



An investigation on the implementation of the teenage pregnancy prevention programme case of Nombika high school in KwaZulu-Natal.

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Declaration

I declare that the study entitled “An investigation on the implementation of the teenage pregnancy prevention programme case of Nombika high school in KwaZulu-Natal” is my own work. It has not been submitted for any degree or examination in any university. All citations, references and borrowed ideas have been correctly acknowledged. I am aware that using other’s work without proper acknowledgement is a criminal offence.

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Dedication

To God, my keeper, my strength, my protector, my provider, the centre of my joy.

To my supervisor, Dr. Z.P. Shangase for being patient with me, for believing in me and for assisting me to achieve this Masters Degree.

To my fellow university mates, Dr. Z. Mseleku and Ms. Noxolo Ndaba for supporting, encouraging and advising me throughout my studies.

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Abstract

Teenage pregnancy remains a major challenge globally. It is one of the major challenges in South Africa, it is a major cause of school dropout in the country. The teenage fertility rate in South Africa has significantly increased over the past few years, and it is a cause of concern to the government and policy makers. Youth development programmes that include sex education are essential for delaying first sexual encounters and decreasing the rate of teenage pregnancy. Hence, the South African Department of Health (DOH) recommends a universal approach to school-based sex education. South Africa has engaged in a number of international commitments that are meant to address women and girls' sexual and reproductive health and rights, one of which is the implementation of the teenage pregnancy prevention programme in schools. This study examined the implementation of the teenage pregnancy prevention programme at Nombika high school in KwaZulu-Natal (KZN). In light of the policy on Prevention and Management Learner Pregnancy, this study unpacked the role of the teenage pregnancy prevention programme in reducing pregnancy of learners and the stigma that comes with being pregnant at school. This study is underpinned by CIPP (Context, Input, Process, and Product) model and transtheoretical model (TTM). This study is exploratory in nature. Semi-structured interviews and focus group discussions were conducted with officials, educators and parents of learners who participated in the programme. This study discovered that teenage pregnancy prevention programme plays an important role in addressing the teenage pregnancy problem in a school context. It was found that successful implementation of this programme requires an important consideration of the national policy on teenage pregnancy prevention. Further results suggest the importance of involving male learners and parents in the programme as vital to reduce teenage pregnancy in schools.

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Chapter 1: Introduction

1.1. Background

The existing literature indicates that reducing poverty and increasing quality education and good health and well-being of boys and girls is an important part of the agenda of action for meeting most of the Sustainable Development Goals (United Nations Development Programme, 2015). Efforts have been made to reduce adolescent pregnancy globally, and this is evident in the Sustainable Development goal 3, target 3.7, that seeks to ensure universal access to sexual and reproductive health-care services. This goal also includes family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030 (Ahinkorah et al., 2021). This is important in respect to the high rates of maternal mortality, abortion and neonatal deaths associated with adolescent pregnancy in Sub-Saharan Africa (Ahinkorah et al., 2021). International research evidence links the provision of high-quality comprehensive sex and relationship education to improved use of contraception as major strategies for addressing adolescent pregnancy (Ahinkorah et al., 2021). In Sub-Saharan Africa, many programs and strategies, including comprehensive sex education and family planning services, are geared towards reduction in adolescent pregnancy. However, their impact to date is unclear as adolescent pregnancy rates remain high in countries in Sub-Saharan Africa (Ahinkorah et al. 2021).

Teenage pregnancy is one of the major challenges in South Africa (S.A) which leads to school dropout problem (O'Moore, 2014). According to Smith (2020), teenage pregnancy, also known as adolescent pregnancy, is defined as a pregnancy of a young woman between the ages of 13 to 19 years old. This pregnancy takes place when there has been sexual intercourse after the start of ovulation, which can even occur before the first menstruation but usually occurs after the onset of menstruation. Mlambo (2018) states that teenage pregnancy causes serious management and leadership challenge in South African schools. It requires school management teams to empower themselves with knowledge and critical skills to manage teenage pregnancy within the requirements of the Constitution of the Republic of South Africa, 1996 and the South African Schools Act. 84 of 1996. The researcher investigated that teenage mothers account for 60% in the United States of America, 27% in the United Kingdom, 33% in Bulgaria, and 34% in Romania respectively (Kirchengast, 2016). The teenage fertility rate in South Africa

increased from 62 births per 1000 young women in 2001 to 72 births per 1000 young women aged 15-19 years in 2017 (Statistics South Africa, 2020). Teenage pregnancy is prevalent amongst Black Africans and Coloureds, it is lower amongst Indians/Asian and White young women (Maluleka, 2018). Rural provinces that have high adolescent's fertility rate are Northern Cape, Eastern Cape and Limpopo (Maluleka, 2018). There is evidence that teenage pregnancy and childbearing are also common in Kenya where about a quarter of young women give birth at the age of 18 years (Kirchengast, 2016).

In this study, the researcher investigated the implementation of the teenage pregnancy prevention programme implemented at Nombika high school which was meant to reduce teenage pregnancy further. The literature review will provide insight on different teenage pregnancy prevention programmes that have been implemented in schools and in communities by different organisations in order to reduce this social problem. The provision of an enabling environment that provides support and non-discrimination to pregnant learners was therefore examined. Furthermore, the researcher explored learner's access to sexual and reproductive health information at Nombika high school and recommendations on how teenage pregnancy prevention programme can be improved are made. This chapter presents the topic of the study, the background of the study, problem statement, motivation, aims, objectives, questions, structure of the dissertation and limitations.

Constitution of the Republic of South Africa Act 108 of 1996

The Bill of Rights Section 28 and the Children's Act define a child as a person under the age of 18 years; this means that all people under the age of 18 years are entitled to the protection guaranteed by Section 28. The rights of children under the age of 18 are in the best interest. Section 27 Article 11(6) of the South African Constitution (1996) states that state parties to the present Charter shall have all appropriate measures to ensure that children who become pregnant before completing their education shall have an opportunity to continue with their education on the basis of their individual ability. The promotion of Equality and Prevention of Unfair Discrimination Act (the Equality Act) was introduced to prevent and prohibit unfair discrimination and to promote the achievement of equality in South Africa. Section 8 of the Equality Act makes it illegal to discriminate on the basis of gender. In particular, Section 8(f) prohibits discrimination on the basis of pregnancy, and 8(g) prohibits discrimination where the

results are to limit women's access to social services, or benefits such as health and education. In terms of Section 29, everyone has the rights to basic education and to further education.

1.2. Problem Statement

Girls continue to become pregnant at unacceptably high rates in South Africa (Jones et al., 2016). Teenage pregnancy in South Africa is a multifaceted problem with many contributing factors such as poverty, gender inequality, gender-based violence, substance use, poor access to contraceptives and issues with termination of pregnancy; low, inconsistent and incorrect use of contraceptives, limited number of healthcare practitioners and healthcare facilities, poor healthcare workers' attitudes and behavior, and inadequate sexual and reproductive health information (Jones et al., 2016). Teenagers tend to engage in risky behaviours including sexual activities that eventually put them at risk for unwanted pregnancies, sexually transmitted infections (STI's), and HIV (Mnchunu et al.,2012). The South African government continues to update and upgrade the scope of contraceptives in the country, including the addition of very modern forms of contraception such as implants that are available in the public state hospitals and in primary healthcare clinics since 2014 (Jones et al., 2016). Since 1994, emergency contraceptives and maternal and child healthcare services are free of charge while termination of pregnancy (TOP) has been legal and is also provided for free since 1996 (Jones et al.,2016).

In South Africa, a few studies have also reported on the factors associated with teenage pregnancy and other sexual risk behaviours such as the low use of contraceptives and poor knowledge of contraceptives. Unsafe sex is common among South African adolescents and is known to result in a number of serious health and social consequences (Mnchunu et al., 2012). Teenage pregnancy in South Africa is on top of the list of consequences of unsafe sex, following HIV and AIDS, and other STI's (Mnchunu et al., 2012). Substance use in South Africa has been associated with higher odds of lifetime sexual intercourse (Jones et al., 2016). High school adolescents who used alcohol or smoked cigarettes were two to three times more likely to be sexually active in the KwaZulu-Natal province (Jones et al., 2016).

Based on the South African statistics, the Department of Education alone cannot solve the issue of teenage pregnancy. There is a great need for collaboration from different role players. This should include, but not be limited to, parental involvement and a mind-set change in

communities to voice concerns and take a stand against teenage pregnancy (Nkosi, 2019). The legislative response to teenage pregnancy and motherhood in South Africa appears to be rather broadminded (Nkosi, 2019). One of the South African interventions is a radical strategy to make condoms available to children and their educators. School children as young as 10 years of age could be offered condoms (Nkosi, 2019). This is part of the South African government's attempt to teach sex education in schools (Nkosi, 2019). The proposal involves making condoms accessible to male and female student from Grades 7 to 12, and younger children in Grades 4 to 6, who would be aged 9 to 12 years, would be given condoms where required (Nkosi, 2019). In addition, sexual education for primary and high school pupils is mandatory; mobile clinics to visit schools so that educators and pupils can be tested voluntarily for the human immunodeficiency virus (HIV), sexually transmitted diseases (STDs) and tuberculosis (TB) (Nkosi, 2019).

In order to reduce the increase in learner pregnancy in schools, the Department of Basic Education in South Africa introduced a life skills programme through the Life Orientation curriculum to teach learners about their bodies (Segalo, 2020). Amongst other contents covered in the Life Orientation curriculum, sex education and life skills are taught to learners and the aim of this approach is to encourage all subject teachers to teach it across the curriculum (Segalo, 2020). However, research has shown that not all teachers are capable of covering these subject matters in their classes. Other teachers do not have enough experience as to how sex education should be taught to learners (Segalo, 2020).

Teenage pregnancy in South African schools is still a concern in spite of a number of programmes implemented to reduce pregnancy amongst teenagers. The initiative has been taken by the Education Department in introducing the National Policy on the Prevention and Management of Learner Pregnancy in schools, but studies show that programmes implemented after the policy have not been evaluated in order to determine the effectiveness of the policy in schools.

Teenage pregnancy carries major health and social issues with unique medical and psychosocial consequences for both adolescents and society in general (Mezmur et al., 2021). An increasing number of adolescents tend to engage in sexual intercourse at a young age in South Africa (Mezmur et al., 2021). As a result, there is an increasing rate of sexually transmitted diseases including human immunodeficiency virus/acquired immune deficiency

syndrome (HIV/AIDS) but also of unintended pregnancies and all associated social and medical risks of early childbearing among adolescent girls (Kirchengst, 2016).

South Africa is experiencing an increase in teenage pregnancies, particularly among teenagers aged between 15 and 18 who are in secondary schools (Du Preez et al., 2019). In South Africa, just over 31.5% of teenage girls give birth by the age of 18 (Du Preez et al., 2019). Sefularo (2021) states that in Johannesburg, over 130 000 babies were delivered to girls aged between 10 and 19 years in the public health facilities in 2020. About 23 000 teenage pregnancies were reported in Gauteng alone between April 2020 and March 2021 (Sefularo, 2021). KwaZulu-Natal (KZN) province has a high incidence of teenage pregnancies among schoolgirls (Du Preez et al., 2019). Teenage pregnancy has a negative impact on the pregnant learners themselves, and their situation leads to exclusion from peer groups, poor performance or even to their dropping out of school (Du Preez et al., 2019).

In South Africa, the Life Orientation Curriculum Assessment Policy Statements (CAPS) are concerned with facilitating the holistic development of learners (Du Preez et al., 2019). This includes creating opportunities for secondary learners to acquire the knowledge and awareness of sexual behaviours that could lead to pregnancy and the associated health risks (Du Preez et al., 2019). Youth development programmes that include sex education are essential for delaying first sexual encounters and decreasing the rate of teenage pregnancy, so the South African Department of Health (DOH) recommends a universal approach to school-based sex education (Du Preez et al., 2019). In the interest of the learners' overall well-being, schools are expected to emphasise abstinence and safe sex to prevent sexually transmitted infections and unwanted pregnancies (Du Preez et al., 2019).

Globally, almost 16 million girls aged 15 to 19 give birth every year and about 2.5 million of these births occur to girls aged under 16 in Lower Middle-Income Countries (LMIC) each year (Jones et al., 2016). This is about 11 % of all births worldwide, with the majority of these (95 %) occurring in LMIC. Furthermore, teenage pregnancy is a major contributor to a never-ending cycle of ill-health and poverty worldwide (Jones et al., 2016).

1.3. Significance of the study

The purpose of this study is to examine the implementation of the teenage pregnancy prevention programme at Nombika High School in KZN, SA. Studies have shown the existence of teenage pregnancy prevention programmes in schools, but none of these studies has investigated if these programmes are implemented according to the policy. This study is needed because it will assist in discovering and reducing gaps that may hinder the prevention of teenage pregnancy in schools. In the field of Community Development, there are principles of community development which include empowerment. This study will contribute to the field of Community Development as it will empower schools with knowledge to implement teenage pregnancy prevention programmes that are in line with the National Policy on the Prevention and Management of Learner Pregnancy in order to reduce teenage pregnancy in schools.

1.4. Motivation of the study

According to the world health organisation (2020), adolescent pregnancies are a global problem occurring in high, middle, and low-income countries. Around the world, however, adolescent pregnancies are more likely to occur in marginalized communities, commonly driven by poverty and lack of education and employment opportunities (World Health Organisation, 2020). A majority of pregnant teenagers drop out of school, and some never complete their education. This research evidence suggests that a lot of mothers who get pregnant as teenagers live in poverty (Wall-Wieler, 2016).

Preventing teen pregnancy is generally considered a priority among policymakers and the public because of its high economic, social, and health costs for teen parents and their families (Congressional Research Service, 2016). I have also observed, as I am in the Department of Education in South Africa, that learners are falling pregnant in schools each and every year. Most learners do not attend school while pregnant and even after giving birth because of various reasons, one of which is feelings of shame, stigma and discrimination.

The Education Department has developed a policy on Prevention and Management of Learner Pregnancy in schools, which is meant to assist in reducing stigma and discrimination against pregnant learners and also to promote access to reproductive health information education for learners. Above the policy, the Department of Education has introduced and implemented a teenage pregnancy prevention programme in schools, including Nombika High school where the study was conducted, as a means to reduce the rate of learner pregnancy at the school. This

programme is mostly rendered in schools with a high rate of pregnancy reported cases; such schools are given priority. The teenage pregnancy prevention programme has a budget allocation every year for schools with a high rate of learner pregnancy. I have realised that this teenage pregnancy prevention programme has not been investigated in order to evaluate its implementation. Hence, this study evaluated the implementation of the teenage pregnancy prevention programme. It is desired that the results of this study will assist in identifying the gaps that are existing within the teenage pregnancy prevention programme which leads to the programme becoming ineffective. It is also expected that the results will be used to strengthen the programme and the policy.

1.5. Aim of the study

To investigate the implementation of the teenage pregnancy prevention programme at Nombika high school.

1.6. Research Objectives

1. To examine the provision of an enabling environment that provides support and non-discrimination to pregnant learners at Nombika high school.
2. To explore learner's access to sexual and reproductive health information at Nombika high school.
3. To make recommendations on how teenage pregnancy prevention programme can be improved.

1.7. Research Questions

1.7.1. Major Question

How has teenage pregnancy prevention programme been implemented at Nombika high school?

1.7.2. Subsidiary Questions

1. Which measures have been applied to ensure an enabling environment that provides support and non-discrimination to pregnant learners at Nombika high school?
2. What measures have been taken to ensure learners' access to sexual and reproductive health information at Nombika High School?
3. Which recommendations can assist in improving the teenage pregnancy prevention programme at Nombika high school?

1.8. Structure of dissertation

Chapter 1: Introduction

This chapter presented the background of the study taking into consideration the major debates on teenage pregnancy as a socio-economic issue and the role of teenage pregnancy prevention programme from international to South African context. This chapter introduced the key issues addressed in this study; it also highlighted the aim and objectives of the study. In addition, the problem statement and the rationale for the study were presented.

Chapter 2: Literature review

Chapter two presents the literature underpinning this study. This chapter will discuss the major relevant issues that have been studied in the area of teenage pregnancy and teenage pregnancy prevention programmes. Among other thematic areas, this chapter will discuss the major debate on teenage pregnancy as a socio-economic issue, the nature of teenage pregnancy, implications and potential solutions for teenage pregnancy. This chapter further discusses the main theories upon which this research is constructed. These theories are CIPP evaluation model and Transtheoretical Model.

Chapter 3: Description of research methodology and research design

This chapter presents the research design and methods used to collect data for this study. The qualitative methodological approach of this study is discussed. In particular, the suitability of semi-structured interviews and focus group discussions as methods of data collection used is discussed in this chapter. This chapter further discusses in detail the sampling method, interview processes, and the various measures taken to ensure trustworthiness of the research findings.

Chapter 4: Results

Chapter four of this study presents an empirical report from primary data that was gathered from in-depth semi-structured interviews and focus group discussions conducted with selected participants. The chapter presents the findings of the implementation of the teenage pregnancy prevention programme in Nombika high school in KwaZulu-Natal. Key challenges and opportunities for this programme are also discussed in this chapter.

Chapter 5: Discussion

Chapter five presents the critical discussion of the key findings in light of the research questions and objectives. This chapter also present recommendations for better implementation of the teenage pregnancy prevention programme while suggesting practical solutions for teenage pregnancy. In addition, this chapter makes necessary recommendations for further research.

1.9. Limitations

The limitations that the researcher experienced during the facilitation of this study was the unwillingness of the executive management staff member to participate in the study, which led to lack of communication with educators and parents and also caused delays in data collection. The researcher managed to negotiate with the executive management staff member to give permission to the staff member to participate in the study on the executive management staff member's behalf. The researcher also managed to communicate directly with educators away from school after working hours and requested their participation in the study that was successful. Another limitation was the unavailability of the school's policy on teenage/ learner

pregnancy or any other documentation on teenage pregnancy so as to do document analysis. Hence, the researcher used data that was available which was shared by participants during interviews.

1.10. Conclusion

This chapter presented the background of the study which shows clearly that teenage pregnancy is a major challenge in South Africa. The chapter has identified the gap that needs to be addressed by the study and the motivation of the study. Furthermore, the chapter also provided the research aim, objectives and questions that are explored in this study.

Chapter 2: Literature Review

2.1. Introduction

Adolescent pregnancy remains a major social and educational challenge in both developed and developing countries. Early and unintended pregnancies among adolescents are associated with numerous adverse health, educational, social, and economic outcomes (Mumah et al., 2019). Globally, teenage pregnancy has been a major interference to the educational achievement of female learners. Teenage pregnancies among school-going learners have grown at an alarming rate and are a serious concern in South African society (Pretorius et al., 2019). It is not a new phenomenon, but it is surprising that in the era of sexual literacy and the availability of contraception, teenage pregnancy is still a major problem throughout the world (Pretorius et al., 2019). Several countries continue to experience a high prevalence of teenage pregnancy regardless of the implementation of intervention strategies such as sex education in schools and community awareness programmes. Therefore, this study aims to contribute to the solution of teenage pregnancy in schools by identifying the factors leading to inefficiency of teenage pregnancy prevention programmes in schools. This is an important area of study because the literature suggests that despite numerous pregnancy prevention programmes implemented across the world, teenage pregnancy persists. Hence, this study addresses this puzzle. This study is very important to make recommendations that can improve teenage pregnancy prevention programmes in order to reduce teenage pregnancy while encouraging the importance of education.

2.2. Definition of teenage pregnancy

2.2.1. World Health Organisation

Most commonly, teenage pregnancy is defined as pregnancy under the age of 20 years. Teenage pregnancy can take place at any time before or after puberty (John et al., 2017). According to Skobi (2017), teenage pregnancy is defined by the United Nations Population Fund as the pregnancy of teenage or underage girl between the ages of 13 and 19 years (UNFPA, 2002). Teenage pregnancy, also known as adolescent pregnancy, is a pregnancy in a woman from 19 years of age and younger. Woman can get pregnant if she has vaginal sex with a man at any age after she has begun having regular monthly periods (WHO, 2014).

2.2.2. Department of Social Development, South Africa

The Department of Social Development refers to teenage pregnancy as pregnancy occurring in mothers aged between 11 years to 19 years (Omole-Ohonsi et al 2018). The definition of teenage pregnancy is when a teenage girl usually within the ages of 13 years to 19 years becomes pregnant (UNICEF,2020). Teenage pregnancy is defined as teenage or underage girls within the ages of 13 years to 19 years (Kanku et al 2016) A pregnancy can take place at any time before or after puberty, adolescent pregnancy is defined as pregnancy under the age of 20 years (Ghose et al 2017).

2.2.3. Department of Basic Education, South Africa

In the Department of Basic Education, the term learner pregnancy is normally used, which refers to teenage pregnancy under the age of 19 years. The department reported an estimated 15 504 pregnant learners within the school (Gina, 2017). Provinces with the highest rate of learner pregnancy were Gauteng with 5 246, Western Cape with 2 891, Mpumalanga with 2 770, KwaZulu-Natal with 2 408, and lowest in the Northern Cape with 1 311. The study conducted by the Department of Basic Education indicated that only a third of girls stay in school during their pregnancy and return following childbirth (Gina, 2017).

2.3. Global perspective on Teenage pregnancy

Teenage pregnancy is still a major contributing factor to mother and child mortality in addition to feeling ill health and poverty worldwide (Laldas, 2018). According to the World Health Organization (2020), about 777, 000 teenage girls under the age of 15 give birth in developing countries. Worldwide, about 11% of all births occur during teenage years (Kirchengast, 2016). This includes approximately 16 million girls aged 15 to 19 years and two million girls under the age of 15. About 95 per cent of the world's birth to teenagers (girls aged 15 to 19 years) takes place in low and middle-income countries (John et al., 2017). One in ten thousands of adolescents die yearly due to causes related to pregnancy and childbirth. These are the second most leading cause of death among teenage girls aged 15 to 19 years globally. According to

United Nations Fund Population Activities (UNFPA) (2010), India had 20 percent and China had 16 percent together account for more than one-third of the global total (John et al., 2017). Research shows that teenage mothers account for 60% in the United States of America, 27% in the United Kingdom, 33% in Bulgaria and 34% in Romania respectively (Kirchengast, 2016). Teenage pregnancy among girls aged 10 to 19 years remain a serious health and social problem worldwide and has been associated with numerous risk factors evident in the young people's family, peer, school, and neighbourhood contexts (Mchunu et al., 2012).

2.4. Teenage pregnancy in Africa

According to United Nations, the African continent has the highest adolescent pregnancy rates in the world. Each year, more young girls become pregnant at the time when they are supposed to be at school learning different subjects and life skills (Smita, 2018). Most young girls who experience early and unintended pregnancies face many social and financial challenges to be able to continue with formal education (Smita, 2018). The highest rate of teenage pregnancy in the world was found in sub-Saharan Africa, where 143 per 1,000 girls aged between 15 and 19 years were pregnant (Mangiaterra et al., 2008). In many developing countries like South Africa, Botswana, Namibia and others, teenage pregnancy have been regarded as one of the major barriers to schoolgirls being able to achieve educational success (Chetty et al., 2007; Department of Education, 2010).

In 2013, Sub-Saharan Africa had the highest prevalence of adolescent pregnancy in the world. Half of all births that occurred in the region were to teenage mothers within estimated 101 births per 1000 women aged 15 to 19 years, almost double the global average (Yaya et al., 2019). Out of the 15 countries in the world that had more than 30% of young women aged 20 to 24 years old giving birth before the age of 18, 14 were in Sub-Saharan Africa. Some of these countries include Cameroon, Malawi, Mozambique, Niger, and Uganda (Yaya et al., 2019).

Based on the existing literature, teenage pregnancy can be attributed to numerous factors in Sub-Saharan Africa. For instance, Odimegwu & Mkwanzani (2016) discovered that factors associated with teen pregnancy were family disruption, community-levels of female unemployment, and community poverty. Correspondingly, Yakubu & Salisu (2018) found that the determinants of teenage pregnancy in Sub-Saharan Africa cut across sociocultural,

environmental, and economic factors; individual factors; and health service-related factors. In this study, sociocultural, environmental, and economic factors included peer influence, unwanted sexual advances from adult males, coercive sexual relations, unequal gender power relations, poverty, religion, early marriage, lack of parental counselling and guidance (Yakubu & Salisu, 2018). Unsurprisingly, Gunawardena et al. (2019) also discovered that poor sexual health knowledge, economic, environmental, and cultural factors as predictors of teenage pregnancy. The reviewed literature also reported sexual coercion and pressure from male partners, low or incorrect use of contraceptives, and poor parenting or low parental communication and support are the most common factors leading to teenage pregnancy (Akella, 2018; Gunawardena et al., 2019). Individual factors included excessive use of alcohol, substance abuse, educational status, low self-esteem, and inability to resist sexual temptation, curiosity, and cell phone usage (Yakubu & Salisu, 2018). Especially excessive alcohol consumption was found as a major personal factor associated with risky sexual behaviour among teenagers which led to unplanned pregnancy (Berhane et al., 2020; Zgambo et al., 2018). Additionally, health service-related factors involved the cost of contraceptives, inadequate and unskilled health workers, long waiting time and lack of privacy at clinics, lack of comprehensive sexuality education, misconceptions about contraceptives, and non-friendly adolescent reproductive services (Yakubu & Salisu, 2018). While low levels of education were highly associated with teenage pregnancy in many African countries, Ahinkorah et al. (2021) found that lack of knowledge of contraceptives and reproductive health contributed significantly to first adolescent pregnancy. It is also evident that unmet need for contraceptives in many developing countries remains major health-related factor associated with teenage pregnancy (Ahinkorah, 2020). This literature evidence suggests the need for Sub-Saharan Africa targeted interventions to address these underlying factors.

According to United Nations International Children's Emergency Fund (UNICEF) (2019), in the year 2018, the estimated adolescent birth rate globally was 44 births per 1,000 girls aged 15 to 19 years; in West and Central Africa, this figure stood at 115 births, the highest regional rate in the world. Countries such as Central African Republic, Niger, Chad, Angola, and Mali top the list of countries with highest adolescent birth rate (above 178). In the 2010 to 2015 period, over 45 per cent of women reported having given birth for the first time by age 18. Family and cultural norms such as early marriage in developing countries have also been noted to account for high teenage pregnancy in Africa (Kaphagawani & Kalipeni, 2017; Young et al., 2016). Similarly, the study that was conducted in Bokeo and LuangNamtha provinces show

that high rates of teenage pregnancy were associated with early marriage among teenagers (Chaleunvong & Durham, 2018). There are various reasons for early marriage. Research indicates that family structure is one of the major factors leading children to early marriage even when not ready (Kirst-Ashman & Hull Jr, 2014; Muhammad, 1993; Tremayne, 2006). In this regard, cultural and traditional beliefs within the family system become major forces leading to the marriage of girls at a young age (Ardabili, 2016). Child marriage as a family and cultural norm has negative impact on the health of a child and it undermines the human rights of young girls (Raj, 2010).

A number of Sub-Saharan African nations have taken measures to tackle the issue of adolescent pregnancy. Slight reduction of teenage pregnancy and school dropout levels were shown in Kenya after the introduction of programmes training teachers on HIV and providing girls with education subsidies (Yaya et al., 2019). The significant role of education and training in addressing the issue of teenage pregnancy has been observed in countries like South Africa. In South Africa, just like in many other developing countries, education creates awareness of sexual and reproductive health among teenagers (Nkosi & Pretorius, 2019). Through education programmes, teenagers also receive free counselling on teenage pregnancy-related matters (Ramalepa et al., 2021). In Cameroon, programmes that incorporated peer education to educate girls on disease, pregnancy, sexuality, peer pressure, and dating were used to empower young women to make the right choices (Yaya et al., 2019). Similarly, education programmes on sexuality and pregnancy are implemented where teachers are trained to provide lessons to learners about reproductive health. Such education programmes have proven to address teenage pregnancy crisis in Kenya and other developing countries (Mbogo, 2021). In Madagascar, youth-friendly clinics were introduced in 2001. These clinics provided low-cost and confidential access to contraceptives, counselling, and diagnosis of sexually transmitted infections. Despite such measures taken by several governments to reduce the problem of adolescent pregnancy in their countries, girls falling pregnant during their teenage years continue to be a cause of concern in Sub-Saharan Africa (Yaya et al., 2019). It is therefore important that teenagers themselves get involved in the design and implementation of teenage pregnancy prevention programmes (Hendricks & Wood, 2017). This is deemed as a bottom-up alternative approach to teenage pregnancy prevention.

2.5. Teenage pregnancy in South Africa

An estimation of 30% of teenagers in South Africa report having been pregnant and the majority of these pregnancies were unplanned (John et al., 2017); these numbers decreased over the years but are still unacceptably high (Jawkes et al., 2009). According to Thobejane (2015), teenage pregnancy in South Africa is growing rapidly among school-going pupils and it leads to school drop-out as teenage mothers have to leave school to care for their babies. According to the World Health Organization (2020), about 777, 000 teenage girls under the age of 15 give birth in developing countries. This high rate of teenage pregnancy in South Africa is driven by a number of factors. Thobejane (2015) argued that poor communication between parents and children exacerbates the problem. It is also believed that teenagers who become pregnant lack parental guidance and role models within their communities. As a result, it is easy for these teenagers to be influenced by their peers to get involved in unsafe sex (Thobejane, 2015). In South Africa, approximately 16 million girls aged 15 to 19 years get pregnant and about one million young girls under the age of 15 years give birth yearly (Statistics South Africa, 2019). Approximately three million girls undergo unsafe abortion each year in South Africa (Laldas, 2018).

The teenage fertility rate in South Africa increased from 62 births per 1000 young women in 2001 to 72 births per 1000 young women aged 15-19 years in 2011 (Statistics South Africa, 2020). Teenage pregnancy is prevalent amongst Black Africans and Coloureds; it is lower amongst Indians/Asian and White young women (Maluleka, 2018). Rural provinces that have high adolescent's fertility rate are Northern Cape, Eastern Cape, and Limpopo (Maluleka, 2018). The statistics on teenage pregnancy in South Africa suggest that it has become an emergency problem. It is declared an emergency because there are risk factors associated with teenage pregnancy. For instance, Christofides et al. (2014) found that unplanned teenage pregnancy was associated with physical violence. It also appears that teenagers who had unplanned pregnancy were likely to have been involved in coerced sex (Christofides et al., 2014). There are also negative consequences of teenage pregnancy which make it an emergency in the South African context. According to Macleod (1999), the disruption of schooling, socio-economic disadvantage, inadequate mothering, and abuse are some negative consequences of teenage pregnancy evident in South African research. The existing literature also indicates that unplanned pregnancy is not the only devastating problem facing the nation, but adolescents are also exposed to HIV and other STIs (Shaluhayah, 2017). Although condoms are made accessible and condom use is encouraged among teenagers, risky sexual behavior

and attitude remain a barrier to HIV and STIs prevention measures in South Africa (Muchiri et al., 2017). In Europe, lack of knowledge regarding HIV and other STIs was found as a major problem undermining efforts to prevent the exposure of teenagers (Cebo, 2017). This evidence calls for urgent interventions to address both pregnancy and unsafe sex.

The Department of Basic Education (DoE) recorded 20 000 learners who were pregnant in 2014 (Mashaba, 2015). Primary school girls are adding to the problem of pregnancy among school-girls, with the Ministry saying 223 of the pregnant girls came from primary schools (Mashaba, 2015). The highest numbers of pregnancies were in Gauteng, with more than 5 000, and the Eastern Cape at over 3 000 respectively. A secondary school in Mpumalanga had the highest number of pregnancies, namely 77, while a secondary school in the Eastern Cape reported 74 teenage pregnancies. The primary school with the highest number of pregnancies is located in Mpumalanga, recording 13 pregnancies (Mashaba, 2015). The high incidence of teenage pregnancy has become a major societal and educational concern as it seems to perpetuate poverty and low levels of education (John et al., 2017).

2.6. Teenage pregnancy in KwaZulu-Natal

Skobi (2017) states that an increase in teenage pregnancies from 1169 in the year 2005 to 2336 in the year 2006 was noted in Gauteng, while in KwaZulu-Natal (KZN) more than 17000 teenagers fell pregnant in 2010. However, an analysis of provincial trends showed a greater number of learner pregnancies in the Eastern Cape, KwaZulu-Natal, and Limpopo Provinces (Skobi, 2017). In 2009, the Limpopo Provincial Department of Social Development (DSD) reported an increase in pregnant teenagers from 6965 to 7754. On the contrary, in 2010, a 30% decrease in teenage pregnancy in KZN was reported, but this problem still persisted. A rate of 13%, twice the national average of 6.5%, was reported in Taung, a rural area in North-West Province (Skobi, 2017). Correspondingly, De Wet et al. (2018) found that the teenage pregnancy incident in South African provinces, excluding Gauteng and Western Cape, was 35%. This incident rate was associated with having multiple sexual partners and inconsistent or lack of condom use (De Wet et al., 2018). This incident rate indicates the positive role of teenage prevention programmes in Gauteng and Western Cape provinces which differentiate these provinces from the other South African provinces.

In recent years, teenage pregnancy in South Africa has reached a disturbing extent in 2006 alone; there was a case of one school with 144 pregnant girls (Wet et al., 2018). The situation is similar in a number of South Africa provinces, especially in the Eastern Cape, Limpopo, and KwaZulu-Natal, with more than 17 000 teenagers falling pregnant in KwaZulu-Natal alone in 2010 (Wet et al., 2018). In Gauteng, the rate of teenage pregnancies increased from 1 169 in 2005 to 2 336 in 2006. In KwaZulu-Natal, teenage pregnancy rates were recorded as 21.8% and 25.8% in 2002 and 2008 respectively (Wet et al., 2018). Despite an overall decline in the fertility rate in SA, the fertility rate among young women aged 15 to 19 years is rising. The mean age at sexual debut is as young as 14.9 years among girls in rural areas of the Eastern Cape and 16.4 years in Gauteng and the Western Cape (Wet et al., 2018). These numbers on teenage pregnancy indicate low contraception use among teenagers. What is even more worrying is that the increase in teenage pregnancy is associated with the increase in HIV prevalence in South Africa (Mphatswe et al., 2016). This evidence necessitates the interventions targeting teenagers.

2.7. Teenage pregnancy in schools

According to Dzotsi (2020), since 1995 in Malawi, teenage mothers have been allowed by the Department of Education to continue with their education after pregnancy. However, just like in Kenya, an application for readmission often takes more than a year to be approved. This causes destruction for the young mothers who are already battling with community pressure to get married rather than to return to school because they are mothers (Dzotsi, 2020). While in South Africa it is against the law to exclude teenage mothers from the schooling system, it has been recognised that the law alone does not guarantee their turning of teenage mothers to school. This, according to Bhana et al. (2010), is due to the attitudes and practices of teachers. In this regard, some teachers may perceive teenage pregnancy negatively, often view it as associated with shame. This in turn has a negative impact on the academic performance and well-being of teenage mothers. It is also evident that teenage pregnancy as a social problem leads to poor educational attainments as some pregnant teenagers dropout from school and never return (Gyan, 2013). According to Chigona et al. (2008), it is no longer frequent to block teen mothers from continuing with their education, but those who return to school after the birth of their children come across a number of challenges as learners, and that makes it hard for them to be successful with their schooling. In light of these concerns, it is therefore

recommended that training which positively influences attitude and practices of teachers towards teenage mothers should be implemented across schools (Bhanaet al., 2010). This type of intervention is significant to avoid unnecessary exclusion or academic disruption of teenage mothers.

Studies show that teenage mothers experience difficulties and unnecessary pressure from parents, peers, and teachers. These young mothers receive minimal support from school and their homes; they are also usually misunderstood by the society (Chigona, et al., 2008). Studies found that most adolescent mothers return to school because of their children; they are determined to complete schooling for their children's sake. However, their challenge in coping with schooling is attributable to their babies and also to the fact that educators and parents often give upon them and fail to take their plans seriously once they have children (Chigonaet al., 2008). The circumstances of the teen mothers are worsened because typically fathers of their children play no role in the children's upbringing (Chigonaet al., 2008). While the absence of fathers negatively impacts teenage mothers emotionally, this also undermines their academic performance at school (Chohan & Langa ,2011; Shaningwa, 2007). Chigona et al. (2008) states that there are numerous disruptions for young mothers when it comes to school attendance; they need tremendous support to untangle the disruptions. Denying adolescent mothers the support they need to pursue education condemns them and their children to the vicious circle of poverty and lack of knowledge. If the society expects these teen mothers to be successful in education, provision must be made for meeting their special needs (Chigonaet al., 2008). Study by the US Department of Education (1992) shows that pregnancy and parenting are the primary reasons teenage mothers end up dropping out of school. Continuing with schooling for teen mothers becomes a burden, especially for those living in unstable home environments.

2.8. Teenage pregnancy in rural and urban areas

Santhanam (2016) conducted research in the United States and found that in urban countries with large populations, 18.9 teens per 1,000 females aged 15 to 19 years gave birth in 2015, far lower than in rural countries with populations of fewer than 50,000 people that reported a significantly higher 30.9 teen birth rate according to a new report from the National Center for Health Statistics. Research also shows that rural teenagers tend to respond differently to pregnancy compared to metropolitan teenagers (Rapaport, 2019). For example, metropolitan

teenagers were likely to respond to pregnancy through abortion compared to rural teenagers (Rapaport, 2019). The study that assessed the urban-rural disparities of abortion in the United States discovered that the abortion rate was lower among rural teenagers than urban teenagers (Sutton et al., 2019). Furthermore, a study that was conducted in Ethiopia discovered that rural areas such as Harari, Afar, Dire Dawa, and Somali regional state had significantly higher teenage pregnancy rates (Kawoet al., 2019). This research evidence may indicate the knowledge gaps and unequal access to teenage pregnancy prevention programmes between rural and urban teenagers.

The United States has seen consecutive historic lows in teen birth rates each year since 2009 (Blackman, 2015). Despite the decreased rates, significant disparities in teen childbearing persist for some populations (Wiltz, 2015). Rural adolescents are among the groups in which rates are higher, declines are slower, and the risk of teen childbearing remains greater (Blackman, 2015). The birth rate for rural teens was nearly one-third higher than all other teens in 2010 according to a new analysis by the National Campaign to Prevent Teen and Unplanned Pregnancy (Blackman, 2015). At 43.3 births per 1,000 girls aged 15 to 19, the rural teen birth rate was higher than both the national and metropolitan rates of 34.2 and 32.7 respectively (Rapaport, 2019). In addition, rural teen births have fallen less radically during the past two decades, with declines of 31 percent in rural counties compared to 50 percent in the most urban counties (Blackman, 2015).

2.9. Teenage pregnancy prevention programmes

World Health Organisation (WHO) (2014) states that there is lack of sexuality education in many countries. A global coverage measure related to sexuality education estimates that only 36% of young men and 24% of young women aged 15 to 24 years in low and middle-income countries have comprehensive and correct knowledge of how to prevent HIV (WHO, 2014). Furthermore, in some situations, teenage girls may be unable to refuse sex and sexual violence is widespread and particularly affects teenage girls (WHO, 2014). More than one third of girls in some countries report that their first sexual encounter was coerced (World Health Organisation, 2014).

The World Health Organisation (WHO) (2014) published guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries.

Prepared in partnership with the United Nations Population Fund (UNFPA), the guidelines were based on a systematic review of the existing research as well as consultation with policy-makers, programme managers, and frontline health workers. They contain evidence-based recommendations on actions that countries can take, targeting six key objectives: reducing marriage before the age of 18; creating understanding and support to reduce pregnancy before the age of 20; increasing the use of contraception by adolescents at risk of unintended pregnancy; reducing coerced sex among adolescents; reducing unsafe abortion among adolescents; increasing the use of skilled antenatal, childbirth, and postnatal care among adolescents (WHO, 2014).

2.10. Prevention programmes in South Africa and Africa

South Africa has engaged in a number of international commitments that are aimed to address women and girls' sexual and reproductive health and rights (Jawkes et al., 2009; Ndayizigamiye & Matlala, 2018; Strode & Essack, 2017). Although these commitments do not translate to change for women and girls on the ground, they do play a critical role in applying pressure to governments and other relevant stakeholders to recognise sexual and reproductive health and rights as human rights. They also contribute to monitoring and accountability tools for civil society and international agencies and providing citizens with clear commitments and targets to aspire towards (Jawkes et al., 2009; Ndayizigamiye & Matlala, 2018; Strode & Essack, 2017). A study that was conducted in KwaZulu-Natal, South Africa indicated the effectiveness of teenage pregnancy prevention programme in addressing teenage pregnancy, the number of teenage pregnancy was slightly reduced. According to Tayloret al. (2014), teenage pregnancy prevention programme promotes healthier attitudes among teenagers. It influences their intentions to abstain from sex until they finish school, it encourages teens to talk to their partners about pregnancy and thus contribute to safe sex (Tayloret al., 2014). However, it has been argued that despite many initiatives to address teenage pregnancy, the lack of involvement of young men undermines the efficiency of the intervention programmes (De Wet et al., 2018). This research evidence suggests the need for participation of both young males and females in teenage pregnancy prevention interventions.

One of the South African interventions is a major strategy to make condoms available to children and their educators. School children as young as 10 years of age could be offered

condoms. This is part of the government's attempt to provide sex education in schools (Govender, 2015). The proposal involves offering male and female pupils with condoms from Grades 7 to 12, and younger children in Grades 4 to 6, who would be aged 9 to 12 years, would be given condoms where required (Govender, 2015). In addition, it is proposed that sexual education for primary and high school pupils be mandatory; mobile clinics will visit schools so that educators and pupils can be tested voluntarily for the human immunodeficiency virus (HIV), sexually transmitted diseases (STDs), and tuberculosis (TB) (Govender, 2015).

Smita (2018) states that the issue of pregnant young girls' rights to continue with their education has evoked emotionally stimulating discussions across African Union members states in the recent years. These discussions generally focus on arguments around morality that pregnancy outside of wedlock is morally wrong, emanating from personal opinions, experiences, and a wide range of religious beliefs (Smita, 2018). The effect of this dialogue is that pregnant girls have faced different types of punishment as compared to the young boys who have impregnated girls; this includes discriminatory practices that deny pregnant girls the enjoyment of their right to education (Smita, 2018).

Research shows that pre-marital pregnancy of young girls is highly stigmatized by societies and young mothers are portrayed negatively even by the social media in both developed and developing countries. However, cases of stigmatisation and discrimination of teenage pregnancy are very common in developing countries like South Africa (Mukuna, 2021; Nkwemu et al., 2019). In Nigeria, for instance, teenage mothers are discriminated within families, at community level and in their school environments which negatively impact on their general well-being and academic life (Oluseye, 2021). Teenage pregnancy and mothering are generally associated with welfare dependency, promiscuity, and irresponsibility (Ellis-Sloan, 2014). In many cases, teenage mothers report experiences of stigma and discrimination (Wiemann et al., 2005). Angley (2014) states that stigmatization is often rooted in the common belief that young people should not have sex and should not be falling pregnant and be parents as they are considered not equipped for being mothers. Discrimination against unmarried pregnant young women usually comes from their families, friends, health care providers, and the society (Angley, 2014). While teenage pregnancy is often stigmatized in many communities and even within families, some research evidence shows that teenage mothers viewed their pregnancy positively (Yardley, 2008). They believe that their pregnancy enhanced their lives

and resented the stereotype of the teenage mother as unrepresentative of their experiences and skills (Yardley, 2008).

Many studies show that The Forum for African Women Educationalist (FAWE) has worked since 1992 to promote Education for All (EFA) through advocacy, concrete actions, and policy reforms (Manyeh & Yanguba, 2020; Mluma, 2005; Tembon & Fort, 2008). FAWE is a pan-African NGO working in 32 African countries including South Africa to empower girls and women through gender-responsive education (Manyeh & Yanguba, 2020). The forum therefore has membership representation across these 32 African countries including South Africa (Manyeh & Yanguba, 2020). In the mid 90's, the forum successfully engaged the Ministers of Education (MOE) in several African countries to change policies that exclude mothers from re-entering school after giving birth (Dzotsiet al., 2020). Particularly in Kenya, the ministry of education developed the Re-entry Policy Guidelines in 1994 to ensure that pregnant schoolgirls got second chances of learning (Dzotsiet al., 2020). There has been a range of challenges that hinders the implementation of the guidelines; this includes negative perceptions from the community, stigma, and lack of awareness among the stakeholders (Dzotsiet al., 2020).

Local initiatives to address teenage pregnancies include the Men as Partners programme, the Gender Policy Framework of South Africa, the LoveLife campaign, the Born Free dialogues, and a number of programmes to reduce HIV infections among the youth (Wet et al., 2018). Despite extensive programmes, considerable financial investment, and several studies and reports on teenage pregnancy, the increasing proportion of unintended pregnancies among teenagers has remained a public health concern in SA (Wet et al., 2018). This is due to a number of factors including poor parenting, poverty, and peer influence (Gyan, 2013). Therefore, any intervention to teenage pregnancy should take into consideration these underlying causes.

2.10.1. Sexual and health reproductive programmes

Studies show that South Africa has a fairly progressive legislative response to teenage pregnancy and motherhood, with some even suggesting it has a 'feminist influence' (Pandayet

al., 2009; Reddy et al., 2016). The South African Constitution (1996) protects the right of all citizens, including children, to make decisions regarding reproduction and the right to access health care services, including reproductive health care (Jawkes et al., 2009). According to Phillips (2010), Sexual and Reproductive Health knowledge is the important, but teenagers must also be able to develop confidence in Sexual Reproductive Health negotiation and behavioural skills. Public schools must design programmes where they collaborate with health partners to demonstrate condom purchase and application of condoms. These programmes aim at reducing embarrassment and increase the use of condoms (Phillips, 2010). Educators participate in these programmes through engaging with learners in a relationship scenario and practice dialogue that teaches them to negotiate limits within sexual relationships (Phillips, 2010).

Phillips (2010) states that these rehearsals empower learners with decision making skills, communication, and negotiation skills, which are very important life skills for health promotion programmes. Access to Sexual Reproductive Health services including contraception, emergency contraception, abortion, and STI testing represents significant challenges for adolescents (Phillips, 2010). Research shows that some public schools and rural schools have a public health nurse on the premises on a weekly basis, except urban Catholic schools, in order to access Sexual Reproductive Health education and service. Phillips (2010) alludes that educators still feel discomfort with the abortion part of the subject, suggesting that abortion is still perceived as a taboo. Abortion and other Sexual Reproductive Health services must be supported by teachers as genuine options in order for adolescents to truly have access to these services although there is conflict with other religious doctrine (Phillips, 2010). A crucial strategy to reduce rates of sexually transmitted infections (STIs) and unwanted pregnancies is to provide teenagers with sexual and reproductive health (SRH) education (Phillips, 2010). This is identified by the international community as a critical intervention to decrease the global burden of disease and promote gender equity (Phillips, 2010).

According to the United Nations (2012), sexual and reproductive health programmes that are effective within the department of education are those that assist in reducing misinformation and provide correct information, to clarify values and reinforce positive attitudes, and strengthen decision-making and communication skills. The research confirmed that education on sexual and reproductive health does not lead to increased sexual activity. United Nations (2012) states that the challenge with sexual and reproductive health programmes rendered

within the education department is that it cannot reach out-of-school youth and other marginalized young people. The majority of young people most in need of information and education are not enrolled in educational programmes, especially girls and young women who often dropout of school at an early age due to various social and economic factors (United Nations, 2010). Therefore, it is essential that education on sexual and reproductive health begin at a young age and continue through adolescence to reinforce messages over time with age-appropriate content and methodology (United Nations, 2010). Issues around sexuality, equality, empowerment, non-discrimination, and respect for diversity are barely addressed in curricula of educational programmes on sexual and reproductive health (Dubois, 2019). Gender and power relations programmes have shown to have a positive impact on health-related behaviours such as the use of condoms and contraception, number of sexual partners, positive health outcomes such as lower rates of sexually transmitted infections, and non-health outcomes such as student performance, parenting and critical thinking skills (Dubois, 2019). An additional challenge in implementing curricula on sexual and reproductive health is the lack of teachers who have the knowledge and training to teach appropriate and correct information on sexual and reproductive health. Another barrier includes opposition from cultural and religious leaders in some communities, especially in rural areas, as well as the absent or inadequate linkages between sexual and reproductive health education and general health or other relevant services (Dubois, 2019).

2.10.2. Contraception, abortion and abstinence programmes

Marseille (2018) states that adolescent's pregnancy is a world-wide concern in developed and developing countries; they are seeking solutions so that young women can be provided with a better future and their children with adequate care. According to Marseille (2018), schools are perfect places to effectively reach teenagers to motivate them to engage in teenage pregnancy prevention behaviours. According to the Department of Health (2012), South Africa has progressive social and health policies that permit young women from the age of 12 to independently decide on contraception and abortion, and these services should be free and available at local health facilities. However, there are problems with the awareness amongst teenagers on the availability and the accessibility of services such as contraception, the morning-after pill, and abortion (Marseille, 2018).

Schools provide an opportunity to supply learners in high school with information and skills that can assist them to improve their sexual and reproductive health (Marseille, 2018). Marseille (2018) states that in the past two decades, there have been extensive efforts to promote the health of teenagers attending school. These include the “Lifeskills” module in South African schools that forms part of the Life Orientation syllabus, which is an examinable subject that includes sexual health (Maeseille, 2010). However, this has not been effective in reducing the number of teenage pregnancy cases. Another issue is that the conversation about sex and sexuality at home is taboo. Purposeful sexual and reproductive health educational programs are therefore required to change adolescent attitudes about early sexual debut and sexual risk behaviour in order to reduce teenage pregnancy (Marseille, 2018).

Taylor (2014) states that young people need the knowledge and skills to make responsible decisions about whether and when to initiate sex, with whom, and under what conditions. School settings are appropriate places where this information can be received and also guidance, supplementing what parents, faith communities, and others teach (Taylor, 2014). According to Taylor (2014), these programs come in many different varieties, and they vary a lot in whether and how contraception is presented. These programs address how to delay sexual activity or avoid unwanted sex. Some of these programmes encourage abstinence only, meaning they emphasize abstinence as the 100 percent effective way to avoid pregnancy and STDs, while others are called abstinence plus because they also include discussion of contraception (Taylor, 2014). Some programmes are often called comprehensive sexuality education programs; They educate adolescents about human sexual development, pregnancy and reproduction, and contraceptives and how they operate (Taylor, 2014). They also assist teenagers to learn how to refuse sex if they are not ready for it and how to negotiate contraceptive use (Taylor, 2014). STD/HIV education programs encourage safe sex practices. Most programs focus on assisting young people to learn how to make decisions about their behaviours and carryout those decisions through experiential education, such as role playing about real-life situations, exposure to media influences, and dealing with peer influences (Taylor, 2014).

2.11. South African Policies and Legislations

The legislative response to teenage pregnancy and motherhood in South Africa appears to be rather broadminded (Pretorius et al., 2019). The South African Constitution (1996) protects the rights of all citizens, including children, to make decisions regarding reproduction and the right to access health care services, including reproductive healthcare. Pieces of legislation in South Africa that are particularly relevant are the Choice on Termination of Pregnancy (CToP) Act (No. 92 of 1996), the South African Children's Act (2005) (as amended by the Children's Amendment Act, No. 41 of 2007) and the Criminal Law (Sexual Offences and Related Matters) Amended Act (No. 32 of 2007) (Hoffman-Wanderer, Carmody, Chai & Rohrs, 2013). In 2007, the Department of Basic Education (DoE) and National Department of Health (NDoH) released a variety of policies, guidelines, and booklets, i.e. Measures for the Prevention and Management of Learner Pregnancy (MPMLP), it was projected to address the issue of an 'implementation vacuum for SASA' through helping around implementation with a dual focus on prevention of pregnancy and management of pregnancy where it does occur (Jawkeset al., 2009). The South African Schools Act (SASA) (1996) permits teenagers to stay in school while pregnant and to return to school after childbirth. In addition, the Promotion of Equality and Prevention of Unfair Discrimination Act (No. 4 of 2000) stipulates that school learners who become pregnant should not be unfairly discriminated against.

The integrated School Health Policy (ISHP) in 2012, National Contraception Policy Guidelines, and a booklet on Preventing Teenage Pregnancy in 2012 put in place a range of interventions. However, despite the implementation of these policies and legislations, teenage pregnancy is still increasing and the emphasis on education, care, and support for learners who are pregnant, there are concerns about the conflicting government policies, and the contradictions and confusion that arose when counselling and the provision of information and services are rendered by different role players. According to the National Policy on the Prevention and Management of Learner Pregnancy in schools (2007), all girls have a right to education regardless of their pregnancy, marital and motherhood status.

Nolan (2002) states that, in England, Scotland, and Wales, the age at which young people can legally consent to have sex with someone of the opposite sex is 16. In Northern Ireland it is 17. In South Australia and Tasmania, it is 17 and in Victoria, New South Wales, Queensland, the Australian Capital Territory, Western Australian and the Northern Territory, it is 16. In South Africa, the age of consent is 17, which means it is against the law for anyone to have sex with

someone who is under 17. If an adult has sex with an under-age teenager, it is regarded by law as statutory rape (Sexual Offences Act 66 of 2009).

2.12. Prevention Programmes in KwaZulu-Natal

Gina (2017) states that the prevention approaches to learner pregnancies include the access to Comprehensive Pregnancy Prevention Methods through providing access to male and female condoms. It also includes the strengthening of the curriculum for Compulsory Comprehensive Sexuality Education through educator training and aligning with Life Orientation textbooks. Peer education and other co-curricular programmes are also part of the prevention approaches (Gina, 2017). They also create a supportive educational environment where the psychological and physical conditions of the learner are recognised and supported (Gina, 2017). Comprehensive Sexuality Education (CSE) must be strengthened through educator training and support, availability of other teaching aides, the integration of pregnancy prevention, alcohol, and drug use into the CSE (Gina, 2017).

The intervention programmes to address teenage pregnancy in KwaZulu-Natal include the project DREAMS among others. The total of 1 272 educators were trained on CSE while 784 trained educators taught on CSE. With the Keeping Girls in School Programme, it provides a combination of a range of support activities for girls (Gina, 2017). In 2016, a total of 47 837 Grades 7-9 were reached. With the Young Women and Girls Programme, 48 000 out of 80 000 have been reached in 10 districts in the provinces, which is Western Cape, North West, Eastern Cape, KwaZulu-Natal, Limpopo, and Mpumalanga (Gina, 2017). Gina (2017) states that South Africa is one of the 21 countries that have endorsed the Eastern and Southern Africa (ESA) Commitment which calls on countries to strengthen the delivery and quality of CSE and sexual and reproductive health rights to young people.

Dlamini (2019) states that another teenage pregnancy prevention intervention that takes place in KwaZulu-Natal every year is the Reed Dance. The Royal Reed Dance is an annual event that takes place at eNyokeni Royal Palace in Nongoma, northern KwaZulu-Natal, which aims to celebrate and unify the Zulu nation as well as honouring the nation's virgin maidens. In light of the HIV/AIDS pandemic and teenage pregnancy national problem, this cultural practise hopes to curb this epidemic by promoting a culture of respect for young women who vow to

remain virgins until marriage (Dlamini, 2019). These maidens who come from provinces such as Mpumalanga, Gauteng, as well as neighbouring countries including Swaziland, participated in the festivities which also instilled pride within the Zulu nation (Dlamini, 2019).

The Department of Arts and Culture, in collaboration with the Zulu Royal Household, also used the event to expose young women to different career choices by inviting different higher education institutions to showcase courses on offer at their campuses (Dlamini, 2019). As one of the institutions, the University of Zululand (UNIZULU) engaged with Grade 9 to 12 learners including school leavers, unemployed graduates, and other community members to inform them about UNIZULU's academic programmes and requirements (Dlamini, 2019).

2.13. Teenage Pregnancy in Community Interventions

According to Centres for Diseases Control and Prevention, there was a communitywide initiative from 2010 to 2015, the federal Office of Adolescent Health (OAH), and the Office of Population Affairs collaborated to demonstrate the effectiveness of innovative, multicomponent, communitywide initiatives in reducing rates of teen pregnancy and births in communities with the highest rates, with a focus on reaching African American and Latino or Hispanic young people aged 15 to 19 years. Saunders (2016) states that numerous communities have begun community-wide teen pregnancy prevention initiatives aimed at addressing teen pregnancy in the context of the larger social issues surrounding the problem. Collaborative programs among schools, community groups, and family planning clinics are being established to coordinate these efforts within the community (Saunders, 2016).

Centres for Diseases Control and Prevention states that nine states and community-based organisations and five national organisations were funded through the 5-year cooperative agreement, Teenage Pregnancy Prevention: Integrating Services, Programs and Strategies through Communitywide Initiatives. The five national organisations provided training and technical assistance to the nine implementing state and community-based organisations. The state and community-based grantees, in turn, provided training and technical assistance to youth-serving organisations and partners to carry out the key components which are community mobilisation and sustainability, evidence-based programme, increasing youth

excess to contraceptives and reproductive health care services, stakeholder education, working with diverse community.

Another approach to addressing the larger societal factors surrounding teen pregnancy has come in the form of a newly emerging interest in “youth development” programs that begin intervening at an early point in the life of a child (e.g. junior high school or even elementary school), include components that go beyond teaching abstinence or contraception (e.g. academic remediation, job training), and have goals that go beyond preventing teen pregnancy (e.g. increasing rates of graduation from high school, enhancing post-graduation employment opportunities). The relationship of these programs to teen pregnancy arises from the belief that the best contraceptive is a bright future (Saunders, 2016).

2.14. Conclusion

As demonstrated in the corpus of literature, teenage pregnancy is a major social and educational problem in developing and developed countries. This literature review has presented teenage pregnancy as a devastating issue in the South African context. While this social problem negatively affects teenagers at an individual level, it is also evident to have negative consequences for the larger society. This chapter has positioned poor academic outcomes as one of the major negative consequences of teenage pregnancy in South Africa. Drawing from different sources, this chapter has provided a comprehensive background of the teenage pregnancy concept. Very significantly, the chapter also unpacked the teenage pregnancy prevention programmes in South Africa and in other contexts. Relevant legislation and laws have been reviewed in reference to the teenage pregnancy problem. The chapter attempted to provide the statistical overview of teenage pregnancy across South African provinces with specific focus on KwaZulu-Natal as one of the mostly impacted provinces. The impact of community interventions to address teenage pregnancy has also been discussed in this chapter. Overall, it appears that teenage pregnancy is a major social problem in South Africa and other world countries.

2.15. Theoretical Framework

A theoretical framework is a systematic structure that forms ideas about the phenomena under investigation that is used to explain data behaviour or the relations among a set of variables

depending on the type of research conducted (Camp, 2001). A theoretical framework includes the examination of discipline-based literature related to the topic and identifying an overarching theory that explains the central hypothesis or proposition (Creswell, 1994). Theories are formulated to explain, predict and understand a phenomenon.

2.15.1. CIPP evaluation model

This model was proposed by Daniel Stufflebeam in 1960. The CIPP Model (Context, Input, Process, and Product) can be used for both types of evaluation; summative and formative. The most important thing about this model is that it provides the holistic view of every element by evaluating context, input, process and output from each and every angle (Stufflebeam, 2015). With the help of this model, evaluation can be done systematically, fulfilling the general needs of evaluation. The important element which makes this model different from other models is that it focuses on the context for the evaluation of teaching learning and development process (Stufflebeam, 2015).

2.15.1.1. Context evaluation

Context evaluation helps to assess the needs and opportunities within a defined context or environment (Stufflebeam, 2015). The objectives of context evaluation are to define, identify and address the needs of the target population, identify the problems and assess if the goals are responsive to the desired needs or not (Stufflebeam, 2015). The different types of methods for the evaluation of context include surveys, document reviews, data analysis and interviews (Stufflebeam, 2015).

2.15.1.2. Input evaluation

The purpose of this type of evaluation is to provide information for determining the resources used to meet the goals of the programme (Stufflebeam, 2015). The resources include time resources, human resources, physical resources, infrastructure, curriculum and content for evaluating the quality of the programme (Stufflebeam, 2015).

2.15.1.3. Process evaluation

Process evaluation focuses on the running of the programme and teaching learning processes. Implementation is a phase in which the inputs are used in effective an manner to achieve the desired aims, objectives, goals of the product (Stufflebeam, 2015).

2.15.1.4. Product evaluation

Product evaluation includes the outcomes. The focus of the product is not on the student's achievement of grades but the skills, attitudes, knowledge, learning and abilities they attain which the student is going to use in life to benefit society (Stufflebeam, 2015). Stufflebeam (2015) suggest the product evaluation conducted for four aspects of evaluation which is impact, effectiveness, sustainability, and transportability. Product evaluation requires an instrument such as a test sheet, interview sheet, and observation sheet to observe behaviour change after the implementation of the learning program (Stufflebeam, 2015).

The CIPP model is relevant and suitable for this study because it provides a holistic evaluation of the programme implemented. This study aims to evaluate the teenage pregnancy prevention programme. Therefore, this model is relevant as it focuses on the evaluation of the teaching and learning throughout the teenage pregnancy prevention programme. The CIPP model is found to be a popular method and a useful tool for evaluating programmes.

Chapter 3: Methodology and Research Design

3.1. Introduction

This chapter presents the methodology for this study as well as the research design selection for this study. Research can be defined as the systematic process of collecting and logically analysing data for a given purpose (Schumacher et al., 2010). Methodological decisions are determined by the research paradigm to which the research is located (Mohajan, 2018). However, this definition is generalised to some degree since many methods are used to investigate a problem or question. Research methods (constituting a research methodology) are the ways in which one collects and analyses data. These methods have been developed for acquiring knowledge reliably and validly. A research methodology is systematic, purposeful, and planned to yield data on a particular research problem (Schumacher et al., 2010). Research methodology is the approach in which research troubles are solved thoroughly. It is a science of studying how research is conducted systematically (Mishra, 2017).

Research design can be considered as the structure of research. It is the “Glue” that holds all of the elements in a research project together. In short, it is a plan of the proposed research work (Akhtar, 2016). A research design is the arrangement of conditions for the collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy and procedure (Akhtar, 2016). A research design is a systematic plan to study a scientific problem (Gilliland, 204). The design of a study defines the study type (descriptive, correlational, semi-experimental, experimental, review, meta-analytic) and sub-type (e.g., descriptive-longitudinal case study), research question, hypotheses, independent and dependent variables, experimental design, and, if applicable, data collection methods and a statistical analysis plan (Gilliland, 2014). Research design is the framework that has been created to seek answers to research questions (Gilliland, 2014).

3.2. Research Methodology

This study used qualitative research methods because it is exploratory in nature. The advantage of using qualitative methods in exploratory research is the use of open-ended questions and probing questions which provide participants with the opportunity to respond in their own

words rather than forcing them to choose from fixed responses (Blanche et al., 2006). Open-ended questions have the ability to evoke responses that are meaningful and culturally salient to the participant and rich and detailed in nature (Creswell, 2009:179). Qualitative approaches are generally engaged with exploring, describing and interpreting the personal and social experiences of participants (Creswell, 2009). Qualitative research method is made to understand a small number of participants from the perspective of their own view of the world; the main idea is to gather rich and detailed information about a particular area of study. A qualitative approach allows the researcher to produce holistic data that is contextual, descriptive and in-depth (Creswell, 2009). Accordingly, this research approach was used in this study to generate in-depth insights on the problem under investigation. The reason to use qualitative research method in this study is because the researcher wanted to find out if the teenage pregnancy prevention programme was implemented according to the objectives of the policy, how learners have benefited in the programme, and what are the gaps within the programme that needs to be attended by the facilitators of the programme.

3.3. Background

Nombika high school is a public institution, specialising in ordinary school education. The school is situated at Ndwedwe rural area under Ndwedwe local municipality ward 15 within Ilembe district municipality in Durban at KwaZulu-Natal, South Africa. Nombika high school accommodates learners from grade 8 to grade 12, having over 1000 learners and over 30 educators. The school is 21 kilometers away from the nearest town called Verulam and it is 33,1kilometers away from the King Shaka Airport.

3.4. Sampling method

Purposive sampling was used in this study. Purposive sampling is a form of non-probability sampling where cases are selected based on the researcher's judgments about information-rich participants (Ncube, 2009). Purposive sampling strategies are designed to increase understanding of the experiences of selected individuals or groups to develop theories and concepts (Babbie et al., 2001). In this study, a rural area conveniently accessible to the researcher was identified. The research targets included one secondary school called Nombika at Ndwedwe rural area in KwaZulu-Natal, South Africa where the teenage pregnancy

prevention programme has been rendered. Two participants from Education Department, Nombika High school could not participate to the interview because of COVID 19 restrictions. A total number of 11 participants were sampled.

The purpose of sampling 11 participants was that this study has used a qualitative research method and interviews were conducted which provided rich data, also to get different perspective from all 11 participants and that 11 participants are manageable. The purpose for this sampling selection was for the researcher to get an understanding of how teenage pregnancy cases are addressed at the school after the teenage pregnancy prevention programme was rendered. The researcher also wanted participants to express their experiences in dealing with teenage pregnancy at school. The researcher chose this group of participants because they were going to provide relevant and helpful information because they are the ones who are in constant contact with the learners and district officials are the ones who conducted the teenage pregnancy prevention programme at the school. Information provided by participants assisted the researcher to identify the existing gaps and challenges in the teenage pregnancy prevention programme and implementable recommendations for the improvement of this programme have been suggested. According to the Department of Education, Ilembe district, Education Management Information System statistics (EMIS) (2015), reported that there has been a trend in the school of girl learners getting into a sexual relationship with boy learners of the same school. These girls later fall pregnant and some never return to school after giving birth; they drop out of school. Nombika high has participated in a teenage pregnancy prevention programme. This sampling selection assisted the researcher to understand how the programme influenced learner's sexual behaviour.

During interviews, the COVID-19 regulations were observed. The researcher provided sanitizer, wet wipes and face masks for all participants. Social distancing of 1 meter was observed. Tape recorder and portable microphone were used in order to tape information shared. Focus group discussions were conducted at Department of Education office because that was an available venue with enough space for 1-meter distance of social distancing and it is close to the school. Individual interviews were also conducted at Department of Education office given the participant's availability. The researcher was granted Ethical Clearance by University of KwaZulu-Natal reference number HSSREC/00002354/2021.

3.4. Inclusion and exclusion criteria

The participants that are included in this study are officials from Health Department which are clinic social worker and clinic school nurse. The officials from Education Department include 2 school counsellors, learner support educator, school psychologist, life orientation educator and deputy school principal. The study also includes members of the community who are 2 parents of learners participated in the programme and 1 member of the school governing body. The study exclude learner who participated in the programme because they are minors.

3.5. Data Collection

Table 1: Data Collection

Department of Health	Department of Education	Department of Education (officials based at Nombika High school)	Community members
Clinic Social Worker	2 School Counselors	Life Orientation Educator	2 Parents
Clinic School Nurse	Learner Support Agent	Deputy School Principal	1 Member of School Governing Body
	School Psychologist		

Table 2: Research objectives

Objectives	Methods	Study tools
1 To examine the provision of an enabling environment that provides support and non-discrimination to pregnant learners at Nombika high school.	Phase 1: Qualitative	Semi-structured interviews and Focus group discussion
2 To explore learner's access to sexual and reproductive health	Phase 1: Qualitative	Semi-structured interviews

	information at Nombika high school.		
3	To make recommendations on how teenage pregnancy prevention programme can be improved.	Phase 2: Qualitative	Document analysis

The study used three methods of data collection which are: individual interviews, focus group interviews and document analysis. In semi-structured interviews, some questions are predetermined and asked all participants while others arise spontaneously in a free-flowing conversation (Martic, 2018). In this study, a total number of 11 participants were interviewed. Semi structured interviews were conducted to 3 participants who are parents of the learners who participated in the programme. An interview guide was used as a guideline for the interviewer.

Table 3: Research methods used

Focus group interview 1	Focus group interview 2	Focus group interview 3	Focus group interview 4	Semi-structured interviews
Department of Health	Department of Education	Department of Education	Community Members	Community Members
Clinic Social Worker	2 School Counsellor	Life Orientation Educator	2 Parents	2 Parents
Clinic School Nurse	Learner	Deputy	1 Member	1 Member of School

	Support Agent	School Principal	Member of School Governing Body	Governing Body
	Educational Psychologist			

This selection was based on the researcher’s knowledge of the participants informed about the problem under investigation and given their exposure to teenage prevention programme.

Table 4: Focus groups

Focus Group 1: Health Department	Clinic Social Worker	Clinic School Nurse	
Focus Group 2: Education Department	2 School Counselor	Learner Support Agent	Educational Psychologist
Focus Group 3	Life Orientation Educator	Deputy School Principal	
Focus Group 4	2 Parents	1 Member of School Governing Body	

Initially, the number of participants in the interviews were 13 but because of observation of COVID 19 protocols, available office space and comfort of participants in this pandemic environment, the researcher decided to reduce the number to 11 participants. Focus groups are an established and widely accepted research technique for qualitative explorations of attitudes, opinions, perceptions, motivations, constraints, participation and behaviours (Rabiee, 2004).

Semi-structured interviews and focus groups have been successfully used collaboratively in qualitative studies, and these were accordingly expected to yield the best results in this study. According to Rabiee (2004:655), focus groups are “in-depth group interviews in which a small

group of participants are interviewed at length about a selected subject". Focus group discussion allows for extensive probing, follow-up questions, group discussion and observation of emotional reactions, which is not possible in most quantitative studies (Rabiee, 2004:656). In a focus group, participants are selected because they fulfill the purpose of the study although they might not be a representative sampling of the specific population (Rabiee, 2004). Participants are selected on the criteria that they would have something to say on the topic, would be comfortable talking to the interviewer and each other and they have similar characteristics such as being parents of learners who have participated in the programme at school (Martic, 2018). The purpose of conducting the 3 semi-structured (3 participants) and 4 focus groups in this study was because the researcher wanted to get in-depth information from the group of participants, probing and follow up questions to allow participants to disclose more information. The researcher wanted to give participants an opportunity for group discussion during the focus group interview and the researcher was able to observe the emotional reactions of the participants.

While semi-structured interviews and focus groups were expected to suffice in addressing the objectives and questions of this study, the final sample size was determined at the point of data saturation, and also COVID 19 regulations and comfort of participants during this pandemic environment were taken into consideration.

Moreover, document analysis was also used in this study. Document analysis is a form of qualitative research in which documents are interpreted by the researcher to give voice and meaning around an assessment topic (Bowen, 2009). There are three types of documents including public records that can be analysed for research purposes. These documents contain the ongoing organisational activities; they can be mission statements, annual reports, policy manuals (Bowen, 2009). Personal documents can also be used to provide data. Such documents contain person's accounts of an individual's actions, experiences and beliefs, for example calendars, emails, journals (Bowen, 2009). The last form of documents contains physical evidence which is about physical objects found within the study setting for example flyers, posters and agenda (Bowen, 2009). The purpose of using document analysis was because the researcher wanted to analyse the policy document established by the school on teenage pregnancy. The researcher wanted to see if the policy that the school have is in line with the national policy on the prevention and management of learner pregnancy in schools. The researcher wanted to find out if the school adheres to the policy after the programme has been rendered. An observation check sheet was prepared to be used in analysing the school policy

document on Management of Learner pregnancy. An observation check sheet is a method of gathering data that uses a structured form to record data based on sample observations (Borysowich, 2006). An observation sheet is used to begin to analyse a business process by gathering facts to prove a theory or opinion and to begin to detect patterns in a process (Borysowich, 2006). The researcher requested to view the teenage pregnancy policy from the school in order to verify if it is in line with the national policy. The school did not have the policy or any documentation that speaks to the Management of Learner pregnancy in schools.

3.6. Data analysis

The data was analysed using thematic analysis. Thematic analysis is a method for identifying, analyzing and reporting patterns within data (Creswell, 1994). According to Nowell (2017), thematic analysis provides a highly flexible approach that can be modified for the needs of many studies, providing rich and detailed, yet complex account of data. When analyzing the data using thematic analysis, the researcher engages in several phases as outlined by Braun (2006) and Creswell (2009).

Interviews were voice recorded using tape recorder and written notes were taken during the interviews. In order to get a thorough overview of all data collected before analysis, the first phase was to transcribe audio interviews and taking notes, meaning all verbal data were transcribed into written form (Caulfied, 2020). The second phase was to get familiar with data collected; transcribed data was read thoroughly by the researcher, getting ideas about what is in the data (Nowell, 2017). Coding was conducted at this phase; the researcher went through all transcripts of all interviews and highlighted various phrases and sentences in different colors corresponding to different codes, each code describing the idea or feeling expressed in that part of the text (Caulfied, 2020). The use of coding provides a clear trail of evidence for the credibility of the study (Nowell, 2017). The NVIVO software for qualitative research data analysis was used to assist in the sorting and organizing the large data set (Nowell, 2017). This software allows working efficiently with complex coding schemes and a large amount of text, facilitating both depth and sophistication of analysis (Nowell, 2017). The third phase was generating themes, NVIVO software was used to assist with identifying patterns among codes created and developed themes (Caulfied, 2020). The fourth phase was to review themes generated using NVIVO software. The researcher reviewed the coded data extracts for each

theme to consider whether they appear to form a coherent pattern (Nowell, 2017). The fifth phase was defining and naming themes with the assistance of NVIVO software. The researcher conducted a detailed analysis by identifying the story that each theme tells. The sixth and final phase was to write a report. Once the final themes were established by the researcher, the process of writing the report began (Nowell, 2017).

3.7. Conclusion

The research tools selected in this chapter were found to be the best in providing results for the study in order to fill in gaps identified.

Chapter 4: Findings

4.1. Introduction

This chapter presents the key research results regarding the implementation of teenage pregnancy prevention programme. In particular, it draws from the case study of Nombika high school to explain the role of teenage pregnancy prevention programme. This chapter also draws from the participants' perspectives to determine learner's access to sexual and reproductive health information at Nombika high school. While the results indicate the important role of teenage pregnancy prevention programme at Nombika high school, these results, however, highlight numerous challenges impeding the success of the programme. This chapter therefore presents the perspectives on teenage pregnancy rate at Nombika high school, the perceived factors leading to teenage pregnancy, the role of teenage pregnancy prevention programme, and associated challenges for the implementation of the programme. The chapter further addresses the intersection between learners' study period, knowledge of, and participation on the teenage pregnancy prevention programme. This chapter also presents perceived strategies to prevent teenage pregnancy; it also highlights issues on relevant policy implementation at the school level, including its influence on the exclusion from and return of teenage mothers to school. The results further indicate the role of key stakeholders such as parents, teachers, nurses and social workers. The participants' perspectives also suggest the role of family planning on teenage pregnancy prevention. Very significantly, this study results highlights gender in relation to teenage pregnancy prevention programme. Lastly, the support available to pregnant learners and teenage mothers is also presented in this chapter.

Following the analysis of data gathered through semi-structured interviews and focus group discussions, this chapter present the findings on several themes. It therefore present key insights regarding perceived teenage pregnancy rate at Nombika high school, various factors leading to teenage pregnancy, the role of teenage pregnancy prevention programme, the key challenges for the implementation of the teenage pregnancy prevention programme, enabling factors to reduce teenage pregnancy, teenage pregnancy prevention policy implementation at the school level, the roles of key stakeholders on teenage pregnancy prevention, the role of family

planning on teenage pregnancy prevention, gender and teenage pregnancy prevention, availability of support for teenage mothers, and the overall summary of the key findings.

4.2. Teenage pregnancy rate at Nombika high school

Although there is national and provincial statistical information on teenage pregnancy in South Africa, there seem to be a lack of understanding of teenage pregnancy rate at school levels. As a result, the lack of relevant information partially hinders the successful implementation of teenage prevention programmes in some schools. Hence, this study drawn from the participants' perspective to determine the rate of teenage pregnancy at Nombika high school. Based on the interviews conducted, the Department of Health officials showed lack of accurate information regarding the teenage pregnancy rate in the school. For instance, one official indicated the following:

“It is not really easy to say because in as much as we get learners, normally when they come here at the clinic, they are not wearing their school uniforms. So, it hard to really tell whether they are from Nombika high school or not, but sometimes we do ask if they are still at the school, and which school they are in. So, I would say has not really gone down (Participant no 2, DOH Official, 2021).

This response indicates that the clinic itself does not record the information of learners attending the clinic which makes it impossible to have accurate information about the teenage pregnancy rate in the school. Similarly, participant no 1' remarks highlight lack of knowledge about the teenage pregnancy rate at Nombika high school as indicated below:

“Maybe in our database collection here at the clinic, we can perhaps have something that is written for a particular school and say that, this child is from Nombika high school” (Participant no 1, DOH Official, 2021).

Both the remarks from participant number 1 and number 2 highlight the major problem of the clinic which does not keep the records of the learners attending the clinic. Therefore, it is very difficult to deduce the rate of teenage pregnancy of Nombika high school based on the information provided by the officials from the Department of Health. However, the Department of Education seemed to possess some information on the rate of teenage pregnancy in the school, particularly an indication that the rate has declined following the implementation of teenage pregnancy prevention programme. For instance, participant no 2 stated that, *“with my*

observation, the rate of pregnancy has been reduced drastically at the school (Participant no 2, DOE Official, 2021). Correspondingly, participant no 4 had the following remarks:

“The rate at the school was too high because at some stage the Head Office had raise concern about the high rate of pregnancy at the school. It was about 15% rate of pregnancy, but now it about 9% after the programme was rendered” (Participant no 4, DOE Official, 2021).

The information from the Department of Education officials corresponds with that provided by teachers at a school level. For instance, one of the educators interviewed also highlighted the reduction of teenage pregnancy rate in the school as follows:

“I would say the rate of pregnancy at Nombika high school has been decreased from 15% to 5%. When we are looking at these learners that are pregnant this year, they are a very small number compared to other years, where each and every class was represented by a pregnant learner. I think the programme helped a lot; it was very bad in the previous years” (Participant no 1, Educator, 2021).

Therefore, this evidence indicates that the Department of Health lacks information on teenage pregnancy rate at Nombika high school. This is partially due to the lack of record keeping of information about learners attending clinics. However, evidence from the remarks of the Department of Education officials and from educators indicate the significant decline of teenage pregnancy in the school, particularly following the implementation of teenage pregnancy prevention programme.

4.3. Factors leading to teenage pregnancy

This study also discovered numerous factors leading to teenage pregnancy in Nombika high school. These factors include economic related reasons such as unemployment, lack of proper parenting and guidance, peer pressure, and misinformation about circumcision and sex life.

4.3.1. Poverty and unemployment/Low socio economic

Firstly, poverty and unemployment are major socio-economic issues facing South African rural communities such as Ndwedwe. Insights from participants show that unemployment and poverty are key factors leading to teenage pregnancy as stated below:

“Lack of knowledge as well as the big problem that we are facing here in South Africa and not only at Ndwedwe are the socio-economic issues like unemployment as well as poverty. Since we have about 1000 plus learners in our school, these learners have different backgrounds. Some of them come to school with empty stomach; they end up losing self-esteem; they end up dating older people. Because of dating older people, there is inequality in the relationship. As a result, they feel scared to ask for protection from their partners, which leads to falling pregnant because they will engage into sex without wearing any protection” (Participant no 2, Educator, 2021).

The above presented remarks indicate the intersections between unemployment, poverty, and teenage pregnancy. The rapidly increasing unemployment rate in the country was also reported as potentially contributing to teenage pregnancy as expressed below:

“Another reason could be that the information is not revived so that learners can always remember. They also need to have reasons to finish grade 12. The unemployment rate in our country is demotivating our young people; they complete their studies but there are no jobs. The reasons to complete matriculation needs to be revived” (Participant no 2, DOE Official, 2021).

This happens as young people often feel discouraged if they will ever find employment to change their conditions for the better. Hence, they would rather take their education for granted while focusing on other means that would bring them immediate income.

4.3.2. Lack of proper parenting and guidance

Lack of proper parenting and guidance also appeared as an important factor leading to teenage pregnancy. For instance, participant no 4 highlighted that some learners come from broken families and are vulnerable to unplanned pregnancy:

“I think most learners are coming from vulnerable families and some are coming from child headed families due to the impact of HIV& AIDS pandemic. Learners are just by themselves, not monitored by adults and some parents are on drugs which leaves learners unattended. Some parents work far from home in Durban or in Johannesburg, so learners are alone at home” (Participant no 4, DOE Official, 2021).

Therefore, the state of the family background and the extent of parenting and guidance plays a pivotal role in preventing teenagers from getting pregnant. The above remarks were also concurred by participant no 3 remarks who stated that, *“yes, lack of supervision in the family, another factor could be, not having sufficient cultural and sporting activities”* (Participant no 3, DOE Official, 2021). Similarly, participant no 1 had corresponding remarks as stated below:

“I think what leads learners to fall pregnant in our school is the lack of information from parents regarding sex and pregnancy as it has to start at home where parents need to be comfortable to talk to their children about safe sex, birth control and pregnancy. Some of the parents donot talk about those issues with their children that end up learners depending on teachers at school during the Life Orientation lessons and ask questions to the teachers. I also think it is the responsibility of the learner as well to take whatever information taught and apply it by choosing to abstain from sex” (Participant no 1, Educator, 2021).

It is still a common problem that most parents do not discuss sexual life with their children. Hence, the important information they hold about sexual and reproductive health is not passed to their children. Although schools try to address this gap through providing lessons on sex and reproductive health to children, the lack of proper guidance from parents remain a major drawback for this effort.

4.3.3. Peer pressure

Peer pressure is one of the most dominant factors leading to teenage pregnancy in South Africa. It was also discovered in this study that most teenagers are influenced by their peers to engage in sexual activities. In this regard, dating and having sex while attending high school has become a norm in many schools in South Africa which resulted to the increase of teenage pregnancy rate. The following expressions highlight the influence of peer pressure on teenage pregnancy:

“There are many factors causing teenage pregnancy, and they lead to one another and form a circle of factors. Peer pressure is one of them; learners wanting to fit in with the gang at school and in the communities” (Participant no 1, DOE Official, 2021).

Another participant said:

“I think it is because of peer pressure and lack of knowledge as well as the big problem that we are facing here in South Africa, not only at Ndwedwe, which is the socio-economic issue” (Participant no 2, Educator, 2021).

Based on the perspectives of participants as expressed above, peer pressure is undoubtedly one of the factors influencing teenage pregnancy in South African schools. It also appears from the study data that the influence of peer pressure on teenage pregnancy is also worsened by the exposure of teenagers to social media as alluded by one participant:

“Our children are exposed into social networks. So, I think we need to talk more to both girls and boys even about what they are exposed to on social media. Boys must also be taught about the dangers of engaging in sexual activities early because it is compromises their future” (Participant no 2, Parent, 2021).

Therefore, there is an interlink between peer pressure and exposure of teenagers to social media. This evidence thus suggests the need to address these related factors together or by considering both in order to achieve sustainable solutions.

4.4. Role of teenage pregnancy prevention programme

In attempt to reduce and overcome teenage pregnancy in schools, the teenage pregnancy prevention programme is implemented in many South African schools. To some degree, this study was concerned to address the role of this programme and its effectiveness in the context of Nombika high school. Findings suggest that the role of teenage pregnancy prevention programme is two fold. Firstly, it promotes awareness of teenage pregnancy related issues at a school level. In this regard, the programme educates learners about pregnancy problem as stated by one parent who said that, *“learners have been involved in the programme that teaches them how to deal with teenage issues especial pregnancy and dating” (Participant no 1, Parent, 2021).* The participant further emphasized the importance of the programme in educating learners about sex life and pregnancy as indicated below:

“I think the programme is important and it is very helpful. It should continue in schools because in our families there are many grandchildren who were born out of wedlock. Children must be educated on how to protect themselves, even after they have completed school. They must be included in the teenage pregnancy prevention programme while they are in grade 8 so that they grow up knowing the truth” (Participant no 1, Parent, 2021).

It was also reported that the Department of Health play an important role in the programme in ensuring that important information, particularly information on pregnancy prevention measures, is made available to learners. The relevant questions learners may have to their parents regarding pregnancy can be addressed by officials through the programme instead as highlighted in the following remarks:

“We also give them that podium to call us aside and ask questions, and the social worker always tells them that she is here. I think that is also beneficial because we donot only talk to them but they come voluntarily privately and ask questions individually; we assure them that we are here to assist them” (Participant no 1, DOH Official, 2021).

While the programme raise awareness to learners about pregnancy related matters, it also significantly offers skills and knowledge that assist learners to prevent pregnancy as expressed by participant no 3:

The programme that is offered is very beneficial. It teaches life skills, goal setting and the motivation amongst girl learners to delay pregnancy so that they may pursue their goals, which maybe to further their studies” (Participant no 3, DOE Official, 2021).

Undoubtedly, the teenage pregnancy prevention programme directly and indirectly raise awareness about teenage pregnancy and its related issues, and thus empower learners to prevent themselves. Secondly, the programme positively influences the behavior of teenagers. For instance, the programme encourages learners to abstain from sex as alluded in the responses below:

“I am grateful that my child has been able to get into grade 12 without having to fall pregnant, which means what is being taught regarding pregnancy is beneficial to them” (Participant no 1, Parent, 2021).

Correspondingly, another participant who serves as an educator alluded how partnership with the local NGO has helped in promoting good behavior among learners resulting in pregnancy prevention as stated below:

“In my opinion, most of the learners did benefit in the teenage pregnancy prevention programme conducted at the school because we now see that there is a decline in the rate of pregnancy at the school. So, the programme played a big role. We also have a Non-Governmental Organisation called Khethimpilo at the school which continuously conduct such programmes. They come to school every Tuesday; they provide counseling to pregnant learners and teach our learners about pregnancy.

They listen to learners' problems; they are playing a huge role here at the school in order to build self-esteem of our learners. As educators, we are happy with these programmes because it actually teaches our learners to love themselves and to focus on school work because our main aim is to build an African child" (Participant no 2, Educator, 2021).

Provided its role in raising awareness about pregnancy and in promoting good sexual behavior among learners, the teenage pregnancy prevention programme has contributed significantly to the reduction of teenage pregnancy rate in the school. For instance, participant no 1 indicated that:

"Learners benefited from the teenage pregnancy prevention programme that is shown by the decrease number or percentage of pregnancy rate at the school. I think most of them do go to clinic to get contraceptives or whatever that can help them not to fall pregnant because this year we have approximately 4 to 5 learners who are pregnant in the entire school" (Participant no 1, Educator, 2021).

Similarly, another participant said that:

"The rate of pregnancy at the school has been high but there is an improvement because when we compare this year and previous years, there is a drop. So, which means that we do have an improvement of statistics reduced in our school in terms of teenage pregnancy" (Participant no 2, Educator, 2021).

Based on the participants' perspectives presented above, one can therefore deduce that the teenage pregnancy prevention programme is important for a number of reasons. While the programme raise awareness and promotes good behavior among learners, it directly results in the decline of teenage pregnancy rate in the school and ultimately contributes to positive academic outcomes.

4.5. Challenges for the implementation of the teenage pregnancy prevention programme

Despite the evidenced success of the teenage pregnancy prevention programme, data shows that the programme itself is characterized by numerous challenges. There are notable barriers for the effective implementation of the programme. For instance, stigma and culture were highlighted as barriers for the successful implementation of the programme as stated below:

“It is stigma and culture where in the African culture when you are seen lining up to get family planning, it shows you are currently sexually active now. Afraid of other learners, my neighbor will see me and tell my mother” (Participant no 1, DOH Official, 2021).

This participant further illustrated that culture, in particular, is one of the major barriers for the implementation of the programme in some schools:

“Culture is one of the challenges preventing proper implementation of teenage pregnancy prevention programme. In some culture, you can speak about certain things but there are certain things you cannot speak about. The existing statistics at the school, because the teachers will provide stats that is not accurate ‘here says information’ the learners do not always disclose pregnancy so maybe the teacher have heard that so and so is pregnant. Teachers will refrain from saying certain things because it is not their place. They cannot say this one is pregnant without any evidence or approval from a learner or parent to say that information. In some instance, a learner might be pregnant for about 3 months and all of a sudden this learner is not pregnant anymore. That statistic is missed; no one knows what happened; whether it was termination of pregnancy or was it miscarriage, or was it just a rumor? I think that what would increase teenage pregnancy because in such instance, this learner was not attended to; so, perhaps even next year the same learner might get pregnant. This is one of the challenges that as professional we should work on overcoming” (Participant no 1, DOH Official, 2021).

In some communities, pregnancy is still stigmatized. This problem restricts communication about pregnancy and related issues between teachers and learners at school. This also makes it difficult for learners to call for help in order to prevent or cope with pregnancy. Also, discussions on topics relating to sex are still considered unacceptable in some communities. This challenge restricts the potential positive impact of the programme on teenage pregnancy prevention.

Lack of support and cooperation of community members and parents in the programme is also deemed a one of the major drawbacks. In this regard, these parties tend lack interest to participate in the programme. As a result, teachers take full responsibility of the programme as indicated by one participant:

“Another challenge is that of the parents who do not play their role. Communities should play a big role, but I feel like sometimes they leave things to teachers

because children spend more time at school. They will feel like it is the teachers place to teach their children about psycho social issues of which these are not teachers' children. Parents must take full responsibility of their children; they must create their own strategy of bringing up children. Parents must have skills to teach children in the way that children to be scared of engaging into activities above their age before time. I think in that way we can overcome this pregnancy challenge in our society. I think that because we have had too many teenagers falling pregnant; people have just leaved it as it is” (Participant no 2, DOH Official, 2021).

Ideally, a programme that seeks to address one of the major socio-economic issues in South Africa should include the active participation of different stakeholders including representatives of community groups and parents themselves. This is very important as these stakeholders could bring diverse strengths, perspectives and experiences to the programme.

4.6. Enabling factors to reduce teenage pregnancy

This study data revealed at least four enabling factors to reduce teenage pregnancy. These enabling factors are the proper implementation of the teenage pregnancy prevention programme, increased participation of male partners and parents in the programme, consideration of culture and beliefs, and raising awareness of the policy on teenage pregnancy prevention.

4.6.1. Proper implementation of the teenage pregnancy prevention programme

While some participants recommended for the provision of life skills to learners as part of the teenage pregnancy prevention programme, it was also highlighted that proper implementation of the programme itself in the school is necessary to prevent teenage pregnancy as indicated by one participant:

“I think another important factor could be for schools to properly implement the National Teenage Pregnancy Prevention Policy in schools which might help in reducing teenage pregnancy. Because what happening in schools right now is that, parents refuse to support their children in their school work after they have fallen

pregnant; they just decide to remove their children from school. Sometimes children return back to school after giving birth, but sometimes they never return back; they drop out of school” (Participant no 2, DOH Official, 2021).

A better implementation of the teenage pregnancy prevention programme should also consider diversity of learners particularly in terms of age. In this regard, it is recommended that the programme should be offered in accordance to the specific needs of different age groups or by grade level of learners as highlighted below:

“And again, the information shared depends to the ages; it is age appropriate. We often see grade 8 to grade 12; we divide them into groups according to their ages and grades, and we consider their development and also their individualism as well. Our group discussions programmes on teenage pregnancy prevention are standardized and informative whether there is a pregnant learner in the group or not. At the same time we avoid stigmatization and discrimination of pregnant learners” (Participant no 2, DOH Official, 2021).

The consideration of diversity in the implementation of the teenage pregnancy prevention programme is deemed necessary to ensure that the programme lead to desired outcomes.

4.6.2. Active participation of male partners and parents in the programme

There have been concerns that the teenage pregnancy prevention programme tends to focus on female learners and exclude male learners. This has, to some degree, undermined the efforts to prevent pregnancy. Therefore, it is recommended that the programme should include active participation of male learners as indicated by participant no 1:

“Another suggestion is that in high school we increase the equality of the genders. We must emphasise that, it is not only about contraception, it is not only about condoms, it is about both a boy and a girl, it is about taking initiatives. We must equalize the gender responsibility, even in the communities you hear them saying..... ‘who was the stupid one’ ‘it is the girl’ they do not get the concept of doubling up, using both contraceptives and condoms, to them it is either this or nothing” (Participant no 2, DOH Official, 2021).

While active participation of male learners in the teenage pregnancy prevention programme is recommended, the involvement of parents and guardians is considered equally important. In

this regard, the official stated that it is important to have “*parents or guardians having talks with both boys and girls*”(Participant no 2, DOH Official, 2021).

4.6.3. Consideration of culture and beliefs

It is further discovered that teenage pregnancy is a social problem, and it should be addressed within the context of other social ills. Since culture and beliefs can be an obstacle to efforts to address teenage pregnancy, it is important to take these into consideration in the programme implementation as stated below:

“Inclusion of topics about culture and beliefs in the programme because other parents believe in abstinence and virginity testing then prevention by the use of condoms and contraceptives. Parents might refuse the programme in the future thinking that we are encouraging their children to be sexually active”(Participant no 1, DOE Official, 2021).

Culture and social beliefs shape the view of teenage pregnancy within communities and how it is being addressed as a social problem. Therefore, these should be taken into consideration.

4.6.4. Raising awareness of the policy on teenage pregnancy prevention programme

The lack of and poor implementation of the policy on teenage pregnancy prevention is one of the barriers for the proper implementation of the programme. Therefore, it is recommended that awareness of the policy itself is important to key stakeholders, particularly schools. This was expressed in the words of participant no 2 who stated that:

“More awareness to be conducted on the National Policy on Teenage Pregnancy to learners, educators and parents so that everyone has the same understanding. As district officials, we need to incorporate the policy into the programme, and we must monitor the implementation of the policy to prevent schools from doing their own things”(Participant no 2, DOE Official, 2021).

The proper adoption and implementation of the national policy on teenage pregnancy prevention can also assist schools to address other issues related to teenage pregnancy. The increased participation of different stakeholders such as the departments of health, education, and social development in the programme is very important for successful implementation of the programme. Alongside these stakeholders at implementation is the participation of stakeholders from the neighboring communities as stated below:

“We need to involve all the stakeholders such as community leaders, school governing body, parents, and health professionals where we can teach our learners about disease related to unprotected sex and risks of falling pregnant. We must emphasize the impotence of protecting themselves” (Participant no 2, Educator, 2021).

Including these stakeholders is important for that they understand issues such as culture and community beliefs. Therefore, their involvement in the programme is important to contribute to best solutions of these challenges. Also, they can bring their expertise, knowledge and experiences which is necessary for the successful implementation of the programme.

4.7. Lack of policy implementation at the school level

While South Africa has a national policy on teenage pregnancy prevention, this study found that the school has not developed its policy based on the national policy. Hence, the school does not implement the existing policy in relation to teenage pregnancy. While the policy stipulates that learners should be allowed to continue schooling while pregnant, some parents believe that pregnant learners should stay at home during pregnancy and after giving birth to take care of a child as indicated by one parent who stated that:

“I also think that the policy is good but I cannot accompany my child to school as the means of supporting her because I did not ask her to get pregnant. If a learner falls pregnant, she must take a break from schooling and stay at home. She must raise the child so that she can feel and learn the responsibility of having a child. Because if the parent raises the child for her she will never learn, instead, she will fall pregnant again. Teenagers must learn the hard way; they must take care of their children day and night so that they could learn not to engage to unprotected sex ever again. They must take responsibility of their actions” (Participant no 2, Parent, 2021).

Such parents' attitude towards a pregnant learner clearly undermines the policy mandate and the right of pregnant learners to education. It also appears that some teachers tend to discriminate pregnant learners which is an act against the mandate of the policy as expressed by one participant below:

“Some of the schools say that the education department is spoiling these children, even when I educate them that there is a policy that protect pregnant learners from being expelled at school. Other teachers says in their times they used to be expelled when had fallen pregnant. Other schools are not happy with the policy; they are not happy with us officials when we come to schools to support pregnant learners” (Participant no 4, DOE Official, 2021).

It is also of particular concern that some schools do not comply with the existing policy as stated by the Department of Education official below who said:

“What I found confusing is that the policy is not in place in some of the schools. If there is a policy, it is either ignored or the school is contradicting the policy. Sometimes the schools come up with their own policies. For an example, in one school they made a policy stating that if the learner is pregnant in the school and if the father of the baby is in the same school, both of them must be expelled. Even though we do have a specific programme that address the needs of pregnant learners in line with the policy, some schools still do not follow the policy” (Participant no 2, DOE Official, 2021).

Correspondingly, participant no 4 raised a concern regarding schools that have their own policies that are not in line with the national policy:

“Other schools have decided together with a school governing body to amend the policy to states that if a learner falls pregnant, she must never come to school, but stay at home. I think even the educators contradict the policy. Some schools do not adhere to the policy, instead, they create their own policy apart from the National Policy on Teenage Pregnancy. Parents say we do not want a pregnant learner at school” (Participant no 4, DOE Official, 2021).

The lack of implementation of the policy at a school level is one of the major drawbacks of the effort to prevent teenage pregnancy. Therefore, this drawback suggests the need for proper monitoring of schools regarding the extent to which they implement this policy in their respective schools.

4.7.1. Policy influence on the education of pregnant teenagers

The successful implementation of the policy also ensures that no learners are excluded from school on the bases of pregnancy. The policy also supports the return of teenage mothers to school after giving birth. While the policy supports for their return to school, it appears that some learners may decide not to return to school themselves as indicated by one educator interviewed:

“As the school, we inform both pregnant learner and the parents that the learner is not expelled at school due to pregnancy. They have a right to continue with their studies even after they have given birth, and they must return to school. Sometimes learners themselves do not want to return to school as they feel ashamed of themselves especially if they are in lower grades, like grade 9 or grade 10; very few learners return back. But those learners who falls pregnant while in grade 12, in most cases they push and complete their academic year. If it happens that they could not complete the year or could not write their final examination or their final examination was distracted due to delivery, they usually come back in the following year to rewrite supplementary examination” (Participant no 1, Educator, 2021).

Learners’ inability to return to school after giving birth can be attributed to a number of reasons. However, the most common reason is the fear of discrimination by teachers and fellow learners. This occurs in most schools since getting pregnant while studying is stigmatized and culturally unacceptable in many communities. In line with the teenage pregnancy policy, the teenage pregnancy prevention programme is implemented to provide support to pregnant learners, during pregnancy and after giving birth as alluded by participant no 1:

“Currently as the department is implementing this programme, we do target the pregnant learners; we provide support on enlightening them about responsibility they are about to encounter; we encourage them to access services from Health and Home Affairs to enquire about application of birth certificate, but again it is up to them to make use of those services. We do educate pregnant learners about the teenage pregnancy policy that they are not expelled from school but they have the responsibility to make sure that they are up to date with school work, and that they are not left behind. It is their responsibility to develop a programme or schedule of tasks that they need to complete in order to be able to balance their academic life and having a baby. We also inform them that there will be a time where they will

not be able to come to school when it is the time for giving birth to the baby. This is to prevent delivery within the school premises because educators cannot be able to rush them to the clinic when it is delivery time. Educators need to protect themselves in case something wrong happens whilst on the way to the clinic with a learner in labor pains. So, learners need to protect themselves as well. We advise pregnant learners that they need to access health services and they must be guided by health department to tell when should they stop coming to school. The programme that we render does not discriminate pregnant learners but they are supported” (Participant no 1, DOE Official, 2021).

While this support is readily available, it remains the decision and the responsibility of teenage mothers to return to school. In this instance, parents can play a key role in supporting and encouraging teenage mothers to return to school and in assisting with the arrangements of taking care of the child. Therefore, policy implementation alone does not guarantee teenage mothers’ return to school after giving birth.

4.8. Roles of key stakeholders on teenage pregnancy prevention programme at Nombika high school.

This study unpacked the stakeholders who play different roles in the teenage pregnancy prevention programme. The results show that parents, teachers, nurses and social workers play significant roles in the teenage pregnancy prevention as indicated in the sub-sections below.

4.8.1. The role of parents

Parents are considered as one of the key role players in teenage pregnancy prevention programme and in teenage pregnancy prevention programme. For instance, one parent interviewed indicated the importance of communicating with children about sexually transmitted infections (STIs) as highlighted on the following response:

“I do speak to boys at home regularly; I think it is important to tell our children, both girls and boys, that we love them as their parents to avoid over excitement if

someone else tells them and also to teach about Sexual Transmitted Infections”
(Participant no 1, Parent, 2021).

Similarly, another parent interviewed expressed the importance of taking care of their children’s needs to avoid them turning to sexual activities in need for money and other basic needs from sexual partners. Participant no 3 had the following expression:

“I also think that we as parents need to try by all means to provide for our children with their needs especially school needs so that they would not run to other people who will promise false love in exchange of their needs because our children can be easily tempted”(Participant no 3, Parent, 2021).

Showing love to children so to discourage them from participating in sexual activities was expressed as equally important by participant no 3 who further stated that:

“It is to love their children to the point that they tell them the truth about life even if children do not like that truth. Parents must be honest to their children and do not be afraid of them. Parents should not feel threatened by the rights that children possessed”(Participant no 3, Parent, 2021).

The above participants’ remarks indicate that efforts to prevent pregnancy among teenagers should begin at a family level. In this regard, parents should strengthen their relationships with their children. This is very important to inform children about sex life and its implications. Thus, this parent-child form of relationship is very important to contribute to the prevention of teenage pregnancy.

4.8.2. The role of teachers

Teachers can also play a significant role in teenage pregnancy prevention. In this study, participants indicated that educators can play a key role in educating learners about the nature and consequences of teenage pregnancy. In particular, Life Orientation educators provide important information to learners about sex and reproductive health as expressed by the following participant:

“As Life Orientation educators, we should not hold back any information from the learners. We should teach everything regarding teenage pregnancy so that learners can benefit. We should emphasize the unwanted results of engaging in unprotected sex”(Participant no 3, Educator, 2021).

The corresponding remarks were presented by the Department of Health official who stated that, “*we covered everything regarding teenage pregnancy and reproductive health. Everything is there for learners to know; we do our part as health department*” (Participant no 2, DOH Official, 2021). These remarks indicate that education on sex and reproductive health of teenagers is important. Hence, teachers can play a vital role in this regard. It therefore becomes very important that this form of education is integrated in the learning curriculum at basic education level.

4.8.3. The role of nurses

The role of nurses is increasingly recognized in teenage pregnancy prevention. For instance, they provide important information to teenagers about pregnancy, associated risks and prevention measures. For instance, as mandated by the Department of Health, nurses provide teaching to learners alongside social workers and teachers as expressed below:

“We also cover the part about different types of contraceptives that you get, that they may use. Then in terms of psycho-social, the social worker will obviously cover social ills that we as a community come across due to teenage pregnancy, the negative effects and the implications that comes. I will personally say that we do teach learners everything, it up to them to take or not take what they are taught” (Participant no 2, DOH Official, 2021).

Therefore, the above remarks show that teaching about sex and reproductive health of teenagers is not merely the responsibility of teachers. Rather, it should be a cooperative effort from teachers, nurses and social workers. Similarly, the following response further suggest how nurses work together with teachers to achieve common goal, which is to address teenage pregnancy problem:

“We can only hope that these children take what we offer them and they apply it in their lives, and we go back continuously and check on them. And we also sometimes have conversations with the teachers because it is the teacher that is always with the learner most of the time. So, promoting and encouraging teachers is also something that we do now and then” (Participant no 1, DOH Official, 2021).

The cooperation between teachers, nurses, and social workers to work in partnership towards achieving common objectives is based on the premise that outcomes of a joint effort are likely

to be positive. In this regard, all parties involved share expertise, experiences and strengths to achieve common goal which is to address teenage pregnancy problem.

4.8.4. The role of social workers

Social workers, just like teachers and nurses, play an important role in their professions to contribute to teenage pregnancy prevention. They also provide teaching to learners in school about sex and reproductive health. As indicated by one participant in the following remarks:

“The social worker does not just deal with the after effects only. When we go to schools, we teach learners about the pre and post social effects. We tell them before falling pregnant what happens after being pregnant” (Participant no 2, DOH Official, 2021).

These remarks clearly indicate that teenage pregnancy is not just an educational problem and economic problem, but it is also a pressing social problem with negative educational and economic implications. As it is a social problem, it requires social work attention as well. In teaching teenagers about sex and reproductive health, the Department of Health official stated that, *“we tell them the consequences after being pregnant, the problems after being pregnant” (Participant no 1, DOH Official, 2021).* Therefore, the role of social workers is equally important in sex and reproductive health of teenagers.

4.10. The role of family planning on teenage pregnancy prevention

Family planning is deemed as one of the important ways to avoid unplanned pregnancy among teenagers. While this approach may be recommended for sexually active teenage learners, most participants in this study argued against the adoption of this approach. For instance, the disapproval of family planning among teenagers is based on the grounds that it may lead to unintended outcomes. The following sentiments highlights why family planning should be discouraged among teenagers:

“In my opinion, I do not think it is a good idea to encourage teenagers to do family planning because once you advise your child to do family planning, she will start

to do any how because she will know that she will not fall pregnant. We need to teach them that they must not do sex at all”(Participant no 3, Parent, 2021).

“I also discourage the idea of advising our children to do family planning because their bodies are not ready for all these different types of contraceptives. Sometimes it could lead to complications in their future when it is the right time to fall pregnant. Abstinence must be encouraged”(Participant no 1, Parent, 2021).

“Teenagers might misunderstand the advice of family planning and think that you are now giving them the right to sleep around. They might develop bad attitude as well and misbehave if they feel like going somewhere they can just go without parent’s permission. I would say, family planning is advisable to those young people who have children to prevent getting another child”(Participant no 2, Parent, 2021).

Instead of family planning that may mistakenly lead to teenage pregnancy and other problems, other participants recommended for measures such as abstinence and virginity testing that can guarantee the protection of teenagers from pregnancy as expressed below:

“Let us encourage abstinence to our teenagers as we have our beautiful culture that encourages virginity to young girls. Even though that cultural practice of virginity testing is no more properly practiced to other communities. Some of the women who conduct this practice do not give parents honest result after testing because of various reasons”(Participant no 2, Parent, 2021).

While all parents interviewed discouraged family planning approach for teenagers and recommended other measures such as abstinence and virginity testing. The Department of Health official indicated that, if adopted properly, family planning can actually play an important role on teenage pregnancy prevention as indicated below:

“The fact that they’re mostly at school, they spend more time at school. I think sometimes they want to explore things; they will engage into sex and later say, hha I did not know this will happen to me They donot realize that it can just happen just like that in an instant ... because they come here at the clinic maternity for their monthly check ups already being pregnant and as a clinic social worker, I interview them and they will say I did not know about contraceptives, which is untrue most of the time. They also say, they are scared to come to the clinic for family planning sometimes mind you we go to school and explain that they must not be scared

or ashamed to come for family planning. We even tell them that at the clinic we have a programme called AYFS which is Adolescent Youth Friendly Support, this programme is just for young people. They get an hour free consultation session; they can just go straight into that office for any kind of help” (Participant no 2, DOH Official, 2021).

Based on these perspectives, it is important that the teenage pregnancy prevention programme integrate all measures for teenage pregnancy prevention. This means that the programme should encourage learners to adopt the combination of measures. These measures include encouraging condom use, abstinence, virginity testing, family planning and teaching about contraceptives.

4.12. Gender and teenage pregnancy prevention programme

The teenage pregnancy prevention programme and other teenage pregnancy prevention initiatives have been criticized for that they tend to focus on female teenagers and exclude male teenagers. This was found as a major drawback in the agenda of teenage pregnancy prevention in this study. Most participants indicated that this problem should be given special attention if the teenage pregnancy prevention programmes were to attain desired results. For instance, one participant highlighted how the programme tends to focus mainly on girls:

“We need to teach boys to take care of themselves because more emphasis is put to girls, but girls do not impregnate themselves. We need to also encourage parents to speak to boys as much as they speak to girls because in most cases mothers will speak to girls but fathers do not speak to boys. In that way, boys will carry on as if nothing is wrong” (Participant no 1, DOH Official, 2021).

The focus of the programme on girls shift the responsibility of pregnancy prevention to only girls. This is a problem because boys can also play a role in prevention. Boys should also be part of the programme and be informed to take responsibility in pregnancy prevention as stated by participant no 2:

“In some cases, girls tell boys that they are on contraceptives and then the boy will be like’ooh you are very responsible, we are covered. They should know that it is their responsibility, both of them, even the consequences of pregnancy, infections, HIV and AIDS.I think we really need to emphasis gender equality when it comes to responsibilities” (Participant no 2, DOH Official, 2021).

The information on pregnancy prevention measures should be shared with male teenagers as well. This is very important avoid risk practices among boys that may lead to pregnancy as expressed by participants below:

“I have noticed that young boys misunderstand the issue of circumcision; they misbehave after the circumcision procedure because they know they will not easily get infections, which leads to impregnating young girls” (Participant no 2, Parent, 2021).

“Teachings must encourage boys to respect girls; they must not be forceful. Because in most cases, boyfriends are older than girls and are out of school so they take advantage of girls. They become more influential to girls and coercing girls in to doing what they are not ready to do” (Participant 2, DOH Official, 2021).

“The focus is on both boys and girls because previously the boys felt as if they were benefiting from having sex with the girls and it does not affect them because girls are the ones falling pregnant. But when we come and introduce the programme, we teach them that they might not be affected immediately but at a later stage in life, you are going to be affected emotionally, financially, and your future family relationship will be affected. You can be happy that you are a boy and you do not get pregnant but in future you will have to pay maintenance; you will have to bring your child from the previous relationship into your marriage. So, in that way boys are enlightened for future challenges; it is up to them to take what is being taught” (Participant no 1, DOE Official, 2021).

The perspectives of participants indicate the importance of involving male teenagers in teenage prevention programme and other pregnancy prevention measures. This is very important to teach male teenagers about best practices to prevent unplanned pregnancy and other related issues. Also, their active participation in the programme can equip them with necessary correct information on the teenage pregnancy prevention measures. This, in turn, will play a role in the reduction of teenage pregnancy rate in schools.

4.13. Availability of support for teenage mothers

While stigmatization and discrimination of pregnant learners is common in many schools, the support for pregnant learners or teenage mothers is also made available. For instance, pregnant learners do receive support from teachers and other stakeholders through teenage pregnancy prevention programme as indicated by one educator:

“In most cases, learners never report or inform us as educators that they are now pregnant even though we encourage them to do so. We probably notice by a learner gaining weight and then one of our educators who is allocated to provide psycho social support to learners, will call a learner privately and interview the learner to find out if she is pregnant or not. If the learner confirms pregnancy, then the matter will be referred to the school counselor who is an official based at the district office that provide counseling and other psychological support to learners. We advise parents of a pregnant learner to continuously provide support to the learner. But in most cases parents decides to remove their children from school” (Participant no 1, Educator, 2021).

Also, pregnant learners receive support through local NGOs and other stakeholders as expressed by participant no 2 below:

“Sometimes, because we have an NGO called Khethimpilo which comes to conduct services to the learners every Tuesday, some learners feel comfortable to disclose their pregnancy to the social worker from Khethimpilo or in other instance the social worker will identify a learner who is suspiciously pregnant and interview the learner privately. The social worker also conducts counseling and meets with the parents in order to encourage parents to provide support to pregnant learners. But I think parents feel disappointed by their children, feel ashamed in the community, which is why they decide to keep their pregnant children at home” (Participant no 2, Educator, 2021).

This type of support should be encouraged as it addresses the exclusion of pregnant learners from school. Also, this support is very important to ensure that teenage mothers return to school after giving birth. Therefore, different stakeholders including teachers, representatives of community organizations, representatives of government departments, school governing body, and parents should work together to provide support to pregnant learners and teenage mothers.

4.14. Conclusion

The results of this study demonstrate that the teenage pregnancy prevention programme plays an important role in addressing the issue of teenage pregnancy. In fact, this programme has significantly contributed to the reduction of teenage pregnancy rate in Nombika high school. However, the programme is characterized by a number of challenges including notable barriers for programme implementation such as stigma and culture. It has therefore been recommended that successful implementation of this programme requires an important consideration of the national policy on teenage pregnancy prevention. Unfortunately, the national policy is not adopted and implemented by many schools including Nombika high school. This chapter has highlighted the importance of active participation of parents and male learners in the teenage pregnancy prevention programme. This chapter has presented the perceived teenage pregnancy rate in Nombika high school and the key factors contributing to teenage pregnancy. It highlighted the key role players in the programme including parents, teachers, nurses, and social workers. The role of family planning, importance of support to pregnant learners, and why both genders (female and male learners) should be included in the teenage pregnancy prevention programme has been covered in this chapter.

Chapter 5: Discussion

The purpose of this study was to investigate the implementation of the teenage pregnancy prevention programme at Nombika high school in South Africa, KwaZulu-Natal province. This study addressed three key objectives as follows: (1) To examine the provision of an enabling environment that provides support and non-discrimination to pregnant learners at Nombika high school. (2) To explore learner's access to sexual and reproductive health information at Nombika high school. (3) To make recommendations on how teenage pregnancy prevention programme can be improved.

Teenage pregnancy is recognized as a major socio-economic development problem; this problem is severe in developing countries. As also evident in the previous studies (John et al., 2017; Smita, 2018; Yaya et al., 2019), this current study found teenage pregnancy as a detrimental problem to social and academic life of teenagers. The study was conducted at Nombika high school and attempts were made to elicit the teenage pregnancy rate within the school context. Drawing from the insights provided by the Department of Health, there is seemingly the lack of information about teenage pregnancy rate at Nombika high school. This problem is attributed to poor record keeping by local clinics which learners visit. The lack of record keeping was reported by participants as a major problem. For instance, a Department of Health Official stated that, "it is not really easy to say because in as much as we get learners, normally when they come here at the clinic, they are not wearing their school uniforms. So, it hard to really tell whether they are from Nombika high school or not, but sometimes we do ask if they are still at the school, and which school they are in" (Participant no 2, DOH Official, 2021). From the CIPP model standpoint, which is used for programme evaluation purposes (Stufflebeam, 2015), one can predict the difficulties to evaluate the teenage pregnancy prevention programme without the accurate information about teenage pregnancy rate in the school. These results call for a more proactive role from the Department of Health in partnership with the Department of Education in ensuring that accurate records of teenage pregnancy are recorded and updated regularly.

This study discovered various factors leading to teenage pregnancy in Nombika high school. Poverty and unemployment were discovered as key factors contributing to teenage pregnancy. In this regard, learners from poor families and learners whose parents are unemployed were

likely to engage in unsafe sex and consequently fall pregnant. It has been mentioned in the literature that most teenagers engage into sexual relationships due to circumstances in their families. As alluded by the Educator in the school who stated that, “since we have about 1000 plus learners in our school, these learners have different backgrounds. Some of them come to school with empty stomach; they end up losing self-esteem; they end up dating older people. Because of dating older people, there is inequality in the relationship. As a result, they feel scared to ask for protection from their partners, which leads to falling pregnant because they will engage into sex without wearing any protection” (Participant no 2, Educator, 2021). It also appears that, this group of learners were likely to have sexual relationships with older man for financial benefits. As also shown in the previous studies (Cebo, 2017; Thobejane, 2015), negotiating safe sex in these types of relationships is difficult. Thus, teenagers who are in relationships with older men are vulnerable to pregnancy. It has become a norm that teenagers will engage in sexual relationships for material benefits (Thobenjani, 2015). This widely accepted risky behavior among teenagers needs change (Cebo, 2017). Therefore, the scope of the teenage pregnancy prevention programme should be advanced to incorporate education component that seeks to influence the change of teenagers’ risky behavior. This call is in accordance with the need for behavioral change which is better understood through transtheoretical model (Prochaska et al., 1983). In the current era where unemployment is rapidly increasing for educated and uneducated citizens, learners may deem this as an excuse to undermine education and engage in activities that may lead to pregnancy. As also found by John et al. (2017), there is indeed a relationship between unemployment, poverty and teenage pregnancy.

This study also found lack of proper parenting and guidance as another factor contributing to teenage pregnancy. Generally, parents play an important role in providing guidance to their children. This involves teachings about sex and reproductive health. However, the results of this study indicate that, in some families, this form of guidance is lacking. Hence, children whose parents are absent or unable to provide guidance are likely to fall pregnant and be subjected to other social ills. Ideally, parents should play a primary role in ensuring good and acceptable behavior among their children. Based on the transtheoretical model, good and acceptable behavior falls under maintenance stage where individuals are working to maintain the new lifestyle after going through behavioral changes (Prochaska et al., 1983). Parents are very important to help their children to maintain good or healthy behavior. However, it remains a normal societal problem that some parents do not discuss sex life with their children. The

lack of parenting was reported by one participant who explained that, “learners are just by themselves, not monitored by adults and some parents are on drugs which leaves learners unattended. Some parents work far from home in Durban or in Johannesburg, so learners are alone at home” (Participant no 4, DOE Official, 2021). These findings concur with the results of previous studies which indicate the important role of parents in providing guidance to their children. Accordingly, the results of these studies (e.g., Chigona et al., 2008; Thobejane, 2015) are discouraging as they also discovered that lack of communication between parents and children remains a problem which exacerbates teenage pregnancy.

Peer pressure was also found as one of the most influential factors contributing to teenage pregnancy in South Africa. In this instance, most teenagers who fell pregnant were reported to have their choices of engaging in sexual activities influenced by their peers. This problem is very common at high school level such as Nombika high school. Hence, teenagers view the act of engaging in sex as a norm and those who are not sexually active are made to feel inferior by their peers. These results advance on the results of the previous studies. For instance, studies by Gyan (2013), Yaya et al. (2019), and Taylor (2014) discovered that peer influence as a powerful factor that encourages teenage pregnancy at the school context. Clearly, peers have a major influence towards behavioral change. Drawing from the transtheoretical model (Prochaska et al., 1983), peers can provide information that contributes to better or worse sexual behavior. It is therefore important that teenage pregnancy prevention programme also take the influence of peers into consideration. While this current study results concur with the results of the previous studies, it made an important finding. This study found that the influence of peer pressure on teenage pregnancy is also worsened by the exposure of teenagers to social media. This concern is evident in the expression of participant no 2 who stated that, “our children are exposed into social networks. So, I think we need to talk more to both girls and boys even about what they are exposed to on social media” (Participant no 2, Parent, 2021). Therefore, there is an interlink between peer pressure and exposure of teenagers to social media. This important finding should be a key consideration by parents and teachers in particular.

Understanding the role of the teenage pregnancy prevention programme at Nombika high school was the principal goal in this research. This study results acknowledge the implementation of teenage pregnancy prevention programme at Nombika high school and its role on teenage pregnancy prevention within the school. It was discovered that the programme

play a significant role in two forms. Firstly, the programme play an important role of promoting awareness in the school about teenage pregnancy problem and sex and reproductive health. This role involves promoting good and safe sexual behavior among teenagers as indicated by one participant who stated that, “the programme that is offered is very beneficial. It teaches life skills, goal setting and the motivation amongst girl learners to delay pregnancy so that they may pursue their goals, which maybe to further their studies” (Participant no 3, DOE Official, 2021). As also understood in the transtheoretical model, educational programmes such as teenage pregnancy prevention programme serve as interventions to promote health behaviour change (Prochaska et al., 1983). Secondly, the programme plays an empowerment role by providing knowledge and skills that enables learners to protect themselves against pregnancy while contributing significantly positively to academic outcomes. The knowledge and skills provided to teenagers through the programme are also important to maintain good and safe sexual behavior among teenagers. As also evident in the existing literature (Jawkes et al., 2009; Ndayizigamiye& Matlala, 2018; Strode & Essack, 2017), teenage pregnancy prevention programme contributes to the reduction of teenage pregnancy rate in schools as was also found at Nombika high school. This was also evident in some participants’ perspectives as participant no 2, for instance, stated that, “the rate of pregnancy at the school has been high but there is an improvement because when we compare this year and previous years, there is a drop. So, which means that we do have an improvement of statistics reduced in our school in terms of teenage pregnancy” (Participant no 2, Educator, 2021). In the context of this study, as also understood in the CIPP model (Stufflebeam, 2015), the teenage pregnancy prevention programme is effective in providing education that brings about positive social and academic change among teenagers.

While the results of this study show the important role of teenage pregnancy prevention programme, numerous challenges associated with the implementation of the programme. Notable, there are barriers to effective implementation of the programme. This research found stigma and culture as powerful barriers for effective implementation of the teenage pregnancy prevention programme. For instance, the Department of Health Official viewed stigma as a major barrier when stating that, “it is stigma and culture where in the African culture when you are seen lining up to get family planning, it shows you are currently sexually active now. Afraid of other learners, my neighbor will see me and tell my mother” (Participant no 1, DOH Official, 2021). Stigma and culture can further be understood through the notion of “context evaluation” as barriers for successful programme implementation (Stufflebeam, 2015). The evaluation and

understanding of the context are very important part of the programme; this process helps to identify and address the obstacles such as stigma and culture towards programme implementation. In most communities, teenage pregnancy is still stigmatized. As a result, communication and discussions surrounding pregnancy and sex life between teachers and learners remain restricted at a school level. In some communities, sex topics or talks are not accepted which directly restrict the positive impact of teenage pregnancy prevention programme. This problem thus denies teenagers from accessing information and engaging in discussions that can influence change into their healthier behavior (Prochaska et al., 1983). These results are not surprising as previous research (Mukuna, 2021; Nkwemu et al., 2019) also shows that teenage pregnancy remain stigmatized in some communities which is also influenced by culture and norms in those communities. The results of this study further indicate that the programme also receive limited if no support from community members and parents which impact its implementation. These results have major implications to teachers, parents, and general community to cooperate in the implementation of the teenage pregnancy prevention programme.

This study found four enabling factors to reduce teenage pregnancy. The first factor is proper implementation of the teenage pregnancy prevention programme. This was emphasised by one participant who alluded that, “I think another important factor could be for schools to properly implement the National Teenage Pregnancy Prevention Policy in schools which might help in reducing teenage pregnancy” (Participant no 2, DOH Official, 2021). Proper implementation means that, at implementation phase of the programme, diversity in terms of age and grade of a learner should be taken into consideration. In this regard, the programme can effectively address the needs of learners at different age groups and at different grade levels. Proper implementation of the programme requires the consideration of CIPP evaluation model (Stufflebeam, 2015). In this regard, the effective and successful implementation of the programme depended on context evaluation, input evaluation, process evaluation, and product evaluation (Stufflebeam, 2015). The second factor is active participation of male partners and parents in the programme. In the teenage pregnancy prevention interventions, male partners are often excluded. This is deemed as a major drawback in the teenage pregnancy prevention programmes. In fact, the exclusion of male partners in these programmes unfairly places the responsibility of teenage pregnancy on girls. This is particularly important as previous research indicate that the teenage pregnancy prevention programmes tend to focus on females than males (De Wet et al., 2018; Taylor et al., 2014). Therefore, the results of this current study

recommend the active involvement of male partners in the programme to ensure its contribution to teenage pregnancy prevention. The involvement of parents in the prevention programmes is equally important. The third factor is the consideration of culture and beliefs in the implementation of the programme. This is deemed very important because culture and beliefs in the community can be an obstacle to the prevention of teenage pregnancy as teenage pregnancy in some communities is stigmatized and culturally unacceptable. Therefore, the role of culture and beliefs should be taken into consideration in any teenage pregnancy prevention effort. In fact, behavioral change for those who stigmatize teenage pregnancy is very important. The last factor is raising awareness of the policy in teenage pregnancy prevention as expressed by the Department of Education Official who stated that, “more awareness to be conducted on the National Policy on Teenage Pregnancy to learners, educators and parents so that everyone has the same understanding. As district officials, we need to incorporate the policy into the programme, and we must monitor the implementation of the policy to prevent schools from doing their own things” (Participant no 2, DOE Official, 2021). This is particularly important as South African Parliament has approved the national policy on the prevention and management of pupil pregnancy in schools (Sefularo, 2021). The cabinet stated that the policy provides for an enabling environment to support pupils and prevent discrimination against those who fell pregnant while at school (Sefularo, 2021). The cabinet stated that, the policy provided for access to comprehensive pregnancy prevention information, counselling and care guidelines (Sefularo, 2021). It is therefore very that the policy on teenage pregnancy prevention is properly implemented to create an enabling environment for teenage pregnancy prevention. This involves raising awareness about the policy itself to key stakeholders. This policy awareness among the general public in particular can also bring about positive behavioral change, especially to change the way which people view teenage pregnancy.

Despite that South Africa has national policy on teenage pregnancy prevention, the results of this study indicate that this policy is not effectively implemented at Nombika high school. While this policy prohibits the exclusion of learners from school, it was evident that most learners leave school when they find out that they are pregnant. In fact, some parents believed that pregnant learners should stay at home until they give birth. For instance, one parent stated that, “I also think that the policy is good but I cannot accompany my child to school as the means of supporting her because I did not ask her to get pregnant. If a learner falls pregnant, she must take a break from schooling and stay at home. She must raise the child so that she can feel and learn the responsibility of having a child. Because if the parent raises the child for her

she will never learn, instead, she will fall pregnant again. Teenagers must learn the hard way; they must take care of their children day and night so that they could learn not to engage to unprotected sex ever again. They must take responsibility of their actions” (Participant no 2, Parent, 2021). This indicates that the behavioral change intervention is needed not only to change the behavior of learners, but also to change the behavior and attitude of parents towards pregnancy. The reported attitude of parents is against the stipulation by the National Policy on the prevention and management of learner pregnancy in schools (2007) which clearly states that learners should not be excluded from school and should be allowed to continue with school after giving birth. Accordingly, the implementation of this policy in Nombika high school is questionable as the school develops its own policy that is not in line with the national policy. This consequently undermines pregnant learners’ right to education. The successful implementation of this policy at a school level ensures that pregnant learners are not excluded from school and do return to school after giving birth. However, the results of this study show that some learners do not return to school. The most cited reason for non-return to school was the fear of discrimination among teenage mothers. Discrimination of teenage mothers is not the new finding from this study as it was also found as a problem in the previous studies where teenage mothers reported the experiences of stigma and discrimination (Anglely, 2014; Wiemann et al., 2005). In this study, teenage mothers were discriminated by their peers and teachers. In the study by Anglely (2014), discrimination of teenage mothers generally came from their families, friends, health care providers, and the society. This further symbolizes that teenage pregnancy remains largely stigmatized in some communities. Of course, this problem is fueled by cultural beliefs and community norms. This finding has an important implication to the education sector that should seek to address teenage pregnancy stigma and bring about positive behavioral change in the wider society.

This study found that there are four key stakeholders with important roles on teenage pregnancy prevention. These are parents, teachers, nurses and social workers. Parents are viewed as close contacts to teenagers. Hence, they play an important role in communicating about sex and reproductive health with teenagers. Parents are also in a position to cater for the needs of their children to ensure that they do not engage in sexual activities for money and other personal needs. While this study found the role of parents in teenage pregnancy prevention, it was evident that not all parents play this role. Teachers were also found to play a major role in teenage pregnancy prevention. As they are in a field of education, they play a key role in educating teenagers about the cause and implication of pregnancy. Some teaching in this regard

is offered through the life orientation subject which partially focuses sex and reproductive health as expressed by one Educator who stated that, “as Life Orientation educators, we should not hold back any information from the learners. We should teach everything regarding teenage pregnancy so that learners can benefit. We should emphasize the unwanted results of engaging in unprotected sex” (Participant no 3, Educator, 2021). This evidence is in line with the popular belief that education plays a significant role in raising awareness and educating learners about sex and reproductive health (Pretorius et al., 2019). Very significantly, education can also move teenagers from “pre-contemplation stage”, which is a stage where the individual has no intentions to change behavior in the future to “maintenance stage” where individuals are working to maintain the new lifestyle or behavior prevent relapse (Prochaska et al., 1983). The role of teachers in providing relevant education is even more important as the corpus of literature indicates that low level of education is associated with teenage pregnancy in many countries (Ahinkorah et al., 2021). The results of this current study on the role of teachers and importance of education concur with the results of the previous research (Ahinkorah et al., 2021) which suggests that lack of knowledge of contraceptives and reproductive health contributed significantly to first adolescent pregnancy. Just like teachers, nurses were largely recognized for their educational role on teenage pregnancy prevention. The results show that nurses provide important information to teenagers about pregnancy, associated risks and prevention measures. This indicates that teaching about sex and reproductive health should be the responsibility of all relevant stakeholders, not merely teachers. Similarly, the results also indicate that the role of social workers in teenage pregnancy prevention is equally important. Just like teachers and nurses, social workers provide teaching to learners about sex and reproductive health. Therefore, as the results of this study suggest, teenage pregnancy is an educational, social, and economic problem which calls for different roles from different stakeholders. Also, when different stakeholders including parents, teachers, nurses, and social workers are involved in the programme, it is likely to produce the desired outcomes. The results of this study also suggest that cooperative effort between these stakeholders is important to influence positive behavioral change (Prochaska et al., 1983), which ensures successful implementation of the teenage pregnancy prevention programme.

This study position family planning as one of the important approaches to prevent unplanned teenage pregnancy. Family planning is practiced in many countries, both developed and underdeveloped. It is a practice of controlling the number of children one has and the intervals between their births, particularly by means of contraception or voluntary sterilization. While

some previous studies (e.g., Saunders, 2016) recommend family planning for teenagers as a method to prevent unplanned pregnancy, this current study surprisingly found that most participants argued against this approach. For instance, one parent stated that, “in my opinion, I do not think it is a good idea to encourage teenagers to do family planning because once you advise your child to do family planning, she will start to do any how because she will know that she will not fall pregnant. We need to teach them that they must not do sex at all” (Participant no 3, Parent, 2021). Based on the remarks of participants, it appears that family planning may lead to disastrous outcomes. For instance, there is a view that family planning may actually lead teenagers to risky sexual behavior. Instead, abstinence and virginity testing were presented as alternative measures to prevent teenage pregnancy. This recommendation is consistent with the recommendation from the previous research. For example, Taylor et al. (2014) recommended for teenagers to abstain from sex until they finish school. This recommendation is further emphasized in the teenage pregnancy prevention programme that promotes safer sex attitude among teenagers. Accordingly, some studies (e.g., Dlamini, 2019) encourage teenagers to remain virgins until marriage. These alternative approaches do not only prevent teenagers from pregnancy, but very importantly, they also prevent teenagers against exposure to STIs.

This study also examined the availability of support to teenage mothers. It was discovered that teenage mothers receive support from teachers and other relevant stakeholders through the teenage pregnancy prevention programme. There are also local organizations whose mandate is to support teenage mothers. This support is very important for two main reasons. Firstly, it avoids the exclusion of pregnant teenagers from school. Secondly, it supports and encourages teenage mothers to return to school after giving birth. Therefore, the support for teenage mothers is very important as also stated by Chigona, et al. (2008) that there are numerous disruptions for young mothers when it comes to school attendance. Therefore, these mothers need tremendous support to untangle the disruptions. Denying teen mothers the necessary support they need to pursue education condemns them and their children to the vicious circle of poverty and lack of knowledge.

Conclusion

This study has shown that, the National Policy on the Management of learner pregnancy is available but it is not being implemented, this is because of lack of education about the policy. It has been discovered in this study that schools are implementing the policy differently from each other. Some schools such as Nombika high school, do not even have the policy therefore they do not implement it; some schools create their own policy that is different from the National Policy. The study has indicated that the role of parents is important in reducing teenage pregnancy, but the parental role is not clearly stated in the policy hence parents do not embark in the fight against teenage pregnancy. The study has shown the importance of each relevant role player in reducing teenage pregnancy therefore it is crucial that every stakeholder take responsibility and engage in fighting against this pandemic.

Recommendations

The National Policy on the Management of Learner Pregnancy needs to be re-introduced to all structures within the Education Department and there should be consistent monitoring of the implementation of the policy. This will make schools to have a uniform approach of the implementation of the policy. The role of parents needs to be clearly stated in the policy. Parental education is found to be essential to empower parents with skills to talk with their children about sexual and reproductive health in order to reduce learner pregnancy. Teenage pregnancy is a social problem therefore collaborative effort is needed to overcome this challenge.

It is recommended that the CIPP Model (Context, Input, Process, and Product) be used for evaluation of the teenage pregnancy prevention programme. Using the CIPP Model to evaluate the programme will not only ensure the proper implementation of the programme at school level, but it will also ensure that the programme itself produce desired outcomes. With proper evaluation, the teenage pregnancy prevention programme can be effective in providing education that brings about positive social and academic change among teenagers in schools like Nombika high school. The application of this model in the programme is justifiable since the effective and successful implementation of the programme depends on context evaluation, input evaluation, process evaluation, and product evaluation which are measured through CIPP

Model. On the other hand, this study also recommends for the use of Transtheoretical Model (TTM) to assess the influence of the implementation of teenage pregnancy prevention programme on behavioral change of teenage learners. The application of this model can, for instance, address the risky sexual behavior among teenagers that often leads to pregnancy and school dropouts. A teenage pregnancy prevention programme that is guided by this model on implementation phase can instill positive behaviour among teenagers which enhances the outcome of the programme. The application of this model in a context where teenage pregnancy prevention programme is implemented can also address the negative attitude towards pregnancy as a social problem, thus overcome stigma that is associated with teenage pregnancy. By promoting health behavioural change, the application of this model in the teenage pregnancy prevention programme can also ensure that pregnant learners are not excluded in schools and that pregnant mothers return to school after giving birth. Based on the literature review it has been discovered that teenage pregnancy is also influenced by social media and peer pressure therefore, it is recommended that researchers who are interested in this study investigate how social media can be used positively in order to reduce peer pressure and teenage pregnancy. Lack of parental involvement in order to reduce teenage pregnancy could be another area to research,

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Appendix 1: English Interview Guide

Interview Guide/Schedule

(First) Focus Group Discussions/Interviews

Interview Guide for Education Department Officials, Principal and Educators

What is the rate of teenage pregnancy in the school?

What do you think leads to learners falling pregnant at the school?

Have the school participated in the teenage pregnancy prevention programme?

What is your view of the programme implemented in the school?

How do you think the teenage pregnancy prevention programme benefited learners?

What do you think are the challenges preventing proper implementation of teenage pregnancy prevention programme?

Do you have any suggestions to make the programme more effective?

What mechanisms can be used to reduce teenage pregnancy in the school?

Is there anything that you would like to add regarding teenage pregnancy prevention programme at the school?

(Second) Focus Group/Discussions

Interview Guide for Department of Health Officials

Have you conducted a teenage pregnancy prevention programme at the school?

What is the rate of teenage pregnancy in the school?

What is your view of the programme implemented in the school?

How do you think the teenage pregnancy prevention programme benefited learners?

What do you think are the challenges preventing proper implementation of teenage pregnancy prevention programme?

Do you have any suggestions to make the programme more effective?

What mechanisms can be used to reduce teenage pregnancy in the school?

Is there anything that you would like to add regarding teenage pregnancy prevention programme in the school?

(Third) Focus Group Discussions/Interviews

Interview Guide for Parents

Do you live here in this area?

How long have your child been in this school?

What is your understanding of teenage pregnancy as a social problem?

What do you think leads to learners falling pregnant at the school?

Will you consider teenage pregnancy a serious concern or a problem for the school and the surrounding community?

Have your child participated in the teenage pregnancy prevention programme rendered at the school?

What is your view of the programme implemented in the school?

How do you think the teenage pregnancy prevention programme benefit learners?

What mechanisms can be used to reduce teenage pregnancy in the school?

Is there anything that you would like to add regarding teenage pregnancy prevention programme in your school?

Individual Interview

Interview Guide for parents

How long has your child been at the school?

Did your child participate in the teenage pregnancy prevention programme at the school?

Did your child explain to you what the programme is about?

What is your personal view of the programme implemented in the school?

How do you think your child benefited in the teenage pregnancy prevention programme?

Would you recommend this programme to another learner?

What do you think is the role of the parents in reducing teenage pregnancy in the school?

What topic do you think should be added in the programme in order to reduce teenage pregnancy in the school?

Appendix 2: Zulu Interview Guide

Imibuzo ye ngxoxongoncwano

Imibuzokubasebenzibomnyangowezemfundo

Ingabe sithini isilinganiso sezinga lokukhulelwa kwabafundi kulesiskole?

Kungabe yini eyenza abafundi bakhulelwe kulesiskole?

Kungabe isikole silibambile iqhaza ezinhlelweni zokuvikela ukukhulelwa kabafundi?

Uthini umbono wakho ngezinhlelo ezikhona eskoleni zokuvikela ukukhulelwa?

Uthini umbono wakho? Kungabe kukhona abakuzuzile abafundi kulezinhlelo zokubafundisa ngokuvikela ukukhulelwa?

Kungabe ucabanga ukuthi yiziphi izigqinamba ezivimba ukusebenza kwezinhlelo zokufundisa abafundi ngokuvikela ukukhulelwa?

Ingabe unawo yini umbono ongasiza ukuthi lezinhlelo zokufundisa abafundi zibe impumelelo ukwehlisa izinga loku khulelwa kwabafundi?

Iziphi izindlela ezinga sentshenziswa ukwehlisa izinga loku khulelwakwabafundi eskoleni?

Kungabe kukhona yini othanda ukukuphawula mayelana nezinhlelo zokwehlisa izinga loku khulelwa kwabafundi kule siskole?

Imibuzokubazali

Ingabe uyisakhamuzi kulendawo?

Umntwana wakho usefunde isikhathi esingakanani kule siskole?

Ingabe luthini ulwazi lwakho mayelana nokukhulelwa kwentsha?

Ingabe ucabanga ukuthi yini imbangela yokukhulelwa kwabafundi eskoleni?

Ingabe ukukhulelwa kwentsha kuyinkinga enkulu eskoleni kanyena semphakathini?

Ingabe umntwana wakho uhlanganyele ezinhlelweni zokufundisa ngokuvikela ukukhulelwa kwabafundi?

Uthini umbono wakho ngezinhlo ezikhona eskoleni zokuvikela ukukhulelwa?

Uthini umbonowakho? Kungabe kukhona abakuzuzile abafundi kulezinhlelo zokubafundisa ngokuvikela ukukhulelwa?

Ingabe unawo yini umbono ongasiza ukuthi lezinhlelo zokufundisa abafundi zibe impumelelo ukwehlisa izinga lokukhulelwa kwabafundi?

Kungabe kukhona yini othanda ukukuphawula mayelana nezinhlelo zokwehlisa izinga lokukhulelwa kwabafundi kulesi skole?

Imibuzo kuba sebenzi bomnyango wezempilo

Ingabe usuke wafundisa ngohlelo lokuvikela ukukhulelwa kwabafundi kulesi skole?

Ingabe sithini isilinganiso sezinga lokukhulelwa kwabafundi kulesi skole?

Uthini umbono wakho ngezinhlelo ezikhona eskoleni zokuvikela ukukhulelwa?

Uthini umbonowakho? Kungabe kukhona abakuzuzile abafundi kulezinhlelo zokubafundisa ngokuvikela ukukhulelwa?

Kungabe uchabanga ukuthi yiziphi izigqinamba ezivimba ukusebenza kwezinhlelo zokufundisa abafundi ngokuvikela ukukhulelwa?

Ingabe ukhona umbono onawo ongawuveza ongasebenza kancono ukwenza izinhlelo zokufundisa abafundi ngokuvikela ukukhulelwa zibe impumelelo?

Iziphi izindlela ezingasentshenziswa ukwehlisa izinga lokukhulelwa kwabafundi eskoleni?

Kungabe kukhona yini othanda ukukuphawula mayelana nezinhlalo zokwehlisa izinga loku khulelwa kwabafundi kulesi skole?

Ingxoxo yomuntu ngamunye kubazali

Unesikhathi esingakanani umntwana wakho kulesi skole?

Ingabe umntwana wakho uhlanganyele ezinhlelweni zokufundisa ngokuvikela ukukhulelwa kwabafundi?

Ingabe umntwana wakho ukuxoxele ukuthi lumayelana nanil oluhlelo?

Uthini umbono wakho ngezinhlalo ezikhona eskoleni okuvikela ukukhulelwa?

Ingabe kukhona ocabanga ukuthi ukuzuzile umntwana wakho kulezinhlalo?

Ungakhuthaza omunye umntwana ukuba angene kulezinhlalo?

Ingabe ucabanga ukuthi iliphi iqhaza elingabanjwa abazali ukusiza ukwehlisa izinga lokukhulelwa kwabafundi?

Ingabe sikhona esinye isihloko ongathanda sifakwe kulezi nhlobo?

Appendix 3: English Informed Consent Form

Informed Consent form

Consent letter for participants

Part 1

Particulars of the researcher

Name – Precious S. Ndaba

Email address – slusiwendaba@gmail.com

Contact number – [REDACTED]

University of KwaZulu Natal

Part 2

Title of the study – An investigation of the implementation of the teenage pregnancy prevention programme case of Nombika high school in KwaZulu-Natal.

As part of my studies for the Masters degree in Community Development at the University of KwaZulu Natal, I have to conduct a research where I will be facilitating in-depth interviews as part of the research for which I need your assistance. The objectives of the study are to examine the provision of an enabling environment that provides support and non-discrimination to pregnant learners at Nombika high school, to explore learner's access to sexual and reproductive health information at Nombika high school and to make recommendation on how teenage pregnancy prevention programme can be improved.

The results of this study will to a larger extend be useful to the practitioners in the Department of Education.

I request from you that:

You participate in the interviews and give your perception about teenage pregnancy and teenage pregnancy prevention programme.

Part 3

Ethical Consideration

It is important that you read and understand the following general principles:

1. Participation in the assignment is completely voluntary and no pressure, however subtle, may be placed on you to take place.
2. It is possible that you may not derive any benefit personally from your participation in the assignment, although the knowledge that may be gained by means of the assignment may benefit other persons or communities.
3. You are free to withdraw from the assignment at any time, without stating reasons, and you will in no way be harmed by so doing. You may also request that your data no longer be used in the assignment.
4. You will be given access to your own data upon request.
5. You are encouraged to ask me any question you may have regarding the research and the related procedures at any stage. I will gladly answer your queries.
6. Your name or any of your particulars will never be revealed in the research.
7. During interviews, the COVID 19 regulations will be observed. I will provide sanitizer, wet wipes and face masks for all participants. Social distancing will be observed. Tape recorder and portable microphone will be used in order to tape information shared. I will commit the study when it is permitted.

Part 4

Confirmation of participation

I the undersigned (full names & Surname) have read the preceding premises in connection with the assignment, as explained in Part 2 and Part 3 of this informed consent form, and I declare that I understand it. I was given the opportunity to discuss relevant aspects of the research with the researcher and I hereby declare that I am taking part / not taking part in the assignment voluntarily.

Signature: Date:

Appendix 4: Zulu Informed Consent Form

Incwadi yesivumelwano

Incwadiyesimelwanonabahlanganyeli

Isigaba 1

Imininingwaneyomcwaningi

Igama – Precious S. Ndaba

Email address – slusiwendaba@gmail.com

Izinombolozocingo – [REDACTED]

University of KwaZulu Natal

Isigaba 2

Isihloko socwaningo – Uphenyo ngoku qaliswa kwezinhlelo zokugwema ukukhulelwa kwabafundi esikoleni iNombika high KwaZulu – Natal.

Ngiwumfundi owenza izifundo ze Masters degree kwa Community Development kwi University yakwa KwaZulu Natal. Kumelengenze izingxoxo ezijulile lapho ngizobengibuza kabanzi imibuzo mayelana nocwaningo engilwenzayo ezifundweni zami. Ngicela usizo lwakho lokuba ubengomunye wabantu engizokwenza lezizingxoxo nabo. Inhloso yalolucwaningo ukuba kuhlolwe ukuhlinzekwa kwendawo engenakho ukucwasa kwabafundi abakhulelwe esikoleni iNombika. Ukuqinisekisa ukwesekwa kwabafundi abakhulelwe, ukuhlola ukuba abafundi bayaluthola yini ulwazi mayelana nocansi kanye nokukhulelwa. Ukwenza izincomo mayelana nokuthuthukisa izinhlelo zokuvikela abafundi ukuba bangakhulelwa.

Imiphumela yalolucwaningo izosizakakhulu abaphathi kanye nabasebenzi bomnyango wezemfuno.

Isicelo

Ngicela ukuba uhlanganele kulegxoxo ukuze ukwazi ukukhuluma ngolwazi lwakho onalo nokuba ubeke owakho umbono mayelana nokuthuthukisa izinhlelo zokuvikela abafundi ukuba bangakhulelwa.

Isigaba 3

Kubalulekile ukuba ufunde ubeno lwazi lwazizimiso.

1. Awuphoqelekile ukuba uhlanganele kulezingxoxo, ukuhlanganela kwakho kungukuzithandela kwakho,
2. Ukuhlanganela kwakho kulezingxoxo akunayo inzuzo ozoyithola.
3. Uvumelekile ukuba uyishiye ingxoxo ungaqhubeki nokuhlanganyela kuyo.
4. Uzonikwa imiphumela yegxoxo uma uyicela.
5. Uyakhuthazwa ukuba ubuze nanoma imuphi umbuzo othanda ukuwubuza nanoma ingasiphi isikhathi, uya thenjiswa ukuthi uzophenduleka.
6. Igama lakho kanye neminingwane yakho ngekeyadalulwa kuloluncwaningo.
7. Imigomo ka COVID 19 izohlonishwa ilandelwe. Abahlanganyeli kuloluncwaningo bazowashwa izindla ngezikhathi zonke, bahlaliswe ngokuhlukana, ngibaphe futhi ngibafake izimfonyo ukuvikela ubhubhane le COVID 19. Abahlanganyeli bazosebenzisa i microphone ngokushintshana izosulwangezikhathi zonke, baphindebasebenzise i tape recorder ukuqopha ingxoxo. Ngizoqhubeka nokuhlanganisa igxoxo uma sengithole imvume yokuqhubeka.

Isigaba 4

Imvumeyokuhlanganyela

Mina (igama nesibongo) ngifundile futhi ngizwile yonke imigomo ebhaliwe kwi isigaba 2 nakuisigaba 3. Ngियाqonda konke okuchaziwe kulencwadi yesivumelwano kanye nabahlanganyeli. Ngiyavuma / angivumi ukuhlanganela ngokuzithandela kulengxoxo yaloluphenyo.

Sayina: Usuku:

Appendix 5: Ethical Clearance Letter



04 March 2021

Mrs Precious Shongani Ndaba (217080292)
School Of Built Env & Dev Stud
Howard College

Dear Mrs Ndaba,

Protocol reference number: HSSREC/00002354/2021

Project title: An investigation of the implementation of the teenage pregnancy prevention programme case of Nombika high school in KwaZulu-Natal

Degree: Masters

Approval Notification – Expedited Application

This letter serves to notify you that your application received on 22 December 2020 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. **PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid until 04 March 2022.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

All research conducted during the COVID-19 period must adhere to the national and UKZN guidelines.

HSSREC is registered with the South African National Research Ethics Council (REC-040414-040).

Yours sincerely,

Professor Dipane Hlalele (Chair)

/dd

Humanities and Social Sciences Research Ethics Committee

Postal Address: Private Bag X54001, Durban, 4000, South Africa

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