girls from families who have both parents, yet receive little or no support from their mothers. One grade 8 learner says:

“I had to break from school ... I was afraid to ask my mother for help...”.

These girls were rejected and received no support from their parents, especially the fathers (and sometimes brothers). This is evident in the following:

“ Both my parents and brothers called me names...” and

“ ... my father ... disowned me ... chased me from home...”.

Van Rooyen and Louw (1994:218) concur with these findings when they state that a teenage pregnancy causes tension in the girl's family. Vincent and Dodd (1987:121)

explain that the relationship between the father and his pregnant teenage daughter is often one of rejection and distortion. It is interesting to note that this negative reaction is often short-lived, as most parents later rise to the challenge and provide support and welcome the baby. These findings are in line with those of Van Rooyen and Louw (1994:218), who state that teenagers sometimes report an improvement in their relationship with their parents once the baby is born.

From the above evidence it appears that with support from families teenage girls who have gone through pregnancy can regain their self-confidence and self-esteem, which definitely leads to success in the next grade.

4.2.2 Theme 2: Physical effects of pregnancy

Findings from this study concur with what was said by van Rooyen and Louw (1994:218) that the adolescent is not physically, socially, emotionally, educationally and economically ready for pregnancy or parenthood. In most cases the mother may be so young that her health may be endangered significantly by the pregnancy. For most of the girls in this study pregnancy was a *health risk*. Some had minor medical problems, as revealed in the following response to the interview question:

“ I came late... because of headaches and morning sickness...” and

“I forget things... fall asleep in class...” and

“ Morning sickness... learning for me started after ten o'clock... stay in toilet because of the nausea...”.

The change in their *physical appearance* during the early months of pregnancy, besides attracting the attention and negative remarks from peers and other people, filled them with fear and shame of themselves. This was revealed in the following:

“ I was afraid when I started to show...” and

“ I stayed away from school... I could not face my teachers...shame and embarrassment...”.

Others experienced *serious medical complications and difficult childbirth*. This is clear from the following:

“ During the seventh month I was admitted in hospital for three weeks... my body was swollen... my blood pressure was very high... I was induced...” and “... the baby died after two days...”.

The above statements are confirmed by Van Rooyen and Louw (1994:244) who argue that teenage mothers are more likely to have high blood pressure, toxæmia, prolonged and difficult labour and more after-delivery complications and infections.

One educator mentioned that the most difficult time at school for the pregnant teenage girl is the last trimester when their bodies become big and they have difficulty in fitting in their desks. Although the school allows them to use chairs from the staff room, this causes a lot of *embarrassment* and forces them to drop out of school as others make fun of them. Furthermore, they are discouraged from participating in any form of sport for fear of injury. The fact that the above negatively impact in their lives was revealed in the following:

“ I was forced to stop playing netball... I cried...” and “ ...they chased me away from the playground... it is not fair...”.

From the above evidence it can be concluded that the physical changes and experience of pregnancy negatively impact on their school life.

4.2.3 Theme 3: Feelings that the adolescent experiences

Murray and Zentner's (1997:299) research findings reveal that an adolescent who is going through a crisis of an unplanned baby spends more time alone and feels increasingly rejected, abandoned, depressed and angry. In this study it was revealed that during the first months, that is, when a teenage mother discovers that she is pregnant, she is *shocked and devastated*. This is not surprising as the majority (10 out of 13) of these pregnancies are unplanned or unwanted. For the other three, pregnancy was intended. Two of these three teenage mothers had gone through traditional wedding ceremonies with the baby's father before their pregnancy. One wanted to have access to the Welfare Child Support Grant (CSG). The unplanned nature of most of the pregnancies can be linked to Bothma's findings (1988:14) that the baby is often unplanned for and unwelcome. This is confirmed in the following quotation:

“ I did not plan this... when I find out I was devastated...” and

“ I cried the whole day...I did not know where to turn to ... I did not expect this...It came as a shock to me”.

The adolescent mother is often *angry* with herself and the father of the baby. This is evident in the following:

“I was a fool to believe him ...He has never come to see his baby...” and

“I do not want to see him...He did not keep his promise...He lied to me...”

In this study only two teenage mothers mentioned the fathers who, in their point of view, were very supportive. The rest did not mention the fathers. It is interesting to note that research in this country and overseas shows a lack of interest in what happens to the young fathers, and perhaps this is a general reflection of a culture that believes fathers' participation to be irrelevant.

The feeling is followed by *embarrassment and fear of facing the world*, especially their educators and parents who have high expectations of them. Bothma (1988:14) supports the notion that the adolescent fears rejection and the reaction of parents. The fear the adolescent has of disappointing her parents is revealed in the following:

“ I was the only one to reach this grade at home... my parents had made great plans for me...” and

“ I was only thirteen and the only child at home...” and

“ I was the brightest learner in my class...”.

Once other people became aware of their condition, most girls said they experienced *rejection* and were abandoned by their friends. This is reflected in the following:

“ I was devastated when two of my closest friends told me that we could not be friends anymore... their parents had heard about me...”.

The above is supported by Wyneken (2001:12) who explains that old friends do not want to associate with them because of the stigma that goes with teenage pregnancy. He added that in many cases the pregnant learner is mocked by her fellow learners to the extent that she would leave school. When friends reject them they feel hurt and alone, and this sometimes leads to *depression* as they spend more time alone. One adolescent stated that:

“ ... It meant walking to and from school alone..”.

Another participant who belonged to a group of learners called the Peer Educators said: “..The group was angry with me...I had humiliated them and they insisted that I resign...lost all my friends...”.

After childbirth when the teenage mothers come back to school they have feelings of *hopelessness*, probably because of the backlog in their schoolwork and the new responsibility of raising a baby. This is in line with Gillham (1997:8) who says that the childhood of the adolescent parent comes to a ‘screeching halt’ as the infant’s needs take precedence. This feeling of hopelessness can be seen in the following:

“..a lot of catching up...could not attend afternoon study...I tried to do the work at night...it was impossible...” and

“ When I came back there were many changes (in the curriculum)... have to learn OBE... I am adjusting but I am having difficulty...”.

It is important to note that their treatment by peers differed with age. With the older girls, especially those who were doing their final year at school, there was some degree of acceptance by other learners, as was revealed in the following quotation:

“ Members of my study group sometimes come to my home for discussions...” while a participant who was in grade 8 said that:

“I heard other learners in my class making fun of me.”

One educator stated that teaching pregnant teenagers is very difficult. They are *withdrawn, moody and absent-minded in class*. They are irritable and you cannot even joke with them in class. This does not only jeopardise their relationship with their educators, but with other learners too. As a result their performance drops. The above was confirmed by the following quotations:

“ I could not concentrate in class... I failed my tests...” and

“ This meant walking to and from school all by myself.”

4.2.4 Theme 4: Effects on school life

Pregnancy affected the school life of all the girls in this study. Their *learning was disrupted* to the extent that they had to drop out of school, some temporarily and others permanently. This is evident in the following quotations:

“ My mother suggested that I take a break from school...” and

“ I had the morning sickness... I would stay away from school...” and

“ After the birth of the baby ... stayed at home to recover...” and

“ I stayed at home for the next two years.”

The above is in line with what Loening (1996:149) expressed after conducting several studies on the effects of teenage pregnancy, namely that pregnant teens and teenage mothers are likely to leave school. It is interesting to note that although all the girls dropped out of school, it was only temporary. Some, like the one in the following quotation, took a very long time to come back:

“ I stayed at home for four years.”

Those who stayed away for a long time experienced *problems related to the changes in the education system and the curriculum*. One participant in grade eight who left before the introduction of the OBE complained that:

“ When I came back there were many changes in the way learning is taking place...I am having difficulty in other learning areas...”.

Those who dropped out of school for a short time experienced problems of a different nature, such as having to work harder and longer to catch up. Unfortunately, this was difficult because of various reasons, such as:

“I was refused permission to attend the afternoon compensation classes and afternoon study...” and

“ I have to take care of the twins in the afternoons...” and

“At night it was impossible to study...” and

“ I have to be away from school...once a month... to get the government grant for him.”

Loening (1996:152) agrees with the idea that their pregnancies and subsequent child rearing responsibilities disadvantaged the education of these adolescent girls. In this study a disturbing rise in *late coming* incidences among these girls was observed. One participant cited the following reason as being the cause:

“ I now live with a distant relative... I have to walk a long distance to school.”

Doing *homework* was almost impossible for many of them. One participant who failed a grade says:

“ When the baby was asleep at night, I would try to do my work but would fall asleep.”

It becomes very difficult for teenage mothers to participate in extra-mural and extra-curricular activities, as was revealed in the following:

“ In the afternoons... have to rush back home to do my baby’s washing... I cannot attend the netball practise...” and

“I was taken out of the netball team... could not attend the afternoon and week-end practises and matches.”

One educator stated that the teenage mother’s *school attendance* was erratic. This statement concurred with the information in the attendance register of their class-teachers. Some stayed away for longer periods while others for only a few days. One participant cited the following reason as being the cause:

“... When the baby needs to see the doctor...” and

“ To get the child support grant for him...”.

This poor attendance has a negative effect on their general performance in school, as was revealed in the following:

“ ...my marks in all subjects dropped...” and

“I do not know how I passed grade 11... so much was done while I was at the hospital.”

It is therefore apparent from the above that teenage pregnancy affects punctuality, school attendance, learning, and participation in extra-curricular activities.

4.3 CONCLUSION

From the above it is clear that teenage mothers’ education is indeed disadvantaged, but the positive part is that there is a chance to make up for the lost time if educational opportunities exist. In the next chapter recommendations are made on how The High School, and probably other schools in general, can provide successful interventions that will benefit their learners.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

It is clear from this study that one can conclude that there are adverse consequences associated with teenage pregnancy. The findings from this study are not only representative of all childbearing teenagers across the nation, or even within KwaZulu-Natal. They provide an insight into the problems and needs of teenage mothers in all secondary schools in the whole world.

5.2 CONCLUSIONS

Teenage mothers with children can only continue their education, provided that they have *support for themselves and their babies*, and access to day-care facilities. This should not only be provided by the government, but also *families* of teenage mothers and the baby's father as well. From this study we learnt that problems at school and family are often related and enhanced family relationships may positively influence the teenagers' pregnancy experiences. Programmes and practices designed to preserve and strengthen family relationships can prove to be a major point of intervention by the school.

Some learners are forced to leave school because of the *physical effects of pregnancy* which prohibit them from using the desks in their classrooms, and participating in sports at school because of fear of injuries, causes them to feel unwell and embarrassed.

While financial support is crucial, the importance of *emotional support* must also be acknowledged. Teenage girls who go through an unwanted pregnancy experience a trying and traumatic time of their lives. They experience changes in mood and feelings and this has an adverse effect on their learning. It is during this time that they need emotional support from the school, friends and the community. Pregnant teenagers and teenage mothers who are learners at school are often not afforded sympathy, care and the much needed support when they come back to school after

childbirth. This creates difficulty for them when it comes to catching up with their work, resulting in failure in their schoolwork.

Teenage pregnancy affects punctuality, *school attendance*, learning and participation in extra-curricular activities, that is, their *school life*. *Peer pressure* within the school has also proven to be a major force driving pregnant girls out of school. By examining this research, policy makers and service providers can help develop preventive and supportive programs to help adolescents delay sex, avoid pregnancy and help teenage mothers bounce back to their normal lives after pregnancy.

5.3 RECOMMENDATIONS

It is important to conclude this study by giving guidelines in the form of recommendations:

- ◆ Efforts could be targeted at involving members of the extended family networks who could pass their knowledge about child-rearing practices to both mothers and fathers of teenagers and to help them *develop the skills* to influence adolescents positively. This could be in the form of *information campaigns*, for example, organised talks, group discussions and meetings with parents with an aim of strengthening parent-child bonds and relationships.

- ◆ *Support* for pregnant girls and teenage mothers could be provided within the school system:
 - A school environment conducive to continuing education of pregnant girls should be created by providing access to *medical facilities and child-care* centres within schools. The school could therefore make use of community-based clinic services for health outcomes for teenage mothers and their children;
 - *Gender sensitive programmes* within schools need to be established, which also make boys part of the solution to pregnancy and child-care.

- ◆ *Emotional support* for the pregnant teenage girls and the teenage mothers could be provided through:

- Accurate *education* about conception and effective contraceptive use;
 - Programmes to improve young women's *self-esteem*, assertiveness and the ability to take greater responsibility for their lives and their future;
 - Educators who enrol for courses on *counselling* so as to help pregnant teenagers and teenage mothers deal with challenges they face;
 - *Peer support groups* as a means to provide emotional support and counselling for teenage mothers. The experience of being in a group with others in a similar situation to themselves may be extremely valuable because they get the opportunity to share their feelings and concerns and;
 - Older adolescents as *mentors* to younger adolescents who support them in choices to delay sexual activity or to use contraceptives.
- ◆ Problems associated with *learning and dropping out* of school could be minimised by:
- The school having a *drop-in centre* where the teenage mother can leave her baby for a few hours to be free of child-care for a while.
 - *Compensation lessons* to help cover the work that was done during the time they were absent and;
 - Reminding principals and educators of the *legal obligation* to assist pregnant girls during and after pregnancy.

5.4 RECOMMENDATIONS FOR FURTHER RESEARCH

More research should be conducted in other schools to find out how widespread the problem of pregnancy is and how teenage pregnancy affects the teenage mother and the school.

5.5 CONCLUSION

To some extent concerns about the negative effects of teenage pregnancy are validated through the research, but it must be noted that we are living in promiscuous

times (despite the great threat of AIDS). Attempts to revive virginity pride among blacks have been tried in the Inchanga area, but have not appreciably affected the level of promiscuity. Schools should be aware of the sexual climate and they should be more sensitive to girls who become pregnant. If teenage mothers are allowed to be relatively unsupported, they (and the school) will suffer the consequences, as was the case at The High School. The key conclusion that emerged from this research is this:

“The problem of teenage pregnancy is not so easily solved and the possible solution may be beyond the control of the health and education services... Reduction of the social factors which precipitate teenage conception may have more impact than dealing with all of the problems that occur after the babies are born.” (Gillham,1997:9).

REFERENCES

- Alan Guttmacher Institute,(1994). *Sex and America's teenagers*. Guttmacher Institute: New York.
- Berlin, Z. (1996). Can the first pregnancy of a young adolescent be prevented? A question that must be answered. *Journal of youth and adolescence*, 2(6):52-83.
- Bernett, D. & McKay, G.D. (1991). *Parenting teenagers*. *American Guidance Service*, 5(18): 276-305.
- Bernfein, L. (1992). The timing of sexual intercourse among adolescents. *Youth and Society*, 2(12): 86.
- Bezuidenhout, F. (1993). *Contemporary Social Pathology*. Academica: Goodwood.
- Bothma, R.C. (1988). *Teenage pregnancy*. Jones & Bartlett Publishers: Boston.
- Brewster, K.L., Billy, J.O.G. & Grady, W.P. (1993). Social context and adolescent behaviour: The impact of community on the transition to sexuality activity. *Social Forces*, 3: 713-740.
- Bukatko, G.H. (1995). *Theories of learning*. McGraw-Hill: New York.
- Bull, S. (1998). When family support fails: The problem of maintenance payment in apartheid South Africa. *South African Journal on Human rights*, 4: 194-206 and 334-354.
- Burt, M.R. (1986). Estimating the public costs of teenage childbearing. *Family Planning Perspectives*, 18: 221-226.
- Craig, A.P. (1980). Factors associated with pregnancies amongst urban Zulu children: An investigation. Unpublished M Ed Thesis. University of Natal: Durban.
- Creswell J.W. (1994). *Research Design: Qualitative and Quantitative Approaches*. Sage: California.
- Davis, S. (1989). Pregnancy in Adolescents. *American Journal of Public Health*, 75: 13-14.
- Dawson, J. G. (1986). The association of sexual behaviours with socio-economic status, family structure and ethnicity among U.S. adolescents. *American Journal of Public Health*, 90: 152-158.
- Dean, A. L. (1997). *Teenage Pregnancy: The interaction of Psyche and Culture*. The Analytic Press: London.

- De la Rey, C. & Parekh, A. (1996). Community based peer groups in an Intervention program for teenage mothers. *Journal of Community and Applied Social Psychology*, 6: 373-381.
- De Visser, J. & Le Roux, T. (1996). The experience of Teenage Pregnancy in Knoppieslaagte. *South African Journal of Sociology*, 27(3): 98-105.
- De Vos, A.S. (1998). *Research at grassroots*. J.L. van Schaik Publishers: Pretoria.
- Department of Education. (1996). The South African Schools Act No.84. National Department of Education: Pretoria.
- Erikson, E. H. (1963). *Childhood and Society*. New York Press: Norton.
- Franklin, H.J. (1998). *Disadvantaged Children: Health, Nutrition and School Failure*. Harcourt: New York.
- Franklin, M., McCoy, K. & Wibbelsmann, C. (1998). *The teenage body book*. Judy Piatkus Publishers: London.
- Fraser, M. & Sadker, R. (1979). *Risking the future: Adolescent Sexuality, Pregnancy and childbearing*. National Academy Press: Washington D.C.
- Gillham, B. (1997). *The facts about teenage pregnancy*. Redwood Books. Great Britain.
- Glazer, B.G. and Strauss, A.L. (1967). *The discovery of Grounded Theory. Strategies for Qualitative Research*. Aldine Publishing Company: New York.
- Greathead, E. (1988). The Dilemma of the pregnant teenager. *Nursing RSA*, 3(10): 2-28.
- Guba, E.C. (1981). Criteria for assessing trustworthiness of naturalistic inquiries. *Educational Resource Information Centre Annual Review Paper*, 29: 75-91.
- Hayes, C.D. (1986). *Risking the future adolescent sexuality, pregnancy and childbearing*. National Academy Press: Washington D.C.
- Jacobson, B., Wilkison, L. & Pill, T. (1998). *British Births*. Heinemann Medical Books: London.
- Krefting, L. (1990). Rigor in Qualitative Research: The Assessment of Trustworthiness. *Journal of Phenomenological Psychology*, 45(3): 214-222.
- Kwasa Newspaper, 12 July 2002: 5. *Teenage pregnancy: It takes two to tango*.
- Langeni, N.T. (1988). Teenage Pregnancy: A Fact of Life. *Fiat Lux*, 23(2): 17.
- Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic Inquiry*. Sage: Beverly Hills.
- Loening, P.L. (1996). The younger sister of childbearing adolescents. *Family Planning Perspectives*, 28(4): 148-153.

- Manning, W.D., Longmore, M.A. & Giordano, P.C. (2000). The relationship context of contraceptive use at first intercourse. *Family Planning Perspective* 32(3): 104-110.
- Masuku, N. (1998). Pregnancy amongst school girls: a case study of KwaMgaga High School. Unpublished M Ed Thesis. University of Natal: Durban.
- Mc Anarney, J. & Hendee, L. (1989). *Kids having kids: Economic Costs and Social consequences of teenage pregnancy*. The Urban Institute Press: Washington D.C.
- McCoy, G. & Wibbelsmann, F. J. (1998). The influence of high school dropout and school disengagement on the risk of school-age pregnancy. *Journal of Research on Adolescence*, 8: 215-259.
- Merriam, S.B. (1988). *Case Study Research in Education : A Qualitative Approach*. Jossey-Bass Inc Publishers: USA.
- Miller, B.C. (1998). *Families matter: a research synthesis of family influences on adolescent pregnancy*. Miller Publishers: Washington D.C.
- Miller, B.C., Norton, M.C., Jenson G.O., Lee T.R., Christopherson, C. & King P.K. (1993). The timing of sexual intercourse among adolescents. *The South African Journal on Adolescence*, 5: 108–123.
- Mntaka, S. (1995). No Sex Please – we’re saving it for marriage. *Drum*, April: 10-12.
- Mogotlane, S. (1993). Teenage Pregnancy : An unresolved Issue. *Curationis*, 16(1):11-14.
- Morrell, R. (1992). Gender in the Transformation of South African Education. *Perspective in Education*, 12 (2): 1-26.
- Murray, R. & Zentner, A. (1997). *Health Assessment Promotion strategies: Through the Lifespan*. Appleton & Lange: USA.
- National Campaign to Prevent Teen Pregnancy. (2000). *Whatever Happened to Childhood? The Problem of Teen Pregnancy in the United States*. University Press: Washington D.C.
- News Release. (2002). Government sets out a plan to combat teenage pregnancy. February 4, *Newsroom*: 10 Downing Street.
- Ngwezi, P. (1996). Babies who have babies. *Drum*, October 18: 10-11.
- Ntombela-Motapanyane, B.B.(1995). The Perception of Pregnancy by the Black Primagravida Teenager in the Umlazi Area of KwaZulu. *Chasa Journal of Comprehensive Health*, 6 (3): 152-154.

- Parekh, A., de la Rey, C., Naidu, T. & Shembe, A. (1995). Intragroup accounts of teenage motherhood in an peri – urban area in KwaZulu – Natal. Paper presented at Psychological Society of South African Congress: Pietermaritzburg, 19-21 April.
- Preston-Whyte, E. and Zondi, M. (1989). To Control their own production : The Agenda of Black Teenage Mothers in Durban. *Agenda*, 4: 9.
- Poggenpoel, M. (1998). Data analysis in qualitative research. In A.S. de Vos. (Ed.), *Research at grassroots* (pp 342-352). J.L. van Schaik Publishers: Pretoria.
- Reynolds, P.A. & Birch, H.S. (1997). Teenagers willing to consider single parenthood: Who is at greatest risk? *Family Planning Perspective*, 20: 184 - 246.
- Rickett, C. (1999). Pregnancy in adolescents. *Paediatric clinics of North America*, 36: 665-680.
- Santelli, Z. & Beilensen, F. (1992). Multiple sexual partners among U.S. adolescents and young adults. *Family Planning Perspective*, 30: 189-315.
- Scales, J. (1989). *Risking the future: Adolescent Sexuality, pregnancy and childbearing*. National Academy Press: Washington D.C.
- Shah, S.I., Zolnik, P.P. & Smith, C. N. (1986). Pregnancy in early and late adolescent. *Journal of Youth and Adolescence*, 12: 33-42.
- Singh, S. (2000). Adolescent pregnancy and childbearing: Levels and trends in developed counties. *Family planning Perspective*, 32: 14-23.
- Siphehile High School Report. (2002) 8: 3-15.
- Van Rooyen, G.T. & Louw, M. (1994). Births: Final data for 1994. *National Vital Statistics Report*, 47: 18-58.
- Vernon, J.K. (1983). Distinctions between social support concepts, measures and models. *American Journal of Community Psychology*, 14: 195-210.
- Vincent, K. & Dodd, T.R. (1997). Welfare, non-marital childbearing and single motherhood. Unpublished manuscript. John Hopkins University: Baltimore.
- Voydanoff, P. & Donnelly, B.W. (1990). *Adolescent Sexuality and pregnancy*. Sage Publications, Inc: USA.
- Walker, L.O. (1977). *Strategies for theory construction in Nursing*. Appleton & Lange: Norwalk.
- Webster, M. (1973). *Webster's New Collegiate Dictionary*. G. Bell & Sons, Ltd: London.

- Whitaker, D.J. & Miller, K.S. (2000). Parent adolescent discussions about sex and condoms. *Journal of Adolescent Research*, 8: 251-273.
- Wilson, P.L. (2001). *Girls and Young Women in Education*. Pergamon: Oxford.
- World Health Organisation Report (1975). *Pregnancy and abortion in Adolescence*, Geneva.
- Wolverton, J. (1992). Effects of intervention programmes for pregnant adolescents. *American Journal of Community Psychology*, 6: 120-165.
- Wyneken, H.S. (2001). Familial correlates of sexually active pregnant and nonpregnant adolescents. *Journal of Youth and Adolescence*, 20: 8-102.
- Yin, R.K. (1984). *Case Study Research: Design and Methods*. Sage Publications: California.
- Zabin, J. & Hirsch, R. T. (1986). *The Women and their pregnancies*. Saunders Publishers: Philadelphia.

APPENDIX A

EXAMPLE OF AN INTERVIEW WITH A LEARNER

LEARNER 1

Q: How did pregnancy affect your school life?

R: First of all when my father discovered that I was pregnant, he disowned me and later chased me from home. I was thirteen years old and was the only child at home. I went to stay at my aunt's place. Life was not easy there. For a week I could not attend school and had to take care of their home while everybody was away during the day. My aunt went to ask my father to allow me to come back home. When my parents refused to forgive me my aunt arranged that I stay with a distant relative who had a house closer to my school. I went back to school after a week. I could not concentrate in class and I decided to approach my class teacher who referred me to a social worker after I had told her the whole story. The social worker arranged a meeting with my parents. After a lot of begging my parents finally agreed that I could come home. Even then my father refused to speak to me. This was frustrating me and it made learning and studying impossible.

At school things were not going well. I was devastated when two of my closest friends told me that we could not be friends anymore because their parents had heard about me. This meant walking to and from school all by myself. I heard other learners in my class making fun of me but I decided not take notice because there were several girls who were pregnant at school.

After the birth of the baby I was forced to stay at home to recover and to look after the baby. I was afraid to ask my mother who is a housewife to take care of her so that I could go back to school. It was after three weeks that she called me to tell me to go back to school to finish my grade 8. There was a lot of catching up to do and I was refused permission to attend the afternoon compensation classes and study. I tried to do my schoolwork at night but on the other days it was impossible especially for the first three months. At the end of the year I failed and this year I am repeating grade 8 and the situation at home has improved.

APPENDIX B

P.O. Box 419
Hammersdale
3700
30. 09. 2003

For Attention: Mr Kulati
The SEM Inchanga Ward
Hammersdale Circuit
Hammersdale
3700

**Re : REQUEST FOR WRITTEN PERMISSION TO DO RESEARCH IN
THE INCHANGA WARD HIGH SCHOOLS IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE MASTERS
DEGREE IN EDUCATION.**

1. I hereby write to seek written permission from the SEM to conduct research in the Inchanga Ward High Schools with specific reference to The High School.
2. This letter of authority should be addressed to the Principal of The High School. Through the principal, copies of this letter will then be given to the educators and learners who will be part of this study. All participants will be volunteers.
3. Herewith, please, find enclosed a copy of my research proposal.

Your help in this regard will be highly appreciated.

Yours sincerely
A.P.L. Nzama (Mrs)



eTHEKWINI REGION

ISIFUNDA: SASETHEKWINI

eTHEKWINI STREEK

Address: Hammarsdale Circuit
Ikheli : HAMMARSDALE
Adres : 3700

Private Bag : Private Bag X 1008
Isikhwama Seposi : HAMMARSDALE
Privaatsak : 3700

Telephone : 031-7711963
Ucingo :
Telefoon :
Fax : 031-7710173

Enquiries :
Imibuzo : CM Kulati
Navrae :

Reference :
Inkomba :
Verwiesing :

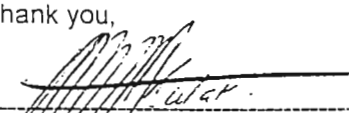
Date :
Usuku : 2004-03-18
Datum :

P. O. Box 419
Hammarsdale
3700

Dear Mrs. APL Nzama.

RE: REQUEST FOR WRITTEN PERMISSION TO DO RESEARCH IN THE INCHANGA WARD HIGH SCHOOLS

1. Your letter dated 30. 09. 2003, delivered to me on 17. 03. 2004 refers.
2. Kindly note that the permission is granted under the following conditions:
 - Strict confidentiality in respect of information gathered be observed.
 - Name of the school and learners as well as educators taking part be not published.
 - Volunteers are advised of their right and intention of the research before hand.
 - Research is done in such a way that normal contact time with the learners be not disturbed.
3. I would like to thank you for involving our school in the proposed research and hope that its findings would be implementable within the community so that the school community at large can benefit.
4. Wishing you all the best in your endeavour
5. Thank you,



 CM Kulati – Inchanga Ward Manager

APPENDIX D

P.O. Box 419
Hammarisdale
3700
30.09.03

The Principal
The High School
P/Bag 19250
Inchanga
3670

**Re : REQUEST FOR WRITTEN PERMISSION TO DO RESEARCH AT
THE HIGH SCHOOL IN PARTIAL FULFILLMENT FOR THE
REQUIREMENTS OF THE MASTER'S DEGREE IN EDUCATION.**

1. I hereby write to seek written permission from the Principal, the School management and the School Governing Body to conduct research at The High School.
2. All participants will be volunteers (Refer to part on ethical issues in the enclosed research proposal).
3. Herewith, please, find enclosed a copy of my research proposal.

Your help in this regard will be highly appreciated.

Yours faithfully
A.P.L. Nzama (Mrs)

APPENDIX E

THE HIGH SCHOOL

P.O. Box 1900

3670

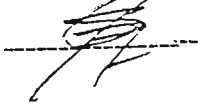
17 March 2004-12-12

Dear Madam

PERMISSION TO DO RESEARCH AT THE HIGH SCHOOL

I am pleased to grant permission to you to do research at The High School. This research is in partial fulfilment of the requirements for the Masters' degree in Education. The School Governing Body, educators and learners have been informed and advised that you be assisted wherever it is possible.

Yours Sincerely

A handwritten signature in black ink, appearing to be 'S. J.', written over a horizontal dashed line.