

Development of Teenage Pregnancy Prevention Model for
Learners in Schools in North West Province: Implications for
Policy and Practice Considerations

by

Daniel Tuelo Masilo

Submitted in fulfilment of the requirement for the degree of

DOCTOR OF PHILOSOPHY

In

SOCIAL WORK

FACULTY OF HUMANITIES

(School of Social Sciences)

at the

University of Limpopo

Promoter: Prof. J.C. Makhubele

July 2018

ABSTRACT

Teenage pregnancy is a social problem that affects and destroys the future of teenage girls, especially teenage learners. Its impact is not only felt by the teenage girls, but also by their families, schools, and the country in general. This study sought to develop an educational social group work model on teenage pregnancy for learners in schools in the North West province. To this effect, this study was anchored on five objectives, namely: to establish the extent of teenage pregnancy amongst learners in schools in the North West province; to assess factors that predispose learners to indulge in sexual activities despite the risk of pregnancy and sexually transmitted diseases; to describe the roles of parents in the prevention of teenage pregnancy amongst learners; to identify prevention measures used by the schools to prevent teenage pregnancy; and to develop, implement, and evaluate an educational social group work model on teenage pregnancy for learners. The study adopted a mixed methods approach by combining the qualitative and quantitative paradigms. The population of the study consisted of learners, while school principals, deputy principals, Life Orientation teachers, and parents/guardians were the key informants. The findings of this study confirm that teenage pregnancy is a serious problem that continues to affect schools. All grades from the secondary schools that participated in this study reported cases of learner pregnancies. The grades with high reported cases include Grades 10, 11, and 12, while Grades 8 and 9 appeared to be the least affected. Furthermore, the findings indicate that male learners are most likely to father children with female learners. The development of an educational social group work model on teenage pregnancy for learners was achieved via a literature review and the empirical findings from learners and the key informants. Group work as a method of the social work profession was chosen in this study because it is intensive in nature, and the follow-up sessions provided a platform for the evaluation of social worker interventions and the performance of individual members and the entire group. The developed model was implemented and evaluated. Different topics were discussed during a marathon of eight

group sessions with learners. In respect to the empirical findings and the developed model, various recommendations were made in this study.

DECLARATION

I declare that **DEVELOPMENT OF TEENAGE PREGNANCY PREVENTION MODEL FOR LEARNERS IN SCHOOLS IN NORTH WEST PROVINCE: IMPLICATIONS FOR POLICY AND PRACTICE CONSIDERATIONS** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references, and that this work has not been submitted before for any other degree at any other institution.



Daniel Tuelo Masilo

16/09/2018

Date

DEDICATION

This study is dedicated to my parents, Eva and Morris Masilo. My parents never received formal education in their lives, however, they made sure that I achieved what they were unable to achieve. To them I say, thank you very much, and I am indeed proud that you are my parents. Furthermore, my wife, Molebogeng Masilo for her support, motivation, and understanding when I spent sleepless nights working on this project. My children, Rentlafetse Ditebogo and Resegofetse Isago Masilo, thank you for understanding when I was unable to give you the undivided attention that you deserve, this is for you, and I love you all.

ACKNOWLEDGEMENTS

My heartfelt thanks are extended to:

- My promoter, Prof. J.C. Makhubele, for his endless guidance, support, and encouragement. Working under Prof. Makhubele was a privilege and has enriched my experience. May the God of Mount Zion bless you and your family.
- The North West Provincial Department of Education and Sport Development for granting approval to conduct the study in schools.
- The respondents in this study, i.e. school principals, deputy principals, Life Orientation educators, parents, and learners. This study could not have been possible without their co-operation.
- My colleagues in the Department of Social Work at the North West University, Mahikeng Campus, for their words of encouragement and support.
- Ms. E. Pooe for assisting with the translation of consent forms and data collection tools from English to Setswana.
- The University of Limpopo for financial assistance.
- The National Institute for the Humanities and Social Sciences (NIHSS-SAHUDA) for the scholarship.
- Ms. Isabella Morris for the language editing of this thesis.
- Mr. Simon Mathamela for the presentations during the implementation of the developed model.
- Mr. B. Ncube from the Statistics Department at the North West University, Mahikeng Campus.
- The entire Masilo family for their support and encouragement.

To conclude, I would like to thank God of Mount Zion for the gift of life, wisdom, strength, and guidance. ***“Morena Ditheto di a go tshwanela. O tsamaile le nna loeto le letelele-telele. Ke phaphata diatla Ke re Hosanna a go bakwe Jehovah kwa magodimong. Fa ke lebelela kwa morago kwa ke tswang teng, ke tsholola dikeledi, ke seka meokgo, ke ipotsa gore ke fetile jwang, fa e se ka thuso ya gago Morena. Dithuso tsa gago di molemo Morena. Ke tla itumela Morena gonne ke bone mohau wa gago”***.

TABLE OF CONTENTS

COVER PAGE.....	i
ABSTRACT.....	ii
DECLARATION.....	iii
DEDICATION.....	iv
ACKNOWLEDGEMENTS.....	v
TABLE OF CONTENTS.....	vi

CHAPTER 1

GENERAL INTRODUCTION AND BACKGROUND

1.1. Background and motivation.....	1
1.2. Research problem.....	3
1.3. Purpose of the study and the research questions.....	5
1.3.1. <i>Aim of the study</i>	5
1.3.2. <i>Objectives of the study</i>	5
1.3.3. <i>Research questions</i>	6
1.4. Significance of the study.....	6
1.4.1. <i>Social work practice</i>	6
1.4.2. <i>Policy</i>	7
1.5. Limitations of the study.....	7
1.6. Operational definition of key concepts.....	8
1.6.1. <i>Social work</i>	8
1.6.2. <i>Social group work</i>	8
1.6.3. <i>Educational social group work</i>	9
1.6.4. <i>Model</i>	9
1.6.5. <i>Teenage pregnancy</i>	9
1.7. Structure of the thesis.....	9

CHAPTER 2

THEORETICAL FRAMEWORKS OF THE STUDY

2.1. Introduction.....	11
2.2. Eco-systems perspective.....	11
2.3. Role theory.....	14
2.4. The empowerment approach.....	17
2.5. Conclusion.....	20

CHAPTER 3

THE EXTENT OF TEENAGE PREGNANCY AS A SOCIAL PROBLEM AFFECTING SCHOOL LEARNERS

3.1. Introduction.....	22
3.2. An overview of the teenage pregnancy problem.....	23
3.2.1. <i>Worldwide</i>	23
3.2.2. <i>Africa</i>	23
3.2.3. <i>South Africa</i>	24
3.3. Theoretical framework.....	26
3.3.1. Eco-systems perspective.....	26
3.4. Factors which predispose learners to indulge in sexual activities against the risk of pregnancy and sexual diseases.....	27
3.4.1. <i>Lack of information</i>	27
3.4.2. <i>Sexual partner's refusal to use a condom</i>	28
3.4.3. <i>Sugar daddies</i>	28

3.4.4. <i>Poor sex education communication between parent and child</i>	30
3.4.5. <i>Alcohol and other drugs</i>	31
3.4.6. <i>Rape (Sexual offences)</i>	32
3.4.7. <i>Early marriage</i>	32
3.4.8. <i>Abduction</i>	33
3.4.9. <i>Family circumstances</i>	34
3.4.10. <i>Peer pressure</i>	34
3.4.11. <i>Low school attachment</i>	35
3.5. The impact of pregnancy on teenagers.....	35
3.5.1. <i>Dropping out of school</i>	35
3.5.2. Premature parental responsibilities.....	36
3.6. Economic impact on the country.....	37
3.7. Conclusion.....	37

CHAPTER 4

CALENDAR OF EVENTS IN ADDRESSING TEENAGE PREGNANCY, SOCIAL AND HEALTH PATHOLOGIES AFFECTING SCHOOL LEARNERS: IMPLICATIONS FOR SOCIAL WORK PRACTICE

4.1. Introduction.....	39
4.2. Theoretical framework.....	40
4.2.1. <i>Empowerment approach</i>	40
4.3. Calendar of events and the social work activities.....	41
4.3.1. <i>STI/Condom week (10-16 February)</i>	41
4.3.2. <i>Pregnancy awareness week (8-14 February)</i>	43

4.3.3. <i>Child protection week (27 May-2 June)</i>	44
4.3.4. <i>International day against drug abuse and illicit drug trafficking (26 June)</i>	46
4.3.5. <i>World population day (11 July)</i>	47
4.3.6. <i>International foetal alcohol syndrome day (9 September)</i>	49
4.3.7. <i>World contraception day (26 September)</i>	50
4.3.8. <i>International day for eradication of poverty (17 October)</i>	51
4.3.9. <i>16 days of Activism on no violence against women and children (25 November-10 December)</i>	53
4.3.10. <i>World AIDS day (1 December)</i>	56
4.3. Conclusion.....	58

CHAPTER 5

RESEARCH METHODOLOGY

5.1. Introduction.....	60
5.2. Research Approach.....	60
5.3. Overarching Research model.....	61
5.3.1. <i>Phase 1: Problem analysis and project planning</i>	61
5.3.2. <i>Phase 2: Information gathering and synthesis</i>	64
5.3.3. <i>Phase 3: Design</i>	66
5.3.4. <i>Phase 4: Early development and pilot study</i>	67
5.3.5. <i>Phase 5: Evaluation and advanced development</i>	68
5.3.6. <i>Phase 6: Dissemination</i>	70
5.4. Research Design.....	71
5.4.1. <i>Exploratory design</i>	72

5.4.2. Descriptive design.....	72
5.5. Population.....	73
5.6. Sampling.....	73
5.6.1. Sample selection.....	73
5.6.1.1. Sample selection of learners.....	73
5.6.1.2. Procedure for the implementation of the educational social group work model on teenage pregnancy.....	75
5.6.2. Key Informants.....	77
5.6.2.1. Sample selection of principals, deputy principals and life orientation teachers as key informants.....	77
5.6.2.2. Sample selection of parents/guardians as key informants.....	78
5.7. Data collection.....	80
5.7.1. Structured questionnaire.....	80
5.7.2. Self-administered questionnaire.....	81
5.7.3. Semi-structured interview schedule.....	81
5.7.4. Literature review.....	82
5.8. Data analysis.....	82
5.8.1. Thematic analysis.....	83
5.8.2. Cross tabulation analysis.....	84
5.8.3. Chi-Square and Multivariate Analysis of Variance.....	86
5.9. Pilot study.....	86
5.10. Trustworthiness.....	87
5.11. Ethical considerations.....	89
5.11.1. Avoidance of harm.....	90

5.11.2. <i>Voluntary participation</i>	90
5.11.3. <i>Informed consent</i>	90
5.11.4. <i>Deception of subjects and/or respondents</i>	90
5.11.5. <i>Confidentiality and anonymity</i>	91
5.11.6. <i>Publication of the findings</i>	91
5.12. Conclusion.....	91

CHAPTER 6

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

6.1. Introduction.....	92
6.2. SECTION A: Data from Principals, Deputy Principals and Life Orientation Teachers as Key Informants.....	92
6.2.1. A1. <i>Cross tabulation results</i>	93
6.2.2. Qualitative data from principals, deputy principals and life orientation teachers.....	104
6.2.2.1. <i>Platforms used by the school to address learner pregnancy</i>	104
6.2.2.2. <i>The effectiveness of the measures implemented by the school</i>	104
6.2.2.3. <i>Participation of parents in the prevention of learner pregnancy</i>	105
6.2.2.4. <i>Stakeholders that assist the schools in the prevention of learner pregnancy</i>	105
6.2.2.5. <i>Information/topics suggested for inclusion in the educational social group work model with learners</i>	106
6.3. SECTION B: Data from the parents/guardians of learners as key informants.....	107
6.3.1. A2. <i>Cross-tabulation Results</i>	107
6.3.2. Qualitative data from parents/guardians.....	114

6.3.2.1. Responses regarding the descriptions of the parent-child relationship.....	114
6.3.2.2. Information parents suggest should be included in the educational social group work model on teenage pregnancy.....	115
6.4. SECTION C: Data from learners.....	116
6.4.1. A3: Cross tabulation results.....	116
6.4.2. Qualitative data from learners.....	122
6.4.2.1. The reasons why teenagers fall pregnant while attending school.....	122
6.4.2.2. Responses regarding why teenagers are sexually active at an early Age.....	123
6.4.2.3. Responses regarding the impact of falling pregnant while at school.....	125
6.4.2.4. Responses in relation to who fathers children with the school-going Learners.....	126
6.4.2.5. Responses regarding whether or not it is a good idea to be in sexual relationship with someone who is working while you are still at school.....	127
6.4.2.6. Responses in terms of where learners get their information about sex education.....	128
6.4.2.7. Responses regarding the choice of prevention measures used by learners and their rationale for their choices.....	130
6.4.2.8. Responses in terms of who initiates the discussion between learners and their parents.....	132
6.4.2.9. Responses regarding the issues that are discussed by learners and parents.....	132
6.4.2.10. Responses regarding what make it difficult for learners to have discussions with their parents.....	133
6.4.2.11. Responses as to what can be done to assist parents and their children discuss sexual matters.....	134
6.5. Conclusion.....	135

CHAPTER 7

DISCUSSION OF THE STUDY FINDINGS

7.1. Introduction.....	136
7.2. The extent of teenage pregnancy amongst learners in the North West Province.....	136
7.3. The factors that predispose learners to indulge in sexual activities against the risk of pregnancy and sexual diseases.....	138
7.4. The impact of teenage pregnancy on schools, learners and their families.....	142
7.5. The roles of parents in the prevention of teenage pregnancy amongst Learners.....	145
7.6. The prevention measures used by the schools to prevent teenage Pregnancy.....	148
7.7. The development of an educational social group work model on teenage pregnancy for learners.....	149
7.8. Conclusion.....	151

CHAPTER 8

DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF TEENAGE PREGNANCY PREVENTION MODEL FOR LEARNERS IN SCHOOLS IN NORTH WEST PROVINCE: IMPLICATIONS FOR POLICY AND PRACTICE CONSIDERATIONS

8.1. Introduction.....	152
8.2. Procedure followed in the development of the educational social group work model on teenage pregnancy.....	152
8.3. The assumptions underlying the developed educational social group work model on teenage pregnancy for learners.....	154
8.4. Relevance of an educational social group work model in the prevention of teenage pregnancies in schools.....	154
8.5. Programme activities for the educational social group work model on teenage pregnancy for learners.....	156
8.5.1. <i>Role play</i>	157
8.5.2. <i>Group discussions</i>	157
8.5.3. <i>Case studies</i>	158
8.5.4. <i>Facilitator presentation</i>	158
8.5.5. <i>Learning and visual aids</i>	158
8.6. The relevance of the social goals model in the developed educational social group work model on teenage pregnancy in learners.....	158
8.7. Theoretical frameworks underpinning the developed educational social group work model on teenage pregnancy for school learners.....	159
8.8. Procedure for the implementation of the educational social group work model on teenage pregnancy.....	161

8.9. EDUCATIONAL SOCIAL GROUP WORK MODEL ON TEENAGE PREGNANCY FOR SCHOOL LEARNERS.....	163
8.9.1. Description of group work sessions.....	164
SESSION 1: WELCOME AND ORIENTATION.....	164
Objectives of the session:.....	164
Contents of the session.....	165
Evaluation of the session:.....	166
SESSION 2: SEX AND SEXUALITY.....	166
Objectives of the session:.....	166
Contents of the session.....	167
Evaluation of the session:.....	170
SESSION 3: TEENAGE PREGNANCY.....	171
Objectives of the session:.....	171
Contents of the session.....	171
Evaluation of the session:.....	179
SESSION 4: SUBSTANCE USE/ABUSE BEFORE, DURING AND AFTER PREGNANCY.....	179
Objectives of the session:.....	179
Contents of the session.....	179
Evaluation of the session:.....	185
SESSION 5: ABSTINENCE FROM SEX AND THE USE OF CONTRACEPTIVES AND CONDOMS.....	185
Objectives of the session:.....	185
Contents of the session.....	185
Evaluation of the session:.....	194

SESSION 6: CHILD-PARENT COMMUNICATION ON SEX ISSUES.....	194
Objectives of the session:.....	194
Contents of the session.....	194
Evaluation of the session:.....	195
SESSION 7: CAREER DISCUSSIONS AND LIFE SKILLS.....	196
Objectives of the session:.....	196
Contents of the session.....	196
Evaluation of the session:.....	199
Life skills:.....	200
Objectives of the session:.....	200
Contents of the session:.....	200
Evaluation of the session:.....	206
SESSION 9: TERMINATION AND EVALUATION.....	206
Objectives of the session:.....	206
Contents of the session:.....	206
8.10. EVALUATION OF THE EDUCATIONAL SOCIAL GROUP WORK ON TEENAGE PREGNANCY FOR SCHOOL LEARNERS.....	207
<i>8.10.1. Responses in terms of what group members learned from the educational social group work model sessions</i>	<i>207</i>
<i>8.10.2. Responses to whether or not group members saw any growth or development or change in their lives in general.....</i>	<i>208</i>
<i>8.10.3. Responses in terms of information that members found were irrelevant to Themselves.....</i>	<i>209</i>
<i>8.10.4. Responses in terms of how members will use the information that they have gained from the group work in their lives.....</i>	<i>209</i>

8.10.5. Responses in term of whether or not other learners can benefit from participating in the educational social group work model on teenage pregnancy for learners.....	210
8.10.6. Responses in terms of changes or additions that group members recommended that should be made to the educational social group work model on teenage pregnancy for learners.....	210
8.11. Conclusion.....	211

CHAPTER 9

SUMMARY OF THE MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

9.1. Introduction.....	212
9.2. Summary.....	212
9.3. Restatement of the aim and objectives of the study.....	213
9.3.1. Aim of the study.....	213
9.3.2. Objectives of the study.....	213
9.3.2.1. To establish the extent of teenage pregnancy amongst learners in schools within the North West province.....	213
9.3.2.2. To assess factors which predisposes learners to indulge in sexual activities against the risk of pregnancy and sexual diseases.....	213
9.3.2.3. To describe the roles of parents in the prevention of teenage pregnancy amongst learners.....	214
9.3.2.4. To identify prevention measures used by the schools to prevent teenage pregnancy.....	214
9.2.3.5. To develop, implement and evaluate educational social group work model on teenage pregnancy for learners.....	215

9.4. Summary of the major findings.....	216
9.5. Conclusions.....	218
9.6. Recommendations.....	220
9.7. Concluding remarks.....	221
REFERENCES.....	222
ADDENDUMS.....	249

LIST OF FIGURES

Figure 1: Position in the school.....	92
---------------------------------------	----

LIST OF TABLES

Table 6.1: Distribution of Affected female Learners by pregnancy per District.....	93
Table 6.2: Vulnerable group * District * Respondent.....	95
Table 6.3: Causes of learner pregnancy * Respondent	96
Table 6.4: Reactions of pregnant learners * Respondent.....	97
Table 6.5: Returning to school after giving birth * Respondent.....	98
Table 6.6: People who father children with female learners * Respondent.....	98
Table 6.7: People who father children with female learners * Reactions of pregnant learners * Respondent.....	100
Table: 6.8: People who father children with female learners * Returning to school after giving birth * Respondent.....	102
Table 6.9: Relationship_child * Age_Parent * Gender_Parent.....	107
Table 6.10: Gender_Parent * Level of Education * Sex discussion.....	108
Table 6.11: Age_Parent * Level of Education * Sex discussion.....	108
Table 6.12: Gender_Parent * Relationship_child * Sex discussion.....	109

Table 6.13: Gender_Parent * Have a daughter who was/is pregnant or son who had/has impregnated * Sex discussion.....	111
Table 6.14: Gender learner * Age_learner * Sexually Active.....	116
Table 6.15: Gender learner * Condoms used in first sexual encounter	
* Sexually Active.....	117

LIST OF ABBREVIATIONS

- APS: Academic Performance Score
- ASS: Annual School Survey
- COC: Combined Oral Contraceptive pill
- CSG: Child Support Grant
- DoBE: Department of Basic Education
- DoE: Department of Education
- FASD: fetal alcohol spectrum disorders
- FAS: Foetal Alcohol Syndrome
- HCT: HIV Counselling and Testing
- NCS: National Curriculum Statement
- NSFAS: National Student Financial Aids Scheme
- POP: Progestin Only Pills
- PTSD: Post-Traumatic Stress Disorder
- SABC: South African Broadcasting Corporation
- SAPS: South African Police Service
- StatsSA: Statistics South Africa
- STD: Sexually transmitted disease
- STI: Sexually transmitted infection

WHO: World Health Organization

UNFPA: United Nations Population Fund

CHAPTER 1

GENERAL INTRODUCTION AND BACKGROUND

1.1. Background and motivation

Teenage pregnancy is a blight that affects South Africa as a country. Morrell, Bhana, and Shefer (2012:1) note that pregnancy in South African schools is a frequent media headline, not because it is rare, but because the extent of its occurrence is significant. According to the Department of Basic Education's (DoBE) 2010 and 2011 Annual School Surveys, 36 702 South African learners were pregnant in 2010. Furthermore, the survey indicates that the majority of learners who were pregnant in 2010 were Grade 10 and 11 learners. In the North West province, the survey recorded 372 learner pregnancies in 2010 (DoBE, 2013). In some of the provinces of South Africa, Minister Mhaule, the MEC for the Department of Education in Mpumalanga province, speaking at the Provincial Legislature, disclosed the results of a school-pregnancy survey in the province in 2011, stating that 1 478 girls were pregnant. In contrast, the Gauteng province had 4 217 pregnant learners in 2011 (Creecy, 2013:30).

It appears that the problem of teenage pregnancy in the school setting does not occur only in South Africa but also in many countries. In Ghana, the Gyan's (2013:56) study revealed that 86 percent of the respondents dropped out of school citing pregnancy as the reason. Without any doubt, dropping out of school affects the learner negatively in the long term, including their potential to secure employment in the future. According to the Zambia Annual School Census (2010), 3 909 learners were pregnant during Grade 9. Additionally, 12 learners were reported to be pregnant while completing Grade 1 (Zambia Annual School Census, 2010). This alarming figure clearly indicates that teenage pregnancy in schools also affects female learners in the lower grades.

According to Creecy (2013:1), there are many contributory factors related to the incidence of teenage pregnancy. Due to the fact that in many communities girls are brought-up to be submissive to their male counterparts, they are often vulnerable in teenage relationships. They may agree to engage in early sexual encounters because they fear losing the relationship, they may not be able to negotiate the use of contraception(s), and in some instances they are the victims of rape. With or without loving families of their own, girls are more vulnerable to early sexual encounters.

This research study was undertaken in order to develop, implement, and evaluate an educational social group work model on teenage pregnancy for schools in the North West province. Motshedi (2009:189) states that there is a need for research in social group work programmes to address social pathologies, such as teenage pregnancy. Toseland and Rivas (2017:27) define social group work as a goal-directed activity with small treatment and task groups aimed at meeting socio-emotional needs and accomplishing tasks. The social group work method promotes participation by group members, and Toseland and Rivas (2017:24) propose that this method helps members to feel as though they have a stake in their organisation or community. Increased group discussions, deliberations, and decision-making can have benefits. The increased quantity of information available in groups can be beneficial for generating alternative action plans, for problem-solving, and for decision-making (Toseland & Rivas, 2017:24). Group work as a method in the social work profession was chosen for this study because it is intensive in nature, and includes follow-up sessions that provide a platform for the evaluation of interventions by the social worker, and the performance of individual members and the entire group. According to Toseland and Rivas (2012:422), evaluations can satisfy workers' curiosity and professional concerns regarding the effects of specific interventions they perform while working with a group. Kirst-Ashman and Hull (2010:93) assert that group members are in a position to provide feedback, suggestions, and support to an individual who seeks to change. In this study, the researcher uses the terms 'teenagers' and 'adolescents' interchangeably.

1.2. Research problem

The phenomenon of teenage pregnancy with reference to school learners remains a social problem in South Africa. In 2009 there were reports of 45 276 pregnant learners in South Africa (DoBE, 2013:29). According to Statistics South Africa (StatsSA) (2012:18), “7,8 percent of girls between the ages of 7 and 18 years who were not attending any educational institution blamed pregnancy for dropping out of school”. The StatsSA (2017:12) further indicates that about 16% of women aged 15-19 years have begun bearing children, 12% have given birth, and another 3% were pregnant with their first child in 2016. In the area in which this study is based, the then MEC for the DoBE in North West province reported that during the 2012/2013 financial year, statistics for teenage pregnancy amongst learners revealed that there were 1 792 pregnancies across all the districts and grades (Kitso Thuto, 2013:4).

It is not only teenagers who experience the effects of teenage pregnancy; their families and schools are also affected. When it comes to teenage mothers, the South Africa Demographic and Health Survey reports that teenage mothers are more likely to experience adverse pregnancy outcomes, and are more constrained in their ability to pursue educational opportunities than young women who delay bearing children (StatsSA, 2017:12). In the same vein, Mrs Angie Motshekga, the Minister of Basic Education in South Africa (2009:3), stated that pregnancy is amongst the major issues that pose a serious threat to gains achieved in public schools thus far. Teenage pregnancy undermines the Department of Education’s (DoE) efforts to ensure that female children remain in school so that they can contribute towards a quality of life for all, free of poverty (Motshekga, 2009:3). Families of teenage mothers are caught up in a situation in which they will have to also provide for an extra family member who they did not plan to have. The financial impact of caring for a new born baby is also exacerbated when the baby’s biological father is also still a learner, or abandons the baby and fails to perform his parental duty of contributing towards the child’s wellbeing and maintenance.

In South African schools, there are currently several teenage pregnancy prevention interventions being implemented by government departments such as the departments of Education and Health and Social Development, and in partnership with other stakeholders. According to Panday, Makiwane, Ranchod, and Letsoalo (2009:14), these interventions include school-based sex education, peer education programmes, adolescent-friendly clinic initiatives, mass media interventions, and community level programmes. The common key purpose of these interventions is to prevent and reduce teenage pregnancy. The reader is cautioned that the current study does not seek to critique or evaluate the abovementioned intervention measures, but, rather it seeks to augment them.

The fact that teenage pregnancy is a social problem and concerns the social work profession is beyond doubt. The question that remains to be answered is which strategy social workers can use in the prevention of this problem in the absence of what appears to be a dearth of social work developed, and an easily accessible intervention model on teenage pregnancy, specifically tailored to learners in the North West Province and South Africa in general. Thus, it is the researcher's argument that social workers in South Africa might be short-changing school learners, as it appears that they do not appear to have a model aimed at addressing teenage pregnancy at the prevention level.

It is in the light of the above mentioned background that the current study seeks to develop, implement, and evaluate an educational social group work model on teenage pregnancy for school learners in the North West province of South Africa. In support of the argument advanced by DuBois and Miley (2014:241), namely that through their education function, social workers provide clients with much needed information, the researcher argues that education in the form of a social group work model can empower learners, provide them with crucial information on teenage pregnancy, and enable them to make informed positive life decisions.

1.3. Purpose of the study and the research questions

1.3.1. *Aim of the study*

The aim of this study was to develop, implement, and evaluate an educational social group work model on teenage pregnancy for learners in schools in the North West province.

1.3.2. *Objectives of the study*

The objectives of the study are:

1. to establish the extent of teenage pregnancy amongst learners in schools in the North West province;
2. to assess factors that predispose learners to indulge in sexual activities, despite the risk of pregnancy and sexually transmitted diseases (STDs);
3. to describe the roles of parents in the prevention of teenage pregnancy amongst learners;
4. to identify prevention measures used by the schools to prevent teenage pregnancies; and
5. to develop, implement, and evaluate an educational social group work model on teenage pregnancy for learners.

1.3.3. Research questions

Taking the problem statement and objectives of the study into account, the research questions for the study are as follows:

1. What is the extent of teenage pregnancy amongst learners in schools in the North West province?
2. Which factors predispose learners to indulge in sexual activities, despite the risk of pregnancy and STDs?
3. What are the roles of parents in the prevention of teenage pregnancy amongst learners?
4. Which prevention measures do schools use to prevent teenage pregnancies?
5. Can the development, implementation, and evaluation of an educational social group work model prove helpful in preventing teenage pregnancy in learners in schools in the North West province?

1.4. Significance of the study

1.4.1. Social work practice

Based on the researcher's observations and literature research, it appears that there is no documented social work programme that is aimed at the prevention of teenage pregnancy in South African schools. If there is any information to this effect it may not be easily accessible for academics and practical use. Therefore, the researcher considers this study to be appropriate and necessary, as it has developed and documented the social work discipline-based teenage pregnancy prevention model in the context of schools. According to Makhubele and Qalinge (2008:155), learners occupy a central place of concern in current society, and they must to be protected against health and social pathologies. Teenage pregnancy is one of the social pathologies that continue to negatively affect learners. Social workers and student

social workers may use the developed educational social group work model to address teenage pregnancy in schools.

1.4.2. Policy

Currently there are no school social workers employed by the DoE in the North West province. This highlights there is a gap in performing the roles and responsibilities of school social workers in the North West province. Against this background, and the fact that this is a social work study, the researcher has highlighted the importance of and the valuable role that the social work discipline can play in addressing teenage pregnancies in school settings. It is the researcher's view that the findings of this study might encourage the DoBE to realise the necessity of employing school social workers who are equipped to address the social pathologies that learners experience.

1.5. Limitations of the study

The following are the challenges that the researcher has experienced in this study:

- Some schools were unable to return the survey questionnaires to the researcher, thus the findings on the extent of teenage pregnancy in schools are not inclusive of the total picture of the area earmarked for research.
- The educational social group work sessions were not conducted in some of the schools as was expected. Accordingly, at this stage, the findings from the group sessions cannot be generalised. The researcher will continue implementing this model in other schools as part of his community engagement responsibilities.
- The data from the learners' parents or guardians was collected from only two schools in the Ngaka Modiri Molema district. This was because other schools had already held their school governing body meetings at the time that the researcher visited their schools. Consequently, some parents from the schools that were not reached might hold different views, and this could limit the generalisation of the findings.

- The researcher intended presenting the group sessions in Setswana because different researchers have recommended the use of the mother tongue when presenting intervention strategies for the purpose of a better understanding. During the group sessions, the group members indicated that they prefer to speak English rather than Setswana. This preference of language made it impossible for the researcher to test whether the use of the mother tongue would produce results different to the results when English was used.

1.6. Operational definition of key concepts

1.6.1. Social work

According to the International Federation of Social Workers (2014), social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversity are central to social work. Underpinned by the theories of social work, social sciences, humanities, and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. Therefore, this definition was used during the course of the study.

1.6.2. Social group work

Strydom and Strydom (2010:122) refer to social group work as one of the social work methods in which groups consisting of individuals are treated using the method of scientific manipulation of the group experience and group process, in order for individual members to grow, change, and develop according to their own abilities. In the context of this study, this definition was adopted.

1.6.3. Educational social group work

Zastrow (2014:4) asserts that educational groups usually function in a classroom atmosphere, involving considerable group interaction and discussion, and a professional person with expertise in the area, often a social worker, assumes the role of teacher. Zastrow's definition was adopted for this study.

1.6.4. Model

According to Tompkins and Gallo (2008:154), a conceptual model for group work is one that portrays the purposes, functions, and methods of social work groups. Understanding that different social work groups have different purposes, functions, and methods, the conceptual model must be broad enough to allow universal application (Tompkins & Gallo, 2008:154). For the purpose of this study, this definition was adopted, and the educational social group work model was developed with the purpose of educating learners about teenage pregnancy, so that they are able to make informed decisions.

1.6.5. Teenage pregnancy

According to Mothiba and Maputle (2012:1), teenage pregnancy refers to the pregnancy of a woman younger than 19 years. For the purpose of this study, teenage pregnancy refers to the pregnancy of a female learner.

1.7. Structure of the thesis

The research report consists of the following chapters:

- **Chapter 1:** General introduction and background
- **Chapter 2:** Theoretical frameworks of the study
- **Chapter 3:** The extent of teenage pregnancy as a social problem affecting learners

- **Chapter 4:** Calendar of events in addressing teenage pregnancy and social and health pathologies affecting learners: Implications for social work practice
- **Chapter 5:** Research methodology
- **Chapter 6:** Data presentation and analysis
- **Chapter 7:** Discussion of the study findings
- **Chapter 8:** Development, implementation, and evaluation of a teenage pregnancy prevention model for learners in schools in the North West province: Implications for policy and practice considerations
- **Chapter 9:** Summary of the major findings, conclusions, and recommendations

CHAPTER 2

THEORETICAL FRAMEWORKS OF THE STUDY

2.1. Introduction

In this chapter, the discussions focus on different theoretical frameworks that underpin the study. Through the use of theories, social workers are better able to source different facts and complement their arguments. According to Teater (2014:1), theory is an essential ingredient in practice that guides the way social workers view and approach individuals, groups, communities, and society. Rubin and Babbie (2013:57) assert the importance of theory as follows:

“Theory plays an important role in social work research, as it does in social work practice. In both practice and research, theory helps us make sense of and see patterns in diverse observations. It helps direct our inquiry into those areas that seem more likely to show useful patterns and explanations. It also helps us distinguish chance occurrences and observations that have value in anticipating future occurrences”.

The eco-systems perspective, role theory, and the empowerment approach were used in the course of this study. They were chosen because of their relevance, applicability, and inclusivity in terms of the selected study populations, and they also play a crucial role in the development, implementation, and evaluation of the educational social group work model on teenage pregnancy for learners.

2.2. Eco-systems perspective

Using concepts from systems theory and ecology, the ecosystems perspective is a framework that is often used in generalist practice. This perspective observes the exchanges between individuals, families, groups, and communities and their environment (Birkenmaier, Berg-Weger & Dewees, 2014:26). According to Zastrow

(2009:42), the eco-systems model integrates both treatment and reform by conceptualising and emphasising the dysfunctional transactions between people and their physical and social environments. Furthermore, it does not view people as passive reactors to their environments, but rather as active participants in dynamic and reciprocal interactions. It tries to improve the coping patterns of people in their environments to achieve a better match between individuals' needs and the characteristics of their environments (Zastrow, 2009:42). The eco-systems perspective is appropriate in this study, as it provides a platform from which to consider the distinctiveness of a family as a system with sub-systems that are linked to each other and to other systems outside their limitations. For instance, schools, families, homes, and places of entertainment are environments (ecology) in which learners find themselves. In all these environments, learners, their parents, friends, and educators are also systems. Over and above the influences exerted by their parents, friends, and educators, the learners' schools, families, homes, and places of entertainment also exert influence on the learners' behaviours.

This is supported by Kirst-Ashman and Hull (2010:12), who state that learners in a school environment communicate and interact with others, and in some instances, they discuss issues of sexuality. In a situation in which a young learner is unable to obtain information on sex education from their parents, the learner will get it from the peers, and regrettably—in most cases—the information is incorrect. Continuous open communication between parents and children on issues of sexuality can contribute towards the delay of children engaging in sexual intercourse and safe sex practice, thus avoiding pregnancy while they are still at school.

As children, learners are materially, emotionally, and financially supported by their parents. During and after pregnancy, this support is needed more than ever before. Since learners do not have an income of their own, they depend solely on their parents to meet the new-born baby's needs. According to Mturi (2015:1961), family support is crucial to the extent that those who do not get it, or those with less support, struggle to raise their children, and more serious consequences are experienced later on in their

lives. Furthermore, Mturi (2015:1966) maintains that family support in the form taking care of the baby while the teenage mother returns to school, is significantly important in ensuring that there is a minimal effect on the teenage mother's schooling. Teenage mothers who do not have family members to help them look after their babies while they attend school, are likely to drop out of school. In some instances, the child's mother receives support to take care of the baby from the baby's father's family. One of the participants in Akella and Jordan's (2015:53) study stated that her child stayed with her boyfriend's family.

Learners' pregnancies impact on the family's functioning as a system, and also have an impact on the school system. Potjo's (2012:60) study states that during the school's examination period, a learner gave birth to her baby in the examination room. This incident illustrates that pregnancy negatively affects the school's functioning. The experience of giving birth in the examination room can be traumatic to teachers and learners. Incidents like these affect the smooth running of the school examination, for example, such incidents could impact on the school's ability to meet deadlines of submission of learners' marks to the DoE. Additionally, this incident also had psychosocial ramifications for the learner who delivered her baby in the classroom in front of other learners.

The eco-systems perspective describes learners as the main role players who have the potential to positively or negatively influence the functioning of both the school and family systems. When learners perform well academically, without falling pregnant, the school performance is enhanced. Similarly, for the family it means that family stability is maintained, since it will not have to feed and take care of an additional member in the family. On the negative side, when learners fall pregnant there is the possibility of the learners dropping out, and a likely decline in their overall school performance. The implications for the family are that they will be taking care of both the baby and the mother, and this implies additional household expenditure.

In Chapter 3 of this study, the eco-systems perspective provides the researcher with the lens to illuminate and describe the factors that predispose learners to engage in sexual activities against the risk of pregnancy and sexual diseases. It is important to understand these factors so that social workers working in the school setting can decide on the appropriate course of intervention.

Pursuant to this perspective, in Chapter 6 of this study, the researcher focuses on the results from the participants' discussions in terms of what causes teenage pregnancy, and the effects thereof on learners, their families, and the schools' systems.

Last but not least, through the eco-systems perspective, in Chapter 7 of this study, the researcher merges the discussions made in the problem statement of this thesis with the discussions in Chapters 3, 4, and 5 to develop and implement the educational social group work model on teenage pregnancy. Some of these discussions include but are not limited to the causes and effects of teenage pregnancies on learners, their families, and schools, and additionally they discuss what can be done to address the problem.

2.3. Role theory

According to Heiss in Biddle (2013:11), role theory can be divided into two contrasting fields, one stemming from symbolic interactionism, and the other representing structural sociology. However, most of those who see role theory in this limited light seem to have concluded that it is a theoretical sub-field of social psychology. Kimberley and Osmond (2011:414) assert that role theory and related concepts help social workers to analyse client systems in dynamic interactions with their environments, based in part on role expectations, social role functioning, and associated personal and social responsibilities. The empirical indicators of social role functioning are typically found in actions, beliefs, attitudes, values, and expectations as expressed, as well as patterns of interaction that people have with their social and physical environments. When applied to the family system, role theory suggests that each person in a family fulfils many roles that are integrated into the family's structure, and that represent certain expected,

permitted, or forbidden behaviours (Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen, 2010:264). Biddle (2013:8) asserts that role theory is based on the following:

- role theorists assert that “some” behaviours are patterned and are characteristics of persons within contexts;
- roles are often associated with sets of persons who share a common identity;
- persons are often aware of roles, and to some extent roles are governed by the fact of their awareness;
- roles persist, in part, because of their consequences (functions), and because they are often embedded within larger social systems; and
- people must be taught roles, and may find either joy or sorrow in the performance thereof.

Each of us occupies a number of social ‘spaces’, which carry with them a set of expectations and prerogatives (Coady & Lehmann, 2016:92). In the same vein, in the family environment, parents or guardians perform different roles, namely father, husband, mother, and wife, and moreover, in most common instances, the role of breadwinner. For the equilibrium to prevail within the family environment, the role players should play their roles to the best of their abilities. Within the family environment, there are children who need care, protection, and guidance from their parents or guardians. In the context of role theory, the purpose in this research is to establish the roles of parents in the prevention of teenage pregnancy amongst learners in the North West province, for Maepa (2015:30) states:

“Parenting includes nourishing, protecting, and guiding the child through the course of the child’s development. It is a continuous series of interactions between parent and a child, and these interactions change both partners in the parent-child dyad”.

Similarly, the matter of preventing teenage pregnancies in learners should not only be considered the responsibility of schools, government, and non-governmental institutions; parents should also take responsibility. In her speech on the 2 June 2013, the Minister of Social Development, Ms Bathabile Dlamini stated that before pointing a finger at the government, parents must play their part and instil discipline and impart good morals in their children, starting from a young age. According to Brace in Brown (2013:29), parents need to do all they can to develop positive attributes in their children. They should not only encourage them to remain celibate, but also educate their teenagers about premarital relations, and the consequences thereof, especially since premarital sex pertains to engaging in inappropriate behaviour at an early age. The researcher is of the view that the parents' ability to understand and perform their roles within the family environment can contribute positively to pregnancy prevention in their children.

In the literature review in Chapter 3 of this thesis, the researcher, taking role theory into account, argues that poor parent child communication regarding sex education matters is one of the factors that predispose learners to engage in early sexual activities, and this makes them prone to teenage pregnancy and likely to contract STDs.

Bearing the role theory in mind, in Chapter 7 the researcher will discuss the involvement of parents/guardians in respect to holding sex education discussions with their children. The researcher will further investigate topics that form part of the discussions between parents/guardians and their children. The factors that hinder these discussions and how both parents/guardians and children might be facilitated in such sex education discussions, will also be considered. In order to achieve this, the researcher solicited the views of school principals, deputy principals, Life Orientation educators and learners.

In order to highlight the importance of parental involvement in addressing teenage pregnancy, during the implementation of the educational social group work model in Chapter 8 of the thesis, the researcher educated the learners that formed part of the group sessions on the need and importance of engaging their parents to have sex

education discussions with the learners. The discussions will also educate learners on how to initiate discussions in instances where parents are unable to do so.

2.5. The empowerment approach

Leadbetter, as cited in Teater (2010:54), states that empowerment philosophies have existed for centuries. For instance, empowerment or self-help can be found in mutually assisting and friendly societies in Britain, which date back to the 18th century. In the United States, empowerment was in wide evidence in the late 1960s in the social and political activism of oppressed groups, particularly the civil rights movement and the work of Dr Martin Luther King Junior (Leadbetter in Teater, 2010:55)

According to Swanepoel and De Beer (2006:55), empowerment becomes hollow rhetoric if people are starved of information resulting in them being unable to make informed decisions. In social work, the empowerment approach is when the intervention applied to help a client is one that is believed will provide them with certain skills and/or resources enabling them to be independent or to stand on their own (Gwenzi, 2016). In support of this view, Pierson and Thomas (2010:205) view empowerment as a means by which the service users can become more powerful as a result of engaging with helping professionals in particular ways in attempts to solve their problems. According to Pierson and Thomas (2010:205), the empowerment approach is concerned with the following inter-related issues in respect to the service users:

- many service users do not understand their own needs or problems, or they have an incomplete understanding of them, or, they have attributed their problem incorrectly to a particular cause;
- some service users may have an understanding of their needs or problems, but find it difficult to articulate them; and
- many service users do not know how to solve their problems, or, if they do know how, they lack the confidence to initiate action.

In life, people can be empowered in different ways, and one of the ways is to give people information that may be helpful in shaping their lives. Teater (2010:54) emphasises that the social workers operating from the empowerment approach can work in collaboration with individuals, groups, or communities. According to Kirst-Ashman (2013:92), empowerment stresses how group members can help and empower each other through mutual aid and the act of providing support, feedback, and information within a group context. As is the case in this study, the empowerment approach serves as the foundation in the development and implementation of the educational social group work model. In empowering learners, the social worker can use different methods, such as group discussions, role-play, case studies, and presentations. The empowerment approach is central to the discussions in Chapters 4 and 7 of this thesis. In Chapter 4 of the thesis, the researcher looks at the different calendar of events that may be implemented for the purpose of addressing teenage pregnancy, and the social and health pathologies affecting school learners. In Chapter 4, the researcher goes further by discussing the applicable roles of the social workers that are crucial in terms of how these pathologies can be addressed. For instance, consistent with the empowerment approach, the researcher states that in carrying out the role of an advocate, the social worker in the school should advocate for the distribution of condoms in schools for the purpose of increasing learners' access to healthy pregnancy preventative measures. Condoms are important because they protect people against the risk of unplanned pregnancies and STDs.

The researcher finds it prudent to provide the reader with a preview of what to expect in Chapter 7 of this thesis by highlighting the topics that will form part of the educational social group work model on teenage pregnancy, which are empowering in nature. These topics are discussed as follows:

- Sex and sexuality: In this aspect, different topics such as anatomy and physiology, puberty, reproduction, sexual orientation, and sexual rights are discussed comprehensively, so that group members can develop a sense of how human reproduction takes place.

- Teenage pregnancy: The discussions involving teenage pregnancy are the central theme in the educational social group work model. It is hoped that if more details are made available to learners in terms of how teenage pregnancy destroys their dreams of achieving different careers, they might think twice before deciding to have babies while still attending the school. The impact of teenage pregnancy includes school dropout, maternal death, and increased population in the family and country. Furthermore, family relations are affected negatively, parents blame each other, and in some instances, the parents disown their own children.
- Substance abuse: Several studies have maintained that there is a relationship between substance abuse and unplanned pregnancies and STDs, including HIV/AIDS. The group members can be empowered through discussions on the impact of substance abuse before, during, and after pregnancy. As the researcher has already mentioned, substance abuse leads to pregnancies, affects unborn babies if the mother is consuming alcohol or using drugs, and some parents neglect their children when they are under the influence of substances. The presentation on substance abuse is not only important in the current times in the lives of learners, but it will also be useful in the future, as they are likely to become parents at some stage in their lives.
- Abstinence and the use of contraceptives and condoms: In order to complement other discussed topics in the group sessions so that they have a meaningful impact, it is of paramount significance that learners be empowered in terms of the importance of abstinence from sex and how this is achievable. The use of contraceptives and condoms is also important, and the discussions should include a demonstration on how condoms can be used correctly and consistently.
- Child-parent communication: Several studies have established that some parents and children are unable to discuss sex education for a number of reasons. As part of empowering the learners, it is necessary to brief learners on how the discussions can be initiated, as well as the appropriate timing to have those

discussions. This information is not only valuable for the current period of their (learners) childhood, but also for the future, as it is likely that they will become parents at some stage of the lives.

- Career discussions: The discussions should cover different careers, admission requirements, and the available financial support in the form of bursaries and scholarships. It is hoped that having career discussions with group members will make a significant impact and ensure that they complete their schooling so that they are able to pursue the careers of their choice. According to UNICEF (2013:3), learners—especially girls—who remain in school, are likely to complete matric, complete a university education, and are able to secure employment so that they can live independent lives. Furthermore, low school commitment is considered to be one of the factors that cause teenage pregnancy. With this finding in mind, it is further hoped that career discussions with learners will serve as motivation and encouragement that will contribute towards enhancing their commitment to school, thus enabling them to perform well academically, and to complete their studies.
- Life skills: Lastly, the educational social group work on teenage pregnancy should empower group members and provide them with the different life skills that they may need in their daily lives. Life skills are important competencies that the group members will need in order to make necessary decisions when it comes to choosing their career paths, deciding when to have a baby, whether or not to abuse substances, to abstain or to use contraceptives and condoms, and in having discussions with their parents and even their own children in the future.

The reader is advised to be aware that the abovementioned topics for the educational social group work model on teenage pregnancy are a result of an in-depth literature study (Chapters 3 and 4) and the empirical findings (Chapters 6 and 7).

2.6. Conclusion

This chapter has comprehensively unpacked the theoretical frameworks that inform the topic that is central to the discussions in this study, which is teenage pregnancy, with special reference to learners. Importantly, the theoretical frameworks also made reference to the developed educational social group work model on teenage pregnancy. The next chapter focuses on the literature review that is aimed at analysing teenage pregnancy as a social problem affecting learners.

CHAPTER 3

THE EXTENT OF TEENAGE PREGNANCY AS A SOCIAL PROBLEM AFFECTING SCHOOL LEARNERS

3.1. Introduction

This chapter focuses on relevant literature in respect of teenage pregnancy. Literature is reviewed with the purpose of determining what other authors have previously written on the topic under review, and to improve on existing studies. Fink (2005:5) defines a literature review as a systematic, explicit, and reproducible method for identifying, evaluating, and synthesising the existing body of completed and recorded work produced by researchers, scholars, and practitioners. Teenage pregnancy continues to be a social problem in different communities. Most females become sexually active at an early age. According to the World Health Organization (WHO) (2011a:5), in Greenland, 66% of girls who are 15 years of age have experienced sexual intercourse, compared to 55% of boys of the same age. The United Nations Population Fund (UNFPA) (2013:4) reports that girls under the age of 15 account for 2 million of the 7.3 million births to women under the age of 18 years every year in developing countries.

In 2012, the former North West province premier, Ms Thandi Modise, stated that the high rate of pregnancy among learners is a reflection of moral decay within our societies, and that it is a setback for the female learner, as it impacts adversely on the emancipation of women and the capacity of a developing state (Polity, 2012:1). Lack of respect and discipline is an issue of concern in schools, for example, Motha (2016:2) states that in one of the KwaZulu-Natal schools, learners were kissing and touching each other during lessons. Learners were also taking drugs, drinking alcohol, and having sex in the bushes during school hours. These learners' behaviours are a contributing factor to teachers leaving some schools. According to Masilo (2012:58),

learners are violent towards educators when they are under the influence of substances.

3.2. AN OVERVIEW OF THE TEENAGE PREGNANCY PROBLEM

3.2.1. Worldwide

The WHO's guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries (WHO, 2011b:IX), state that about 16 million adolescent girls between 15 and 19 years of age give birth each year. Babies born to adolescent mothers account for roughly 11% of all births worldwide, with 95% occurring in developing countries. According to Thrasher (2015:x), teenage pregnancy is both a social and a public health problem in the United States, with approximately 750,000 young women between the ages of 15 and 19 becoming pregnant each year. Kost and Maddow-Zimet (2016:3) found that in 2011 in the United States, New Mexico had the highest teenage pregnancy rate (72 per 1,000 women); the next highest rates were in Mississippi (70), Arkansas (69), Louisiana (66), Texas (65), and Oklahoma (65). The lowest rates were in New Hampshire (26), Minnesota (31), Vermont (32), Massachusetts (33), and Utah (33). A report by the Northern Ireland Factsheet (2014:6) states that there were 907 cases of teenage pregnancy for the Irish female population aged between 15-19 in Northern Ireland.

3.2.2. Africa

According to WHO (2007:17), the Sub-Saharan African (SSA) countries have the highest level of adolescent childbearing, with more than 50% of women giving birth before the age of 20. The UNFPA (2013:5) in their State of the World Population report assert that in SSA, the number of births in girls under the age of 15 are projected to nearly double in the next 17 years. By 2030, the number of mothers under the age of 15 in SSA is expected to equal those in South Asia. Odejimi and Bellingham-Young's

(2016:16) study demonstrates that there are several social and economic factors associated with the African teenage pregnancy rate. A correlation analysis reveals that in countries with low literacy rates, low contraceptive prevalence rates, and low life expectancy, the teenage pregnancy rate is high, and in countries with high female labour participation rates, teenage pregnancy rates are also high. UNFPA (2013:28) reports that the girls most likely to have a live birth before the age of 18 reside in rural and remote areas, have little or no education, and live in the poorest households. Teenage pregnancy is a serious social problem affecting many African countries. According to UNFPA (2013:15), in 2010 the following African countries had more women aged 20 to 24 that borne children prior to their eighteenth birthday, namely Nigeria (1,978,365), Ethiopia (881,168), Democratic Republic of Congo (757,596), United Republic of Tanzania (585,949), and Kenya (535,441).

3.2.3. South Africa

Schoolgirl pregnancies make headline news every year (Davis, 2015:1). Most teenagers, especially learners, are sexually active at a very young age. The findings of a study in KwaZulu Natal province reveals that learners initiated sex with partners who were usually 15 years of age, and this suggests that their sexual partners were fellow learners (Taylor, Jinabhai, Dlamini, Sathiparsad, Eggers & De Vries, 2014:850). A worrying finding from Taylor et al.'s (2014:851) study, is that 30% of sexually experienced learners report that they had engaged in consensual sex, that they had never been forced to have sex.

According to the National Department of Health (NDoH), Stats SA, the South African Medical Research Council (SAMRC), and (ICF) (2017:12), in South African provinces, the percentage of women age 15-19 who have borne children is highest in Northern Cape (20%), North West (20%), and KwaZulu-Natal (19%) and lowest in Western Cape (8%), Free State (12%), and Limpopo (12%).

The rate of teenage pregnancy is increasing significantly, and has significant negative effects on female adolescents, such as fear, guilt, desperation, and dropping out of school. Unwanted pregnancies may result in abortions and the pregnant learner may be unaware of all the associated complications (Kang, 2005:256). Mangena (2015:1), in quoting the DoBe, stated that during the 2013/2014 financial year, 21,000 schoolgirls, including 717 primary school learners, were pregnant in South Africa. The South African province of Mpumalanga has the third highest pregnancy rate in secondary schools, with 3,196 teenagers falling pregnant in the 2014 academic year (Myburgh, 2015:1).

During her parliamentary reply to questions put to her on the 27 March 2017, the Minister of the DoBE, Mrs Angie Motshekga painted a bleak picture of learner pregnancy rates in schools. According to Motshekga (2017), the national statistics for pregnant learners was 15,504 for the 2015 academic year, while for the 2016 academic year the number stood at 8,732. The South African province with the highest rate of pregnant learners is Gauteng, which had 5,246 cases in 2015, with the number decreasing to 4,366 in 2016 (Motshekga, 2017). According to Lesufi (2017:5), the Ekurhuleni region was the worst affected, with 1,289 learner pregnancies, and the Tshwane region was the second worst with 1,136 pregnant girls. The high number of pregnant learners in Gauteng can be attributed to the fact that many people flock to the province to find employment opportunities that lead to a better life. Migration to Gauteng has a significant impact on the education system, and schools appear unable to accommodate the influx of prospective learners. According to the SABC News on the 19 January 2017, 20,000 prospective learners were not placed in schools in Gauteng due to the high volume of applications that were received.

Similarly, the Eastern Cape Province is also not immune to the problem of learner pregnancies. According to De Swart (2015:1), the DoBE reported that 10 primary schools in the province accounted for a total number of 232 reported cases of learner pregnancies. It appears that even though learners are sexually active at an early age, they do not plan or intend to have babies. According to Chetty (2017:1), when a

schoolgirl was asked whether she intended to have a baby, she gave the following response:

“It was something that I was not prepared for, but I had to adapt, because I had a responsibility towards my child”.

According to Motshekga (2017) there is a decline in the statistics of learner pregnancy in the North West province, for example in 2014 there were 953 pregnant learners. In 2015, the recorded number was 274 pregnant learners, and in 2016 there were 359 pregnant learners (Motshekga, 2017).

3.3. THEORETICAL FRAMEWORK

3.3.1 Eco-systems perspective

Bronfenbrenner in Green (2008:199), defines the ecological approach to human behaviour as the "scientific study of the progressive, mutual accommodation, throughout the life course between an active, growing human being and his or her environment". The position of the ecological perspective (Johnson, 2008:2) is crucial in this study since it provides lens needed to understand the importance of interactions between learners and the environment they are constantly in touch with. From this perspective, it is envisaged that human beings owe their healthy living to meaningful and effective interactions with their social environment. Without any doubt, the learners interact with various environments such as the family, friends, schools, and the community in general, and within these interactions there is the potential for positive or negative outcomes. For instance, on the positive side, the school and parents can educate learners about the impact that a teenage pregnancy can have on their lives. On the negative side, friends and sugar daddies (or 'blessers' as they are commonly known in South Africa) can contribute to learners becoming sexually active, which may result in unplanned pregnancies and the contraction of sexual diseases.

Against, this background, while taking note of the eco-systems perspective, this section will consider the factors that predispose learners to engage in sexual activities despite the risk of pregnancy and contracting STDs. Furthermore, the impact on learners, families, schools, and the country in general is briefly discussed.

3.4. Factors that predispose learners to engage in sexual activities despite the risk of pregnancy and sexually transmitted diseases

There are different reasons as to why teenagers fall pregnant. Jones in Mooki (2004:42) states that girls have sex to become pregnant perhaps because they want to escape from or hurt parents that they do not get on with well, or they believe that a boy will marry them if they are pregnant, or they believe they are in love.

3.4.1. Lack of information

The lack of information about the consequences of unprotected sex is a worrying factor. In a study conducted by Moyo (2014:36), 45% of respondents believed that pregnancy is preventable by washing the vagina after engaging in sexual intercourse, and 50% of the respondents believed that it is impossible to fall pregnant if they have sexual intercourse in a standing position. It is not only girls that are misinformed about sexual intercourse and pregnancy, Chideya and Williams (2013:215) posit that boys believe that if they are in a monogamous relationship, then it is unnecessary to use condoms. This false belief results in teenage boys impregnating their girlfriends. According to Maholo (2008:108), the reason for these unplanned pregnancies is because young girls and boys become sexually active at an early age without having adequate information to protect themselves against unplanned pregnancies. The issue of lack of knowledge should be considered in a broader light. Teenagers might not be knowledgeable about the consequences of unprotected sex and the concomitant health risks, and moreover,

they may be unaware of the different organisations and services that can assist them in preventing pregnancies and STDs. In addressing this matter, it is imperative that relevant role players continuously educate teenagers and communities about their services.

3.4.2. *Sexual partner's refusal to use a condom*

Ziyane and Ehlers' (2006:36) study found that female respondents affirmed that men were the decision-makers when it comes to using contraceptives, stating that men either approve or disapprove of the use of contraceptives. According to Giggans and Levy (2013:7), refusing to use condoms and not allowing a partner to use any kind of birth control are ways in which a male partner claims possession of a girl's body and controls her sexual activity. Thus, the risk of unintended pregnancy is high for girls in these types of controlling relationships. Gqamane (2006:15) states that boys and young men's reasons for not using condoms is that they feel pressurised to prove their status as men, and therefore these rules and pressures often dictate their sexual practices. The other factor that contributes to the non-utilisation of condoms is that females fear that they will lose the male partner's respect if they are asked to use a condom (Gqamane, 2006:72). Dube, Nkomo, and Khosa (2017:6) assert that in a situation where women are married, it is difficult to negotiate the use of a condom because these women are dependent on their husbands for financial support, and this situation reduces their chances of having sexual control in their relationships.

3.4.3. *Sugar daddies*

The terms 'sugar daddy', or 'blesser' in the South African context, simply refers to a man who is employed or self-employed and who has money that he can offer to a young girl with whom he has a sexual relationship. In most instances, these financial benefactors will shower the young girls with money and expensive gifts such as clothes and jewellery. According to Ndlovu (2015:1), the Head of the DoE in KwaZulu-Natal, Nkosinathi Sishi, has blamed the high pregnancy rate among young schoolgirls on older

men. In quoting Nkosinathi Sishi on the release of teenage pregnancy statistics for the 2013 academic year, Ndlovu (2015:1) stated that there were over 26,000 pregnant learners in KwaZulu-Natal. According to Savides (2016) “one blesser infects as many as 15 girls a week, sometimes out of the same school”.

Even though these young girls enjoy different benefits from their blessers, there are risks involved. According to Walker, Reid, and Cornell (2004:56) “the girls face an increased risk of HIV exposure because of the unequal power relations between them and their partners”. This view is emphasised by the Minister of Health, Dr Aron Motsoaledi, who stated “that at least 28 percent of schoolgirls are HIV positive”. Furthermore, Motsoaledi adds that it is clear that it is not only young boys who are sleeping with these girls, but also mature men (Mashaba, 2013). Sugar Daddy billboards were an attempt to address the sugar daddy phenomenon in KwaZulu-Natal province in 2012 by the Health MEC, Dr Sibongiseni Dhlomo. The message emphasised by Dhlomo (2012:4) was “let caring and responsible men revolutionize the whole HIV/AIDS prevention effort. As men, let us ensure that none amongst us prey on the young vulnerable ones”.

The researcher’s observation is that the young girls who fall victim to sugar daddies are those who still at school or at university, or those young women who are unemployed and are from less fortunate family environments. Furthermore, the majority of these sugar daddies are married and have families. The most devastating part of this phenomenon is that very often, the sugar daddy in question has a daughter who is almost of the same age group as the young woman that he is sexually involved with. Since these sugar daddies have their own families, it is likely that they will refuse to take responsibility for pregnancies resulting from their affairs with the young women, while other sugar daddies are likely to encourage the young women to terminate their pregnancies.

3.4.4. Poor sex education communication between parent and child

Naturally parents as heads of families perform certain roles, one of them being an educator to their children. According to Setlalentoa (2009:48), "it is through a family that a child learns to learn". The nature of the parent-child relationship is important. McGoldrick and Shibusawa (2012:390) state that teenagers who do not have a close bond with their parents are at greater peril of having a teenage pregnancy. Parents should be open enough to discuss sexual issues with their children so that they can make informed decisions when it comes to their sexual practices. Nzama's (2004:35) study revealed that most girls receive little or no support from their parents, often with no communication with their parents regarding sexual issues. According to Dlamini (2013:2), some social ills, such as teenage pregnancy, emanate from flawed information that parents share with their children. Parents need to refrain from telling improbable creation stories to their children, such as the immature notion that a child arrives in an aeroplane. We must engage children, and encourage them to talk freely and respectfully about sex and the sexual challenges that they face in their lives. According to Folorunso (2011:13), parents fail as sex educators of their children due to uncertainty or misconceptions about the type of information they should be presenting to their children. The respondents in a study conducted by Mturi (2001:11) revealed that some of the parents were shy and too embarrassed to discuss sex with their children. Furthermore, others stated that due to cultural restrictions, they were unable to discuss sexual matters with unmarried teenagers (Mturi, 2001:11). Mturi (2015:1968) suggests that as part of complementing the Life Orientation programmes in schools, parent-daughter communication on sexual matters should be improved.

3.4.5. Alcohol and other drugs

Early dating provides a context for many experiences. Unconventional psychosocial attitudes and some risky behaviour, such as early use of alcohol, tobacco, and drugs, school problems, delinquency, and physical aggression are associated with early onset of adolescent sexual intercourse (Adolf, 2014:12). Findings by Madikizela (2013:40) indicate that the teenage substance use is a serious problem, as 20% of the participants reported that they started abusing substances at the age of 10. According to the NDoH et al. (2017:i), drinking starts at a level where one in every four female youths have at least taken alcohol by the age of 15-19, and the percentage rises sharply to more than one in three by the age of 20-35, before it drops to one in five by the age of 65. The WHO (2005:49) states that alcohol consumption in Belarus was the third most frequent reason for a girl's first sexual experience. In their study, Musiime and Mugisha (2015:6) found that 99% of their respondents had sex while under the influence of alcohol. According to Phakathi (2015:1), about a third of pupils in Grades 8 to 11 are monthly drinkers, and an equal percentage often binge drink. Many of those pupils who drink and use drugs often engage in risky sexual activities.

Madikizela (2013:35) states that the festive season appears to be the period when most teenagers engage in unprotected sex while under the influence of substances. The reason for teenagers indulging in alcohol and drugs at this time is because they are celebrating the end of the school year, and some of them are celebrating their good school results. These teenagers celebrate, unaware that their celebration could end up putting them at risk of being intoxicated and sexually abused (Madikizela, 2013:35). It is usual for schools to take learners on different excursions, which are either educational or sports-related, and it is during these outings that many learners start to use alcohol and drugs, and likely engage in unprotected sex, which leads to unplanned pregnancies.

3.4.6. Rape (sexual offences)

De Villiers (2016:1) writes that the epidemic of violence against girls and women in South Africa feeds hungrily on the unhealthy, false perceptions about the female gender and the imbalances of gender power that are prevalent in our homes, schools, and communities, as well as in the media and political and societal discourse. According to StatsSA (2017:94) sexual offences (including sexual assault, rape, and domestic sexual abuse) refers to grabbing, touching someone's private parts, or sexually assaulting or raping someone. Motshedi (2009:127) defines sexual abuse as a form of abuse in which sex is used to hurt, degrade, dominate, humiliate, and gain power over the victim. According to Slabbert and Green (2013:240), rape or sexual abuse occurs when the perpetrator demands sexual interaction without the woman's consent. In South Africa, Solly Mahlangu, a well-known gospel artist, revealed that he was conceived through rape. According to Mahlangu, the rape incident happened when his mother was only 14 years old (Daily Nation, 2014:1). One of the respondents in a study conducted by Ramakuela, Lebese, Maputle, and Mulaudzi (2016:4) confirmed that she was pregnant because her uncle raped her. In Swaziland about 20% of teenage mothers had babies as a result of being the victims of sexual violence (Tsabedze, 2016:14).

3.4.7. Early marriage

Marriage is a beautiful institution, however, getting married at an early age results in young girls being unable to negotiate delaying pregnancy with their partners because they are dependent on their partners for survival (Zimela, 2016:3). Early marriages involving teenage girls are often arranged, and this means that they are sometimes married against their wishes. According to Nandi, Burman, Das, Saha, and Pal (2014:3), 285 or 92.34% of respondents in their study were in teenage marriages that were arranged by their parents. Muridzo and Malianga (2015:49) report that in Zimbabwe, girls are pledged in marriage in exchange for food support during famine or in fulfilment of a pledge that a family made at birth of child in which they promised to look after the child with the assistance of the future husband. At 13 or 14 years when the girl starts

her menstrual period she is taken to the husband's home (Muridzo & Malianga, 2015:49). According to UNFPA (2015:8), 90% of adolescent births amongst 15-19 year olds occur within marriage. One third of all women between the ages 20 and 24 years report being married as children, that is, before their 18th birthday. Unless the trend is reversed, we can expect an estimated 39,000 child marriages to take place every day by the end of this present decade (2020) (UNFPA, 2015:8). In describing the effects of early marriage on young girls, Tegegn (2011:138) opines that early marriage severely curtails the life prospects of the girl child, resulting in discontinuity of the girl's education, thereby permanently depriving her of her potential. The direct consequence of early marriage on the girl child is what is known as fistula, a condition that involves damage to the internal sex organs caused by childbirth (Tegegn, 2011:138). According to UNFPA (2013:31) girls that are married at an early age occupy a difficult and often neglected space within society, receiving scant, if any, attention from social protection programmes. While they are still children in all respects—developmentally, biologically, physically, psychologically and emotionally—their marital status, however premature and unwelcome, signals an end to their childhood, and renders them women in the eyes of society (UNFPA, 2013:31).

3.4.8. Abduction

The issue of abduction has been part of some traditions in South Africa. In the Xhosa tradition is referred to as '*ukuthwala*'. This is a practice in which young women are abducted and forced to marry strangers. After a group of men have abducted a girl, she is taken to a man's home, and, after a short ceremony, she and the man are pronounced man and wife (Malan, 2011:1). Abducted female children become pregnant as result of this practice. The problem of child abduction is affecting many African countries. In April 2014 the international media reported that Boko Haram Islamic militants abducted 276 girls from a secondary school in the North East of Nigeria. According to an article in News24 (2016), one of the schoolgirls abducted in Chibok has been found and was pregnant. On the 13 October 2016, *The Whistler*, a Nigerian newspaper, reported that "at least eighteen of the twenty-one of the rescued girls are

pregnant". One of the rescued girls from the Boko Haram stated that the pregnancies were a result of rape by the Islamic militants.

3.4.9. Family circumstances

Domestic circumstances, such as housing conditions and conflict within the family are contributing to the incidence of teenage pregnancy. For example, Mamabolo (2014:30) found that one of the children interviewed mentioned that they live in a two-roomed house and there were occasions on which she overheard her mother and stepfather having sex at night. The child stated that the incident affects her mentally to the extent that she thinks about sex when she is with her friends. The implication of this incident is that the child will think it is acceptable to have sex, since her parents are doing it, and she will think that it is appropriate to become sexually active at an early age, thus exposing her to the risks associated with sex.

In their homes, teenagers react to the conflict between their parents. From the results of Koch's (2012:64) study it is evident that due to parents fighting in the home, female teenagers no longer stayed at home, choosing rather to stay with their boyfriends because there they receive the attention and love they require. Based on this finding, it can be deduced that female teenagers will do anything—including having unprotected sex—to make their boyfriends happy, so that they can continue to stay together. Common sense tells us that female teenagers who have regular unprotected sex are likely to fall pregnant.

3.4.10. Peer pressure

Mwinga (2012:27) cites peer pressure as a contributing factor to teenage pregnancies. The results of Thobejane's (2015:4) study reveal that almost 100% of respondents indicated that they have friends who play an important part in their lives. Furthermore, about 80% of respondents indicated that their friends influenced them to have children. Peer pressure can be seen as the main factor influencing teenage pregnancy, because

most of the teenagers have friends who may be sexually active. The findings of a study conducted in the large port city of Busan in South Korea reveal that learners mostly derive their sexual knowledge from their friends, and they believe that their friends are the best people to counsel them when they encounter sexual problems (Kang, 2005:254). The author recommends that because most teenagers rely on their peers for sexual information, it is important to ensure that the peer group is well-informed and has accurate sexual knowledge to provide the correct information when they talk to their friends.

3.4.11. Low school commitment

Learners spend most of their time at school focusing on learning activities. This has the advantage of keeping learners busy to the extent to which they do not have time to be involved in anti-social behaviours, such as sex. In circumstances where learners are often absent from school for different reasons, including having a low commitment to school, they are likely to be involved in sexual activities that could result in pregnancy. Based on Amoateng, Kalule-Sabiti, and Arkaah's (2014:493) findings, the majority of learners who had weak or low commitment to school, in comparison to those learners who have a strong school attachment, reported recent sexual encounters, and admitted to having multiple sexual partners.

3.5. The impact of pregnancy on teenagers

3.5.1. Dropping out of school

One of the immediate impacts of teenage pregnancy is on the learner's education. According to UNIAIDS and the African Union (2015:2), arising out of their pregnancy, female learners are often unable to enjoy the benefits of a secondary education and formal paid employment under decent conditions, which would allow them to build their skills, assets, and resilience. This can be attributed to the disparities that currently exist between male and female learners, because even though male learners may have impregnated the female learners, the female learners are the ones who drop out of

school, and the male learners usually continue with their education. Several factors contribute to teenage girls dropping out of school, including, inter alia, lack of support at home in terms of taking care of the baby while the teenage mother returns to school. According to Nelson (2013:27), without the support from family and friends encouraging teenage mothers to stay in school, it is difficult for these young women to complete their schooling.

3.5.2. Premature parental responsibilities

Parents are expected to perform parental responsibilities when they bring a child into the world. The Children's Act no. 38 of 2005 (Republic of South Africa, 2005:38) advise that parents must perform the following parental responsibilities in respect of the child:

- (a) take care of the child;
- (b) maintain contact with the child;
- (c) act as guardian to the child; and
- (d) contribute to the maintenance of the child.

These parental responsibilities are challenging for teenage parents. Several studies have reported that teenagers have admitted that they did not plan on having babies, it 'just happened'. In terms of this admission, it can be deduced that teenagers are neither ready nor prepared to perform their parental responsibilities, and what makes matters worse, is that teenage parents are financially dependent on their parents. Being unable to financially support a baby could lead to teenage mothers abandoning their children. Bezuidenhout (2013:78) asserts that abandonment affects the lives and futures of these children, because effective socialisation requires the participation of both parents, and at least a secure environment in which the child's biophysical and psychosocial needs can be met.

Being a learner while trying to parent makes it difficult for teenage parents to perform their parental responsibilities. As learners, they are expected to do their homework and assignments at home, yet they cannot ignore the fact that their babies need attention. The challenge of balancing both school and parental responsibilities could result in teenage parents abdicating their parental responsibilities to other people. For example, they may decide to place their children in foster care or give their babies up for adoption.

3.6. Economic impact on the country

Even though several studies have confirmed that the increasing rates of teenage pregnancy are not influenced by the child support grant (CSG) (Makiwane, 2010:193), Mturi (2015b:11) states that the increasing number of babies born does have an impact on the social grants' budget. For example, the National Treasury (2016:292) notes that social grants represent 94.2% of the Department of Social Development's total budget allocation. Out of all the beneficiaries of the social grants, the growing numbers of beneficiaries are the CSG beneficiaries. In his 2016 budget speech, the then Minister of Finance, Mr Pravin Gordhan (2016:22) stated that the overall expenditure on social grants would increase from R129 billion for the 2016/2017 to R165 billion in 2018/2019 financial year. According to Gorm (2015), in 2011, teen pregnancies and childbirth accounted for at least \$9.4 billion in costs to the U.S. taxpayers for increased health care and foster care, and lost tax revenue due to the lower educational attainment and income among teen mothers.

3.7. Conclusion

The literature review in this chapter sought to lay bare some of the crucial factors that predispose learners to engage in early sexual activities despite the risk of pregnancy and sexual diseases. One of the factors is that sugar daddies take advantage of the naïve, vulnerable, and poverty stricken schoolgirls. From the eco-systems perspective, the discussions reveal that teenage pregnancy does not only affect the school learners, but their also their families and schools. Most importantly, the studies discussed in this

chapter reveal that the country as a whole is financially affected by teenage pregnancies. This is because there is an increase in the children that receive the CSG, and this is to the detriment of funding of other government programmes. These findings encouraged the researcher to consider them in the development and implementation of an educational social group work model for teenage pregnancy.

The purpose of the next chapter is to describe a calendar of events that social workers can implement in order to address teenage pregnancy, as well as the social and health pathologies affecting learners.

CHAPTER 4

CALENDAR OF EVENTS IN ADDRESSING TEENAGE PREGNANCY AND THE SOCIAL AND HEALTH PATHOLOGIES AFFECTING SCHOOL LEARNERS: IMPLICATIONS FOR SOCIAL WORK PRACTICE

4.1. Introduction

The previous chapter reviewed the factors that predispose learners to engage in sexual activities despite the risk of pregnancy and sexual diseases. The problem of teenage pregnancy is ascribed to social problems such as rape, poverty, substance use, and other problems. In order to reduce and prevent teenage pregnancy in schools and communities, comprehensive measures and strategies need to be implemented. The school is the ideal environment for the implementation of a calendar of events; this is based on the premise that many teenagers attend school and are easily accessed through the school. According to Zastrow and Kirst-Ashman (2010:196), the importance of the school is as follows:

“School provides a major arena for socialization, where children are taught social customs, rules, and communication skills. School can influence children’s dreams and aspirations about future careers. Schools help to mould the ways in which children think”.

Against this background, the purpose in this chapter is to describe a relevant calendar of events that can be implemented in schools. Furthermore, different social work roles are discussed in relation to each calendar of events. Throughout the implementation of this calendar of events, the social worker’s overarching role is that of being a researcher. The social worker needs to do research in order to keep abreast of

developments concerning different problems that affect learners. In addition, research enhances the social worker's knowledge, skills, and capabilities.

4.2. Theoretical framework

4.2.1. *Empowerment approach*

Having in the previous chapter discussed factors contributing to teenage pregnancy and the associated impact on learners, families, schools, and the country in general, this section positions the social worker's roles within the empowerment approach. According to DuBois and Miley (2014:197), empowerment presumes active, collaborative roles for client-partners. For the purpose of this study, these roles should be performed in the course of the implementation of the calendar of events that seeks to counter the causes of teenage pregnancy and addresses social and health pathologies affecting learners. The social workers' roles discussed in this chapter are consistent with the empowerment approach, which recommends that social workers bring the necessary and desired changes in people's lives by empowering them, since most importantly, social work profession by its nature is an "empowering profession" (DuBois & Miley, 2014). In this study it is argued the social worker operating in a school setting can make an important contribution not only to learners, but also to schools and larger communities. In order to achieve this, it is of paramount importance to introduce and implement a calendar of events allied to addressing these social issues. The discussions in this chapter simultaneously align the calendar of events to the appropriate social work roles.

4.3. Calendar of events and social work activities

4.3.1. Sexually Transmitted Infections/Condom Week (10-16 February)

Adolescents rarely use protection when having sex for the first time, and younger adolescents face a greater risk than older adolescents of acquiring sexually transmitted infections (STI), including HIV/AIDS (UNFPA, 2012:14). Worldwide, each year, there are 340 million new cases of STIs being contracted. Youths between the ages of 15 and 24 have the highest rates of STIs. Although STIs are not a consequence of teenage pregnancy, they are a consequence of sexual behaviour—non-use or incorrect use of condoms—that may lead to teenage pregnancy (UNFPA, 2013:21).

If untreated, STIs can cause the following:

- infertility;
- pelvic inflammatory disease;
- ectopic pregnancy and cancer;
- debilitating pelvic pain for women and girls;
- low birth-weight babies, premature deliveries, and life-long physical and neurological conditions for children born to mothers living with STIs (UNFPA, 2013:21).

According to Njau (2013:7), condom use is a barrier method that serves to protect sexually active people against STIs and pregnancy. However, its effectiveness depends on the consistency of its use. Unlike the male condom, the female condom can be placed in the vagina up to eight hours prior to engaging in sexual activity (Thrasher, 2015:39). In an attempt to understand the motivation for men to use condoms during sex, Gqamane's (2006:74) study found that the respondents (71%) acknowledged the fact that they were at high risk of impregnating girls. The reasons respondents mentioned for not wanting to impregnating girls included that: they would have to drop

out of school and be responsible for supporting the child; they would get into trouble with their parents; and they felt they would lose their self-respect and that of their family if they impregnated a girl (Gqamane, 2006:74).

Mr Whittle, the Deputy Director General of the DoBE in South Africa, is quoted by Phakathi (2015:1) as saying that “condoms should be introduced in schools, as it is at the age of 15 years were the school learners really start getting infected by HIV”. Furthermore, Dr Faith Khumalo, the Chief Director for Care and Support in Schools, maintains that the distribution of condoms should not be considered in isolation but rather as part of broader plans to curb the increasing levels of HIV/AIDS and tuberculosis (TB) infections in schools (Phakathi, 2015:1). The rate of HIV/AIDS infections continues to grow in South Africa. According to Savides (2016), “shocking new statistics reveal South Africa has taken the world lead with 2 500 new HIV infections weekly amongst the adolescent females ranging from 14 to 24 years of age, with KZN once again foremost in the numbers”.

Broker: According to Compton, Galaway, and Cournoyer (2005:231), in serving as a broker, a social worker links their clients with other community resources with the purpose of accomplishing the objectives specified in the service agreements. The school social worker can link learners with health professionals such as nurses and doctors from the local Department of Health (DoH), either at a clinic or hospital, so that these professionals can offer medical services to learners in respect to STIs.

Educator: The focus of the social work intervention should be on educating learners about the correct usage of condoms, how to negotiate the use of condoms, and the benefits of using condoms consistently whenever they have sexual intercourse. The school social worker can also facilitate the distribution of condoms in school toilets so that the learners can easily access them.

Empowerer: There is also a need to empower teenage girls in the art of negotiating safe sex or condom usage with their partners. Correct condom usage serves a significant purpose during sexual intercourse because it prevents both STIs and unplanned pregnancies. According to Mnyipika (2014:49), teenage boys should also be given more information regarding the importance of condom utilisation, because some of the boys who are circumcised don't use condoms because they erroneously believe that as circumcised boys, they have a low risk of being infected with HIV/AIDS and STIs.

4.3.2. Pregnancy Awareness Week (8-14 February)

Each year in South Africa, at least 1,600 mothers die due to pregnancy and childbirth complications, 20,000 babies are stillborn, and another 22,000 babies die before they reach one month of age. An additional 53,000 children die before their fifth birthday. This toll of over 260 deaths per day is related to five major challenges: pregnancy and childbirth complications; new-born illnesses; childhood illnesses; HIV and AIDS; and malnutrition (DoH, 2014:16). In addressing these challenges, the DoH uses pregnancy awareness week to strengthen pregnancy education and stress important issues that promote healthy pregnancy and safe motherhood. Pregnant women should start attending antenatal care as soon as they suspect that they are pregnant, and certainly within their first trimester (UNICEF South Africa, 2015:13). It is important for social workers to encourage pregnant learners to participate in antenatal classes.

Mobiliser and broker: Numerous studies have reported that pregnant learners are often absent from school because they need to attend pre-natal classes at health facilities, and this results in them losing the whole learning day. The DoE (2007:4) advises that in cases where prevention measures fail and learners do fall pregnant, the education system is obliged to manage the situation by balancing the best interests of the individual against those of other learners, educators, the school, and its community.

Educator: Many studies have revealed that some of the teenage fathers, especially those that are attending school, do not perform their parental duties, and nor do they accept their parental responsibilities for their children. The social worker needs to teach teenagers about the rights and responsibilities of unmarried fathers as stated in the Children's act 38 of 2005, and the importance of fathers being present in the lives of their children. Fathers play an important role in the lives of their children, for example, in Makofane's (2015:30) study, one of the participants mentioned that due to her financial constraints, she felt that she needed the presence of her baby's father so that he could assist her financially. In support of this statement, fathers who are not present in the lives of their children create long-term challenges for their children. Makofane (2015:36) maintains that the impact of fathers' absence has resulted in some women not trusting men, thus depriving these women of loving or being loved because of their hurt and the fear of rejection. These fears will undoubtedly have a detrimental effect on these women's future intimacy with men.

4.3.3. Child Protection Week (27 May-2 June)

Children are the future of any society, and yet they continue to experience abuse from the members of their own societies who are not only supposed to raise, nurture, and educate them, but who are also supposed to protect them from different social ills. Any form of social injustice involving children is a violation of their human rights and their rights as children. During the National Men's March on the 22 November 1997, the then President of South Africa, Mr Nelson Mandela said "Our children are our greatest treasure. They are our future. Those who abuse them tear at the fabric of our society and weaken nation".

The child is abandoned when he has been deserted by the parent, guardian, or caregiver, or has, for no apparent reason, not had contact with their parent, guardian, or care giver for a period of at least three months (Republic of South Africa, 2006:9). In South Africa, there are daily reports of children who are abandoned by their biological parents, and these incidences of child abandonment often occur immediately after the

birth of the child. For instance, a new-born baby boy was found abandoned in an alley on Church Street in Pietermaritzburg (Times Live, 2016).

According to the Children's Act 38 of 2005 (Republic of South Africa: 2005:20), during any form of intervention with children, the best interests of children must be paramount. Social workers regard children as one of the population sectors at risk, and in safeguarding their best interests, it is crucial that social workers perform the following roles:

Educator: In respect of the educator role, the researcher will firstly discuss it in the context of abuse, and secondly with reference to the parental rights and responsibilities of learners who have babies.

Firstly, children need to be continuously educated about their rights and responsibilities so that they can be more responsible citizens of a country. Since children are one of the vulnerable groups, social workers must educate them about the different types of abuse, and how they can report such incidents of abuse. For example, they can report abuse to their parents, family members, schoolteachers, social workers, health workers, and police officials. Chabeletsane (2015:34) emphasises the importance of parental supervision of children by stating that "parents should make sure that they are aware of their children's whereabouts at all times. If they have to attend to errands, then proper arrangements should be made to have another adult supervise them. Children should never be left alone un-supervised". Social workers need to do more awareness training in terms of what child sexual abuse is, namely the signs of sexual abuse to look out for, and what channels to follow in reporting cases of sexual abuse (Chabeletsane, 2015:47).

Parents should be educated about their parental responsibilities in order to ensure that they provide for their children's needs and protect them from different forms of abuse. Social workers should also educate parents on programmes, such as foster care placement and child adoption.

Secondly, there are learners who have babies and maintain that the baby was a mistake and state that they are not prepared to raise the child due to their financial difficulties. In these instances, to prevent the abandonment of the baby, the social worker can educate the parents of the baby about available services such as foster care and adoption.

Broker: In cases when learners decide to place their babies in foster care or adoption programmes, the school social worker can link learners and/or their families to the relevant external stakeholders, such as those social workers who deal with foster care in the Department of Social Development, and social workers dealing with the adoption in the non-governmental sector.

In today's society, we not only have children who are abused, but also children who are in conflict with the law. Social workers can conduct crime prevention awareness campaigns in schools and communities. Life skills, such as being assertive, must be taught to children, because some adults influence children to commit crimes. In some communities, children are used to conduct criminal activities, especially house break-ins, because children are physically smaller and can easily enter through windows and security doors. Currently there are reports that drug lords use school children to sell drugs to other learners in schools. Criminal activities have serious consequences, and the common phrase used in crime prevention awareness campaigns is "Crime does not pay". One of the consequences of being arrested is that the person will have a criminal record, and this will affect them in future opportunities, such as employment, as it is difficult to find employment when one has a criminal record.

4.3.4. International Day Against Drug Abuse and Illicit Drug Trafficking (26 June)

The use and abuse of substances is a major problem affecting young people, especially learners. According to Motha (2016:2), in one of the schools in KwaZulu-Natal province, learners as young as 13 years of age are experimenting with drugs and sex. Substance abuse has negative effects on the lives of substance consumers. According to the

Department of Social Development (2013:96), most of the young females in the Mopani district of Limpopo province who use alcohol and drugs are HIV positive, and drop out of school. As mentioned by the Department of Social Development (2013:103), the impact of substance abuse on young people includes rape and being incarcerated, developing a Phuza face (face of a drunkard), engaging in sexual activities without condoms, which often results in young people contracting HIV/AIDS and/or STDs and/or having unwanted pregnancies.

Educator and broker: In addressing the problem of drugs in schools, the social workers need to educate the learners about the impact of drug abuse and addiction and provide strategies on how learners can avoid drugs. The social worker can also identify and profile those who are addicted to drugs and send them to programmes at the rehabilitation centres. Further engagement with the South African Police Services (SAPS) is important in eradicating drugs in the school setting.

4.3.5. World Population Day (11 July)

World Population Day is an international day observed to create international awareness to the international population and the crises resulting from this growing problem. It is evident that the rising population has also led to issues such as poverty, food shortages, and mounting pollution in the environment (Partners in Population & Development, 2016). The rate at which the population doubles in a country and in the world has immense consequences. The doubling time is based on the extent to which the birth rate exceeds the death rate, and doubling birth times has a compound effect; in the same way that dollars earn interest, people added to the population produce people (Zastrow, 2010:531). In citing the impact of overpopulation in South Africa, the Population Policy for South Africa (1998:6) noted that the “High population growth places increasing pressure on government to provide services that will not only sustain but also improve existing standards of living. If the rate of population increase in more than a country can cope with, the quality of life will decline. This is true even where government is promoting equity in resource distribution”.

According to StatsSA (2016a:7), the South African population is estimated to be 55,9 million by the end of June 2016. Between 2002 and 2016, South Africa experienced a positive population growth year on year. Between 2002 and 2016, there was an overall increase in life expectancy (55,2 to 62,4 years) and a decline in infant mortality (48,2 to 33,7 deaths per 1,000 live births), and the under five years of age mortality rate (70,8 to 44,1 deaths per 1,000 live births). A third of the population is estimated to be under the age of 15, whilst 8% of the population is aged 60 years and older (StatsSA, 2016a:7). According to UNFPA (2012:65), in 2010, 30% of South Africa's population of 50.1 million consisted of young people between the ages of 10 and 24 years. The number of young people is projected to decrease to 14.6 million by 2025, and to 12.9 million by 2050. The rate at which teenage pregnancy is increasing might change the stated projected decrease in the number of young people. In the rural municipality of Ratlou in the North West province, the South African Broadcasting Corporation (SABC) (2016) reported that in 2015, 3,000 schoolgirls below the age of 18 years were pregnant and had to drop out of school. The population of the Ratlou Local Municipality is estimated to be 100,000. Having 3,000 pregnant teenagers' means that 3,000 new babies will add to the current population. If relevant and effective interventions are not made in this community, it is possible that the population may increase further.

Educator: In order to curb the increasing numbers of the population, especially as the result of teenage pregnancy, educating learners about the impact of the increased population in a country should be prioritised by social workers in the school setting. One of the interventions that a social worker can undertake is to refer to the reported high number of learners who were not admitted to schools in the Gauteng province due to the lack of capacity of accommodation. Overcrowded classrooms have an impact on the quality of lessons that the educators can present, and thus, individual attention may be an impossible objective for educators to achieve.

The impact of an increased population affects the country and the family. In the family, an additional member in the form of a baby increases the family's financial expenditure, and this extra financial burden is mainly felt by families who are already experiencing poverty.

4.3.6. International Foetal Alcohol Syndrome Day (9 September)

During their pregnancies, teenagers experience positive and negative reactions from different sources, such as their teachers, parents, friends, and members of their communities. In a study conducted by Lekalakala (2015:45), respondents mentioned that their friends gossiped about them on the school premises. Furthermore, respondents mentioned that their friends pressurised them to consider having an abortion (Lekalakala, 2015:46). Another challenge is the discrimination that educators direct at pregnant learners. According to Nkani's (2012:107) findings, pregnant learners—in comparison to learners who are not pregnant—do not receive equal learning opportunities. It was also reported that teachers make discriminatory remarks to pregnant learners such as, "I thought you are intelligent enough not to get pregnant or how [could] a clever person like you get pregnant?" As part of dealing and coping with these challenges, pregnant learners may consume alcohol. News24 (2014) reported that an estimated number of 25,000 babies are born with Foetal Alcohol Syndrome (FAS) every year in South Africa. According to Morojele and Ramsoomar (2016:553), alcohol consumption during pregnancy increases the risk of the unborn child developing foetal alcohol spectrum disorders (FASDs). The Department of Social Development (2013:103) describes FASDs as a pattern of foetal mental and physical defects that can develop in a foetus when there are high levels of alcohol consumption during pregnancy. The following are the consequences of alcohol consumption while pregnant (Facts for Families, 2011:1):

- infants may show slow growth and developmental delays, unusual facial features, irritability, brain and neurological disorders, mental retardation, and/or problems with their attachment to their fathers;

- school-age children may have problems with learning, a low tolerance for frustration, inadequate social boundaries, and/or difficulty reading; and
- teenagers may experience continuous learning problems, depression, anxiety, and/or inappropriate sexual behaviour.

The social work intervention is essential during a learner's pregnancy phase. The following are important roles that the social worker can perform:

Educator: Part of preventing alcohol and drug usage by women during pregnancy, social workers can provide awareness campaigns. The commonly held view in the field of social work is that "in diversity we serve humanity from cradle to the grave". It is important that the social worker educates learners about the impact of substance abuse before, during, and after pregnancy. Substance abuse impacts women in different ways. Firstly, when people are under the influence of substances, they end up having unprotected sex, which has the consequences of unplanned pregnancies and STDs including HIV/AIDS. Secondly, during pregnancy substance abuse negatively affects the unborn baby, and in most reported cases of child neglect by mothers, substance abuse is the leading cause.

Broker: The social worker needs to identify learners, especially females, who are abusing substances, and engage with them and refer them to rehabilitation centres. Furthermore, the social worker can link learners with relevant organisations, such as the South African National Council on Alcoholism and Drug Rehabilitation (SANCA) in order to help learners prevent and avoid the use and abuse of substances.

4.3.7. World Contraception Day (26 September)

According to WHO (2016a), about 21 million of 15-19 year-old girls in developing countries become pregnant every year, and nearly half of these pregnancies (49%) are unplanned. Thirty eight million of 15-19 year-old adolescent girls are at risk of falling pregnant, but do not want to have a child in the next two years, yet only 40% of them are using a modern method of contraception. Thrasher (2015:37) maintains that the

process of choosing a birth control method is a personal decision. Important things to consider when choosing a birth control method are its effectiveness, safety, and affordability. According to WHO (2016b), the promotion of family planning—and ensuring access to preferred contraceptive methods for women and couples—is essential to securing the well-being and autonomy of women, while supporting the health and development of communities.

Allowing women to choose whether, when, and how many children to have achieves progress in terms of global health goals. It also helps break the cycle of poverty, and puts families, communities, and countries on a stronger, more prosperous, and sustainable path (WHO, 2016b). There are different reasons why women choose not to use contraceptives, they include: refusal by their partners; lack of information; and accessibility to contraception. Therefore, the social worker can assist learners to overcome these pressures and/or obstacles.

Educator and broker: Since health professionals such as nurses and doctors have the most reliable information when it comes to matters such as contraception, the social worker can request their assistance in educating uninformed learners. The social worker should also advocate for learners being able to access contraceptives.

4.3.8. International Day for the Eradication of Poverty (17 October)

According to Motshedi (2009:3), people experience poverty when they don't have the capacity to access economic and social resources. School learners and their families are not immune to poverty, and it affects them negatively to the extent that some learners drop out of school at an early age with the aim of securing employment. Poverty is continuously stated as one of the contributors to teenage pregnancy. In a study conducted by the Department of Social Development in the Limpopo province, entitled "*Factors associated with teenage pregnancy in Limpopo province*", one of the participants confirmed that poverty does contribute to teenage pregnancies. The participant stated that she fell pregnant at the age of 16 after having sexual intercourse

with a 32 year-old man. The reason advanced for having sex with this man was that there was no food at home and she needed the money to buy food and clothes (Department of Social Development. 2011:56). One of the participants in Nyaradzo's (2013:106) study stated "If you are hungry, you end up putting yourself in risky and dangerous positions just to have food on the table. This is why I ended up being pregnant". Living in poverty often results in learners feeling hopeless about life; Nyaradzo (2013:105) found that learners were not motivated to pass matric as they stated that they had no money to further their studies in tertiary institutions.

Assessor and broker: Social work is a profession that is committed to the alleviation of poverty (Zastrow, 2010a:52). As part of eradicating poverty, the social worker working in the school setting should identify and profile the learners who come from poverty-stricken environments. This should be done with the purpose of determining and deciding on the appropriate course of intervention that will assist the identified learners. One of the most important roles that a social worker should perform is to refer identified learners to the Department of Social Development for assistance in respect of the social relief of distress. This measure serves to assist learners by providing them with school uniforms and food.

Advocate: Furthermore, the social worker should not only focus on the learners but also on their family members, since poverty affects both learners and their families. An assessment of the learner's family's socio-economic conditions is a necessary part of the social worker's interventions. The home environment contributes to the child's engagement in sexual activities. One of the caregivers in Mamabolo's (2014: 37) study revealed that the majority of poor children live in mud houses that have no access control doors, and it is easy for perpetrators to access these children while they are sleeping and rape them. In this instance, the social worker needs to advocate for the children and their families at the local municipality and the Department of Human Settlement, to provide a proper house that will be safe not only for the children, but also for their families. Involving family members in community projects, such as income-

generating projects, can enable them to generate an income that will cover some of the family's basic necessities. In cases where learners exist in poor circumstances because they are orphans, the social worker must advocate for them to become recipients of the foster care grant.

Motivator: The school social worker should always encourage learners to attend school rather than dropping out, because education has a vital role to play in changing their lives for the better. Motshedi (2009:3) notes that education is one of the most important factors determining employment, and thus income. It is also important to encourage the learners who have dropped out of school due motherhood to return to school. According to UNFPA (2015:7), girls who remain in school longer are less likely to become pregnant. Education prepares girls for jobs and livelihoods, raises their self-esteem and their status in their households and communities, and gives them more say in the decisions that affect their lives. Education also reduces the likelihood of child marriage, and delays childbearing, leading to healthier eventual birth outcomes.

4.3.9. 16 Days of Activism for No Violence Against Women and Children (25 November-10 December)

There are different types of violence against women and children, however, for the purpose of this study, the researcher is concerned with sexual violence, since it often results in the victim becoming pregnant and contracting HIV/AIDS as well as STIs. Sexual violence or sexual coercion knows no boundaries; it can take place in intimate relationships and within families. According to UNFPA, UNESCO, and WHO (2015:56), sexual and gender-based violence has significant implications for the health and well-being of young people. Physical and sexual violence is associated with higher rates of unintended pregnancy and abortion, increased risk of STIs including HIV/AIDS, and other health issues such as depression and substance use. A forced first sexual encounter is particularly common among young people who report having engaged in sex before the age of 15, when they often lack the knowledge and skills to negotiate consensual sex and are vulnerable to exploitation and abuse. In Thailand and the

Philippines, for example, 20% and 15% of adolescent girls who had sex before the age of 15 reported that their first sexual encounter was forced, compared to 7% and 5% who had sex over the age of 15 (UNFPA et al., 2015:57).

According to UNFPA (2013:93), the statistics of girls around the world falling pregnant as a result of sexual violence or sexual coercion are unknown. These statistics may be unknown due to the fact that other cases of sexual violence are not reported to the police, which may be attributable to the fact that perpetrators of sexual violence often intimidate their victims with death if they report the incident. In support of this statement, one of the parents in a study conducted by Rapholo (2014:23) stated: “The reason why we are reluctant to disclose child sexual abuse incidents is because perpetrators make threatening statements such as ‘Should it be known to anyone, I will kill you’. They even threaten the poor kids about killing their mothers”.

The Avon Global Center for Women and Justice (2012:34) notes that in some instances the families fail to report the sexual violence because they hope to trap the perpetrator into marrying the girl. The inability or failure to report the incidents of sexual violence results in perpetrators’ continued abuse of their victims.

The social work intervention strategies should be inclusive to the degree that they target both male and female learners. This type of approach is necessary, since in some cases, male learners are responsible for sexually abusing female learners. Research conducted in Zambia revealed that four male learners raped a female learner in a school classroom (Avon Global Center for Women & Justice, 2012:25). In carrying out intervention strategies, the following social work roles are of paramount importance.

Activist: Social workers—in their interventions based on the nature of the identified problem—become voices for those whose voices are suppressed. As an activist, the social worker attempts to create positive social change in the communities and schools in which they work. Through activism activities, people—specifically men—can start to change their perceptions and attitudes when it comes to violence against women and children.

Educator: Educating female learners about different types of violence and how to report them to the relevant authorities should be prioritised by the social worker. Learners also need to be aware of the services for victims of sexual violence and other crimes that are available from different stakeholders. The message for male learners should be based on the fact that sexual violence against females is a violation of their human rights, and perpetrators will be arrested, prosecuted, and jailed. In some cases, parents or families are aware of the incidents of sexual violence but do not want to report those incidents, and thus, it is equally important that the social worker educate them about the need to report those incidents, since failure to do so can result in them being guilty of neglect and/or defeating the ends of justice. It is also necessary that parents are educated on the impact of engaging in sexual intercourse in the presence of their children. In Mamabolo's (2014: 30) study, one of the children mentioned that they live in a two-roomed house, and that there were instances in which the child's mother and stepfather could be overheard having sex at night. The child stated that the incidents affect her mentally to the extent that she thinks about sex when she is with her friends. The implication of this incident is that the child is sexualised at an early age, and will grow up believing it is acceptable to have sex because her parents are doing it. Such a child may become sexually active at an early age, exposing herself to the risks associated with unprotected sex and sex at an early age.

Broker: In cases in which learners are the victims of sexual violence, the social worker needs to link those learners to health care professionals for medical assistance, i.e. pregnancy testing, and HIV/AIDS and STI screening. The medical doctors also play an important role in medically examining the victims and compiling medical reports that can be used as evidence in a court of law.

Advocate: Often in a court of law, the case is not concluded without hearing the victim's side of the story. At this stage, the social worker acts as an advocate on behalf of the victim, and this can be done by compiling a "victim impact assessment report", detailing how the incident occurred, its impact on the victim, and the current state of the victim's social functioning.

Empowerer: Undoubtedly, the incidents of sexual violence or rape not only leave physical marks on victims, but they are likely to suffer from Post-Traumatic Stress Disorder (PTSD). In Zulwayo's (2013:44) study, the majority (71.3%) of the participants who were sexually abused had a high degree of PTSD. The victim's human rights are not only violated by the perpetrators, but the victim's social functioning, confidence, self-esteem, dignity, and other aspects of their lives are also affected. According to Makhubele (2008:84), the perpetrator of rape dehumanises the victim. In cases in which the female learners are raped by schoolmates or male educators, the impact is that the victims might abandon their school careers and resort to drug abuse. The social worker needs to empower these victim so that they can regain self-control and control of their lives.

4.3.10. World AIDS Day (1 December)

HIV/AIDS continues to be a major global health challenge affecting approximately 33 million people worldwide. HIV/AIDS remains the primary burden of disease in South Africa, with an estimated national prevalence of 12.2% in 2013. The country has the highest number of people (6.4 million) living with HIV/AIDS in the world (DoH, 2015:6). According to UNICEF (2009:2) in Eastern and Southern Africa, some 2.7 million people aged 15-24 years live with HIV/AIDS, more than half of all,-positive young people globally. In the hyper-endemic countries of Botswana, Lesotho and Swaziland, more than one in 10 young people are infected. In respect to South Africa, UNICEF (2009:2) states that in the HIV/AIDS prevalence in young people between the ages of 15-24 years, 13.6% of females are HIV-positive compared to 4.5% males. These statistics are a reason for concern, because they imply that young females are the most vulnerable group when it comes to contracting HIV/AIDS.

Learners' engagement in unprotected sex result in the very real possibility of falling pregnant, and thus incurring the risk of contracting STIs and HIV/AIDS. Once they discover that they are pregnant, learners are required by law to attend the antenatal care at the health facilities, and it is obligatory to take the HIV/AIDS test. Sometimes the test result reveals a HIV-positive outcome. Among the purposes of the HIV/AIDS test is

to ensure that those who are HIV-positive participate in the Prevention of Mother to Child Transmission of HIV/AIDS programme.

In the course of addressing HIV/AIDS as both health and social problems, the focus of interventions is based on prevention, treatment, and support. Social workers working with learners have an important role to play in the fight against HIV/AIDS. Having said that, the social worker should discuss the different social work roles in relation to different HIV/AIDS programmes:

Co-ordinator: Zastrow (2010:72) states that co-ordinators bring components together in some kind of organised manner. In the fulfilment of this role, the social worker must co-ordinate the logistics in preparation of World AIDS Day, and identify and invite key stakeholders, such as the DoH, to interventions for the purpose of conveying the educational messages and the HIV/AIDS testing services.

Mobiliser: For any event to be successful and achieve its purpose, the targeted population should attend and participate; therefore in commemorating World AIDS day in the schools, the social worker needs to mobilise both male and female learners and resources, such as promotional materials.

Group facilitator: The HIV/AIDS Peer Educator Programme is one of the methods being utilised in South Africa. Group work is one of the methods of intervention in social work practice. Social workers have the knowledge and skills to facilitate groups. Currently HIV/AIDS needs to be approached in a manner in which the targeted populations are active participants in educational and information-sharing sessions. The social worker can implement the peer educator programme through facilitation of focus group discussions that enable learners to educate one another and share information that will enable them to make informed choices when it comes to the issues of sex education. In terms of teenage pregnancy and HIV/AIDS, the social worker can facilitate dialogues between the family members and school learners.

Counsellor: One of the activities during World AIDS is voluntary HIV/AIDS counselling and testing (HCT). The requirement for this activity is that there should be pre- and post-test counselling. Social workers can play a pivotal role in rendering counselling services to learners during this process. The relevance of the participation of social workers in HCT is that social workers—as professionals—are required by law to maintain and uphold the principle of confidentiality. According to the DoH (2015:11), HCT services should be offered in a confidential and private setting. Clients' results and other identifying information should be handled confidentially; this includes information shared during the session. All clients must be assured of the confidentiality of their test records, of the system of record-keeping, and of their test results. Through consultation with parents and their consent, social workers can encourage learners to participate in HCT services. Increasing the number of young people who know their HIV status is fundamental in the uptake of HIV/AIDS services, treatment, and care (UNFPA, 2012:20).

Empowerer and educator: Whether the outcomes of the learners' HIV/AIDS status are positive or negative after the test, they need to make certain choices regarding their statuses. For the school learner to make informed choices, the social worker will need to empower and educate them, based on the test results. In a case in which the status is negative, the social worker will have to empower and educate the school learner on how to maintain that negative status. The information can focus on abstinence, the correct and continued use of condoms, and on avoiding concurrent multi-sexual partners. For many people, a positive HIV/AIDS result comes as a shock, and some people struggle to cope with the result. In empowering and educating the school learner who tests positive, the social worker must focus on positive healthy living and the importance of adherence to treatment. In the case where the school learner discloses their HIV-positive status to their family members, the social worker needs to empower and educate the family members on how they can offer support and care to the infected learner.

4.4. Conclusion

Literature has been used to emphasise the significance of implementing a calendar of events in addressing teenage pregnancy and social and health pathologies that affect learners. Furthermore, consistent with the empowerment approach, appropriate social work roles have been described on how interventions can be introduced in schools to address and prevent such social pathologies. In essence, it can be concluded that the reviewed literature confirms that home circumstances, such as housing conditions, contribute to children participating in early sexual intercourse. Against this backdrop, and with the assistance of the schools' educators, the social worker can identify and profile vulnerable learners and investigate their home circumstances for the purpose of further interventions. In this regard, currently there are almost no school social workers appointed in South African schools, except in some schools that have learners with special needs. Makhubele (2008:94) asserts that the practice of social work is only visible and available in private schools, which are referred to as Model C schools. Therefore, a recommendation that arises out of the discussions in this chapter is that the DoBE should consider creating social worker posts in South African schools. The next chapter attends to the research methodology that was adopted in this study.

CHAPTER 5

RESEARCH METHODOLOGY

5.1. Introduction

The researcher defines research methodology as a comprehensive plan that outlines the research procedures that the researcher follows to achieve the study's aim and objectives. According to Soji (2013:49), research methodology refers to a step-by-step account of all the components, processes, and methods used in order to achieve the research goals and related objectives of a given study. Kruger, De Vos, Fouche, and Venter (2011:252) advise researchers to comprehensively describe the methodology so that the reader can develop confidence in the methods used. This view is supported by Creswell in Tashakkori and Teddie (2009:17), who asserts that the research methodology is a sensible cluster of processes that are equal to each other, includes trustworthiness, and produces information and responses that reveal the study's details and fits the study's rationale. In this study, the mixed methods research approach was followed.

5.2. Research Approach

In this study, the researcher used a mixed methods research approach by employing both qualitative and quantitative approaches in the collection of data. According to Rubin and Babbie (2013:57), mixed methods research studies collect both qualitative and quantitative data, and integrate both sources of the data at one or more stages of the research process in order to improve the understanding of the phenomena being investigated. Rubin and Babbie (2013:57) highlight the reasons for combining both qualitative and quantitative methods as follows: to use one set of methods to illustrate cases or provide numbers for the findings of the other set; to use one set to initiate ideas or techniques that can subsequently be pursued by the other set; and to see if the two sets of findings corroborate each other. For Creswell (2009:4), a mixed method approach supports and strengthens the study's overall findings.

The focus of the quantitative stage in this study was to acquire data to ascertain the extent of teenage pregnancies amongst learners in schools, factors predisposing learners to engage in sexual activities, and to identify the measures used by the schools to prevent teenage pregnancies.

Qualitative methods were used to obtain views about teenage pregnancy from learners, parents/guardians, and school principals. The group members also stated their views regarding their experiences throughout the group sessions.

5.3. Overarching research model

For the purpose of this study, the researcher used an intervention research design. Strydom (2013:157) correctly states that intervention research focuses on the total process of developing a programme, evaluating it, and disseminating it. Rothman and Thomas (1994:12) maintain that the Intervention Design and Development Model may be conceptualised as a problem-solving process for seeking effective interventions and tools that assist in dealing with given human and social difficulties. The rationale for choosing the intervention research model is consistent with the empowerment approach that primarily seeks to bring a desired positive change in the lives of people, by empowering them with relevant information. Since the central purpose of a study of this nature was to develop and implement a social work prevention model on teenage pregnancy within schools in the North West province, the intervention research design was helpful. The researcher took into account the following six phases of the intervention research model (De Vos & Strydom, 2013:476).

5.3.1. Phase 1: Problem analysis and project planning

As a social problem, teenage pregnancy affects many people such as learners, parents, and teachers, and institutions such as schools and communities. Different institutions such as the Departments of Social Development, Education, and Health have called for interventions by all relevant role players. Indeed the increasing number of teenage pregnancies calls for urgent intervention strategies that will focus primarily on

prevention (De Vos & Strydom, 2013:477). The following are a series of steps to be executed during this phase (De Vos & Strydom, 2013:477):

- **Identifying and involving clients**

During this stage, the researcher collected data from school principals, deputy principals, Life Orientation teachers, parents, guardians, and learners. The findings from the respondents and the literature review were used as the foundation on which to develop the educational model.

- **Gaining entry to and co-operation received from settings**

In this study, entry to schools was negotiated with the North West DoE and Sport Development, and approval to conduct this study was granted. Additionally, using the approval from the provincial office, the researcher engaged the school principal and Life Orientation educator at the school where the researcher sought to conduct the group sessions. The school principal and the Life Orientation educator gave the researcher permission to engage with the learners, with the purpose of his stated intention to have group sessions with some of the learners. Before the selected learners could participate in the group sessions, the researcher sought informed consent from their parents/guardians.

- **Identifying the population's concerns and analysing identified problems**

During the meeting with the school principal and Life Orientation educator, the main concern that was raised was the time issue. It was explained to the researcher that he could only conduct group sessions with learners after the school hours, and that the researcher should bear in mind that some of the learners were reliant transport such as buses and taxis to get home. The researcher agreed to comply with the directives provided by the school principal and Life Orientation educator.

Furthermore, the school principal requested that the researcher refrain from mentioning identifying particulars—such as the name of the school and the learners' names—in the final report. The researcher assured the school principal that confidentiality would be maintained since this forms part of the ethical considerations of the study, and the researcher is a social worker by profession and his professional body expects him to maintain confidentiality at all times.

The other concern raised during the meeting with learners was the use of language. Initially the researcher intended to use Setswana to conduct the group sessions. This was based on the notion that several researchers—including Makhubele (2008)—made recommendations that intervention programmes should be conducted in the mother tongue. However, in this study, the group members indicated that they preferred to speak in English during the group sessions, and the researcher acceded to their request.

- **Setting goals and objectives**

An analysis of the problem of teenage pregnancy in the North West province in particular, and South Africa in general, and a review of the literature on the subject pointed towards the necessity for the development of a social work model on teenage pregnancy for school learners. The eco-systems perspective enabled the researcher to identify the problem of teenage pregnancy and its causes, and how it affects the learners, schools, and their families. This was done through the literature review and the empirical findings from the key informants and learners. It became clear that there is a need for the empowerment of learners through a social work-based model. Therefore, the aim of this study, grounded in the empowerment approach, was to develop and implement an educational social group work model on teenage pregnancy for learners in schools in the North West province. The study's goal and objectives were explained thoroughly to the participants before commencement of all the phases of this study.

5.3.2. Phase 2: Information-gathering and synthesis

The focus of the researcher's intervention in this phase is primarily information-gathering and synthesis. According to De Vos and Strydom (2013:480), "knowledge acquisition involves identifying and selecting relevant types of knowledge, and using and integrating appropriate sources of information". The following are the operations or steps of this phase (De Vos & Strydom, 2013:480):

- **Using existing information sources**

In order to achieve the intentions of these steps, different sources of information should be consulted. In this study, a literature review was used, and the findings from the data that was collected from the study population and key informants were taken into account in the development and implementation of the educational social group work model on teenage pregnancy for learners. The researcher discovered that there was no existing educational social group work model on teenage pregnancy for learners in South Africa. The review of literature is presented in Chapters three and four of the thesis. Chapter 3 of this study was primarily informed by the eco-systems perspective from which the researcher considered the problem of teenage pregnancy in different countries, including South Africa. Since, the eco-systems perspective advises social workers to look at the person in the environment, the researcher looked at different factors that predispose learners to engage in sexual activities despite the risk of pregnancy and STDs. To this effect, environmental factors such as peer pressure, alcohol and other drug usage, and the refusal of the sexual partner to use condoms were found to be amongst the contributory factors to teenage pregnancy. Furthermore, through the lens of the eco-systems perspective, the researcher was able to explore the impact of teenage pregnancy on learners, schools, and their families, and most importantly, the financial implications for South Africa. In Chapter 4, the researcher had the empowerment approach at the back of his mind when important social work roles were discussed for the purpose of practical considerations and in the formulation of policies by the relevant government departments.

- **Studying natural examples**

A particular useful source of information is achieved by studying natural examples, that is, involving people who have actually experienced the problem (Rothman & Thomas, 1994:32-33). As indicated in the problem statement and significance of the study sections, no references to evidence of an existing educational social group work model on teenage pregnancy for school learners could be found. Therefore, the researcher, had to resort to related fields and suggestions from the key informants and learners for inputs, for the purpose of developing an educational social group work model on teenage pregnancy.

- **Identifying functional elements of successful models**

The third step in Phase 2 of the Intervention Research Model—information-gathering and synthesis—addresses the importance of exploring different service programmes, practice guidelines, and services, and of evaluating the effectiveness of these programmes, practice guidelines, and services in addressing the research problem. Different questions can be asked, e.g.:

- “Has there been a practice which successfully attained the outcomes?”
- “What made this practice effective?”
- “Is there a practice that was unsuccessful?”
- “Why was it unsuccessful?” (Rothman & Thomas, 1994:33).

The researcher sought information on functional elements that could be included in the educational social group work model on teenage pregnancy for school learners by:

- identifying functional elements from teenage pregnancy models/programmes through a literature review;
- collecting data from principals, deputy principals, and Life Orientation teachers as key informants;
- collecting data from parents/guardians as the key informants; and
- collecting data from the learners as the population of the study.

This information provided data on the features, advantages, and limitations of existing related practices, and provided themes for the educational social group work model on teenage pregnancy for learners.

5.3.3. Phase 3: Design

The culmination of this stage is typically the creation of an intervention protocol, which outlines the kinds of problems to be addressed, and the assessment and treatment methods to be used. Initially the outline may be skeletal, but it should become detailed and comprehensive as testing of the intervention proceeds. Ultimately, the protocol might include a step-by-step description of procedures to be employed, and indications on how different contingencies are to be handled (Kirk & Reid, 2002:102). According to De Vos and Strydom (2013:482), the following steps comprise this phase:

- **Designing an observational system**

During this stage focus is on designing an observational system, which assists the researcher in observing events related to the phenomenon in a natural setting. Furthermore, the researcher has the task of developing a method or system for discovering the extent of the problem and detecting effects that follow an intervention (De Vos, 2005:408).

The researcher developed an observational system by using two social workers with practical and research experience to assist in the critical evaluation of the designed prototype. The practitioners helped the researcher to specify what needed to be changed or emphasised in the prototype educational social group work model on teenage pregnancy. Hence the social workers served as feedback for refining the prototype educational social group work model on teenage pregnancy.

The following social workers participated in this stage of the study:

- Social worker from Aurum Institute; and
- Social Worker from the North West Department of Health.

- **Specifying procedural elements of the intervention**

De Vos (2011:409) states that by observing the problem and studying naturally occurring innovations and other prototypes, the researcher can identify procedural elements for use in the intervention. These elements often become part of the final product of the research.

During this stage, the researcher specified the methods or programme activities that should be used when implementing an educational social group work model. To this effect, the researcher used case studies, group discussions, role play, and visual aids.

5.3.4. Phase 4: Early development and pilot study

According to Rothman and Thomas (1994:36), pilot tests are implemented in settings that are convenient for the researchers, and somewhat similar to ones in which the intervention will be used. Fraser, Richman, Galinsky, and Day (2009:32) emphasise that early development should focus more on programme processes than on programme outcomes. The information from early development and pilot testing is used to identify the programme content to be optimised in subsequent studies, as well as programme implementation issues that must be resolved before moving forward with advanced testing. According to De Vos and Strydom (2013:482) the following comprise the steps in this phase:

- **Developing a prototype or preliminary intervention**

The researcher initiated the process by performing a literature study as well as an empirical study, in which the principals, deputy principals, Life Orientation teachers, parents/guardians, and learners' views were considered for inclusion in the model. As already stated, it was clear from the literature study that currently there are no social work-based prevention models for teenage pregnancy in the form of a social group work method aimed at targeting school learners. As such, in this study, the researcher

designed a prototype for an educational social group work model on teenage pregnancy for learners for pilot testing during this stage.

- **Conducting a pilot testing**

The researcher selected six learners in Mahikeng (also known as Mafikeng) who were not included in the main study for the purpose of participating in the pilot testing of the educational social group work model and the self-developed questionnaire that was used to evaluate the developed model. The learners that were selected for pilot testing did not experience challenges with either the educational social group work model or the questionnaire.

- **Applying design criteria to the preliminary intervention concept**

During this stage in this study, it was established that the community or participants for the educational social group work model on teenage pregnancy are both male and female learners.

5.3.5. Phase 5: Evaluation and advanced development

In this phase of the Rothman and Thomas design and development perspective, the emphasis shifts from assessing intervention processes to assessing intervention outcomes (Fraser et al., 2009:32). According to Zastrow (2010:314), evaluation refers to the use of research techniques to assess the outcome of social work interventions. The following steps inform this phase (De Vos & Strydom, 2013:485):

- **Selecting an experiential design**

A single system design was chosen as an appropriate design to evaluate the developed educational social group work model on teenage pregnancy. According to Strydom (2011:160), a single system design can be a group, family, or community. The school learners that participated in the group sessions are the single system to which the intervention was applied. To achieve the evaluation purpose, the evaluation was performed by administering the self-developed questionnaire during the last phase of the group session.

- **Data collection and analysis**

This step involves continuous data collection and analysis. According to De Vos (2005:413) on-going graphing behaviour and related outcomes helps to determine when initial interventions should be implemented, and whether or not supplementary procedures are necessary.

In order to identify the causes of teenage pregnancy and its impact on learners, schools, and families, the researcher collected data from the learners, and also from the key informants, which included the principals, deputy principals, and parents/guardians. The collected data was analysed accordingly, as stated in Chapter 5 of this thesis. The researcher also used a self-developed questionnaire to evaluate the developed educational social group work model on teenage pregnancy.

- **Refining the intervention.**

Errors are helpful, and the results of full field-testing are used to resolve problems with the measurement system and intervention (De Vos & Strydom, 2011:486). Feedback from the participants and their recommendations were noted for the future adaptation and refinement of the model. Additionally, feedback from the group members is thematically presented in Section: B in Chapter 8 of this thesis.

5.3.6. Phase 6: Dissemination

This study's research findings will be disseminated to the North West DoE and Sport Development, and the researcher intends to publish relevant articles in accredited academic journals and make presentations at conferences (Fraser et al., 2009:32). Lastly, the educational social group work model will be recommended to the North West DoE and Sport Development for further utilisation. According to De Vos and Strydom (2013:487), the following steps comprise this phase:

- **Preparing the product for dissemination**

Maree and Van der Westhuizen (2009:47) propose that potential outcomes of the research endeavour must be meticulously planned, be it in the form of articles, chapters in books, or a presentation at a conference. This research will be published in the form of articles.

- **Identifying potential markets for the intervention**

In defining a market of potential users for a community intervention, researchers should ask certain questions such as:

- Which people could benefit from the intervention?
- Which media approach would be most suitable?
- Which market segment would most likely adopt the intervention? (De Vos & Strydom, 2011:488).

The teenage pregnancy prevention model can be used by other social workers employed by the South African Department of Social Development to implement it in schools, or it can be used by the student social workers during their field practicum placement in schools.

- **Creating a demand for the intervention**

Disseminators must convince potential purchasers that they will benefit from the intervention (De Vos & Strydom, 2011:489). Marketing the value of the developed model to social workers, especially in the Department of Social Development, who are currently implementing the ward-based model (including schools), to implement their services, will create a demand for the intervention. Apart from social workers, the authorities in the DoBE might also realise the importance of this model and consider appointing school social workers.

- **Encouraging appropriate adaptation**

It might be necessary to adapt the developed model according to the specific target group or to fit certain conditions. However, a needs analysis should be done on the basis of informing the required adaptation.

- **Providing technical support for adopters**

Adopters of the model may require support from the researcher to assist with troubleshooting or adapting the intervention to meet their specific needs (De Vos & Strydom, 2011:489). The researcher will be available to assist in providing technical support if there are other adopters of the model. The researcher will also especially assist the student social workers, who, in terms of the social work curriculum, are required to practice the group work method during their field practicum placements.

5.4. Research design

Durrheim (2006:57) defines research design as a plan of action that is developed by making decisions about four aspects of the research: the research paradigm; the purpose of the study; the techniques to be employed; and the situation within which observation will take place. In this study, exploratory and descriptive designs were utilised.

5.4.1. Exploratory design

According to Grinnell (2001:29), “exploratory research seeks to find how people get along in the setting under question, what meanings they give to their actions, and what issues concern them”. According to Mason, Augustyn, and Seakhoa-King (2010:432), exploratory studies in social sciences are being increasingly advocated, particularly in relation to new research themes, or when addressing an existing issue from a new perspective. Different social work studies were conducted on the subject of teenage pregnancy, these studies include Mkhize’s (1995) “Social needs of teenage mothers in the rural communities of Ongoye and Enseleni Districts” and Ncube's (2009) “The knowledge and awareness of Grade 12 learners about teenage pregnancy: A case study at Vine College High School”. These studies did not go to the extent of developing a social group work model for the purpose of intervention. To this effect, the current study aimed at exploring social work interventions in teenage pregnancy in the school setting, using educational social group work as a method of practice in the social work profession.

5.4.2. Descriptive design

According to Kumar (2002:24), descriptive studies are more than just a collection of data, they involve measurement, classification, analysis, comparison, and interpretation. Steinberg and Steinberg (2005:52) add that “the value of a descriptive study is that it provides detailed information that could be used as baseline data”. In order for the researcher to develop a clear picture of teenage pregnancy within schools in the North West province, it was important to describe the extent of the problem. Furthermore, it was important to describe the roles that parents perform in the prevention of teenage pregnancy; this is based on the notion that prevention in the form of sex education should start in the family environment before it escalates to the school and social environments.

5.5. Population

According to Levy and Lemeshow (2013:13), the population is the entire set of individuals to which the findings of the study are to be extrapolated. Wassenaar (2006:71) states that the selected population for the study should be those to whom the research question applies. The population for this study comprised learners in schools in the North West province.

5.6. Sampling

According to Engel and Schutt (2009:114), sampling is the sub-set of a population that is used to study the population as a whole. Strydom (2005:203) supports this assertion by describing sampling as taking a portion of a population or universe, and considering it to be representative of that population or universe.

5.6.1. Sample selection

Since the current study sample comprised three different categories, different sampling techniques were utilised for each sample selection.

5.6.1.1. Sample selection of learners

The inclusion of the learners in a study of this nature is of paramount importance, as they are the primary subjects of the study. Consistent with the view advanced in Chapter 2 of this thesis under the eco-systems perspective, which states that learners are the main role players with the ability and the potential to positively or negatively influence the functioning of both the school and family systems, it was imperative to include their opinions on the subject of teenage pregnancy. To this effect, amongst the responses learners were expected to provide, were the causes of teenage pregnancy, the impact of teenage pregnancy on learners and their families, and most importantly, to state the preventative measures learners take to prevent teenage pregnancies. The researcher used purposive sampling to select learners that participated in the semi-structured interview schedule. The researcher was able to purposively reach 37

learners from four schools in the four districts of the North West province. These learners were all in Grade 10. The rationale for concentrating on Grade 10 was that, from the findings from the schools (key informants), Grade 10 appeared to be the grade that was most affected by teenage pregnancies. In the Ngaka Modiri Molema district, nine learners were reached, Bojanala district had 10 learners participating, Dr. Kenneth Kaunda district had eight learners, and Dr. Ruth Segomotsi Mompati district had only 10 learners participating.

Learners were eligible for the study if they met the following criteria:

➤ **Gender**

Both male and female learners in the targeted schools qualified for inclusion in the study. Eliciting information from both genders was considered essential and inclusionary.

➤ **Parental consent**

In this study, the learners were only allowed to participate if they returned the signed informed parental consent letters. Those that were interested and did not have parental informed consent letter were not allowed to participate in the study. Some of the reasons advanced for lack of a consent letter were that some learners' parents work far from home and only return to the family home at month end, and there was no one at home to provide learners with the required informed parental consent.

➤ **Volunteerism**

Research studies should at all times observe and respect the principle of voluntary participation by the prospective respondents. In this study, the learners that were interested and volunteered for participation were given informed consent forms, which they were required to read, sign, and obtain permission from their parents. The learners that did not volunteer to participate in the study were not forced to participate in the study, and as such were excluded.

➤ **Availability after school hours**

Since the researcher did not want to interfere with school operating hours, data was collected from learners after school hours. This was also done with the purpose of complying with the conditions mentioned in the letter of study permission approval by the North West DoBE and from the principals of the concerned schools. Therefore, learners that were interested in participating in the study had to be those who did not rely on transport to reach their respective homes. The learners that relied on transport were not permitted to participate in the study.

5.6.1.2. Procedures for the implementation of the educational social group work model on teenage pregnancy

The following procedures were followed for the purpose of implementing the educational social group work model on teenage pregnancy:

- The school identified for the implementation of the developed model was identified during the survey conducted in schools in which data was obtained from principals, deputy principals, and Life Orientation teachers. The identified school was situated in Mahikeng in the Ngaka Modiri Molema district, North West province. Other schools in other districts were not included during the implementation of the developed model due to their distance from the researcher's residential area, which is Mahikeng.
- The researcher obtained permission from the principal to conduct the group work sessions with the learners.
- The results of the study indicated that the Grade 10 level is the most affected when it comes to the learner pregnancy, therefore, the researcher requested permission from the principal to convene a meeting with the Grade 10 learners in one of the mostly affected schools in Mahikeng in the Ngaka Modiri Molema district, North West province.
- The purpose of the meeting was to give the learners information regarding the study, and to market the researcher's intention of conducting the group sessions

with them on the subject of teenage pregnancy and other related topics. During the meeting, the researcher also assured participants of anonymity and confidentiality.

- The researcher noted the names of the learners who were interested and willing to participate in the group sessions.
- Before the selected learners could participate in the group sessions, the researcher sought informed consent from their parents/guardians by giving the learners letters of request for permission and informed consent to be signed by their parents.
- Only learners who returned the written permission from their parents/guardians were allowed participate in the group sessions.
- Furthermore, only learners who did not rely on transport were allowed to participate in the group sessions, because the group sessions were conducted after school hours, and the researcher did not want to interfere with the learners' transport arrangements.
- Participant selection was based on volunteering, with the view to sustainability.
- The group sessions were administered to 19 participants in eight sessions, and they comprised of 12 female and seven male learners.
- The self-developed evaluation questionnaires were also administered to the group participants during the termination phase of the group.

5.6.2. Key informants

5.6.2.1. Sample selection of principals, deputy principals, and Life Orientation teachers as key informants

The inclusion of principals, deputy principals and Life Orientation teachers was crucial for a study of this nature, because they are the custodians of education, and as such, are aware of social problems experienced by learners, and those problems that serve as impediments to successfully developing the education sector as one of the top priorities for the South African government. This is in line with the eco-systems perspective that posits that people and environments influence each other. Therefore, it was important to understand the extent and impact of teenage pregnancy in schools, and how schools manage this phenomenon.

Each school was given the option of selecting either the principal, deputy principal, or Life Orientation teacher as the key informant to represent the school. And for the purposes of inclusion, the selected key informant had to have information pertaining to their school regarding learner pregnancy. Thus, each school participating in this study had only one representative to play the role of a key informant.

For the purpose of selecting key informants from schools for the study, the researcher made use of convenience sampling, which falls under the non-probability sampling method. Maree and Pietersen (2007:177) state that the convenience sampling method refers to situations in which population elements are selected, based on the fact that they are easily and conveniently available. In this study, the researcher selected 84 key informants from 84 schools that were visited and agreed to participate in the study. Since the North West province consists of four districts, the reach was extended to 23 schools in the Dr Kenneth Kaunda district, 20 schools from the Ngaka Modiri Molema district, 24 schools in the Dr. Ruth Segomotsi Mompati district, and 17 schools in the Bojanala district. Although, it may appear to be unprecedented that the number of the

key informants exceed that of the actual population for whom the study was apparently designed, it is of primary importance that in this study that is the case. This is because one of the crucial objectives of the study was to establish the extent of teenage pregnancy amongst learners in schools in the North West province. It would have been impossible for the researcher to achieve this objective if the number of the key informants in a form of school principals, deputy principals and Life Orientation teachers was not higher as compared to the learners.

The distribution of the key informants is as follows:

- 47 school principals;
- 19 deputy principals; and
- 18 Life Orientation teachers.

5.6.2.2. Sample selection of parents/guardians as key informants

In order to understand the role of parents in the prevention of teenage pregnancy amongst learners, it was important to include parents/guardians as the key informants in this study. Therefore, role theory was used as the basis to consolidate the researcher's argument that parents have a responsibility when it comes to addressing teenage pregnancy, since they are responsible for their children's socialisation. Furthermore, consistent with the eco-systems perspective, it was imperative to find out from parents/guardians how they are affected by their school-going children's pregnancies.

For the purpose of this study, the researcher used availability sampling to select parents/guardians from the school governing body in two schools from the Ngaka Modiri Molema district that formed part of this study (Engel & Schutt, 2009:131). According to Daniel (2012:84), this type of sampling focuses on people who are available, able, and willing to participate and are selected to participate in the study, and it tends to have high response rates. Through the use of this sampling technique, 21 parents/guardians

were reached, and the distribution per school was that of 10 parents and 11 guardians. The researcher had easy access to the schools from which the parents were sampled. The researcher started the process by phoning schools within the Ngaka Modiri Molema district to check when they intended to hold their school governing body meetings so that the researcher could attend and have the opportunity to ask parents/guardians to participate in the study. The outcomes of this process were varied. Some schools had already held their school governing body meetings, and as such it was impossible for the researcher to easily reach parents/guardians from those schools. Other schools indicated that they would be having the school governing body meetings only in the first quarter of the 2017 academic year, and from the researcher's perspective it was impossible to attend meetings during this period since in terms of the researcher's time frames, this time was reserved for data analysis and writing the thesis report. The two schools in which the school governing body meeting was held during the last quarter of 2016 were considered appropriate for the researcher to collect data.

Parents/guardians were eligible for the study if they met the following criteria:

➤ **Gender**

Both male and female parents/guardians in the targeted schools qualified for inclusion in the study. Eliciting information from both genders was considered essential and inclusionary.

➤ **Have a child at the participating school**

The parents/guardians who were selected to participate in the study were required to have at least have one child in attendance at the school participating in the study. The parents that attended the school governing body meeting at the time the study was conducted and had no child attending at the concerned schools were excluded from participating in the study.

➤ **Voluntary participation**

Any research study should at all times observe and respect the principle of voluntary participation by the prospective respondents. In this study, the parents/guardians who were interested and who volunteered to participate were given the informed consent forms, which they were required to read and sign.

5.7. Data collection

According to Motepe (2006:31), data collection is probably the most crucial phase in the implementation of a research project. In this study, the following methods were utilised to collect data:

- a semi-structured interview schedule;
- a self-administered questionnaire;
- a literature review;

All the data collection tools were accompanied by a covering letter that explained the study's aim and objectives, its requirements, and what was expected from the respondents. Furthermore, supporting documentation, such as the approval letter from the North West Provincial DoE and Sport Development, the ethical clearance letter from the University of Limpopo, and the informed consent forms were also attached for respondents' perusal and signature.

5.7.1. Structured questionnaire

According to Hair, Celsi, Money, Samouel, and Page (2011:198), a structured questionnaire is a predetermined set of questions designed to capture data from respondents. It is a scientifically developed instrument for measurement of key characteristics of individuals, companies, events, and other phenomena. A quantitative study—through the use of structured questionnaire—was undertaken with the purpose of establishing the extent of teenage pregnancy in secondary schools in the North West province, and it further enabled the researcher to understand the causes of teenage

pregnancy from the perspective of the key informants, which included the school principals, deputy principals, and Life Orientation teachers. Through the structured questionnaire, the researcher established the measures that the schools use in order to raise awareness about teenage pregnancy in learners. Most importantly, the researcher was able to identify aspects or points that should form part of discussions in the developed educational social group work model.

5.7.2. Self-administered questionnaire

Parents/guardians immediately completed the self-administered questionnaire with closed and open-ended questions after the school governing body meetings in two schools in the Ngaka Modiri Molema district of the North West province. The purpose was to establish their roles in the prevention of teenage pregnancy amongst learners. Consistent with the eco-systems perspective, this type of questionnaire enabled the parents/guardians to describe how their children's pregnancies affected their families. The questionnaire was distributed in English and Setswana Languages and took participants about 30 minutes to complete.

5.7.3. Semi-structured interview schedule

In order to collect data from the learners, the researcher used a semi-structured interview schedule. Nieuwenhuis (2007:87) asserts that semi-structured interviews are commonly used in research projects to corroborate data emerging from other data sources, and also to define the line of inquiry. According to Bless and Higson-Smith (2006:110), a semi-structured interview is a useful technique used during the exploratory research process, as it helps to clarify concepts and problems, and creates possible answers or solutions to a problem. By using the semi-structured interview schedule in this study, the researcher was able to present specific themes to the respondents, allowing them to furnish the necessary information and also facilitating the provision of more information without restriction or influence. The semi-structured

interview schedule was drawn up using both English and Setswana languages, and data was collected for one hour.

5.7.4. Literature review

The reason for reviewing literature in this study was for the purpose of drawing upon what other authors have said about the matter under the discussion, i.e. teenage pregnancy in learners. According to Jha (2014:64), a review of literature refers to identifying all published or unpublished material related to the problem area, studying unfamiliar parts, organising, and then synthesising it in a unique way, to provide a strong basis for the present research. In support of this statement, Kaniki (2006:19) maintains that a literature or information review puts a research project into context by showing how it fits into a particular field. The researcher used books, journals, theses, dissertations, court judgments, reports, newspaper articles, and search engines to search for literature relevant to this study (Kaniki, 2006:24). The reviewed literature assisted the researcher to identify the problem statement for the study, to understand the problem of teenage pregnancy in general, to support the findings of the study, and to inform the developed educational social group work model on teenage pregnancy for learners.

5.8. Data analysis

According to Grinnell (2001:111), data analysis is iterative, which means the researcher must read and reread the volumes of data collected to identify patterns and themes that help to capture how research participants experience the social problem under study. Durrheim (2006:52) advises that data analysis issues should be carefully considered when designing a study, since the aim of data analysis is to transform information (data) into an answer to the original research question. A careful consideration of data analysis strategies will ensure that the design is coherent, as the researcher matches the analysis to a particular type of data, to the research purpose/s, and to the research

paradigm. Since this study followed the mixed method approach, the researcher used cross-tabulation analysis and thematic analysis to analyse data.

5.8.1. *Thematic analysis*

The qualitative data was thematically analysed, and the followed data analysis procedure outlined by Schurink, Fouche, and De Vos (2013:403). The information obtained through semi structured interview schedules was analysed employing the thematic analysis technique to search for certain themes or patters across an entire data. For each of the interviews, the main themes emanating from participants were categorised amd tabulated around the research questions and themes from the literature review. The process involved the following:

- The researcher read the transcripts of the interview.
- To organize the data from the transcripts, the researcher went back to the interview guide to identify and differentiate between the questions the research is attempting to answer and those that were included in the interview guide as important, but not essential.
- The researcher then systematically coded every paragraph in which the different themes of the research questions were discussed.
- For each transcript, the coded sections were copied into an interviewee based themed matrix. Each interviewee based themed matrix ended with a summary narrative. This helped to display data in a compressed and ordered form.

The following were the themes that emerged from this study.

For principals, deputy principals and Life Orientation teacher respondents:

- (a) Platforms schools use to address learner pregnancy.
- (b) The effectiveness of the measures implemented by the school.
- (c) Parental participation in the prevention of learner pregnancies.
- (d) Stakeholders that assist the schools in preventing learner pregnancy.

- (e) Information/topics suggested for inclusion in the educational social group work model with learners.

For the parents/guardians of learners as key informants:

- (a) The descriptions of the parent-child relationship.
- (b) Information parents suggest should be included in the educational social group work model on teenage pregnancy.

For the learners' respondents:

- (a) The reasons why teenagers fall pregnant while attending school.
- (b) Responses regarding why teenagers are sexually active at an early age.
- (c) Responses regarding the impact of falling pregnant while at school.
- (d) Responses in relation to who fathers the children of the school going learners.
- (e) Responses regarding whether or not it is a good idea to be in a sexual relationship with someone who is working while you are at school.
- (f) Responses in terms of where learners get their information about sex education.
- (g) Responses regarding the choice of prevention measures used by learners and their rationale for their choices.
- (h) Responses in terms of who initiates the discussion between learners and their parents.
- (i) Responses regarding the issues that are discussed by learners and parents.
- (j) Responses regarding what makes it difficult for learners to have discussions with their parents.
- (k) Responses as to what can be done to assist parents and their children discuss sexual matters.

5.8.2. Cross-tabulation analysis

The analysis process sought to respond to research questions and meet the study objectives. The variables used in the cross-tabulation analysis were specifically selected for the aforementioned reasons. The following cross-tabulation distribution analyses were carried out.

For learner respondents:

- (a) learner respondents per grade by district;
- (b) gender of learners who are sexually active by age; and
- (c) gender of learners who are sexually active and who used condoms during their first sexual encounter.

For parent, guardian and foster parent respondents:

- (a) gender of parents who have a daughter who is/was pregnant, or a son who has/had impregnated a female learner, and which parents have had sex discussion with their learner children;
- (b) gender of parents who have had sex discussion with their learner child and their relationship to their child;
- (c) age and level of education of parents and whether or not they have had sex discussions with their learner child;
- (d) gender and level of parents, and whether they have had sex discussions with their learner child; and
- (e) age and gender of parents and their relationship to the learner.

For principals, deputy principals and Life Orientation teacher respondents the following cross-tabulation analyses was carried out between:

- (a) principal, deputy principal, and Life Orientation teacher respondents' beliefs about the vulnerable learner age group;
- (b) principal, deputy principal, and Life Orientation teacher respondents and what they believe are causes of pregnancy;
- (c) principal, deputy principal, and Life Orientation teacher respondents and what they believe the reactions of pregnant learners are;

(d) principal, deputy principal, and Life Orientation teacher respondents and whether or not they believe that learners should return to school after giving birth; and

(e) principal, deputy principal, and Life Orientation teacher respondents and their beliefs regarding who fathers the female learners' children might be.

5.8.3. Chi-Square and Multivariate Analysis of Variance

Chi-square tests were executed to test for independence of association. These included age, gender, level of education, relation to the learner, sex discussions held with the learner, condom used in first encounters, age and gender of learner, and whether or not the learner is sexually active and has had sex discussions with their parents, guardians, and/or foster parents.

In order to test for the difference in effect of predictor variables (i.e. age/gender/relationship to learner; level of education of parent/guardian/foster parent and sex discussion; age/gender/age group; condom use in first encounter; sexually active and grade of learner; people who father children with female learners; and causes of pregnancy in female learners) on female learner pregnancies or male learners who have impregnated female learners, multiple comparison tests under the multiple analysis of variance (MANOVA) test was employed. These tests are discussed in detail in Agresti (2012) and especially Field (2013).

5.9. Pilot study

Hall (2008:79) defines a pilot study as a smaller scale version of the main study that is designed to check that the design is doing the job it is supposed to do. In this study, the pilot study included both the structured questionnaire and self-administered questionnaire, as well as testing the developed group work model with six learners in Mahikeng, and they were not included during the implementation of the model. The principals, deputy principals, Life Orientation teachers, learners and parents/guardians that participated in the pilot study did not form part of the main study, as the purpose was to identify any problems with the designs that could be corrected before the main

study was conducted (Hall, 2008:79). The errors that were found in tools were corrected for use in the main study.

5.10. Trustworthiness (quality criteria)

According to Botma, Greeff, Mulaudzi, and Wright (2010:232), trustworthiness has four epistemological standards attached to it, namely truth value, applicability, consistency, and neutrality.

Figure 1: Standards, strategies, and applied criteria to ensure trustworthiness

Epistemological standards	Strategies	Application
Truth Value	Credibility	Credibility refers to internal validity. The researcher must have confidence in the truth of the findings with regard to the participants, and the context in which the research was undertaken. For purposes of this study the researcher ensured credibility through prolonged engagement, member-checking, and peer examination (Botma et al., 2010:232; Shenton, 2004:64).

Consistency	Dependability	<p>Dependability refers to the replication of the study carried out in the same context, making use of the same methods, and with the same participants, and in such conditions the findings should be consistent. To enable dependability, the researcher included the following:</p> <ul style="list-style-type: none"> ○ Dependability audit: the researcher provided a detailed account of how data was collected. ○ Description of the methodology: The researcher included the research design that was planned and executed during the study. ○ The researcher ensured that data was correctly coded. ○ Peer examination of the study was carried out (Botma et al., 2010:232; Shenton, 2004:64).
Applicability	Transferability	<p>For the purpose of this study, the researcher collected data from all four districts of the North West province, so that the findings of the study could be compared per district and be generalised. The researcher improved transferability by a selection of resources and sampling, saturation of data, and a detailed description of the data (Botma et al., 2010:232; Shenton, 2004:64).</p>

Neutrality	Conformability	Conformability ensured that the research process and results were free from prejudice. The researcher ensured that in so far as possible, the study's results were objective and were not based upon the researcher's biases, motives, and/or perspectives. For purposes of the study, conformability was demonstrated by taking field notes, which were available for auditing (Botma et al., 2010:232; Shenton, 2004:64).
------------	----------------	---

5.11. Ethical considerations

Social workers have a professional obligation to maintain and uphold ethics, and this includes conducting research. The importance of researchers being ethically compliant when conducting research is emphasised by Strydom (2013:113), who states that caring professions increasingly realise that the recognition and handling of ethical aspects are imperative if successful practice and research are the goal. Wassenaar (2006:61) concludes that the essential purpose of research ethics is to protect the welfare of research participants. In this study, avoidance of harm, voluntary participation, informed consent, deception of subjects and/or respondents, confidentiality, and the publication of the findings were taken into consideration, and this was carried out in accordance with the ethical requirements outlined by the University of Limpopo's Research and Ethics Committee. The process started when the Faculty of Humanities 'Higher Degrees' Committee approved the research proposal, and the ethics clearance certificate (TREC/134/2016: PG) was obtained. Furthermore, approval to conduct the study was granted by the North West DoE and Sport Development.

5.11.1. Avoidance of harm

According to the researcher's knowledge, the respondents were not exposed to any physical or psychological harm as a result of their participation in this study (Dumont & Sumbulu, 2010:200). Participants in this study were given sufficient information to assess the risks and benefits associated with their participation in the study.

5.11.2. Voluntary participation

The researcher explained and emphasised to the participants that participation was strictly voluntary, and that they could withdraw from the study at any time (Dumont & Sumbulu, 2010:200). The participants of this study were not forced to participate in the study.

5.11.3. Informed consent

Before conducting the study, the researcher firstly obtained informed consent from the North West DoE, school principals, and parents of learners who participated in this study. According to Dumont and Sumbulu (2010:200), informed consent means that the prospective research participants are fully informed about the procedures and risks involved in the research, and they must give their consent to participate. In order to get the consent from the study respondents, Gregory (2003:49) advises that researchers give respondents a guarantee of confidentiality.

5.11.4. Deception of subjects and/or respondents

According to Engel and Schutt (2009:199), deception occurs when subjects are misled about research procedures to determine how they would react to the treatment if they were not research subjects. In this study, the researcher clearly explained the purpose of the study to the participants. According to Rubin and Babbie (2007:259), it is useful—and even necessary—to identify yourself as a researcher to those you wish to study.

5.11.5. Confidentiality and anonymity

According to Punch (2013:48), one of the strategies used by researchers to ensure confidentiality (and protect participants from harm) is to remove any information from the data they store. In this study, the respondents' identity is unpublished and respondents were urged not to state their names on any documents. Gregory (2003:49) asserts that confidentiality is best assured by anonymising the collection of data. To this effect, no names of schools, principals, deputy principals, Life Orientation teachers, parents/guardians and learners are mentioned in the thesis.

5.11.6. Publication of the findings

Strydom (2013:126) states that the study's findings must be introduced to the reading public in written form, otherwise even a highly scientific investigation will mean very little, and will not be viewed as research. The researcher will publish articles from this study in different academic journals. Furthermore, the research findings in the form of this research report will be presented to the University of Limpopo and North West DoE and Sport Development (Strydom, 2013:126).

5.12. Conclusion

In this chapter, coverage of how the study was conducted has been comprehensively explained. The researcher has made reference to the ethical considerations that were crucial in this study. Data was collected from different population groups, such as the school principals, parents, and learners. The next chapter focuses on data presentation, analysis, and interpretation.

CHAPTER 6

DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

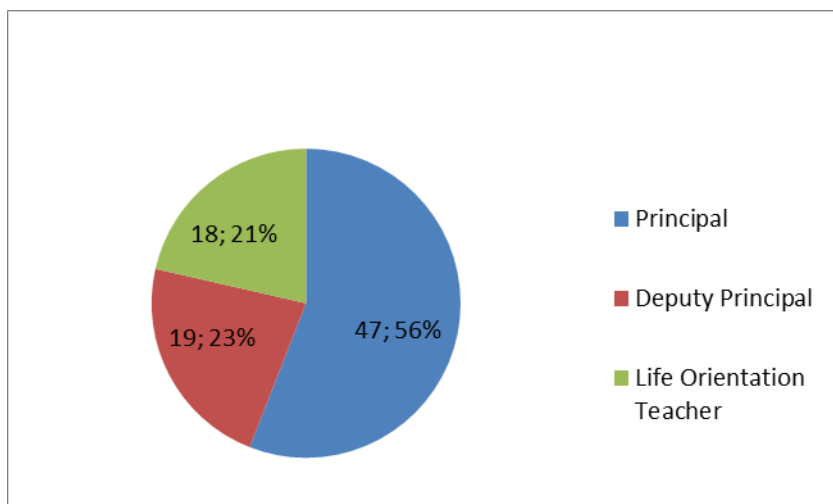
6.1. Introduction

This chapter presents the data collected using a range of tools and an analysis to deduce meaning. Presentations are provided in the form of tables, and, in some instances, verbatim excerpts of participants' views and responses to questions.

The first data presentation is from the principals, deputy principals, and Life Orientation teachers as key informants and appears in Section A. Data from parents/guardians as key informants is presented in Section B, and data from the learners is presented in Section C.

6.2. SECTION A: Data from principals, deputy principals, and Life Orientation teachers as key informants

Figure 1: Position in the school



The purpose of the above figure (Figure 1) was to describe the positions occupied by the respondents in different schools. It appears that majority of the respondents

(47,56%) are school principals, followed by deputy principals (19.23%). The Life Orientation teachers accounted for 18,21% of respondents. Even though the study targeted school principals or their deputy school principals as the respondents to the survey, some of the respondents included Life Orientation teachers. The schools that responded through Life Orientation teachers might have done so because Life Orientation teachers, in executing their responsibilities, are expected to discuss issues related to sex education, and therefore, they were deemed to be have more relevant information in this regard.

6.2.1. A1. Cross-tabulation results

Table 6.1: Distribution of affected female learners by pregnancy per district

Grade	District	2015	2016
Grade 8	Dr. Kenneth Kaunda	6	4
	Ngaka Modiri Molema	9	11
	Dr. Ruth Mompoti	5	7
	Bojanala	2	3
Total		22	25
Grade 9	Dr. Kenneth Kaunda	9	7
	Ngaka Modiri Molema	21	19
	Dr. Ruth Mompoti	11	9
	Bojanala	6	4
Total		47	39
Grade 10	Dr. Kenneth Kaunda	26	23
	Ngaka Modiri Molema	43	36
	Dr. Ruth Mompoti	27	21
	Bojanala	7	7
Total		103	87
Grade 11	Dr. Kenneth Kaunda	36	34

	Ngaka Modiri Molema	47	41
	Dr. Ruth Mompoti	32	33
	Bojanala	11	8
Total		123	116
Grade 12	Dr. Kenneth Kaunda	25	23
	Ngaka Modiri Molema	45	49
	Dr. Ruth Mompoti	30	35
	Bojanala	7	12
Total		107	119

The above table (Table 6.1) presented the statistics for female learners who fell pregnant during the 2015 and 2016 academic years from all four districts of the North West province. The above findings revealed that for the 2015 academic year, in the entire province, Grade 11 was the grade that was significantly affected by learners' pregnancies, reporting a total number of 123 pregnant learners. However, this number decreased in the 2016 academic year, with 116 cases of learner pregnancies being reported. Grade 12 follows with 107 and 119 learner pregnancies being reported in the 2015 and 2016 academic years respectively. The high pregnancy rates in the Ngaka Modiri Molema district are noted, and point to the need for an intervention.

Table 6.2: Vulnerable group * District * Respondent

Respondent			District				Total
			Dr Kenneth Kaunda	Ngaka Modiri Molema	Dr. Ruth Mompoti	Bojanala	
Principal	Vulnerable_group	12 to 15 years	4	6	0	0	10
		16 to 19 years	17	14	5	1	37
	Total		21	20	5	1	47
Deputy Principal	Vulnerable_group	12 to 15 years	0	0	5	0	5
		16 to 19 years	1	0	12	1	14
	Total		1	0	17	1	19
Life Orientation Teacher	Vulnerable_group	12 to 15 years	0	0	1	7	8
		16 to 19 years	1	0	1	8	10
	Total		1	0	2	15	18
Total	Vulnerable_group	12 to 15 years	4	6	6	7	23
		16 to 19 years	19	14	18	10	61
	Total		23	20	24	17	84

Table 6.2 presented the vulnerable age group of learners in terms of pregnancy per district. The table showed that majority of principals (17) in the Dr Kenneth Kaunda district noted that the most vulnerable age group is between 16 to 19 years of age, followed by the Ngaka Modiri Molema district with 14 pregnancies, Dr Ruth Mompoti district with 5 pregnancies, and the lowest being the Bojanala district, with only one pregnancy being observed by the principal. The table also showed that the Life Orientation teachers (8) in the Bojanala district, observed that the most vulnerable age group was the 16 to 19 year-old group. This observation is high in comparison to the results of data from the other districts, in which Life Orientation teachers reported low occurrences of pregnancies. The above table also reported that out of the 84 respondents, 23 exhibited that learners aged between 12 to 15 years are also vulnerable to pregnancy. A large proportion of deputy principals (12) from the Ngaka Modiri Molema observed that the learners aged between 16 to 19 years are vulnerable to teenage pregnancy, while the number cited by deputy principals from other districts is low.

Table 6.3: Causes of learners' pregnancies * Respondent

		Respondent			Total
		Principal	Deputy Principal	Life Orientation Teacher	
Causes of learners' pregnancies	Poverty	15	4	2	21
	Peer pressure	7	5	5	17
	Lack of information on sex education	4	0	0	4
	Substance abuse	7	2	2	11
	Dysfunctional family	7	7	5	19
	Curiosity	7	1	1	9
	Media	0	0	3	3
Total		47	19	18	84

Table 6.3 showed that out of the 84 principals, deputy principals, and Life Orientation teachers, the majority of respondents (21) believe that learner pregnancy is caused by poverty, followed closely by dysfunctional families (19) and peer pressure (18)

Table 6.4: Reactions of pregnant learners * Respondent

		Respondent			Total
		Principal	Deputy Principal	Life Orientation Teacher	
Pregnant learners' reactions	Drop out of school	21	11	12	44
	Continue to stay in school while pregnant	19	5	5	29
	Termination of pregnancy	7	3	1	11
Total		47	19	18	84

The results in Table 6.4 revealed that 44 of the 84 principals, deputy principals, and Life Orientation teachers observed that pregnant learners drop out of school, as opposed to 29 who observed that these learners continue to stay in school while pregnant. Only 11 observed that pregnant learners terminate their pregnancies. Therefore, it can be argued that poverty is the leading source of teenage pregnancy in respect to the school learners.

Table 6.5: Returning to school after giving birth * Respondent

		Respondent			Total
		Principal	Deputy Principal	Life Orientation Teacher	
Returning to school after giving birth	Drop out and do not return	24	11	8	43
	Drop out and do return	23	8	10	41
Total		47	19	18	84

As is evident in Table 6.5., 43 respondents indicated that female learners who drop out of school due to pregnancy do not return to school after giving birth, while 41 respondents mentioned that female learners who drop out of school following their pregnancies, do return to school.

Table 6.6: People who father children with female learners * Respondent

		Respondent			Total
		Principal	Deputy Principal	Life Orientation Teacher	
People who father children with female learners	Male learners	17	9	11	37
	Sugar daddies	15	7	7	29
	Friends	14	0	0	14
	Young workers	0	1	0	1
	University students	1	2	0	3
Total		47	19	18	84

The findings from Table 6.6 above indicated that the majority of respondents (37) observed that in most instances male learners were responsible for impregnating female learners, followed closely by sugar daddies (29). From Table 6.7 it can be concluded that Life Orientation teachers have observed that male learners and sugar daddies generally impregnate female learners. Table 6.8 gave a summary of the results as they stand.

Table 6.7: People who father children with female learners * Reactions of pregnant learners * Respondent

Respondent			Reactions of pregnant learners			Total
			Drop out of school	Continue to stay in school while pregnant	Abortion	
Principal	People who father children with female learners	Male learners	10	4	3	17
		Sugar daddies	5	8	2	15
		Friends	6	6	2	14
		University students	0	1	0	1
	Total		21	19	7	47
Deputy Principal	People who father children with female learners	Male learners	4	3	2	9
		Sugar daddies	4	2	1	7
		Young workers	1	0	0	1
		University students	2	0	0	2
	Total		11	5	3	19
Life Orientation Teacher	People who father children with female learners	Male learners	8	3	0	11
		Sugar daddies	4	2	1	7
	Total		12	5	1	18
Total	People who father children with female learners	Male learners	22	10	5	37
		Sugar daddies	13	12	4	29
		Friends	6	6	2	14
		Young workers	1	0	0	1
		University students	2	1	0	3
	Total		44	29	11	84

The results from Table 6.7. indicated that majority of the principals (10) claimed that pregnant learners with children fathered by male learners dropped out of school, followed by eight Life Orientation teachers, and four deputy principals. This state of affairs is a clear indication that teenage pregnancy is a scourge that negatively affects female learners.

The results also indicated that two principals observed that in those cases where sugar daddies are responsible for the pregnancies, the female learners abort the pregnancies, and one deputy principal and one Life Orientation teacher corroborated this observation.

Table: 6.8: People who father children with female learners * Returning to school after giving birth * Respondent

Respondent			Returning to school after giving birth		Total
			Drop out and not return	Drop out and return	
Principal	People who father children with female learners	Male learners	10	7	17
		Sugar daddies	9	6	15
		Friends	4	10	14
		University students	1	0	1
	Total	24	23	47	
Deputy Principal	People who father children with female learners	Male learners	6	3	9
		Sugar daddies	3	4	7
		Young workers	1	0	1
		University students	1	1	2
	Total	11	8	19	
Life Orientation Teacher	People who father children with female learners	Male learners	4	7	11
		Sugar daddies	4	3	7
	Total	8	10	18	
Total	People who father children with female learners	Male learners	20	17	37
		Sugar daddies	16	13	29
		Friends	4	10	14
		Young workers	1	0	1
		University students	2	1	3
	Total	43	41	84	

The results of the study paint a bleak future for female learners that fall pregnant. As is evident in Table 6.8, the majority of the principals (10) noted that learners that are pregnant and whose babies are fathered by male learners drop out and do not return to the school after giving birth. This observation was corroborated by six deputy principals and four Life Orientation teachers. It is clear from the above table that people who father children with female learners are not only the male learners, but also sugar daddies. The study results reveal that nine principals noted that female learners with children fathered by sugar daddies drop out of school and do not return after giving birth. Four Life Orientation teachers and three deputy principals also made a similar observation. According to the respondents, learners dropping out in the middle of the year affect the school's output, because a school's performance is judged on the basis of the registered number of learners at the beginning of the year. This observation can be seen in the context of the eco-systems perspective, which argues that people and environments influence each other negatively or positively. In this case, it is clear that learner pregnancy does not only negatively affect the learners, but also their immediate environment, which is the school. In support of this observation, respondents made the following statements:

“In most cases, learners who fall pregnant are underperforming, so when they drop out of school and come back, they automatically put a school on a trap”.

“The pass percentage drops, enrolment and educators’ targets are being compromised. If one learner’s future is threatened by matters like pregnancy, it attracts concerns from the management because on learner ... more or less on the school enrolment ... can make a big impact on school performance”.

The results from Table 6.8. Also indicated that 41 of the respondents observed that those learners that were pregnant and dropped out, do return to school and continue with their studies. Even though the return to school following pregnancy is a matter that must be applauded, it has some implications for the school. According to the respondents performance of some of the learners that are teenage mothers is not satisfactory.

Some of the respondents said:

“Some learners return back to school and perform worse than before, as they have to absent themselves to take care of some parental responsibilities like taking the baby to the clinic”.

“Absenteeism on a regular base makes the learners not to perform well. When there is not someone at home to look after the baby, learners are absent for a prolonged period, and do not complete assessment”.

6.2.2. QUALITATIVE DATA FROM PRINCIPALS, DEPUTY PRINCIPALS, AND LIFE ORIENTATION TEACHERS

6.2.2.1. Platforms schools use to address learner pregnancy

The respondents were asked to state the platforms that they use to educate learners about learner pregnancy. The reason for this request was to capture how the information is communicated to learners. All respondents stated that the subject of Life Orientation is one of the vehicles that they use to educate the learners. According to Jacobs and Frantz (2014:70), Life Orientation is a subject that has a holistic approach, encompassing many spheres of life, ranging from health education to preparing students for life outside of school, as well as career choices. Additionally, respondents mentioned that school assemblies are another platform for disseminating information on learner pregnancy. The school assembly is where learners and teachers assemble for prayer sessions and general school announcements on Mondays and Fridays. It is during this time that different stakeholders, such as the DoH, are invited to communicate sex-related information to the learners.

6.2.2.2. The effectiveness of the measures implemented by the school

The respondents were asked to indicate whether or not the measures that schools use are effective. Various responses indicate that some participants believe that the measures are making a difference, while others mentioned that there have been no improvements since learners continue to fall pregnant.

The following participant responses were made:

“The strategies have little effect, because these kids fall pregnant while knowing that when they indulge in sexual activities they will fall pregnant.”

“The interventions are making a difference, since the pregnancy rates have dropped since the last five years”

“Since 2012, because of the information they receive from their teachers about Life Orientation, [the high percentage of pregnancy has dropped”

“The strategies could be effective if follow-up was done at home by parents”

“It does not help much, because every year the statistics increase”

6.2.2.3. Parental participation in the prevention of learner pregnancies

The participants stated that the contribution of parents entails advising learners to go for family planning in order to prevent pregnancy. It was also stated that in some instances, meetings between concerned parents, learners, and teachers are held with the purpose of having discussions with the concerned learners. Parental participation in the prevention of teenage pregnancy and other health and social pathologies is important. According to Makhubele (2008:164), since parents are concerned about the behaviour of their children, it would be proper and opportune for them to get involved in the process of behaviour change through the use of indigenous knowledge, skills, morals, and values.

6.2.2.4. Stakeholders that assist the schools in preventing learner pregnancy

Schools were asked to state different stakeholders that assist towards the prevention of learner pregnancy. In the Bojanala district, one of the schools mentioned that a Lonmin Mine representative visits the school once a week and trains a sample of learners who will be able to teach other learners about prevention measures. Most schools referred to the participation of professional nurses as involved stakeholders. Since no social workers are appointed by the North West DoE, schools stated that

they utilise the services of social workers from the Department of Social Development. Additionally, the organisation Love Life was also named as one of the stakeholders.

6.2.2.5. Information/topics suggested for inclusion in the educational social group work model with learners

It was suggested that the following strategies be implemented in an educational social group work model for learners:

- the value of earning your own income versus receiving government grants;
- factors contributing to teenage pregnancy and the consequences of pregnancy;
- how to say NO to sex, and waiting for the right time to have sex;
- abstinence;
- how to avoid substance abuse;
- the dangers of being involved with sugar daddies;
- the challenges of being married with a child who is not the husband's biological child;
- gangsterism;
- parents who lack education (illiteracy); and
- the dangers of unprotected sex.

6.3. SECTION B: DATA FROM THE PARENTS/GUARDIANS OF LEARNERS AS KEY INFORMANTS

One of the objectives of this study was to establish the role of parents/guardians in the prevention of teenage pregnancy. To achieve this objective, it was important to include parents/guardians as key informants in the study. The following is a presentation of the data that was obtained from the parents/guardians.

6.3.1. A2. Cross-tabulation results

Table 6.9: Relationship_child * Age_Parent * Gender_Parent

Gender_Parent			Age_Parent			Total
			30-40	41-50	51-60	
Male	Relationship_child	Biological	3	2	1	6
	Total		3	2	1	6
Female	Relationship_child	Biological	2	5	4	11
		Foster Care	0	0	1	1
		Grandchild	0	0	3	3
	Total		2	5	8	15
Total	Relationship_child	Biological	5	7	5	17
		Foster Care	0	0	1	1
		Grandchild	0	0	3	3
	Total		5	7	9	21

The majority of respondents were female, aged between 51 and 60. There were six male and 15 female respondents in total. Of the 21 respondents, 17 were biological parents, three were grandparents, and only one was a foster parent. All six of the 21 respondents were male and biological parents, compared to 11 females who were biological parents. Only one female was a foster mother and three were grandparents. The majority of respondents (16) were aged between 41 and 60 years.

Table 6.10: Gender_Parent * Level of Education * Sex discussion

Sex discussion			Level of Education			Total
			Grade 1 to 7	Grade 8 to 12	Tertiary	
Yes	Gender_Parent	Male	1	2	1	4
		Female	5	6	2	13
	Total		6	8	3	17
No	Gender_Parent	Male	1	1	0	2
		Female	1	1	0	2
	Total		2	2	0	4
Total	Gender_Parent	Male	2	3	1	6
		Female	6	7	2	15
	Total		8	10	3	21

Table 6.10 above showed that the majority of the parents or guardians (10) out a total of 21 had achieved a level of education of between Grade 8 and Grade 12. Fifteen of the 21 respondents were female. Thirteen of the 17 respondents who answered yes to the question as to whether or not they have sex discussion with their children, were female.

Table 6.11: Age_Parent * Level of Education * Sex discussion

Sex discussion			Level of Education			Total
			Grade 1 to 7	Grade 8 to 12	Tertiary	
Yes	Age_Parent	30-40	2	1	1	4
		41-50	2	3	0	5
		51-60	2	4	2	8
	Total		6	8	3	17
No	Age_Parent	30-40	1	0	0	1
		41-50	0	2	0	2
		51-60	1	0	0	1

	Total		2	2	0	4
Total	Age_Parent	30-40	3	1	1	5
		41-50	2	5	0	7
		51-60	3	4	2	9
	Total	8	10	3	21	

From Table 6.11 it is evident that majority of the respondents (4) that had sex education discussions with their children had achieved a level of education of between Grade 8 to and Grade 12 and were aged between 51-60 years in comparison to the parents (2) who were the same age, but their level of education was between Grade 1 to Grade 7. This finding clearly points that the parents' level of education of influences the parents' attitude and willingness to have sex education discussions with their children. The study findings also state that a total of three parents that had achieved a tertiary education, had engaged in sex education discussions with their children.

Table 6.12: Gender_Parent * Relationship_child * Sex discussion

Sex discussion			Relationship_child			Total
			Biological	Foster Care	Grandchild	
Yes	Gender_Parent	Male	4	0	0	4
		Female	9	1	3	13
	Total	13	1	3	17	
No	Gender_Parent	Male	2	0	0	2
		Female	2	0	0	2
	Total	4	0	0	4	
Total	Gender_Parent	Male	6	0	0	6
		Female	11	1	3	15
	Total	17	1	3	21	

This study established that the majority of parents (9) that had sex education discussions with their children were the biological parents and were female, while

only four were male biological parents. The results also show an equal number (2) of both male and female parents had not had sex education conversations with their biological children.

The parents/guardians who reported having had sex education discussions with their children were questioned as to the areas or topics of their discussions. According to the respondents, different topics were discussed with their children. These topics included STIs and pregnancy. One of the respondents indicated that she encouraged her son to use protection whenever he has sex; this respondent was convinced that her son was dating girls as she had seen him with a girl. Another female respondent said:

“I told my granddaughter to stay away from boys because they will make her do nasty things. Furthermore, I told my granddaughter to stay away from elder men, because they will have sex with her, and she will be HIV positive. I also make examples about TV soapies of incidents of rape and ... teenage girls become pregnant while attending school, for example, in Skeem Sam, Mapitsi became pregnant with Thabo Maputla’s child, and Thabo left her with the child”.

When asked about the reasons that make it impossible for parents to have sex education discussions with their children, respondents provided various answers. One of the respondents mentioned that she previously worked far from home and was unable to have discussions with her daughter, and as a result her parental responsibilities were abdicated to the child’s grandmother, who lived with her daughter. Some parents appeared to be uncertain as to how to approach their children, and how to initiate discussions on sex. Another parent mentioned that he did not know how to initiate the discussions, even though he knew that it was important and necessary to have the conversations with his children.

Table 6.13: Gender_Parent * Have a daughter who was/is pregnant or son who had/has impregnated a learner * Sex discussion

Sex discussion			Have a daughter who was/is pregnant or son who had/has impregnated		Total
			Yes	No	
Yes	Gender_Parent	Male	3	1	4
		Female	12	1	13
	Total		15	2	17
No	Gender_Parent	Male	2	0	2
		Female	2	0	2
	Total		4	0	4
Total	Gender_Parent	Male	5	1	6
		Female	14	1	15
	Total		19	2	21

Despite the majority of parents/guardians (15) reporting that they had held sex education discussions with their children, still, some of the parents, especially females (12) as reported in the above table, had a daughter who was or had been pregnant, or a son who had impregnated a girl at the time this study was conducted. The parents/guardians were then asked how they reacted to their child's behaviour. Some of the parents indicated that they were disappointed in their daughters, as they should have waited until they finished school before having children. Even though the parents accepted the fact that children would be born, some indicated that they did make financial contributions to the child's support. Different parent/guardian reactions are reported in extracts hereunder.

In James, Van Rooyen, and Strumpher's (2012:194) study, parents were shocked by their teenagers' pregnancies. What made the pregnancy so shocking and unbelievable, according to the parents, was that these teenagers had never behaved in a manner to suggest that they engaged in activities that would lead to their pregnancies.

Some parents/guardians said:

“I was angry [with] the pregnant girl, and even wanted to chase her away from home, but we ended up resolving the issue. I accepted the situation and raised the baby. I encouraged the girl to continue with school, as dropping out will have implications on the termination of the foster care grant, as she was an orphan”.

“I firstly suspected that my daughter was pregnant and took her to the clinic for tests, and [the] results revealed that she was pregnant. The first question I asked my daughter was ‘Who made her pregnant and how old is he?’ She mentioned someone who is working and is currently 29 years of age. My immediate reaction was that I went to the local police station to open a case of statutory rape, as my daughter is only 14 years of age and it is unacceptable for her to have a baby with someone who is so much older than her. I was so disappointed about the pregnancy and could not encourage my daughter to [have] an abortion as I am a Christian and do not believe that it is the correct thing to do”.

“Immediately after finding out that she is pregnant, I took her to the hospital for [an] abortion. I was ashamed of how [the] community and school members [would] react regarding her pregnancy. The other reason for encouraging her to [have an] abortion is that she [was] still attending school and should focus on building her own future”.

The statement hereunder shows that teenage girls are involved in multiple relationships, resulting in confusion when it comes to establishing the identity of the baby’s biological father:

“I was angry, not because of pregnancy, but because she was not sure who the biological father [of] her baby [was], since she ha[d] been involved with three boys at the same time”.

The findings of this study further show that conflict between parents is sometimes caused by the daughter's pregnancy, as parents often end up blaming one another, for example one parent stated:

"I was disappointed by my daughter's pregnancy as she was still attending school, however, my husband blamed me for the pregnancy of my daughter, because he said whenever he reprimanded my daughter for the behaviour of sleeping at the boyfriend's place, I was shielding and defending her. The two brothers of my daughter were so angry to [the]n extent whereby they assaulted the boyfriend because they said it's because of him (boyfriend) that she (daughter) had to drop out of school because of pregnancy, consequently her future is destroyed".

In some instances, parents were unable to detect their daughters' pregnancies, often because teenagers try to hide their pregnancies.

'I only found out that my child was pregnant after she was admitted [to] the hospital due to the failed illegal abortion. Instead of being angry [with] her, I ended up being supportive [of] her and the unborn baby because it's difficult and painful to lose a child due to abortion. I encouraged her not to continue with the abortion, and assured her that she will get all the support she needs, including the financial support"

Contrary to the views of parents who were angry about their daughters' pregnancies, one parent was happy about her daughter's pregnancy.

"I was happy because now I was going to be [a] granny. Most of the mothers in our street are grandmothers, and I was almost the only one without a granddaughter".

Based on the findings, it is evident that the parents of sons who impregnated schoolgirls, did not take the news well.

The following are the extracts from the parents:

“I was quiet and shocked after hearing that he had impregnated a girl. I asked him what are his intentions about the baby, and how will he maintain [the baby] as he is still attending school. I ended up promising him that I will maintain the baby on his behalf.”

“I was angry because he is not working and depends on me for his school needs, and now I will have to maintain him and his baby, who is so expensive, taking note of the current economic situation in our country”.

“I was not happy at all, these children take us for granted. When you ask them whether they are sexually active and have girlfriends, they say no, but today they have children”.

One female respondent stated:

“It was tough, the dad was angry, and urged the son to quit school and get a job so that he can maintain his child. The boy refused to drop out of school and the father did not talk to him until the baby was born. The father was angry to a point [where] he was not even talking to the teenage mother of the baby. After the baby was born, he loved the baby and started supporting him financially”

6.3.2. QUALITATIVE DATA FROM PARENTS/GUARDIANS

6.3.2.1. Responses regarding the descriptions of the parent-child relationship

Parents/guardians were asked to describe their relationships with their children. It was necessary and important for the researcher to understand their relationships, because many studies have cited the nature of parent-child relationships as one of the determining factors in whether or children fall pregnant. Some of the respondents

had cordial relationships with their children, and indicated that their children were comfortable narrating their problems to their parents. One female parent stated:

“We are very close [to] my daughter and she can tell me most of the issues that she did without my knowledge, like when she was pregnant and had a miscarriage. I requested her not to repeat the same mistake [by] falling pregnant”.

According to some respondents, their relationships with their children were fine until their daughters fell pregnant or their sons impregnated girls. One female parent stated:

“The relationship with my daughter is fine, but we are no longer maintaining her financially like buying her clothes, we only support her with the school needs, as we are maintaining her child.”

One of the male parents stated:

“Before pregnancy and while attending school, the relationship was well, but after dropping out of school the relationship turned sour, as the girl was now uncontrollable, and sometimes not sleeping at home”.

6.3.2.2. Information parents suggest should be included in the educational social group work model on teenage pregnancy

Since the aim of the current study was to develop a teenage pregnancy prevention model for learners in the form of educational social group work, it was important for parents/guardians to suggest topics that might be relevant in achieving the aim of the study. The following are their suggestions:

- communication with parents about sex issues;
- the importance of positive parent-child relationships;
- preventative measures;
- abstinence; and

- focus on life after pregnancy, as it is expensive to maintain a child.

6.4. SECTION C: DATA FROM LEARNERS

6.4.1. A3: Cross tabulation results

Table 6.14: Gender learner * Age_learner * Sexually Active

Sexually Active			Age_learner					Total
			14	15	16	17	18	
Yes	Gender learner	Male	0	3	2	1	0	6
		Female	2	5	3	1	0	11
	Total		2	8	5	2	0	17
No	Gender learner	Male	0	4	4	0	1	9
		Female	2	5	4	0	0	11
	Total		2	9	8	0	1	20
Total	Gender learner	Male	0	7	6	1	1	15
		Female	4	10	7	1	0	22
	Total		4	17	13	2	1	37

From table 6.14 it can be seen that 17 of the 37 learners that participated in this study were sexually active at the time the study was conducted. Further, the majority of female learners (11) were sexually active, as opposed to six male learners who reported to be sexually active. Based on the results presented in the above table, it is evident that the majority of female learners (5) that were sexually active were 15 years of age, while only the male learners of the same age were found to be sexually active.

When comparing the female learners in terms of those that are sexually active and those that are not sexually active at the time when the study was conducted, it was found that an equal number of five female learners reported to be sexually active and not sexually active respectively. Furthermore, the study reveals that out of a total 15

males that participated in the study, six male learners were sexually active and nine reported not being sexually active.

Table 6.15: Gender learner * Condoms used in first sexual encounter * Sexually Active

Sexually Active			Condoms used in first sexual encounter		Total
			Yes	No	
Yes	Gender learner	Male	3	1	4
		Female	8	3	11
	Total		11	4	15
Total	Gender learner	Male	3	1	4
		Female	8	3	11
	Total		11	4	15

Table 6.15 showed a cross tabulation between genders and condom usage in first sexual encounters by learners that were sexually active. The table shows that in terms of gender, the majority (8) of the female learners that are sexually active used condoms during their first sexual encounter in comparison to only three male learners who used condoms.

It is evident in table 6.15 that the majority of female learners (8) that were sexually active used condoms in comparison to only three female learners who did not use condoms during their first sexual encounters. The results also show when it comes to the male learners who were sexually active, three used condoms, while only one male learner did not use condoms during his first sexual encounter. In this study, those learners that reported not to have used condoms during their first sexual encounters were asked to provide the reasons for the non-usage of the condoms. A male respondent stated his reason for not using a condom as follows:

“I heard that when you are circumcised you won’t contract HIV, again it (condom) was not there, and we did not plan to have sex, it just happened”.

A female respondent stated:

“No condom was used, even though my partner had condoms with him. Since we were both afraid of pregnancy, my partner gave me money to buy the morning-after pills”.

B. Tests of Independence of Association and Multivariate Analysis of Variance

To test the statistical independence or association between two categorical (nominal) variables, the Chi-Square test of independence is used. The observed (sometimes expected) frequency of each nominal (categorical) variable is then compared across all the categories of the second categorical (nominal) variable. The null hypothesis is stated as follows: There is no statistical significant association between the two categorical variables. The alternative hypothesis is thus: There is a statistical significant association between the two variables.

B1. Learners

Table 6. : Tests of Between-Subjects Effects

Dependent Variable: Condoms used in first sexual encounter					
Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	.471 ^a	3	.157	.701	.571
Intercept	.179	1	.179	.800	.390
Age_learner	.466	1	.466	2.083	.177
Gender_learner	.046	1	.046	.207	.658
Sexually_Active	.000	0	.	.	.
Sexual_discussions_with_your_parents	.002	1	.002	.009	.926
Gender_learner * Sexually_Active	.000	0	.	.	.
Gender_learner * Sexual_discussions_with_your_parents	.000	0	.	.	.
Sexually_Active * Sexual_discussions_with_your_parents	.000	0	.	.	.
Gender_learner * Sexually_Active * Sexual_discussions_with_your_parents	.000	0	.	.	.
Error	2.462	11	.224		
Total	27.000	15			
Corrected Total	2.933	14			

The above table (Table 6.) revealed that there was no significant difference in "Condom use in first sexual encounter" between the "Age of learner" [$F(1, 11) = 2.083$, $p = 0.177$]. Similarly, there was no significant difference in "Condom use in first sexual encounter" between "Gender of learner" [$F(1, 11) = 0.207$, $p = 0.658$]. The results also reveal that difference in "Condom use in first sexual encounter" between "Gender of learner" and "Sexually active" interaction, as well as between "Sexually active" and "Sexual discussions with your parents" cannot be computed due to the within-subjects (when the categorical independent variable for which each subject experiences all of the levels of a factor) being nil.

The table below (Table 6) revealed that "Gender of learner" has no significant effect [t=-0.419, p=0.684] on "Condom use in first sexual encounter". The results are similar, that is, no significant effect of "Gender of learner" on "Sexual discussions with your parents" [t=-1.191, p=0.261], and the interaction between "Condom use in first sexual encounter" and "Sexual discussions with your parents" [t=0.159, p=0.877]. A multiple comparison test could not be computed due to all variables having less than the least allowed number of categories allowed (3).

Table 6. : Tests of Between-Subjects Effects

Dependent Variable	Parameter	B	Std. Error	t	Sig.
Gender_learner	Intercept	4.526	2.200	2.058	.067
	Age_learner	-.158	.136	-1.159	.273
	[Condoms_used_in_first_sexual_encounter=1]	-.158	.377	-.419	.684
	[Condoms_used_in_first_sexual_encounter=2]	0 ^a	.	.	.
	[Sexual_discussions_with_your_parents=1]	-.500	.420	-1.191	.261
	[Sexual_discussions_with_your_parents=2]	0 ^a	.	.	.
	[Condoms_used_in_first_sexual_encounter=1] * [Sexual_discussions_with_your_parents=1]	.079	.496	.159	.877
	[Condoms_used_in_first_sexual_encounter=1] * [Sexual_discussions_with_your_parents=2]	0 ^a	.	.	.
	[Condoms_used_in_first_sexual_encounter=2] * [Sexual_discussions_with_your_parents=1]	0 ^a	.	.	.

	[Condoms_used_in_first_sexual_encounter=2] * [Sexual_discussions_with_your_parents=2]	0 ^a	.	.	.
--	--	----------------	---	---	---

a. This parameter is set to zero because it is redundant.

b. Computed using alpha = 0,10

B2. Parent/Guardian

Table 6. : Multiple Comparisons							
Dependent Variable: Sex_discussion							
			Mean			90% Confidence Interval	
	(I) Age_Parent	(J) Age_Parent	Difference (I-J)	Std. Error	Sig.	Lower Bound	Upper Bound
Tukey HSD	30-40	41-50	-.09	.195	.901	-.58	.41
		51-60	.09	.186	.884	-.38	.56
	41-50	30-40	.09	.195	.901	-.41	.58
		51-60	.17	.168	.582	-.25	.60
	51-60	30-40	-.09	.186	.884	-.56	.38
		41-50	-.17	.168	.582	-.60	.25
Scheffe	30-40	41-50	-.09	.195	.909	-.60	.43
		51-60	.09	.186	.894	-.40	.58
	41-50	30-40	.09	.195	.909	-.43	.60
		51-60	.17	.168	.609	-.27	.62
	51-60	30-40	-.09	.186	.894	-.58	.40
		41-50	-.17	.168	.609	-.62	.27
LSD	30-40	41-50	-.09	.195	.676	-.46	.29
		51-60	.09	.186	.650	-.27	.45
	41-50	30-40	.09	.195	.676	-.29	.46
		51-60	.17	.168	.339	-.15	.50
	51-60	30-40	-.09	.186	.650	-.45	.27
		41-50	-.17	.168	.339	-.50	.15
Bonferroni	30-40	41-50	-.09	.195	1.000	-.62	.45
		51-60	.09	.186	1.000	-.42	.60
	41-50	30-40	.09	.195	1.000	-.45	.62
		51-60	.17	.168	1.000	-.29	.64

	51-60	30-40	-.09	.186	1.000	-.60	.42
		41-50	-.17	.168	1.000	-.64	.29

The post hoc test for difference in age groups in terms of "Sex discussions" with their children (Table 6), indicates that there is no significant difference across all age groups, p-values > 0,05. This is consistent across all post hoc tests. Post hoc tests were not performed for "Relationship with child" because at least one group had fewer than two cases [Foster care =1].

6.4.2. QUALITATIVE DATA FROM LEARNERS

6.4.2.1. The reasons why teenagers fall pregnant while attending school

There were different reasons proffered for the reasons why teenagers fall pregnant while still attending school. Some respondents—especially the female learners—indicated that teenagers fall pregnant to maintain their relationships with their boyfriends. According to the respondents, in cases where the boyfriend is in a multi-partner relationship, respondents feel the only way to win him over is to have a baby with him. One respondent stated, “The girls will do anything to please or fight for their boyfriends or first love”.

Even though several studies have confirmed that there is no relationship between falling pregnant and accessing the CSG, in this study there were some respondents who mentioned that pregnancy is a result of teenagers intending to access the CSG. To address this finding or perception, during the intervention stage it should be explained to learners that the CSG is insufficient to meet the needs of a new-born baby, as items such as disposable nappies, food, and clothes are expensive and run well over the amount of the CSG.

One of the female respondents said that “poverty at home causes teenagers to fall pregnant, and they (teenagers) would want to help at home, and [they] start sleeping with older men just because of money and [they] end up falling pregnant”. Poverty is a leading source of other social problems, such as prostitution and gangsterism. In a

study conducted by Mabuza-Mokoko (2006:41), female respondents indicated that because of domestic poverty, they had to rely on their boyfriends, gangsterism, and prostitution as measures to survive and provide for their family members. Mesatywa (2009:109) states that women often remain in abusive relationships due to the poverty experienced in their homes. In Uganda it was reported that learners from poverty-stricken families have sex with older men in exchange of money so that they can buy sanitary pads (Ainebyoona, 2016:3).

6.5.2.2. Responses regarding why teenagers are sexually active at an early age

The learners were asked to state their rationale for why they believe teenagers are sexually active at an early age. Different responses indicate that domestic environmental factors such as seeing parents having sex, peer pressure, being in a relationship with an older partner, pressure from their partners, and also their intention to maintain their relationships contribute to teenagers experiencing early sexual encounters. The following are the extracts from female respondents:

“Their older partners force them to have sex”.

“Teenagers date older men that are more mature than them, and they take advantage of them”.

“They rush to have sex because the older partners lie to them by saying that it is nice to have sex”.

According to a respondent in Tshibangu-Kalala’s (2014:43) study, teenage girls date older men because they provide affection and protection, and in comparison to younger men, they know how to take care of young girls. The promises that older men make to teenage girls often do not materialise, for example, in a study conducted by Skobi (2016:60), one teenager explained that she was promised marriage by an older lover, but she later found out that he was already married, and it was too late to terminate the relationship because she was already pregnant.

Other respondents referred to the influence of friends. Male respondents stated:

“I think it is due to peer pressure, as they want to be like their friends”. Male respondent.

“It is because [of] their friends, and some are having sex while they are drunk”.

“It is because of peer pressure; others are sexually active at an early age since they were curious to know about sexual things”.

A female respondent stated:

“The teenagers think when they see their peers having sex [it] is a good idea”.

People go through life learning different behaviours from their environments, and teenagers observe what their elders do and emulate them. From the following observations, it is obvious that the respondents believe that teenagers practice what they observe their elders doing. One female respondent stated:

“Because they see some of the elders watching pornography, so this leads teenagers to be[come] sexually active while they are still young”.

A male respondent stated:

“Teenagers see these things while they are young from their parents, and the want to do the same thing”.

The perception that sex can help to sustain a relationship is reported in the following responses:

“To impress your partner and show him/her that you love them” (male respondent).

“Some teenagers think that sex makes their relationship stronger” (female respondent).

Having sex with the intention of trying to hold on to or strengthen a relationship has also been cited in the Department of Social Development's (2012:27) study titled "Factors associated with teenage pregnancy in Mpumalanga". In this study it was reported that 71% of the female respondents have sex with the intention of "proving love" to their boyfriends.

Female respondents made the following observations:

"Teenagers read a lot of magazines which mostly talk about sex, and this is somehow encouraging them to start having sexual intercourse".

"I think having a low self-esteem is the reason for having sex at an early age".

"The stage they go through, which is "adolescence stage" also known as puberty, it controls them and their feelings/emotions".

From the above findings, it can be deduced that intervention programmes or strategies should note the respondents' observations in order to enhance the prevention purpose of advising teenagers to delay being sexually active at a young age. There is a great need to correct some of the myths or perceptions that have been reported in some of the responses, and this can be achieved by providing accurate information to learners and teenagers in general.

6.5.2.3. Responses regarding the impact of falling pregnant while at school

When answering the question regarding the impact of pregnancy while still attending school, almost all the respondents cited dropping out of school as the main impact on both male and female learners. According to the respondents, the reason why some learners drop out is because some teenagers need to find temporary jobs to provide for their babies, while female learners have to look after the baby if there is no one at home to assist in this regard. The following statements represent some of the male respondents' responses:

“Boys leave school to get to look for work somewhere, like piece jobs, and girls leave school to be in the pregnancy semester at home with their guardians helping them”.

“Having suicidal thoughts”.

One female respondent stated:

“Teenagers are kicked out of the house or home when the parents become angry”.

A female respondent mentioned loss of concentration at school as one of the impacts of pregnancy:

“Pregnant teenagers lose focus and concentration on their school work. Girls drop out of school for safety measures, whilst boys drop out of school to seek jobs”.

The impact of having a baby affects the teenage mother’s school performance. This happens mainly to those mothers who do not have support from their family members. The sleeping patterns of these young women are affected by taking care of their babies at night, and this has an impact on their ability to do their school homework and assignments, and most importantly, their level of concentration at school is not up to standard. The human body requires that a person should sleep for about eight hours a night in order to function at an optimal level.

6.4.2.4. Responses in relation to who fathers the children of the school-going learners

Most of the respondents in this study mentioned taxi drivers as the men who mostly father children with school-going girls. This view can be attributed to the fact that the majority of learners rely on taxis as their transport method, thus making it easy for taxi drivers to engage in sexual relationships with female learners. In describing her reasons for being involved in sexual relationships with taxi drivers, one learner stated that the relationship was mostly about the free rides and the money (Abrahams, 2006).

Some respondents were of the view that sugar daddies/blessers are responsible for impregnating learners. Sugar daddies, or blessers, refer to older males who have

money and use it to impress vulnerable females who will rely on their sugar daddies/blessers for money for survival. Being in a relationship with an older person has its own results, both positive and negative. In most instances the results are negative for the young women involved in them, since the older men they are involved with have their own families and are unlikely to leave their wives for the young learners, irrespective of the fact that these men have fathered the young learners' children.

Other respondents stated that male learners also father the children of female learners. This finding is consistent with the findings of the survey conducted in this study, where the school principals also stated that male learners are also responsible for teenage pregnancies. Some schools even went to the extent of providing the statistics of male learners who have fathered children with female learners.

6.4.2.5. Responses regarding whether or not it is a good idea to be in a sexual relationship with someone who is working while you are still at school

When responding to this question, learners held different views supported by various reasons. It appears that some answers provided by the respondents were based on their personal experiences of having being involved with older people who were working. For example, one of the female respondents who does not condone the idea of being involved with older people who are working, said, *"No, because they are making our lives a living hell"*.

The following are the extracts from the female respondents who answered that it is not a good idea to be involved in a sexual relationship with someone who is working:

"No, because when you fall pregnant and tell him about the pregnancy, he may refuse to take the responsibility and tell you that he is not going to support our baby with his money".

"No, because you must focus on your school work and do not waste time with a person who has already finished school".

“No, because that person will disturb you from your studies. You won’t get a chance to be a learner”.

“No, because you don’t know whether this person is infected or not”.

“No, I don’t think so, because the person is working, and might force you to drop out of school [and] thereafter leave you”.

Two male respondents had the following to say:

“No, because they might affect your school work, especially the old blessers”.

“No, because that person is older than you”.

In the following quotes, the respondents believed that there are some benefits to being involved with an employed partner, usually material and financial benefits. The unfortunate part is that in most cases, those who are working are older than the learners, and as such, the learners feel too intimidated to make informed decisions when it comes to practicing safe sex:

“Yes, so that he can be able to financially support the baby should it happen that you fall pregnant”.

“Yes, because they provide you with everything you need that your parents can’t afford”.

“Yes, because if you get pregnant you will not face many problems when it comes to the needs of the baby”.

A male respondent commented as follows:

“Yes, because he can show support and love to the baby”.

6.4.2.6. Responses in terms of where learners get their information about sex education

Learners stated that they receive information on sex from various sources such as teachers during the Life Orientation classes, newspapers, magazines, and the internet. Some learners mentioned their friends, uncles, and church mates as their sources of information. It must be noted that we are living in the era where technology is growing at a rapid rate and young people, especially learners, are more technologically advanced than many of their elders, since the current curriculum includes e-learning and learners are provided with technological devices. Despite the good intentions of the government to enhance the technological knowledge base for learners, negative outcomes associated with misuse of technology have recently become apparent. For example, incidents in which videos of naked schoolgirls go viral, learners being gang raped in schools, etc.

In the following responses, the respondents mention the people they prefer to have discussions with, and give the rationale for their preferences. Female respondents stated:

“My mother, because she will tell me everything about sex, and most importantly the right time on when to have sex”.

“From parents, since they are experienced and they can guide you”.

“I usually have discussions with my sister, because it’s easy for me to be free and open when I am with her”.

“From my mother, because she wants what is best for me. She keeps telling me to stay away from boys”.

“From my mother, because she is the one that I trust, and she previously had a baby while she was still a teenager. She advised me not to be sexually active while I am still at school”.

“Clinic, because they have more knowledge about sexual things and they are trained to assist us about these things”.

“From my parents because they want to make sure that I don’t get pregnant while at school”.

Male respondents made the following statements:

“My parents because they are going to tell me the bad effects of it”.

“I prefer to search for information myself, because my parents are strict and they won’t let me speak to them about it. Also teachers will embarrass you when you ask many questions about sex in class”.

“Teachers, because they motivate teenagers that when they have sexual intercourse should use condoms as a measure of protecting themselves”.

“The teachers or social workers since they teach us [well], and they don’t influence us to do bad sexual things”.

“My friends, because I am open to my friends and they are trustworthy”.

“My friends because they are easy to talk to and most of them are already having sex”.

6.4.2.7. Responses regarding the choice of prevention measures used by learners and their rationale for their choices

Respondents were aware of different prevention measures to prevent unplanned pregnancies and diseases. From the findings below, it can be concluded that based on the responses received, some learners are sexually active, while others are not yet sexually active. Additionally, there is still a lack of information when it comes to circumcised men and the use of condoms, for example, one male respondent indicated that since he is circumcised, he does not use condoms. Based on this response, it can be concluded that it appears this respondent is only concerned about the possibility of reducing the HIV/AIDS infection, and therefore there is a strong chance that he will impregnate his girlfriend.

The following responses are from respondents who mentioned that they use condoms because they are currently sexually active. Female respondents stated:

“I use condoms because a girl won’t fall pregnant easily”.

“I use the condoms because they don’t allow sperm to go through, so girls won’t be pregnant”.

Male respondents stated:

“I use condoms since they prevent sexual diseases, and to make my partner not to have unplanned pregnancy”.

“I use condoms as they are eas[er] to use than other contraceptives”.

The following extracts present the views of the respondents who admitted that they are not currently sexually active, female respondents stated:

“I do not use any prevention because I am not sexually active and do not have knowledge about th[ese] things”.

“Abstinence, because I don’t want to risk my future. I don’t want to risk my future. I know the consequences of being sexually active and mistakes happen during the use of different prevention methods, like the condom will burst”.

“Since I am currently not sexually active, I don’t use any prevention method”.

“I don’t use any prevention methods because my mother advised me not to, her reason was that I am still young and that I will use them when I am a grown lady”.

Two male respondents said:

“I am not sexually active, however, should I start to be sexually active, and condoms will be used as they are the best, but not 100% safe”.

“Abstinence, due to the fact that it is safer and is liked by most religions and parents”.

6.4.2.8. Responses in terms of who initiates the discussion between learners and their parents

The respondents who answered this question indicated that their parents were responsible for initiating the discussions. One of the male respondents admitted that he took the lead to initiate the discussions, *“I started the discussions because I was confused about sexual activities”.*

Parents are naturally expected to perform parental roles and take responsibility for their children’s upbringing. Therefore, common sense dictates that it is important for them to take the lead in initiating the discussions with their children.

6.4.2.9. Responses regarding the issues that are discussed by learners and parents

The respondents who answered 'yes' as to whether or not they have discussions with their parents regarding sex issues, were asked to indicate the topics that they discuss. From the findings below, it appears that even though discussions do take place, some parents just scrape the surface and fail to engage in the discussions with any depth. For example, one female respondent mentioned that her *"parents told me to stay away from boys because I have started to menstruate, and if I do not take care, I will fall pregnant"*.

Some male participants made the following responses:

"We talked about diseases that are very dangerous, such as AIDS when having sex without a condom".

"The importance of using contraceptives".

Female respondents reported the following:

"We talk about the appropriate time of starting to have sex, and the consequences of having sex without protection".

"Not to date and have sex while still young and at school".

"Consequences of engaging in sexual intercourse".

"The discussions were about how people are manipulative when they want to have sex".

"She (mother) advises me and my sister that when we become sexually active, we must use condoms for protection, and always carry some condoms for in case something happens".

6.4.2.10. Responses regarding what makes it difficult for learners to have discussions with their parents

The findings of this study reveal that not all of the learners have had sex education discussions with their parents. Based on the findings below, it can be deduced that while some of the reasons are learner-based, parents also aren't always willing to play their part. The following responses were received from the male respondents:

"My parents are very strict about things like that. They think I am disrespecting them by talking about things like this (sex) and they overreact a lot".

"I don't want to talk to them about sexual things".

"Because I will be embarrassed if my parents say deeper things about sex".

"It seems that I am still young to discuss such things with my parents".

"My sexual issues are mine and private. I feel embarrassed to talk to my parents about sex".

Female respondents made the following statements:

"This is because I face them each and every day, so it will be difficult for me to have such conversations".

"My parents are so strict, especially my mother. I can't be free to talk girl stuff with her. She always tells me that I have to be far away from boys, otherwise I will get pregnant".

"Parents do not feel comfortable talking about sex with their children. They feel that their children would want to experiment what they told them".

6.4.3.11. Responses as to what can be done to assist parents and their children discuss sexual matters

The respondents were asked for their opinions in terms of what could be done to assist parents and their children to engage in discussions on sexual matters. This question is important since several studies, including this one, confirm that in some families there simply are no discussions between parents and children.

According to the respondents, the following measures could be taken to facilitate discussions on sexual matters between parents and their children.

Female respondents stated:

“The DoH officials should advise the parents to speak with their children”.

“There must be a school meeting to alert parents that topics like this are being taught to learners at school, and this will assist parents and learners to be able to talk about this openly at home”.

“Social workers should talk to the parents and encourage them to read the Life Orientation books of their children”.

“The DoH and DoE should work together to teach the parents about sex education, and help the parents to be able to express and freely teach their children about sex education”.

Male respondents stated:

“Someone should talk to parents and children about the importance of discussing these things, because it motivates the children to stay safe”.

“There must be a school meeting to alert parents that topics like this are being taught to learners at school, and this will assist parents and learners to be able to talk about this openly at home”.

“Parents should be encouraged to listen to their children without being angry”.

6.5. Conclusion

This chapter has presented, analysed, and interpreted data collected from the key informants that included the school principals, deputy principals, Life Orientation teachers, parents/guardians, and from the study population itself, namely the learners. The focus of the next chapter is to discuss the study's findings.

CHAPTER 7

DISCUSSION OF THE STUDY FINDINGS

7.1. Introduction

This chapter discusses the study findings. In the discussions, the researcher combines the findings from school principals, deputy principals, Life Orientation teachers, parents/guardians and learners. In the course of the discussions, the chapter addresses the study's four objectives, namely:

- the extent of teenage pregnancy amongst learners in schools in the North West province;
- factors that predispose learners to indulge in sexual activities, despite the risk of pregnancy and STDs;
- to describe the roles of parents in the prevention of teenage pregnancy amongst learners; and
- to identify the prevention measures used by the schools to prevent teenage pregnancy.

The discussions of the findings inform the last objective of the study, namely, to develop, implement, and evaluate an educational social group work model on teenage pregnancy for learners.

7.2. The extent of teenage pregnancy amongst learners in the North West province

This study sought to establish the extent of teenage pregnancy amongst learners in the North West province. To this effect, the key informants from different schools provided the statistics of learners who fall pregnant while still at school. According to the results, in 2015 there were 107 pregnancies reported in the schools that participated in this study, while in the 2016 academic year the number increased to 119 reported learner pregnancies. The results further pinpoint Grades 10 and 11 as the grades most affected

by teenage pregnancies. This finding points the researcher in the direction in terms of where the educational social group work model on teenage pregnancy should be implemented.

The phenomenon of teenage pregnancy affects both female and male learners. In this study, the majority of school principals, deputy principals, and Life Orientation teachers observed that male learners are also responsible for fathering the children of female learners. According to Chideya and Williams (2013:213), the reason for most teenagers wanting to be fathers is that they view it as a reflection of their manhood, and they are proud of their achievement. Being a father at an early age has some implications for the male learners. These include dropping out of schools in the pursuit of finding employment in order to provide for the babies. In some instances, seeking employment is a result of the teenage father's parents' inability to provide for the baby. Dropping out of schools results in a high population of young people with low educational qualifications, which in return has a huge impact on the type of employment and income they can hope to secure. The other implication is that since teenagers often state that the pregnancy was unplanned and a mistake, it is unlikely that these teenage parents will continue to have a relationship and marry each other. In such cases, the teenage fathers often end up abandoning their babies and fail to perform their parental roles. Zastrow (2017:183) asserts that by abandoning the child, the parent rejects their parental roles. The abandonment of children by their fathers is not without effects. In support of this, most of the children in Makofane's study (2015:32) felt that they were deprived of fatherly love, attention, and quality time, and that they missed out on sharing their dreams with their fathers. Therefore, the male learners, just like their female counterparts, should also benefit from programmes that are aimed at addressing the issue of teenage pregnancy. This would contribute immensely towards the reduction and prevention of teenage pregnancies.

The findings from this study show that the school principals, deputy principals, and Life Orientation teachers observed that the group of learners most vulnerable to falling pregnant are aged between 16-19 years of age. This finding is almost consistent with the findings from the data provided by the learners, in which the age of those who were sexually active ranged from 14 to 17 years. Chetty's (2017:1) study corresponds to this study's findings, and states that a learner from a school in Timothy Valley in Port Elizabeth was 16 years old when she fell pregnant. This finding concurs with a study that was conducted in Nigeria, which reported that teenagers between the ages of 16-19 are more sexually active (Udigwe, Adogu, Nwabueze, Adinma, Ubajaka & Onwasigwe, 2014:992). StatsSA (2016b:9) reported that adolescents aged 15-19 years had higher proportions of births than women aged 35 and above. In 2013, this age group accounted for 14,5% of all births, after which they accounted for 13,9% of all births in 2014, and 13,4% of all births in 2015 (StatsSA, 2016b:9). The fact that teenagers are sexually active at an early age is of concern as this results in unplanned pregnancies and STDs.

7.3. The factors that predispose learners to indulge in sexual activities, despite the risk of pregnancy and sexual diseases

The study found that poverty is a main factor contributing to the increasing numbers of teenage pregnancy. This finding is similar to Ainebyoona's (2016:3) study, which found that in Uganda, learners from poverty-stricken families have sex with older men in exchange for money so that they can buy sanitary pads. This finding is further consistent with the findings of the study conducted by Odebode and Kolapo (2016:127) in Oyo state of Nigeria, which found that 82.6% of the respondents mentioned poverty in the family as the reason for them falling pregnant. The implication of teenage pregnancies that are a result of poverty, is that the new-born baby will be born and raised in a poverty-stricken environment that could hamper the child's personal growth as it has the potential to repeat the cycle poverty in the family. In addition, Chideya and Williams (2013) believe that even though poverty might be the reason for teenage boys impregnating their girlfriends, the same experience of poverty makes it difficult for them

to support their babies. Those who are living in poverty will seek government intervention in the form of the CSGs to financially support their babies. The dilemma of this form of intervention is that if these teenagers are also the beneficiaries of the CSG, and they now have babies, their own CSGs will be terminated. As a social problem, poverty does not only contribute to teenage pregnancy, it also has implications after the baby is born. For example, the respondents in Muchacha and Mtetwa's (2015:19) study indicated that it was difficult for them to practice breastfeeding due to their own inadequate diet that consists of food with low nutritional value.

The phenomenon of poverty was also noted by the researcher in Chapter 3 and in Chapter 4 of this thesis, hence, the researcher maintains that one way of addressing poverty is for social workers working in the school setting to make efforts to reduce it. This can be achieved to a certain degree by profiling the learners who come from poverty-stricken environments, so that a determination and decision on the appropriate course of intervention can be made in the best interests of the identified learners. Furthermore, the social workers should not only focus on the learners but also on their family members, since poverty affects both learners and their families.

The school principals, deputy principals, Life Orientation teachers, and learners indicated that sugar daddies are responsible for fathering the teenage girls' babies. The learners specifically mentioned taxi drivers as men who prey on female learners. This view can be attributed to the fact that the majority of learners rely on taxis as their transport method, thus making it easy for taxi drivers to engage in sexual relationships with female learners. The contributing factors for sexual relationships between taxi drivers and female learners include "free rides and money" (Abrahams, 2006). According to a respondent in Tshibangu-Kalala's (2014:43) study, teenage girls date older men because they provide affection and protection, and in comparison to younger men, they know how to take care of young girls. The phenomenon of sugar daddies does not only affect school learners, it also affects learning institutions. Thobejane, Mulaudzi, and Zitha (2017:1596) mentioned that sugar daddies or blessers are involved with young university students in rural universities and contribute to the female students'

financial needs, such as paying for their tuition, accommodation, and living expenses. The promises that these older men make to teenage girls often do not materialise, for example, in Skobi's (2016:60) study, one teenager described how her older lover promised to marry her, but she later found out that he was already married, and it was too late to terminate the relationship because she was already pregnant.

The current study also found that learners impregnated by their sugar daddies sometimes abort the pregnancies. Based on this finding, the question as to whether these learners aborted the babies voluntarily or were persuaded by the sugar daddies to do so, needs to be asked. In those instances in which the young learners were persuaded to abort their babies, the assumption can be made that these sugar daddies are unwilling to accept their responsibilities, as some of them are married and have their own families, and that they are aware of the implications of having children out of wedlock while married. Therefore, any intervention programme or model that seeks to address the issue of teenage pregnancy and intends to yield positive results, needs to take into account the phenomenon of sugar daddies. To this effect, in Chapter 8 of this thesis, the researcher includes "sugar daddies" as one of the topics for discussion with learners in the developed social group work model on teenage pregnancy. This is important because sugar daddies are destroying the lives of young females including learners.

School principals, deputy principals, and Life Orientation teachers stated that dysfunctional families are often a cause of teenage pregnancy. Furthermore, 87.7% of learners were pregnant due to poor parenting (Odebode & Kolapo, 2016:127). Dysfunctional families are unable to nurture and protect their children, and are helpless in meeting their children's needs (Masilo, 2012:27). The respondents in Setlalto's (2009:113) study admitted that alcohol inhibited proper execution of their roles as parents and providers. Several reasons, such as parental alcohol abuse and lack of respect from children, can be attributed to the family's dysfunction. The danger of being a child from a dysfunctional family that is characterised by issues such as parental

alcohol abuse and conflicts, and it is likely to lead to children being uncontrollable and vulnerable to substance abuse and teenage pregnancy.

Since teenagers spend most of their times with their peers, it is easy for them to be influenced to be sexually active at an early age. The study findings from the school authorities and learners corroborated the observation made in Chapter 3 of the study, namely that peer pressure is one reason why teenagers are sexually active at an early age. The contribution of peers in early sexual encounters was confirmed by a female respondent in Moraope's (2014:53) study in the Rustenburg area of the North West province. According to the respondent, her friends told her that breaking her virginity after reaching the age of 18 would be painful. Due to her friends' views, she lost her virginity at the age of 16; the respondent indicated that she felt betrayed by her peers. Mturi and Gaeawe (2014:532) also attributed early sexual engagement to negative peer influences and reported that 61% of males and 70% of females who had sex for the first time had friends who were sexually active before them. In Mlyakado and Timothy's (2014:281) Tanzanian study, a teenage girl observed that friends who are engaged in sexual relationships will try to convince their friends to become sexually active. According to the respondent, friends will help you to find a boyfriend for sexual relationships, stating that they bring a boy to a ghetto, they lock the door, and leave the two to engage in sexual intercourse (Mlyakado & Timothy, 2014:281). Even though some teenagers are influenced by their peers to have sex, during hard times such as pregnancy, they are alone, and James et al. (2012:194) observed that during pregnancy, peers do not support or visit their pregnant friends.

The findings of this study reveal that learners are sexually active at an early age and this results in pregnancies. Awotidebe, Phillips, and Lens (2014:11808) define being sexually active as having a previous history of penetrative sexual intercourse with the opposite sex. From the study's findings, its concerning that in terms of the age of their first sexual encounter, one male respondent indicated that he became sexually active at the age of 10. Other respondents indicated that they were between 13 and 16 years of age when they had their first sexual encounters. These findings corroborate Rajapaksa-

Hewageegana, Salway, Piercy, and Samarage's (2014:40) Sri Lanka study, the findings of which revealed that among first time pregnant teenagers, the reported age of first sexual experience ranged from 13-19 years. According to Yeboah (2014:26), the onset of sexual activity is an important determinant of subsequent sexual behaviour, as well as the risk of exposure to STIs including HIV/AIDS. The DoE (2002:15) asserts that early sexuality interferes with the normal growth and the healthy development of children.

Even though the majority of the learners that reported being sexually active and having used condoms during their first sexual encounter, there are some respondents that indicated the non-usage of condoms during their first sexual encounters. The reasons advanced included being in a long-term relationship as justification for that risky behaviour. The assumption from this finding is that a long-term relationship creates trust for partners, to the extent that they do not see the importance of using a condom. Osei-Hwedie and Namutosi's (2004:201) study on "Condom use and HIV/AIDS" found that of the respondents who indicated that they would not be able to ask their steady partners to use a condom, the majority (66.7%) were between the ages of 12 and 15 years. In support of this finding, Makofane and Oyedemi's (2015:169) study found that 10.3% of female respondents believe that it is acceptable to have unprotected sex if you have a steady partner. This finding has implications for intervention measures that are aimed at changing the behaviour of sexually active people, especially learners and other young people in our communities.

7.4. The impact of teenage pregnancy on schools, learners, and their families

As has been discussed in Chapter 2, the eco-systems perspective describes learners as the main role players with the ability and potential to positively or negatively influence the functioning of both the school and family systems. This study found that learner pregnancy impacts on both the school and family systems. According to the school principals, deputy principals, and Life Orientation teachers, learners who drop out in the middle of the year due to pregnancy, and for other reasons, affect the school's output

because a school's performance is judged on the basis of the number of registered learners at the beginning of the academic year. The respondents further indicated absenteeism of pregnant learners and those who already have babies as an issue of concern. They indicated that absenteeism creates more work for educators when it comes to marking and facilitating tests and assignments, as some educators give learners the opportunity to catch up the tasks or to write the tests they have missed. Nzama (2004:35) indicates that the most difficult time at school for the pregnant teenage girl is during the last trimester when their bodies grow and they have difficulty in fitting behind their desks.

Family relations are not spared from the negative consequences of teenage pregnancies. In this study, there were parents/guardians who had daughters with babies, while others were pregnant, and there were also parents/guardians of sons who had impregnated girls. The findings point to parents/guardians admitting that they were unimpressed and this affected their relationships with their children. Some of the parents/guardians indicated that they were shocked and angry at the same time. These findings corroborate James et al.'s (2012:194) study, which stated that parents were shocked by their teenagers' pregnancies. What made the pregnancy so shocking and unbelievable, according to the parents, was that these teenagers had never behaved in a manner to suggest they would become pregnant. One of the parents also mentioned that pregnant children were sometimes persuaded to have abortions. The reason for this decision was that the parent was ashamed of how the community and school members would react to her daughter's pregnancy. This finding is confirmed by Bhuda and Sekudu's (2016:130) study, in which a respondent stated that she decided to have an abortion since she was from a royal family and did not want to embarrass her father who is well respected in the family. It appears that not all pregnant teenagers have an abortion, even if encouraged or forced to do so by their parents. For example, in Akella and Jordan's (2015:48) study in the United States, one of the respondents mentioned that her mother wanted her to abort the unborn baby, but the respondent refused, based on her religious belief that she would be killing the baby and as a result she would go to hell.

School dropout was cited as one of the impacts on teenage pregnancy in schools and the lives of learners. The majority of the key informants indicated that female learners who drop out of school due to pregnancy do not return to school after giving birth. Concurring with this finding, the learners mentioned that the reason why some learners drop out is because some teenagers need to find temporary jobs to provide for their babies, while female learners have to look after the baby if there is no one at home to assist in this regard. There are several reasons that enable learners to return to school, for example, Mturi (2015b:10) states that most of the teenagers' mothers raised their grandchildren, allowing the teenage parents to resume their school studies. Without support from family members who look after the children of teenagers, the issue of school dropouts will be a permanent issue affecting some teenage parents. It is important to note that the perceived support from parents and other family members tends to be misused by teenagers who fall pregnant intentionally. For instance, Harrison, Xaba, and Kunene (2001:66) established that one of the girls was eager to get pregnant since she was sure that her biological mother and grandmother would take care of the baby when she returned to school.

The impact of having a baby affects the teenage mothers' school performance. This happens mainly to those mothers who do not have support from their family members. Their sleeping patterns are affected from taking care of the baby at night, and this has an impact on their ability to do their school homework and assignments, and most importantly, their concentration span at school is not up to standard. The human body requires that a person sleep for about eight hours a night in order to function at an optimal level. The school authorities continue to state that even though there are those learners that return to school following the birth of their babies, child-rearing affects their school attendance, as these young learner parents are sometimes absent from school and this impacts negatively on their school performance. There are several factors that can be attributed to the absence of teenage mothers at school, for example, when a sick child needs to attend the clinic, or when a child has a scheduled clinic visits.

From these discussions it is apparent that, without any doubt, teenage pregnancy negatively affects learners, schools, and families. In order to address the impact of teenage pregnancy, it is crucial for the researcher to empower learners through an educational social group work model on teenage pregnancy during the implementation stage; this may positively influence learners to make informed positive decisions about their lives. The educational social group work is essential in soliciting the support of group members regarding issues that may negatively affect their social functioning.

7.5. The roles of parents in the prevention of teenage pregnancies amongst learners

The need and importance of parental involvement in sex education discussions with their children is imperative. To this end, the current study sought to explore the role of parents in preventing teenage pregnancies amongst learners. The findings from parents/guardians and learners indicate that there are indeed sex education discussions between parents and children. These findings vindicate the argument advanced under role theory in Chapter 2 of this thesis, in which the researcher argued that parents have a role to play in the prevention of teenage pregnancies.

The study's findings show that in terms of gender, the majority of female parents have had sex education discussions with their children, as opposed to the majority of male parents who have not. The findings of this study are thus consistent with the findings of a study conducted in the North West Province by Chikulo (2015:1976), wherein it was found that 55.2% of mothers were identified as the main source of information about menstruation and sexuality for their children.

The study revealed that the majority of the parents who indicated that they do have sex education discussions with their children are the children's biological parents, compared to those who don't who were grandparents and foster parents. Thus, it is imperative that out of this finding, social workers look at empowering grandparents and foster parents so that they feel confident and understand the necessity of having sex education discussions with the children who are under their care and protection. Empowering

these caregivers is important because so often in South Africa, the grandparents are the foster parents when the child's biological parents have passed on.

In answering the question as to who is responsible for initiating the sex education discussions, both parents/guardians and learners indicated that they take the initiative. Parents are naturally expected to perform parental roles and take responsibility for their children's upbringing. Therefore, common sense dictates that it is important for them to take the lead in initiating the discussions with their children. Lesufi (2017:5) is of the view that the purpose of parents having sex education discussions with their children is to help them become responsible men and women. In his inaugural lecture, Mturi (2016:3) argued that;

“Proper involvement of parents will not only fill the knowledge gap existing among teenagers but will also assist to implement well all other initiatives and this will have a much better chance of reducing teenage pregnancy to acceptable levels”.

It emerged from the study that the number of parents with a tertiary level of education and who have had sex education discussions with their children is lower than those parents with a level of education ranging from Grade 1 to Grade 12. This finding may be attributed to the fact that most of the people with a tertiary education are employed and sometimes work far from their families, and as such, are unable to have the appropriate sex education discussions with their children. When a parent lives far away from home, this is termed “distance parenting” (Seepamore, 2016:571), and the consequences of this type of parenting may result in children being prone to risky behaviours and teenage pregnancy. One will expect that since these parents have a tertiary level of education, they have the appropriate information on sexuality education and are in a better position to have discussions with their children. However, the study further found that not all parents/guardians have had sex education discussions with their children.

Different reasons were advanced for not having the discussions, and include that some parents are strict and don't feel comfortable when it comes to discussing sexual issues with their children. This is inconsistent with the primary role of parents/guardians, which is that the family is the central unit that enables children to socialise appropriately. The study also found that parents fear that such sexual issue discussions would lead to their children becoming sexually active, and therefore they refrained from having sex education discussions. The manner in which some of the parents were raised appears to have influenced how they raise their own children. Some parents reported that they never had discussions with their parents regarding sex issues, and therefore they do not know how to have discussions with their own children. From these findings, it can be deduced that parents are lacking in terms of performing some of their parental roles as envisaged under the role theory and the Children's Act 38 of 2005 (Republic of South Africa, 2005). Having made this observation, the social workers need to empower parents so that they are aware of what is expected of them, and have the necessary tools to carry out their parental roles.

According to Silk and Romero (2014:1349), some of the factors that prevent parents from being effective sex educators for their children include a lack of knowledge, a family environment that is too unstable or unsafe, a family that lacks communication skills, and the appropriate privacy in which to discuss sex issues. This finding is supported by Mahlape (2016:13), who states that she never had sex discussions with her father. In 1999, while in Grade 12, her father brought her Soul City booklets on sex issues and told her to read them, and that was the extent of their interaction. The implication of the above findings is that it can be argued that parents' non-involvement makes the ground fertile for peer pressure, which has negative consequences. This state of affairs also implies that unless and until measures are devised and intensified for parents/guardians to bring them on board on the importance of having sex education discussions with their children, there is a likelihood that the status quo will remain.

During this study, some learners also expressed their reservations about receiving sex advice from their parents. Learners stated that they would rather have these discussions with their peers and educators at school. This finding has implications for the educational social group work model on teenage pregnancy, and to this effect, the researcher includes the importance of having sex education discussions with parents in the model, and how these discussions may be initiated. This to the researcher's opinion will have long term benefits on the learners, as at some stage of their lives they will have children, and thus it will be imperative for them as parents to have sex education discussions with their children.

In summing up this discussion, the researcher believes that the involvement of parents in issues, such as discussions of sexual matters, is determined by different dynamics within the family system. These include but are not limited to social problems, such as parental substance abuse, child substance abuse, domestic violence, child-headed households, and absent fathers and mothers. The intervention strategies should consider approaches, such as profiling families in communities that are mostly affected by different social problems such as poverty, teenage pregnancy, HIV/AIDS, gender-based violence, gangsterism, substance abuse, etc. The findings of the profiles should inform relevant interventions that might make a difference in the family system. This will also require resources and a competent workforce from all walks of life, i.e. government departments, non-governmental organisations, and the private sector.

7.6. The prevention measures schools use to prevent teenage pregnancies

The school principals, deputy principals, and Life Orientation teachers were asked to state the platforms that they use to educate learners about learner pregnancy. The reason for this request was to capture how the information is communicated to learners. All respondents stated that the subject of Life Orientation is one of the vehicles that they use to educate the learners. According to Jacobs and Frantz (2014:70), Life Orientation is a subject that has a holistic approach, encompassing many spheres of life, ranging

from health education to preparing students for life outside of school, and career choices. Even though the subject of Life Orientation is an accepted mode used in schools to teach learners about life skills, Life Orientation teachers who participated in Makhubele's (2009) study in the Limpopo province of South Africa raised their reservations about the manner in which teachers are presenting life skills. Their argument is that teachers focus on completing the syllabus they are expected to follow, and as such, little attention is paid to the intended purpose of the subject, and thus Life Orientation does not assist in alleviating health and social pathologies that face learners today (Makhubele, 2009:187). The implication of this observation is that there is more that can be done to assist schools to augment their available resources, and as such, social workers have a role to play in this regard. In this light, the development and implementation of an educational social group work model on teenage pregnancy for learners can be of enormous benefit.

Additionally, respondents suggested the school assembly as a platform for disseminating information regarding learner pregnancy. The school assembly is where learners and teachers assemble for prayer sessions and general school announcements on Mondays and Fridays. It is during this time that different stakeholders, such as the DoH, are invited to communicate sex-related information to the learners.

7.7. The development of an educational social group work model on teenage pregnancy for learners

The importance of developing intervention measures or programmes that are inclusive of the views, inputs, and needs of people that are directly affected by the problem of teenage pregnancy cannot be overemphasised. To this end, in order to identify the issues that the researcher should consider for inclusion in the development of the teenage pregnancy prevention model for learners, this study, through the key informants and learners, sought to obtain data that should be included in the envisaged educational social group work model on teenage pregnancy for learners. Different issues were presented to the researcher, and in the model the researcher consolidated

these issues based on their commonalities or similarities. From the collected data, it is imperative that the following consolidated comments by the learners and key informants should be included in the educational social group work model:

- The issue of empowering learners to say NO to sex is a significant key if any intervention is to bear fruits. Chapter 3 of this study noted that learners are engaging in sexual activities at an early age. Therefore, the researcher believes that by giving learners information on how to say NO to sex can contribute towards dealing with the issue of early sexual activities. This will not only assist them to say NO to their sexual partners, but also their peers, who often have influence, which is negative in most cases.
- Positive parent-child relationships are key to parents and learners having sex education discussions. The researcher has noted this important aspect, and it will be included in the educational social group work model.
- Key informants and the learners also highlighted importance of earning one's own income. To address this, the researcher will include an information session in the model that looks at different careers, so that learners are empowered and made aware of the importance of finishing school before falling pregnant or becoming teenage fathers, and are forced by these circumstances to drop out of school. The aspect of earning one's own income, will also contribute towards addressing the phenomenon of learners that drop out of school and don't return after giving birth.
- The respondents also mentioned the use of substances and the dangers of unprotected sex. To this end, it is important that the model should provide information on substance abuse, its impact, and how it can be avoided. Furthermore, information on the usage of condoms is also imperative so that learners can appreciate the benefits of using condoms and the correct way of using them.

7.8. Conclusion

The thrust of this chapter centred on a discussion of the study findings discussed in Chapter 6, in which data collected from school principals, deputy principals, Life Orientation, parents/guardians, and learners was presented. The findings were discussed within the confines of the aim and objectives of the study, and were grounded in the eco-systems perspective, role theory, and the empowerment approach, as discussed in Chapter 2 of this thesis. The findings and discussions are taken into consideration in the next chapter, which seeks to address the last objective of this study, namely, the development, implementation, and evaluation of an educational social group work model on teenage pregnancy for school learners in the North West province of South Africa.

CHAPTER 8

DEVELOPMENT, IMPLEMENTATION, AND EVALUATION OF A TEENAGE PREGNANCY PREVENTION MODEL FOR LEARNERS IN SCHOOLS IN THE NORTH WEST PROVINCE: IMPLICATIONS FOR POLICY AND PRACTICE CONSIDERATIONS

8.1. Introduction

This chapter focuses on the development, implementation, and evaluation of a teenage pregnancy prevention model in the form of an educational social group work model for learners in schools in the North West province. There are two reasons motivating the development of this teenage pregnancy prevention model. Firstly, it appears that there is no documented social work teenage pregnancy prevention model in South Africa. Secondly, the increase of learner pregnancy statistics, in spite of the prevention strategies, has created the necessity to consider new approaches and programmes that can contribute to the prevention of teenage pregnancies. The developed model was implemented through a marathon of eight group work sessions.

This chapter comprises two sections, namely Section A, which focuses on the development and implementation of the model, while Section B presents an evaluation of the model.

8.2. Procedure followed to develop an educational social group work model on teenage pregnancy for learners

In the course of the development of the educational social group model on teenage pregnancy for learners, the researcher followed the below procedure:

1. Identify the problem for the study: In Chapter 1 of this thesis, the researcher identified teenage pregnancy as a social problem affecting school learners,

schools, and communities in the North West province, and generally in South Africa. Following a comprehensive literature search on whether or not there is a social work-based programme or model to address teenage pregnancies in schools in South Africa, the researcher was unable to locate such a programme or model, and this motivated the researcher to develop a social work-based model in the form of group work as a method of practice.

2. Theoretical framework: In order for the envisaged model to have a sound and applicable theoretical ground, the eco-systems perspective, role theory, and the empowerment approach were selected as the theoretical frameworks of this study, and were used to inform the content of this thesis.
3. Literature review: The researcher has performed a comprehensive literature study and the observations made in Chapters 3 and 4 of this thesis are included in the developed model. Furthermore, literature was used to support the discussions of the study findings in Chapter 7.
4. Methodology: For the purpose of this study, the intervention research was selected and used as the appropriate type of research for the attainment of the objectives of this study. To this effect, Rothman and Thomas's (1994:12) Intervention Design and Development Model was adopted for this study. According to Rothman and Thomas (1994:94), this model may be conceptualised as a problem-solving process for seeking effective interventions and tools to assist in dealing with given human and social difficulties.
5. Empirical findings: Following collection and analysis of data obtained from the school principals, deputy principals, Life Orientation teachers, parents/guardians, and learners, their findings are incorporated in the educational social group work model.

8.3. The assumptions underlying the developed educational social group work model on teenage pregnancy for learners

This model is based on the premise that teenage pregnancy in schools can be reduced or prevented if learners are made aware of:

- sex and sexuality;
- the impact of teenage pregnancy and substance abuse on their lives, schools, families, and the country in general;
- the importance of abstinence and the use of contraceptives;
- how they can engage their parents in sex education discussions;
- different careers that they can pursue after completing matric, so that they can be independent and earn or make their own income; and
- different life skills and how they are applicable in their daily lives.

8.4. Relevance of an educational social group work model in the prevention of teenage pregnancies in schools

The social work profession uses different methods of intervention, namely, casework, group work, community work, management, and research. These methods serve as the springboard from which the social worker can operate different levels of intervention, such as early intervention, prevention, statutory intervention, reconstruction, and aftercare. One of the social work methods that can be utilised to address the problem of teenage pregnancy in schools is group work. Lindsay and Orton (2014:1) assert that social group work is a method of social work that, in an informed way, through purposeful group experiences aims to help individuals and groups to meet individual and group needs, and to influence and change personal, group, organisational, and community problems. According to Schatz (2009:83), social group work plays a major role in building deeply meaningful and growth-filled opportunities for group members. It is the view of the researcher that this strategy is relevant and appropriate, as the social work profession emphasises that people should actively participate in issues that affect

them. Learners should participate fully and take ownership of strategies or programmes that are aimed at contributing to the prevention of teenage pregnancy. An educational social group work model is an ideal platform to provide learners with an opportunity to participate—through discussion and role play—in the subject of teenage pregnancy. According to Glisson, Dulmus, and Sowers (2012:235), in social work, educational groups focus on developing peoples' understanding of the world, improving and utilising their knowledge and skill bases. They cover a variety of topics and can be formal or informal. Being a member of a group gives an individual the opportunity to learn about the consequences of pregnancy on their school performance and future, and this applies to both male and female learners.

The educational group work model has an element of peer education, and as such, members have the opportunity to discuss different topics and to conduct presentations to one another, thus learning from each other. The advantage of the peer education element is that the group members not only rely on the social group worker for information, but also on the other group members. In the context of this study, it means that throughout the group development stages, members learn from one another about teenage pregnancy, and how they can avoid and prevent it. Heap (2014:106) states that there is no reason for bringing together a group of clients unless it is genuinely believed that they have something to offer each other, that they can in some way help each other. Weyers (2011:272) supports this view and states that the educational group setting creates one of the best opportunities for direct two-way communication between the social worker and his target group, and between group members themselves. Additionally, the information that group members will benefit from the group has a long-term benefit in the lives of group members, as they will be able to use such information in their daily life situations. In terms of the above context, the following are the objectives of social group work, as outlined by Suresh (2013:23):

- to assist individuals in their maturation;
- to provide supplemental emotional and social nourishment;
- to promote democratic participation and citizenship; and

- to remedy individual and social organisation or maladjustment through group intervention strategies.

The following are the advantages and disadvantages of group work, as propounded by Lindsay and Orton (2014:4-8):

➤ **Advantages:**

- groups can be empowering;
- groups offer opportunities for giving and receiving help;
- groups offer opportunities for social comparison;
- groups offer learning opportunities;
- groups provide hope and optimism;
- groups can offer a way of reaching the unreachable; and
- group work can be an economical way of helping.

➤ **Disadvantages:**

- group work is strange;
- groups can become self-obsessed;
- the individual is likely to get less undivided attention;
- no guarantees of confidentiality can be given;
- groups can be complex and expensive to plan and implement; and
- groups can be harmful for some.

8.5. Programme activities for the educational social group work model on teenage pregnancy for learners

For a group to achieve its objectives, there should be specific programme activities that the social group worker utilises. Motshedi (2009:98) refers to the programme activities as “any strategy with relevant procedures associated with a time-frame to accomplish a particular objective”. The activities are a good way to break the ice and to get to know the participants better, and they provide opportunities for participants to learn, practice, and demonstrate a range of knowledge and skills (Motepe, 2006:366). The group

members should be active participants in the activities for the purpose of achieving the group objectives, and to bring the desired change and growth into their lives. According to Shakil (2015:568), the role of the group worker is to direct the group to organise activities accordingly. Doel and Kelly (2014:5) advise that the activities should be planned according to each particular group's stage of development. The following programme activities or methods are discussed in relation to the educational social group work model.

8.5.1. Role play

One of the programme activities in group work is role play, which is essential because it contributes to the accomplishment of group objectives. Kirst-Ashman and Hull (2010:374) state that role play refers to having a person assume a different role or part than the one that they normally assume. According to Mthembu (2001:52), the purpose of role play is to increase members' awareness and understanding of their interpersonal skills, and produce behavioural changes by providing members with corrective feedback and the opportunity to practice improved responses in the safe environment of the group. In the context of the educational social group work model, learners can role play different roles, such as being a pregnant learner to show other members the disadvantages resulting from being pregnant. In addition, role play can be used to help improve the group members' communication skills.

8.5.2. Group discussions

Due to the fact that a group is established to achieve certain objectives, group discussions become the primary method or mode in which group members share information on the topic that is under discussion. According to Mokwele (2016:118), a group discussion is a "powerful discussion under the guidance of a social worker in which all the members of the group are involved in order to promote their social functioning".

8.5.3. Case studies

The use of case studies in a group is important because it assists the social worker and group members to study real-life experiences of other people. When selecting case studies, the social worker needs to ensure that they are aligned to the group's objectives or topics. To this effect, during the implementation of the developed model, the researcher presented different case studies on different topics. Most importantly, the used case studies were real life stories of people in South Africa.

8.5.4. Facilitator presentation

In the context of the educational groups, group facilitator presentations are necessary. In order to be a good presenter, the group facilitator must do thorough research with the purpose of gaining information that will enhance their knowledge of the subject. There are several points that the presenter should take into consideration, such as the tone of voice, body language, and confidence.

8.5.5. Learning and visual aids

When conducting group sessions, the social worker needs to use different learning and visual aids, such as posters, photograph pictures, overhead projection sheets, flip charts, and fact sheets. These aids assist in enhancing the group discussions, and enable the group members to learn in a more comprehensive way.

8.6. The relevance of the social goals model in the developed educational social group work model on teenage pregnancy in learners

Taking consideration of the target clientele and the identified problem or need, social workers select models that are appropriate for them to achieve the group's purpose. There are different models in social group work, namely the social goals model, remedial model, and reciprocal model, but for the purpose of this study, the social goals model will be discussed. The social goals model is primarily aimed at bringing about

social gains for the group. According to Henry in Sullivan, Mesbur, Lang, Goodman, and Mitchell (2013:68), the “social goals model stands squarely on social science, small group, and group dynamics theories but it stands more strongly on avowed social values stance”.

In the words of Papell and Rothman in Henry (2013:68), the social goals model has two central assumptions. The model assumes a unity between social action and individual psychological health. Every individual is seen as potentially capable of meaningful participation in the mainstream of society. The social goals model approaches every group as possessing the potential for effecting social change. Programme development moves towards uncovering this strength. This is derived from the assumption that collective action represents individual social competence.

Shakil (2015:570) states that more recently, the social goals model has been used in addressing social problems accompanying community development and growth. Teenage pregnancy is a social problem that affects individuals, groups, families, and communities. The educational group work model is aimed at educating learners about teenage pregnancy and its consequences. The focus is to empower group members so that they can make informed decisions, and thus become responsible members of the community. The positive outcomes of the group benefit the group members, and the school, family, community, and country.

8.7. Theoretical frameworks underpinning the developed educational social group work model on teenage pregnancy for school learners

The developed educational social group work model on teenage pregnancy for school learners is underpinned by three theoretical frameworks of the social work profession, namely, the eco-systems perspective, role theory, and the empowerment approach. For the purposes of relevance to the developed model, each theory is briefly discussed below.

The eco-systems perspective provided the researcher with the much-needed lens through which to examine the causes and impact of teenage pregnancy on learners, schools, and their families. This was achieved through a review of the literature and the empirical findings. Against this background, in this chapter, during the implementation of the educational social group work model, the researcher included the discussions on the causes of teenage pregnancy, and the impact thereof on learners, their families, and their schools.

Role theory is used to justify the fact that parents or guardians have a role to play when it comes to the sex education discussions with their children. The Children's Act 38 of 2005 of South Africa (Republic of South Africa, 2005), places the responsibility of the provision of care and protection of children squarely on the shoulders of parents and guardians. Therefore, the parents/guardians need to ensure that they protect their children from issues such as teenage pregnancy and the risk of sexual diseases by engaging in sex education discussions with their children. The family members can be trusted to provide reliable and accurate information to their children, as opposed to information that they may receive from their peers (children), which is sometimes incorrect and misleading. To this effect, in this chapter, session 6 of the developed model is dedicated to educate group members on the importance of having discussions with their parents and on when and how to talk to their parents about sex-related issues.

Another theoretical framework informing the developed social group work model on teenage pregnancy is the empowerment approach. According to DuBois and Miley (2014:23), the values of the social work profession support an empowerment base in practice. In light of the group work, Toseland and Rivas (2017:23) refer to empowerment as the power of the group to help members feel good about themselves and to enable them to use their abilities to help themselves. Teater (2010:54) emphasises that social workers operating from an empowerment approach, can work in collaboration with individuals, groups, or communities. According to Kirst-Ashman (2013:92), empowerment stresses how group members can help and empower each other through mutual aid and by providing support, feedback, and information within a

group context. As is the case in this study, the empowerment approach serves as a foundation in the implementation of the educational social group work model. In empowering learners, the social worker used different methods, such as group discussions, role-play, case studies, and presentations. The topics in the developed educational social group work model seek to empower group members on the subject of teenage pregnancy, so that they can make informed decisions in their lives. Additionally, it is imperative to empower learners to be resistant of some of the factors that contribute to teenage pregnancy. For instance, the literature review and empirical findings revealed that peer pressure is one of the major causes of teenage pregnancy.

8.8. Procedure to implement the educational social group work model on teenage pregnancy

The following procedure was followed for the purposes of implementing the educational social group work model on teenage pregnancy.

- The school that was chosen in which to implement the developed model was identified during the survey conducted in schools, where data was obtained from principals, deputy principals and Life Orientation teachers. The identified school was in Mahikeng in the Ngaka Modiri Molema district, North West province. Other schools from other districts were not included during the implementation of the developed model due to their distance from the researcher's home, which is Mahikeng.
- The researcher obtained permission from the principal to conduct the group work sessions with the learners.
- The results of the study indicated that the Grade 10 level is the grade most affected when it comes to the learner pregnancy, therefore, the researcher requested permission from the principal to convene a meeting with the Grade 10 learners in one of the mostly severely affected schools in Mahikeng in the Ngaka Modiri Molema district, North West province.

- The purpose of the meeting was to give the learners information regarding the study and to market the researcher's intention of conducting the group sessions with them on the subject of teenage pregnancy and other related topics. During the meeting, the researcher also assured the participants of anonymity and confidentiality.
- The researcher noted the names of learners that were interested and willing to participate in the group sessions.
- Before the selected learners could participate in the group sessions, the researcher sought informed consent from their parents/guardians by giving the learners letters of request for permission and informed consent to be signed by their parents.
- Only learners that had returned the signed consent from their parents/guardians were allowed participate in the group sessions.
- Furthermore, only learners that were not using transport were allowed to participate in the group sessions. This was because the group sessions were conducted after the normal school hours, and the researcher did not want to interfere with their transport arrangements.
- The selection of participants was based solely on those who volunteered to participate, with a view to sustainability.
- The group sessions were administered to 19 participants in eight sessions, and they consisted of 12 female and seven male learners.
- The self-developed evaluation questionnaires were also administered to the group participants during the termination phase of the group.

8.9. EDUCATIONAL SOCIAL GROUP WORK MODEL ON TEENAGE PREGNANCY FOR SCHOOL LEARNERS

SESSION	TOPIC	PROGRAMME ACTIVITIES
Session 1	Welcome and orientation	Group discussions Contracting
Session 2	Sex and sexuality	Presentation Group discussions
Session 3	Teenage pregnancy	Presentation Catalogue Case Studies Group discussions
Session 4	Substance use/abuse before, during, and after pregnancy	Presentation Case Studies Posters and pictures Group discussions
Session 5	Abstinence from sex and the use of contraceptives and condoms	Presentation Group discussions Pamphlets Posters and pictures
Session 6	Parent-child communication on sex	Presentation

	issues	Group discussions
Session 7	Career discussions and life skills	Presentation Brochures Group discussions Role play
Session 8	Termination and evaluation	Group discussion Completing the evaluation questionnaire

8.9.1. Description of group work sessions

The following are the different group sessions that the group leader and members engaged in. The order of the description includes the session number, objective of the session, and the topics discussed.

SESSION 1: WELCOME AND ORIENTATION

Objectives of the session:

- to welcome group members and facilitate member introductions;
- to clarify the purpose of the group and order of operation to group members;
- to agree on different roles for the group worker and each group member;
- to explore the expectations of the individual group members; and
- to draft and sign a contract for the group and each member.

Contents of the session

The first group meetings are important, and how the social worker facilitates the session determines whether group members continue or discontinue their participation in all of the group sessions. One of the main responsibilities of the social worker during the first group session was to welcome the newly recruited group members and facilitate introductions so that members could get to know one another. The social worker thanked the group members for their voluntary participation in the group, and also thanked their parents in absentia for consenting to their children's participation. Shulman (2012:389) states that one of the many questions that group members ask themselves is "Who are these other people?" Different techniques can be utilised for the purpose of introductions. During this session, the round robin technique was used. The social worker first introduced himself to the group members (Toseland & Rivas, 2012:200). In addition, the social worker asked the members to introduce themselves, and to state the names that they prefer to be known by.

Following the social worker and group members' introductions, the focus was on stating the group's purpose. The statement of the group purpose made members aware of what the group intended to achieve, and thus it reduced any member anxiety. According to Toseland and Rivas (2012:204), the group's purpose should be presented in as positive a way as possible.

The objectives of the educational social group work on teenage pregnancy were to:

- hold discussions on sex and sexuality;
- make members aware of the different careers that they can pursue after completing matric, so that they can be independent in life and earn or make their own income;
- teach members about the impact of teenage pregnancy and substance abuse on their lives, schools, families, and the country in general;
- make group members aware of the importance of abstinence and the use of contraceptives;

- have discussions with group members regarding how they can engage their parents on discussions of sexual matters; and
- make group members aware of different life skills, and how these skills can be applied in their daily lives.

Additionally, in this section, the social worker explained how the group would operate, i.e. dates, venue, time, and number of sessions to be conducted. At this stage the social worker prepared the group members for the termination of the group.

The social worker and the group members agreed on the ground rules, and signed a contract to indicate that they all agreed to be guided by the formulated group rules. The purpose of having a contract in the group was to formalise the working relationship. According to Motshedi (2009:107), written contracts specify ground rules for participation; rules that don't change during the life of the group.

Evaluation of the session:

The objectives of this session were achieved, and the social worker observed that the group members were familiar with one another, due to the fact that the group members all attended the same school.

SESSION 2: SEX AND SEXUALITY

Objectives of the session:

- to describe how puberty prepares the human male and female bodies for the potential to reproduce;
- to make group members aware of people's different sexual orientations; and
- to discuss individuals' sexual rights.

Contents of the session

The focus in this session was to discuss sex and sexuality. According to WHO (2006:5), sex refers to the biological characteristics that define humans as female or male. Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities, gender roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction (WHO, 2006:5).

Reproductive and sexual anatomy and physiology

The human body is capable of reproduction and giving and receiving sexual pleasure. According to the Guidelines for Comprehensive Sexuality Education (2004:24-25):

- each body part has a correct name and a specific function;
- a person's genitals, reproductive organs, and genes determine whether the person is male or female;
- a boy/man has nipples, a penis, a scrotum, and testicles;
- a girl/woman has breasts, nipples, a vulva, a clitoris, a vagina, a uterus, and ovaries;
- some sexual or reproductive organs, such as penises and vulvas, are usually external or on the outside of the body, while others, such as ovaries and testicles, are usually internal or inside the body;
- both boys and girls have body parts that feel good when touched;
- during puberty, internal and external sexual and reproductive organs mature in preparation for adulthood;
- a young man's ability to reproduce starts when he begins to produce sperm; and
- a young woman's ability to reproduce starts when she begins to menstruate.

Puberty

It takes a long time for children to grow up and become adults. Our body's shape changes until we become a man or woman. The time it takes for our bodies to change is called puberty (Marsden, n.d:1). According to Ashby (2005:2), puberty usually starts between the ages of eight and 13, and it will end when the person reaches their adult height and weight. Guidelines for Comprehensive Sexuality Education (2004:26) state that:

- puberty is a time of physical and emotional change that happens as children become teenagers;
- people are able to have children only once they have reached puberty;
- puberty begins and ends at different ages for different people;
- every person's body develops at its own rate, and some people will not complete puberty until their middle or late teens;
- girls often begin pubertal changes before boys;
- most changes in puberty, such as the growth of body hair and an increase in body odour, are similar for boys and girls;
- during puberty, girls begin to ovulate and menstruate, while boys begin to produce sperm and ejaculate; once this occurs, girls are physically capable of becoming pregnant and boys are capable of impregnating a female;
- during puberty, some boys may ejaculate while they are asleep, which is called a nocturnal emission or "wet dream"; and
- during puberty, emotional changes occur as a result of increased hormones.

Reproduction

Certain parts of our bodies make it possible for a male and a female—when their bodies have grown up—to reproduce, to make babies. The parts of our bodies that make this possible are called the reproductive organs (Harris & Emberley, 2014:3). Guidelines for Comprehensive Sexuality Education (2004:26) state that:

- reproduction requires that a sperm and egg join;
- vaginal intercourse is when a penis is placed inside the vagina, and this is the most common way for a sperm and egg to join;
- when a woman is pregnant, the foetus grows inside her body in her uterus;
- a woman can be pregnant with more than one foetus at a time;
- babies usually come out of a woman's body through an opening called a vagina; and
- some babies are born by an operation called a caesarean section.

Sexual orientation

According to Levay (2017:1), sexual orientation has to do with the gender of our preferred sex partners. A person who is straight is someone who is sexually attracted to people of the opposite sex, or, as some say, the other sex (Harris & Emberley, 2014:7). Women who have sexual orientation towards other women are referred to as lesbians, while men who have sexual orientation towards other men are referred to as gay, and those people who are sexually orientated towards members of their own sex and opposite sex are referred to as bisexual (DoH, 2009:5). Sexual identity develops across a person's life span, since different people might realise at different points in their lives that they are heterosexual, gay, lesbian, or bisexual (McNeely & Blanchard, 2009 :62).

Sexual rights

Sexual rights embrace human rights that are already recognised in national laws, international human rights documents, and other consensus statements (Carroll & Perolini, 2007:18). Every person has the following sexual rights as stated by the World Health Organization in Carroll and Perolini (2007:18). They include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services;
- seek, receive, and impart information related to sexuality;
- sexual education;
- respect for bodily integrity;
- choose their partner;
- decide whether or not to be sexually active;
- consensual sexual relations;
- consensual marriage;
- decide on whether or not , and when, to have children; and
- pursue a satisfying, safe, and pleasurable sexual life;

Evaluation of the session:

The objectives of this session were reached. During this session there was noticeable member participation, and this may be attributed to the nature of the topics that were discussed and the pictures that were used.

SESSION 3: TEENAGE PREGNANCY

Objectives of the session:

- to have discussions with members on the causes of teenage pregnancy;
- to make group members aware of socio-cultural practices associated with teenage pregnancy; and
- to make group members aware of the impact of teenage pregnancy on learners, schools, families, and the country.

Contents of the session

Causes of teenage pregnancy

The following aspects were presented as the causes of teenage pregnancy:

- poverty;
- substance abuse;
- child marriage;
- partner's refusal to use condoms;
- non-usage of contraceptives;
- lack of information;
- rape;
- peer pressure; and
- sugar daddies/blessers.

According to the Department of Social Development (2014a:2), a girl can become pregnant:

- the first time that she has sexual intercourse;
- even if she has sex before her first period;
- even if she has sex during her period;
- even if a boy pulls out (withdraws his penis) before he ejaculates;

- even if she has sex standing up; and
- even if she forgets to take her contraceptive pill for just one day.

Socio-cultural practices associated with teenage pregnancy

Parental influence

There are parents who influence their children to fall pregnant while they are still in their teenage years. In Britain, a 16 year-old girl had a baby after being forced by her mother to bear a child. The pressure started when she was 13 years of age, and she had a miscarriage at the age of 14 (Allen, 2013). Such parental influence might be based on issues such as poverty. Literature indicates that poverty-stricken families are mainly affected by teenage pregnancy, because parents allow their children to be involved with older men in order to receive money to support the family's survival. By influencing their teenage girls to fall pregnant, parents hope that their daughters will be in a position to sustain the relationship with older men. In some cultures, teenage girls who experience medical conditions involving their wombs are encouraged to fall pregnant by their parents who erroneously believe that a pregnancy will heal their daughter's condition.

Family structure

According to Ochonogor (2014:2) children that grow up in single parent home might experience lack of attention and guidance. Pillay (2010:80) found that in the Chatsworth area (40.9%) children were from single parent family structure. According to Pillay (2010:81) these children are at risk of potential exposure to abuse, pregnancy, prostitution, child labour and crime. Simigiu (2012:2) states that girls raised by single parents are at risk of pregnancy due to more permissive sexual attitudes that prevail when parents do not monitor their daughters constantly and, in some cases, even arrange their dates.

Role model

In life, role models influence other peoples' lives; these role models may either be friends, TV personalities, family members, or parents. In Akella and Jordan's (2015:47) study, a participant stated that her mother is 36 years old and fell pregnant at the age of 17 years, therefore she considered herself to be following in her (mother) footsteps by falling pregnant. This confirms the notion that children born to teenage parents are likely to become teenage parents themselves.

➤ The impact of relationships with sugar daddies/ blessers

Many young girls are involved with older men, sometimes referred to as sugar daddies or blessers. According to the Medical Press (2016:1), a sugar daddy or blesser refers to an older man who "blesses" a younger, often poorer girl with money and gifts, and expects sex in return. Kachepa (2017:13) asserts that these men seduce school-going children because they feel they do not need to spend a lot of money on them, unaware that they are frustrating the government's efforts to educate the girl child. Mkhize (2016:2) adds that blessers target young girls who are still virgins and call them "the fresh ones". In Mabasa's (2012:57) study, respondents indicated that young women are fresh, beautiful, hot, and have not experienced a lot of sexual intercourse, and hence older men pursue them. It is not a good idea for girls to date someone who is older than them, because these adults can easily take advantage of the young girls. For example, it is not easy to be firm in negotiating the use of a condom with someone on whom you depend for money and other material benefits. The most prevalent results of not using a condom during sex include but are not limited to pregnancy and HIV/AIDS. According to the South African Government News Agency (2016:3), it is estimated that nearly 2,000 young women and girls between the ages of 15 and 24 are infected with HIV/AIDS each week. Girls between the ages of 15 and 19 are up to eight times more likely to be HIV-positive than boys of the same age. Elderly men are the primary source of infection for the younger females. These men form relationships with very young ladies to have sex, and provide better life conditions to them in return. In the words of Mkhize (2016:2), the better life includes money, expensive clothes, world travel, and many luxuries in

exchange for sex. However, most of these men fail to mention that they have HIV/AIDS, and pass it on to their young lovers. The unfortunate part is that when these older men drop these young girls, these girls date boys their own age, and infect them with HIV/AIDS. In highlighting the dangers associated with dating sugar daddies or blessers, the social worker presented the following case study to the group members.

Case study: Sugar Daddies (Continental Youth Advisory Board, 2016)

“My name is Lebogang Motsumi and I was infected with HIV by a sugar daddy. In 2007, after moving back to Johannesburg, I met the man who changed my life forever. Being 17 years old, I thought I knew it all, but I was in this relationship for all the [wrong] reasons. I dated a celebrity, a kwaito star. It felt good, it was fun, and I thought finally my dream would come true. I was going to become a famous dancer. How wrong was I? Instead of a dream come true, my worst nightmare began. I had unprotected sexual intercourse with this guy countless times, the biggest mistake of my life. I later discovered that he was HIV-positive and he actually went around spreading the virus because he did not want to die alone. He got sick, very sick, and being the good girlfriend that I was, I took care of him and cried with him. I watched him disappear in front of my very eyes. It was even harder for him, since he was in the public eye. He committed suicide. Well in the end I guess he got part of what he wanted, he infected me and many others, then he died. I was in denial and did not even get tested because I thought I was superior to the virus. I thought it was for prostitutes, those who were sleeping around and those from poor backgrounds. I continued to live my life as normal, as if nothing had happened. Instead of getting tested, I continued having sex, and if there is no condom I would still go on. I was drinking and partying like there was no tomorrow. Just living a carefree life, and [I] was one of those who would discriminate and stigmatise people infected or affected”

The advice from Lebogang Motsumi is that “If you can’t wait to get married to have sex, please use a condom and don’t base your decision on someone’s physical attributes or financial status. If you are a girl it’s ok to buy and have condoms. If you like partying and going out always carry condoms with you. Both guys and women can be unfaithful and you can never really know what your partner gets up to in your absence so be safe. If you can’t stand condoms then abstain”.

The impact of teenage pregnancy

In educating the group members to understand the impact of teenage pregnancy, the social worker presented the following information:

- **Learners:** Dropping out of school determines the types of jobs that will be available to an individual, and this has an impact on the income that a person will be capable of earning. Being a school dropout results in a person living in poverty, which is a source of other social problems, such as prostitution. Several studies have indicated that girls become sex workers as a result of poverty. When a learner is pregnant, it is likely that their school performance will drop, and her chances of passing or progressing to higher grades are negatively affected, and this also affects her chances of achieving a tertiary education. Pregnant learners are unable to attend classes regularly as they sometimes have to attend medical check-ups at the clinics, and this contributes to their poor academic performance. According to Chetty (2017), teenage pregnancy has a harmful effect on a girl’s self-image, and this has a knock-on effect, since their schoolwork suffers, their attendance falls, and their social circle shrinks because they have to look after their child.

The findings in this study revealed that learners believe that learners and teenagers in general fall pregnant to access the CSG, which is currently R380.00 a month. The current amount is insufficient to cover a baby’s monthly expenses. In educating group members about the economic hardships of raising a baby, the social worker presented the prices of different baby items to illustrate the cost involved.

The following is an example from Jet Store:

Item	Price
5 Pairs Socks	R59,00
Cotton Hooded Towel	R89,00
2 Pack Bodysuits	R39,00
2 Pack Body Vests	R21,99
Mink Blanket	R129,99
Bio-Oil 60 ml	R64,99
Bennetts Baby Aqueous Cream 500 ml	R40,00
Vaseline Petroleum Jelly 250 ml	R25,99
Johnson's Baby Wipes 240's pack	R69,99
Huggies Dry Comfort Jumbo Pack	R139,99
3 Pack Face Cloth Set	R19,99
TOTAL	R693,93

Based on the above example, the group members unanimously agreed that the CSG is not sufficient to cover a baby's comprehensive needs. Therefore, people should be discouraged from having babies if their intention is to access to the CSG.

When asked whether or not they could afford to raise a baby should they fall pregnant at the time of the study, the group members responded in the following manner:

"I won't be able to raise the baby because my boyfriend is still a school learner, and his parents are both unemployed".

“My parents made it clear to me that should I have a baby, they would not support the baby as they do not earn enough at work, and their main priority is to ensure that I attend school and have all the necessary needs [met]”.

“Life is expensive, and it is clear that the CSG is not enough, so it will be a disaster for me to have a baby now. It will mean that I must drop out of school to look for employment, which is not easy to find nowadays”.

“On my own, it will be difficult to maintain the baby financially as I do not have any income and depend on my mother, who is a single parent. Should I have a baby now, things will be extremely difficult for my mother, since we all depend on her salary, and she is a domestic worker”.

- **Schools:** The schools depend on learners for their existence. The school’s overall performance is based on the registered number of learners. If learners drop out of school and fail academically, the overall school performance is affected negatively, and the school is described as a non-performing school. A school’s inability to perform satisfactorily is usually blamed on principals and teachers. For example, the education performance in the North West province has declined, particularly due to a high rate of school dropouts among teenage girls. In 2014, more males than females matriculated, with a total percentage of 87,3% males and total percentage of 82,3% females. On the other hand, there were more male learners than female learners recorded in most North West schools in 2014, a situation that can reverse the history of gender inequality between males and females (DoBE, 2014:17).
- **Families:** An additional member in the family affects a family system or household’s functioning, and the family’s financial expenditure increases. For example, family members need to buy clothes, food, and medication for the baby. Another impact is that in poverty-stricken families, the house becomes overcrowded. Not all parents accept the news of pregnancy positively, thus family relations are affected negatively when an unplanned pregnancy occurs. There are incidents when parents get angry and disown their own children because of an

unplanned pregnancy. The following case study was presented to group members to demonstrate how teenage pregnancy destroys family relations.

Case study: Family disowns teen mother by Cynthia Maseko (2014)

“When boys started paying attention to Nthabiseng Mokoena at the age of 15 years, she says it made her feel beautiful. Despite strict warnings from her aunt that she was too young to date, she began carrying out a secret love affair with a boy at school. But a trip to the clinic for what Nthabiseng thought was just the flu, turned out to reveal something that would change the 15 year-old’s life forever. The doctor told me that I was pregnant. I will never forget the look on my aunt’s face. I could see how angry she was, and I knew that day I was going to be beaten. (The family supported Nthabiseng during the pregnancy and after the baby was born, however, Nthabiseng had a second baby). Things were fine until I became pregnant again last year and my whole family was furious. I was asked to take my child and leave my home. I regret not listening and taking my aunts’ advice when they told me to use contraception. To be honest, I was given not one, but two chances to prevent the situation I am in. I robbed myself of my teenage years and will never regain them. My kids and I have become strangers to them (family members), but I truly hope one day they will forgive and take me back”.*

According to Maseko (2014), Nthabiseng’s boyfriend sacrificed his education by leaving school to try to provide for his young family, but has only been able to get piece jobs in construction work.

- **Country:** Giving birth to a baby increases the number of family members and, as a result, the national population increases. According to the Population Policy for South Africa (1998:6), a high population growth places increasing pressure on a government to provide services that will not only sustain but also improve existing standards of living. If the rate of population increase is higher than a country can

cope with, the quality of its citizens' lives declines. Since some teenage mothers receive the CSG from the government, the country's budget for social grants expenditure increases, and thus other government programmes receive a decreased budget that impacts service delivery. The impact of having a significant sector of the population relying on social grants is that personal income taxes increase.

Evaluation of the session:

During this session, group members were emotionally moved, especially during the discussions on the case study of Lebogang. They understood the impact of pregnancy in their lives, the school, their families, and on the country. Furthermore, group members acknowledged that becoming pregnant while still at school has serious implications, and they realised that it not easy to raise and take care of a baby.

SESSION 4: SUBSTANCE USE/ABUSE BEFORE, DURING, AND AFTER PREGNANCY

Objectives of the session:

- to educate the group members on the impact of substance use/abuse before, during, and after pregnancy.

Contents of the session

Substances used by the youth are easily accessible and available, which increases the potential for substance misuse, and ultimately abuse (Department of Social Development, 2013:105). During this session, posters depicting different substances were circulated to the group members. The following are some of the substances that are commonly used by the youth.

- *nyaope* (whoonga);
- cocaine;
- *dagga* (cannabis/marijuana);

- tobacco;
- alcohol;
- glue; and
- methylated spirits.

The impact of substance use/abuse on learners

According to Kavutha (2015:727), good academic performance requires a healthy mind and body. Thus, it is important that the brain be in peak condition all the time. Sometimes learners that use or abuse substances do not do their school work, such as homework and assignments. Furthermore, those who use or abuse substances do not attend school regularly, but skip school in order to satisfy their cravings for alcohol and drugs. Being absent from school automatically results in learners missing a lot in terms of the academic programme, and thus, their school performance is affected (Masilo, 2012:57). In addition to the negative impact of substances on the learners' educational performance, there are also financial impacts. In a study conducted by Masilo (2012:58), learners stated that they instead of using their pocket money to buy food during break sessions, they rather bought alcohol and drugs. Those who did not receive money from their parents ended up stealing valuable items, such as cellular phones, from their homes and from other people, to sell so that they had money to satisfy their substance cravings.

An environment that is conducive to learning serves as a strong base in which teaching and learning can take place, however, this is seldom the case, due to the problem of substance abuse. Kavutha (2015:730) notes that substance abuse is linked to school unrest, destruction of property, lack of interest in school work, and dropping out of school. According to Masilo (2012:58), learners' substance abuse affects the working relationships between learners and teachers, as some learners become violent towards their teachers. In this session, group members were discouraged from using substances at school and at home because it severely impacts their health and they can also be expelled from the school. Furthermore, members were encouraged to respect and be

obedient to their teachers, because these teachers represent their parents while the learner is at school.

During the group discussions in this session, group members mentioned that there are some learners who bring alcohol on to the school premises and consume it. According to these learners, the alcohol is poured into squish bottles and teachers in the school don't suspect anything, believing that it is water inside the squish bottles. The group members further stated that Mondays and Fridays are the most common days on which learners consume alcohol. Group members reported that on a daily basis, both male and female learners use other substances such as *nyaope* and *dagga* in the school toilets.

The impact of substance use/abuse before pregnancy

Substance abuse can increase the risk of pregnancy and STIs, including HIV/AIDS, because of lowered inhibitions that lead to unprotected sex. Even occasional alcohol use by a teenager increases the risk of future alcohol and drug problems (Health Wise 2015). The circumstances of having unprotected sex while under the influence of substances differ, for example, some people may have consensual sex, while some females are coerced or raped. It is common knowledge that in taverns or shebeens, some women depend on men to buy them alcohol and drugs. As a way of returning the favour, women will have sex with these men. Since both the men and women are under the influence of substances, it is unlikely that they will have safe sex. In this case, the risks of being impregnated and contracting STIs, including HIV/AIDS, are increased. The use and abuse of substances also results in people not conducting steady relationships, instead they have multiple partners and sometimes have a 'one night stand' sexual encounter that contributes to the problem of not knowing who the baby's biological father is, should the girl fall pregnant.

During the discussions, some group members mentioned that they have witnessed incidents where some learners had sex while they were under the influence of alcohol, especially inside moving buses during school excursions.

The impact of substance use/abuse during pregnancy

According to Morojele and Ramsoomar (2016:553), alcohol consumption during pregnancy increases the risk of FASDs developing in the unborn child. The Department of Social Development (2013:103) describes FASDs as a pattern of mental and physical defects that can develop in a foetus in association with high levels of alcohol consumption during pregnancy. The following are the consequences of using alcohol while pregnant (Facts for Families, 2011:1):

- infants may show slow growth and their development may be delayed, unusual facial features, irritability, brain and neurological disorders, mental retardation, and problems with attachment to their fathers;
- kids and school-age children may have learning problems, have a low frustration tolerance, display inadequate social boundaries, and have difficulty reading; and
- teenagers may experience continuous learning problems, depression, anxiety, and inappropriate sexual behaviour.

In order for group members to understand the impact of FAS on children, pictures were circulated, which included pictures of pregnant mothers smoking and drinking alcohol, and pictures of children born with FAS. During the group session, the following case study was presented to the group members in order to demonstrate the impact of substance abuse during pregnancy.

Case study: Foetal alcohol syndrome is 100% preventable but not reversible (Cynthia Maseko, 2016)

“Monica Deysel (24) of Secunda was a heavy drinker when she fell pregnant at the age of 18. Both she and her boyfriend continued drinking and smoking throughout her pregnancy, and as a result she gave birth to a baby girl with Foetal Alcohol Syndrome (FAS). Now that her child is six years old, she wants other pregnant women to learn the dangers of FAS, and stop drinking when they are pregnant. I gave birth to my daughter and at first I was ashamed of her appearance. I didn’t take her to the clinic immediately

and hoped she would start looking better. When she was two months old I took her to a doctor who diagnosed her with FAS. The doctor advised me to start taking her for her regular clinic appointments, which I did, and now she is healthy. Sometimes I hate myself, if I had not gone drinking while pregnant; my daughter would have been born free of FAS – because although FAS can be prevented, it cannot be reversed. The painful thing about FAS is when the child develops to a stage where they notice they are different from other children and start asking questions. My daughter has started asking me why her body parts are so small and she's not as clever as her friends”.

It is advisable for women who find out they are pregnant, or even think they might be pregnant to stop drinking alcohol and to take antenatal education seriously. Mothers need to learn to take care of themselves during pregnancy, and ensure that they do what is best for their babies (Maseko, 2016).

The impact of parental substance use/abuse on children

The Children's Act 38 of 2005 (Republic of South Africa, 2005) indicates that parents, both fathers and mothers, should perform their parental responsibilities, such as taking care of their children. Unfortunately, due to substance abuse, some parents are unable to perform their parental duties. For example, some parents do not show any interest their children's social or educational activities (Masilo, 2012:31). Children are, and remain, one of the most vulnerable groups in our societies, and parental substance use or abuse exacerbates the situation and makes it even more complex. It has been widely reported in South Africa that, due to substance abuse, parents neglect their children by leaving them unsupervised at home, especially during at night, while they consume alcohol and drugs in taverns or shebeens. According to Montsho (2016:1), five children in Ramatlabama village near Mahikeng burnt to death in a shack while their mother was in a tavern.

Children of parents who use or abuse substances are often the victims of sexual abuse or rape, and their family members sometimes fail to support them in their ordeal.

“In the high court case involving the state vs. Fanuel Sitakeni Masiya (2006), this case involves the accused male who is 44 years of age and it is reported that he wrongfully and unlawfully had sexual intercourse with the victim while she was 9 years of age without her consent at Sabie in Mpumalanga province. The victim stated to the police officers and the court that the sexual penetration was both anal and vaginal in different occasions. According to the victim, the incidents took place after accompanying the accused to his place. The victim’s mother is reported to have been in Bushbuckridge and had left the victim with the neighbours for a period of three days. The incidents of rape took place while the mother was not around. The police officers handling the case indicated that the victim’s mother was a drunkard and that he personally observed her to be definitely in a drunken state, heavily under the influence of liquor on a certain Friday when he had to approach the mother on instructions of the state advocate. When the complainant reported it to her mother, her mother became upset at her for now causing “problems” between her and the accused, who was a drinking partner of both the complainant’s mother and father. The victim was medically examined by the Doctor who confirmed that indeed she was sexually penetrated by the accused”.

Since parents who use or abuse substances are unable to perform their parental roles and duties in respect of their children, the concerned children are considered to be in need of care and protection in terms of the Children’s Act (Republic of South Africa, 2005). Once that declaration has been made, it is incumbent upon social workers and other law enforcement agencies, such as police officials and the courts, to ensure the removal and placement of children in secure care centres. In such cases, it means that parents may be declared unfit to take care of their children, and further interventions, such as foster care placement and adoption, may be among the solutions considered to be in the best interests of the children. The merits of the cases may also dictate that a

decision be made by the relevant authorities to the extent that some parents will never, in their life time, be allowed to maintain contact with their children. This is harsh and sad, because it is a natural expectation that children should grow up in a stable family environment in which both parents are present and able to nurture, guide, and take care of their children. Based on this statement, it can be concluded that parental substance use or abuse destroys families and that children are the main victims.

Evaluation of the session:

The objective of this session was achieved. The group members confirmed that substance abuse is a serious problem affecting learners and young people, as well as families in their communities. Members indicated that they had learned a lot regarding substance abuse, and indicated that they would endeavour not to become victims of substance abuse. Furthermore, group members indicated that there are no good or positive benefits of substance abuse. They stated that it costs people a lot of money, destroys their relationships with their families and others, and that children are the main victims of substance abuse.

SESSION 5: ABSTINENCE FROM SEX AND THE USE OF CONTRACEPTIVES AND CONDOMS

Objectives of the session:

- to educate group members about the importance of abstinence from sex;
- to make group members aware of the dangers of being sexually active at an early age; and
- to educate members about different contraceptives and condoms that can be utilised

Contents of the session

The focus of this session was to discuss abstinence from sex. Engaging in sex or having a baby at an early age does not serve as a guarantee that the parents' relationship will survive or be permanent. Instead, teenage pregnancy leads to long-term, negative impacts, such as being a single mother and dropping out of school, which results in, at best, having a job that pays very little money. In most instances, teenagers end their relationships during pregnancy or after the birth of their babies, and conflicts become inevitable when it comes to the maintenance towards the child and contact with the child. Whatever the reasons or the causes of the separation, teenagers will forever have to live with the fact that there is a child involved and they will need to keep contact in the interest of the child. Keeping contact has an impact on teenagers' future relationships. For example, their new partners may be jealous, and this will create unnecessary conflict. The separation of their parents affects children negatively, since children need the presence of both parents in their lives. It is a common South African cultural belief that having a child before marriage affects the value of *lobola* (dowry), as a woman will be considered 'damaged goods' because she is not a virgin. Unfortunately, the issue of being a virgin only really affects girls and not boys. In order to prevent these impacts on the child, the best way is to prevent unplanned or unwanted pregnancies and STDs, including HIV/AIDS, is by abstaining from sex. It is important for learners to refrain from having sex at an early age because they are still naïve and unable to take responsibility for the consequences of sex. According to Epigee Women's Health (2017), abstinence is a normal and acceptable practice among men and women of all ages who are not yet prepared to accept the risks of sexual activity. Abstinence includes refraining from all types of sexual activity, and includes vaginal sex, anal sex, oral sex, mutual masturbation, and any sexually gratifying activity. Many sexual activities cannot result in pregnancy, but they are still considered an act of sexual intimacy. A number of these activities can still result in the transmission of diseases. Marindo, Pearson, and Casterline (2003:4) define secondary abstinence as the condition of young people who have been sexually active in the past but have since stopped having sex.

BENEFITS OF ABSTINENCE

According to Your Life Counts (2013:21), abstinence is a good choice for the following reasons:

- sexual abstinence is the only complete guarantee that one won't become a parent until one is ready – no stretch marks, no crying babies, no poopy diapers- until one is ready;
- sexual abstinence is the only complete guarantee one won't contract STDs.
- having sex with an individual has repercussions; if there is a breakup, chances of depression and unstable mental health are increased;
- practicing sexual abstinence is a great way to get to know one's boundaries and develop stronger relationships emotionally and spiritually with the person one is dating;
- there will be no need to hide anything from parents or friends, which relieves a lot of pressure and helps strengthen one's relationships with them;
- without a sexual relationship dominating a relationship, it confirms that the person one is with, appreciates their personality, their interests, and all the great things about them, besides sex;
- statistics show that teenagers who practice sexual abstinence are less likely to have depression, less likely to attempt suicide, and less likely to live in poverty as adults; and
- statistics show that teenagers who practice sexual abstinence are likely to do better at school, and twice as likely to graduate from college, as opposed to teenagers who do not practice abstinence.

PRACTICING ABSTINENCE REQUIRES A STRATEGY

According to Youthnet (2003:4), the following is an abstinence strategy that young people can use.

Be clear about the reasons for abstinence:

- abstainers should list the reasons and discuss them with someone who supports them; and
- check this list from time to time to remind themselves why they don't want to be sexually active.

Have a plan:

- abstainers should know what situations might make it hard for them to adhere to their your choice; and
- should decide ahead of time what they will do to avoid such situations or how they will manage them, such as leaving a scene when being pressurised to have sex.

Be impressed with themselves:

- it takes courage to go against the crowd and make one's own choices; and
- abstainers should themselves credit for their strength of character, they deserve it.

Get support:

- abstainers should socialise with friends who know and respect the abstainers' decisions;
- avoid people who might pressurise them; and
- if pressurised, threaten to tell someone in authority (a relative, parent, police).

Practice communication skills:

- abstainers must learn to say “No!” emphatically or “No, no, no” repeatedly; give a reason, such as “I’m not ready” or “I’ve decided to wait until I’ve achieved my academic goals”; and
- turn the tables on the person pressurising them: “You say that if I love you I would, but if you really love me, you wouldn’t insist”.

CONTRACEPTIVES

The social worker invited Mr Simon Mathamela, a professional nurse from Magogoe Clinic near Mahikeng, to present information on contraceptives and condoms to the group members. The following is the presentation made by Mr Mathamela.

Hormonal contraception

Young women rarely have health conditions that preclude the safe use of hormonal methods. Oral contraceptives such as Combined Oral Contraceptives (COCs) and Progestin Only Pills (POPs) are safe for most young clients, but compliance, particularly with the POPs, may present a challenge for young women. Young women are encouraged to link pill-taking to some daily routine (e.g. brushing teeth) to assist with compliance. The use of COCs often results in menses that are lighter, regular, and less painful; they may benefit many young women who experience menstrual irregularities and menstrual cramps. Some women with acne may notice an improvement in their skin condition while on COCs. POPs are less effective than COCs in non-breastfeeding women, they require more rigid compliance, and are more likely to cause irregular bleeding. Hence, they should be considered in the rare situations when oestrogen is contraindicated. Weight gain is not indicated as a side-effect with the use of either COCs or POPs.

The rapid loss of contraceptive effect when pills are discontinued can be a problem for those in unstable relationships who stop pill-taking when they are not having intercourse. Stopping and starting pill-taking results in sub-optimal contraceptive cover and an increase in side effects. Sexually active adolescents who choose to use COCs are advised to use them without interruptions, even if they go through phases when they are not sexually active.

Progestogen-only injectables

Progestogen-only injectables are popular among young women as they require only periodic visits to the clinic, and maintain privacy since no supplies need to be kept at home. Both DMPA and NET-EN are safe, highly effective contraceptives, and equally suitable for young women. Injectables often result in irregular bleeding, spotting, or amenorrhoea, which may worry some clients. A delay in return to fertility (4-6 months) is common after discontinuation. As with any method, clients need to be counselled in advance about possible side effects, in order to increase method satisfaction and continuation rates.

Sub-dermal contraceptive implants

Implants provide a long-acting, highly effective form of reversible contraception, suitable for use by women of all ages, including adolescents. Implants deliver low doses of hormones that do not affect bone density. They are a useful addition to the method mix available to increase young women's options.

Emergency contraception

Emergency contraception is extremely useful after contraceptive accidents, such as condom breakage or missed pills. It is an important method in terms of prevention of teenage pregnancy. Emergency contraception is not recommended as a regular contraceptive method, and does not protect against transmission of STIs and HIV/AIDS.

Condoms

Condoms are available without prescription, immediately effective, user-controlled, and only need to be used when required. When used with another method, condoms add protection from STI/HIV/AIDS (dual method use). Apart from abstinence and mutual monogamy with an uninfected partner, correct and consistent condom use provides the best protection against STIs, including HIV/AIDS, and prevents pregnancy.

There are two types of condoms, the male and female condoms, the following are the basic steps of using condoms:

The 5 basic steps of using a male condom

1. Use a new condom for each act of sex

- Check the condom package. Do not use if torn or damaged. Avoid using a condom past the expiration date.
- Tear open package carefully. Do not use fingernails, teeth or anything that could damage the condom.

2. Before any physical contact, place the condom on the tip of erect penis with the rolled side out

- For the most effective protection, put the condom on before the penis makes any genital, oral, or anal contact.

3. Unroll the condom all the way to the base of the erect penis

- The condom should unroll easily, forcing it could cause it to break during use.
- If the condom does not unroll easily, it may be on backwards, damaged, or old. Throw it away and use a new condom.
- If the condom is on backwards, and another condom is not available, turn it over and unroll it onto the penis.

4. Immediately after ejaculation, hold the rim of the condom in place and withdraw the penis while it is still erect

- Withdraw the penis.
- Slide the condom off.
- Avoid spilling the semen.
- If having sex again or switching from one sex act to another, use a new condom.

5. Dispose of the used condom safely

- Wrap the condom in its package and put it in the rubbish bin or latrine. Do not put the condom into a flush toilet, as it can cause problems with plumbing.

The 5 basic steps of using a female condom

1. Use a new female condom for each act of sex

- Check the condom package. Do not use if torn or damaged. Avoid using a condom past the expiration date.
- If possible, wash hands with mild soap and clean water before inserting the condom.

2. Before any physical contact, insert the condom into the vagina

- It can be inserted up to eight hours before sex. For the most effective protection, insert the condom into the vagina before the penis comes in contact with the vagina.
- Choose a position that is comfortable for insertion—squat, raise one leg, sit, or lie down.
- Rub the sides of the female condom together to spread the lubricant evenly.
- Grasp the ring at the closed end, and squeeze it so it becomes long and narrow.
- With the one hand, separate the outer lips (labia) and locate the opening of the vagina.

- Gently push the inner ring into the vagina as far as up as it will go. Insert a finger into the condom to push it into place. About two to three centimetres of the condom and the outer ring remain outside the vagina.

3. Ensure that the penis enters the condom and stays inside the condom

- The man or woman should carefully guide the tip of the penis inside the condom—not between the condom and the wall of the vagina. If the penis slips from the condom, withdraw and try again.
- If the condom is accidentally pulled out of the vagina or pushed into it during sex, put the condom back in place.

4. After the man withdraws his penis, hold the outer ring of the condom, twist to seal in fluids, and gently pull it out of the vagina

- The female condom does not need to be removed immediately after sex.
- Remove the condom before standing up, to avoid spilling semen.
- If the couple has sex again, they should use a new condom.
- Re-use of the female condom is not recommended

5. Dispose of the used condom safely

- Wrap the condom in its package and put it in the rubbish or latrine. Do not put the condom into the flush toilet, as it can cause problems with plumbing.

Source: Department of Health (2012).

After the presentation, Mr Mathamela encouraged the group members to visit clinics, community health centres, and hospitals for further information, and to access contraceptives and condoms. Both the male and female condoms are available at selected public health facilities throughout the country, and at some retail outlets.

Evaluation of the session:

The objectives of this session were achieved. The level of participation was high during this session, especially when the demonstrations of the use of the condoms were made. Many questions were posed to Mr Mathamela about the condoms, and the social worker observed a lot of humour from the members. The group members agreed that the best way to avoid pregnancy and diseases is to abstain and wait for the right time to have sex, when they are able to make informed decisions and take responsibility for their actions. Furthermore, they indicated that they now have more information regarding contraceptives and condoms.

SESSION 6: CHILD-PARENT COMMUNICATION ON SEX ISSUES

Objectives of the session:

- to educate group members on the importance of having discussions with their parents on sex issues; and
- to have discussions with group members on when and how to talk to their parents about sex issues.

Contents of the session

As is evident from the researcher's findings and the literature review, most parents do not have sex issue discussions with their children, and this leads to children obtaining information from their peers. According to DeHaas (2014:4), parents who are fearful of talking to their children about sex leave a void of silence that the world will be glad to fill. Furthermore, some parents only have discussions with their children after the pregnancy and birth of the baby.

The social worker had discussions with group members on different approaches that they can use to initiate discussions on sexual issues with their parents. For example, in cases where the child is shy, afraid, or uncomfortable, he or she can talk to any member of the family, either a sister, brother, cousin, aunt, or uncle with the purpose of facilitating the discussions, or to negotiate an entry point to discussions with parents. In

addition, the social worker encouraged the group members to approach professionals such as social workers and nurses to facilitate dialogues between them (children) and their parents.

Furthermore, the social worker advised group members that sex discussions with parents can be initiated when they (children) start to experience puberty, which normally starts to happen between the ages of 10 and 14. According to NHS Choices (2016:1), puberty occurs when a child's body begins to develop and change as they become an adult. Girls develop breasts and start their periods, and boys develop a deeper voice and start to look like men.

DeHaas (2014:4) suggests that parents should begin having lengthier discussions about sex with their children when they are between the ages of six and 10. The reasons for this are as follows:

- The age of six marks a beginning in major social shifts, as children spend more time around their peers at school. It is in these peer settings that children begin to gravitate towards same-sex friendships, and develop an interest in gender differences. Children as young as six are coming home from the playground talking about having boyfriends and girlfriends.
- Around the age of six or seven, a child's intellectual capacities begin to change. At this age, a child can begin to distinguish between their own thoughts of and those of others. They begin reasoning with imagination and logic. They have an incredible thirst for knowledge about the universe. This makes having discussions with them about detailed subjects much easier.
- The age of 10 is the average age of first sexual attraction for both boys and girls.

Evaluation of the session

Members mentioned that they appreciated the information in this session, as it was not only beneficially to them for the current period in their lives, but also in the future when they will be able to apply it to their own children. Some group members indicated that after this session, they felt ready to have sex education discussions with their parents.

SESSION 7: CAREER DISCUSSIONS AND LIFE SKILLS

During this session, two topics were discussed with the group members, namely career discussions and life skills. Career discussions were followed by life skills discussions.

CAREER DISCUSSIONS

Objectives of the session:

- to make group members aware of different career opportunities that they can pursue after matric;
- to make group members aware of the impediments that may prevent them from achieving their careers and realising their goals; and
- to make group members aware of resources available to assist them to achieve their goals.

Contents of the session

Different careers available

The findings from schools revealed that in order to discourage learners from having sex at an early age, and from being parents while they still attend school, it is imperative to educate them about different careers and the benefits of earning their own income. It was against this background that it was necessary to include a careers and goal-setting module into the group sessions. Education plays a pivotal role in enabling an individual to change his or her life for the better. One can succeed by being committed and studying hard to ensure that the dream of having a desired career is achieved. According to UNICEF (2012:207), promoting the value of education in society, enhancing efforts to keep children in school, and getting more children into tertiary education are all important in terms of poverty alleviation. All children have a right to quality education, and realising this right for girls has a significant effect on society. Educated girls grow into women who tend to have healthier and better nourished babies, and they are likely do everything to ensure their own children attend school as

well, thus breaking the vicious cycle of poverty. Educated girls can better protect themselves against HIV/AIDS, trafficking, and abuse (UNICEF, 2007).

The social worker asked the group members the following questions:

Which career do you wish to pursue after completing matric?

Different responses were received from the group members, these included social worker, lawyer, doctor, nurse, teacher, businessman, business woman, accountant, and economist.

The group members were made aware that in order to be admitted to universities they would need to meet the high academic requirements for each programme. These include passing with a Bachelor's Degree in terms of the National Curriculum Statement by the DoBE. For example, to be admitted for Bachelor of Arts in Social Work at the University of Limpopo, the student should have to have at least 23-25 APS, and level four in English (University of Limpopo Undergraduate Prospectus, 2016/2017).

The presentation below was made to the group members:

The process of making a decision about what subjects to major in and what career pathway to follow is naturally a significant process in most individuals' lives. A career can comprise both jobs and occupations, and are essentially a series of work-related activities that are performed over the course of our lives. Peoples' careers today typically comprise many jobs, and even multiple occupations (Skagit Valley College, 2014). Points to consider when choosing a career:

Know yourself

- Are you an extrovert or an introvert?
- Do you like being with people, or do you just like being by yourself?
- Do you like people, children, or animals?

By answering these questions, you can tell the type of a career that you might enjoy.

Know your passion

- What is it that you like doing?
- What is it that gives you fulfilment when you do it, that which makes you feel more realised?
- Is it music, swimming, debating, caring for others, etc.?

In choosing a career is it important to follow your passion, because your career is what you will be doing for the rest of your working days, so it is important to choose a career that fulfils you.

Know your strengths and weaknesses

- Are you diligent or are you a lazy person?
- Can you stand for long hours, or do you prefer sitting down most of the time?
- Are you a pleasant person, or are a person who struggles to smile?

It is small things that can make or break your career. So when choosing a career it is important to know your strengths and your weaknesses.

Do career research

Before choosing a career you must read a lot about what each career entails. In that way you will be able to establish whether or not it is suitable.

Do not allow people to choose a career for you

Parents, siblings, relatives, and our communities tend to choose careers for young people. Advice can be helpful, but you should be careful, as you have to take into account the above points that pertain to your character, personality, abilities, and likes and dislikes.

If you do not know what you want, have a gap year and explore your options

If possible, take a year after Matric and use it to explore your options. You could do this by being a volunteer in many sectors, as long as you explain yourself clearly so that everybody knows that you do not need remuneration, but that you are on a learning experience.

Source: Walter Sisulu University (2016)

Impediments to achieving career goals

Nowadays learners are faced with many challenges that make it difficult for them to achieve their goals in life. By making group members aware of the impediments, the social worker made reference to how teenage pregnancy, substance use/abuse, irregular class attendance and participation, absenteeism, and gangsterism can obstruct the realisation of their goals.

Resources available to assist learners in realising their careers and goals

Currently in South Africa there are different sources of funding when it comes to the realisation of tertiary education. For example, general funding from the National Student Financial Aid Scheme (NSFAS), social work scholarships from the Department of Social Development, the Fundza Lushaka Bursary from the DoE, Eskom bursaries, and financial assistance from other government departments and the private sector. Most importantly, the family itself is a source of support.

Evaluation of the session:

The group members were highly motivated during this session. Some members stated that they wish that they were already in Grade 12, studying hard so that they could be admitted to universities. Group members also stated that they had seen how important it is to work harder at school in order to pursue the different careers of their choice.

LIFE SKILLS

Objectives of the session:

- to enhance the group members' knowledge of life skills; and
- to help group members learn different relevant ways on how to implement life skills meaningfully into their daily lives.

Contents of the session

In order to prevent and address the current social and health problems that negatively affect teenagers, especially learners, the appropriate knowledge and application of life skills should be taught on a daily basis. According to WHO (1997:2), life skills are abilities for adaptive and positive behaviour that enable individuals to effectively manage the demands and challenges of everyday life. Carter-Scott (2006:57) defines life skills as the general term for all skills and capacities that an individual needs to be able to enrich their life in a meaningful way. Life skills better position teenagers to translate their dreams and values into constructive actions. They provide the inner power to evaluate and resist peer or social pressure, especially when it comes to making decisions that affect their well-being, including their health and future (UNICEF, 2013:16). Anderson and Okoro in Matsafu (2005:93) assert that life skills involve personal responsible choices, when people are personally responsible they are in the process of making choices that maximise their happiness. Life skills can be learned from different sources, such as parents, peers, community, schools, and professional people, including social workers.

In this session the social worker discussed different life skills with group members and how these skills can be applied in their lives.

- **Decision-making**

Making decisions forms part of the responsibilities of life. We must face decisions in the same way we face any other responsibilities, because appropriate decisions relieve us of many responsibilities and problems in life, and inappropriate decisions only compound our problems (Lutes, 1981). Decision-making is strongly influenced by our self-esteem. When we value ourselves as special, unique, and important members of society, then we have a high self-esteem and we are able to think independently and make wise decisions (UNICEF, 1999:39). In our daily lives there are many decisions that we are expected to make, and our circumstances or conditions contribute to the types of decisions that we make. Irrespective of whether the decisions that an individual must make are good or bad, there are consequences for each decision. These consequences may be temporary or permanent. For example, if an individual decides to have unprotected sex, the consequences are that there may be a pregnancy or the contraction of STIs, including HIV/AIDS. In the previous group sessions, we studied cases of people who made uninformed decisions that had irreparable consequences. The group members were reminded of the case of Lebogang, who became HIV-positive after having unprotected sex unknowingly with a blesser who was HIV-positive.

Even though some people are influenced by their peers to make certain decisions in their lives, peers are unlikely to help the individual person to shoulder the burden of the consequences that arise from decisions made. It is important to note that any individual's decisions may affect other people or institutions. In the case of falling pregnant while still attending school, the parents experience anger, they are expected to maintain the baby financially, and to look after the baby while the mother returns to school. Dropping out of school as a result of using drugs and alcohol, being pregnant, and socialising with gangsters affects an individual negatively, since their level of education contributes to the type of employment they can expect to find.

- **Critical thinking**

According to the Department of Social Development (2014b:7), critical thinking involves analysing and evaluating information. It can also help one to avoid making hasty decisions based on emotions. It involves:

- comparing the advantages and disadvantages of a situation; and
- considering all possible future consequences of the action and the likelihood of them occurring.

Critical thinking applies to all life situations that people encounter. For the purpose of this study, group members were asked to state the possible future consequences of having sex at an early age. Some members mentioned pregnancy, having a child, dropping out of school, and disease as some of the consequences of having sex at an early age.

- **Effective communication**

Communication is the exchange of ideas or messages between two or more people. Communication is someone providing a message and one or more people receiving a message. Communication is only good if the giver of information expresses themselves clearly and if the receiver understands the message. In the best case, two people act as both the giver and receiver in the same discussion, sharing ideas back and forth. Good communication is essential for relationships with friends, family, and adults. When communication fails, confusion and problems are likely to arise (Center for Gender Equity, 2009:41). During this session, an activity involving having sex and using a condom was role-played by the group members.

- **Interpersonal relationship skills**

Life is about relationships. The relationships between learners and their parents, siblings, friends, and future partners determine the quality of the learner's life (UNICEF, 2013:31). Interpersonal skills help people to relate in positive ways to the people they

interact with. The most important characteristic of interpersonal communication is that the participants continually provide feedback or responses to each other's messages (Motepe, 2006:291).

The family is the most important foundation of our support and strengths. People are usually born into families, and when they die, it is the family that ensures that they receive a dignified send-off. Some of our behaviours and conducts are observed and learned from our family system. In a situation in which the family relationships between parents and children are broken or dysfunctional, there are likely to be some negative consequences. For example, these consequences are evident in cases in which children from dysfunctional families experience lack of parental guidance and supervision, in issues such as sexuality, substance abuse, and most importantly school-related matters that include encouragement and support in completing school assignments, and attending school parents meetings. The findings of this study confirm that teenage girls who display uncontrollable behaviour at home, often fallen pregnant.

The nature of relationships with friends plays an important role in the lives of teenagers. Some friends are good friends, while others are bad friends. A good friend is one who is able to reprimand you when you are doing something that is wrong, such as being in a relationship with older people, and drinking alcohol and using drugs. A bad friend will encourage you to do bad things, such as having sex at an early age, having a baby while you are still at school, and they may also encourage you to use alcohol and drugs.

There are also different partners in life who influence us. A bad partner may want to pressure you to have sex or a baby with him or her, and if you refuse, they may threaten you with rejection and loneliness. However, a good and understanding partner will wait for you to determine the right and appropriate time to have sex or a baby.

- **Self-awareness**

Frisina (2014:17) defines self-awareness as an honest understanding of your own values, desires, thought patterns, motivations, goals and ambitions, emotional responses, strengths and weaknesses, and effects on others. This awareness takes

years to develop fully, requires commitment, and is supplemented by others' feedback. Once developed and practiced regularly, self-awareness enables you to manage your behaviour, improve your interactions and relationships, and develop or increase your influence (Frisina, 2014:17). Without self-awareness, learners will not be able to grasp how substance abuse destroys their lives, and how pregnancy affects them, their schools, their families, and their communities in general. If a person is self-aware, they are able to make informed decisions, since their values and their goals and ambitions will serve as the motivation to avoid making wrong decisions that have negative repercussions.

- **Empathy**

According to WHO (1994:2), empathy is the ability to imagine what life is like for another person, even in a situation that we may not be familiar with. It is not necessary to be pregnant as a teenager to understand the challenges associated with pregnancy and having a baby at a young age. By observing and engaging those who are pregnant and already have babies, it is possible to understand what they go through. From our own homes, it is possible to see how some parents struggle to raise and meet their children's needs. Therefore, it is possible to imagine how difficult it will be for both a pregnant teenager and their parents to raise and take care of the teenager's baby, should she decide to keep and raise the baby. Even when it comes to the dangers of substance abuse, it is possible to see how many promising lives have been destroyed. For example, currently, young people's lives are being destroyed by *nyaope* at an alarming rate. The current use of the "bluetooth" practice, which refers to a blood transfusion using needles, has lot of negative health effects. Firstly, the chances of contracting HIV/AIDS are increased, and the donor blood type does not match the blood type of the recipient of the 'blood transfusion', placing them at risk of death. Several deaths have been reported in the Gauteng province.

On a positive note, empathy facilitates learning good things from other people, such as finishing school and going to university or college to further one's studies. Young people can place themselves in a professional's shoes by visiting professionals at work to see

how they perform their duties, so that aspirant youth may one day follow in their footsteps.

- **Assertive skills**

Assertiveness is the ability to communicate opinions, thoughts, needs, and feelings in a direct, honest, and appropriate manner. Assertiveness involves standing up for your rights in a manner that does not offend others or deny the rights of others. When you are assertive you have more control over your life, and decrease the likelihood of other people taking advantage of you (Felt, 2011:7). According to Motepe (2006:292) assertive individuals are those who act in their own best interests without too much anxiety and without infringing on the right of others. During this session, the social worker enforced the notion that group members are not wrong to refuse sex when their partners want to pressurise them to have sex. This was important because the literature and empirical findings of this study show that girls are pressurised by their partners to have sex with them, and threaten that failure to do so will terminate the relationship. It is within a person's constitutional rights to tell their friends or partners that they do not want to use drugs and alcohol as they are unhealthy. Furthermore, the social worker emphasised to the group members that "NO means NO" and they should not interpret it to be "YES". "NO" is a firm indication that the person is unwilling to have sex. it was further stated that forcing a person to have sex equates to rape and the perpetrator can be arrested, charged, and prosecuted. The Department of Social Development (2014a:3) states that everyone has the following sexual rights:

- The right to say no: This refusal can be stated at any point during sexual activity or the lead up to sexual activity. People are allowed to change their minds at any point if they are uncomfortable.
- The right to privacy: A body is private. No one has the right to touch another person's body without their permission, or to touch them in a way that makes them feel uncomfortable. It is illegal for anyone to take photos of another person's private parts or when they are engaged in sexual activity and to distribute them.

- The right to protect yourself: Everyone has the right to fight off a sexual assault as well as to report someone who touches our bodies in a way in which we do not feel comfortable. Everyone has the right to demand that their sexual partner uses protection, and to refuse sex if their partner does not agree to do so. If an individual decides to engage in sexual activity, it is vitally important that they understand the potential consequences of their decisions, and are willing to take responsibility for them.

Evaluation of the session

The objectives of the session were achieved. The group members indicated that they felt empowered and were confident that they would be able to take control of their lives.

SESSION 9: TERMINATION AND EVALUATION

Objectives of the session:

- to evaluate the effectiveness of the group; and
- to terminate the group and assist members to plan for the future.

Contents of the session

This was the last session of the group, however, during the first session of the group, the social worker made group members aware that at some point the session would be terminated. In so doing, the social worker was preparing group members for termination, as it is important that termination should not be abrupt. The purpose of termination and evaluation in social group work is to allow the social worker and group members to reflect on the journey they have travelled, this is done amongst other things, by providing a summary of the discussions, evaluating the life of the group, and planning for the future.

During this session, the group members were asked about their future plans. Different responses were provided such as: "I plan to share with my friend what we have learned from the group". Other members indicated that they felt like educating other school

members about topics, such as career choices, because those who did not participate in the group would need information on how to make informed decisions about the careers they can pursue after matric. There were mixed emotions from group members, some expressed the wish to extend the group's life by adding two extra sessions, and others indicated that the social worker should sometimes visit them at school to check on how they are doing and to provide any new information that might be of help to them. The other purpose during this session was to receive feedback from group members about their group experiences, and on what improvements should be made going forward. The social worker encouraged the group members to continue reading the materials that they received during the course of the group. The social worker thanked the group members for their participation and contributions during the group sessions.

8.10. EVALUATION OF THE EDUCATIONAL SOCIAL GROUP WORK MODEL ON TEENAGE PREGNANCY FOR SCHOOL LEARNERS

In this study, an evaluation was done with the purpose of receiving feedback from the group members regarding the developed and implemented educational social group work model on teenage pregnancy. The following are the questions that were given to the group members, and their feedback is also captured.

8.10.1. Responses in terms of what group members learned from the educational social group work model sessions

In response to the question that asked group members what they learned from the educational social group work model, group members gave various responses that referred to all the topics that were discussed.

The following are the excerpts from the group members:

“Before participating in the group, I thought that it is a nice thing to be in a relationship with a blesser or sugar daddy. I guess that I was wrong, as I have learned about the negative things that are associated with such people”.

“The most important thing I have learned is that I must prioritise my education, as it will assist me to be a doctor tomorrow”.

“I have learned that education plays an important role in one’s life, as you can be able to follow a career of your choice if you have finished matric and passed well. Most importantly, I have learned that there are factors such as substance abuse and teenage pregnancy that can make a person not to succeed in his school education”.

“From now on, I am aware that not all friends are good friends, because some influence us to do different things that destroy our lives. I have learned that it is important to be careful when selecting friends”.

“I am now aware that a person who was sexually active before can be able to abstain. My previous understanding of abstaining was that it only applies to people [who] are virgins”.

“I have learned that if people are unable to abstain from sex, they can consider other measures, such as contraceptives, including the condoms”.

“I can say no to my boyfriend if he wants to have sex with me, without feeling guilty”.

“The lesson that I have learned is that it not easy to raise a baby from the CSG, as the baby is too ... demanding and things are also expensive”.

8.10.2. Responses to whether or not group members saw any growth or development or change in their lives in general

“Since my participation in this group, I have started the discussions with my mother. We have talked about how teenage pregnancy destroys the lives of learners, and she encouraged me not to fall pregnant while at school, and urged me to focus and work hard so that I can fulfil my dream of becoming a pilot”.

“I used to be shy to buy the condoms, and was relying on my friends to buy for me, but now I can easily buy the condoms as I believe they are for my own benefit. What if my friends are not available to go and buy condoms for me? It means I would have to have unprotected sex or wait for them, and this might take days for them to be available”.

8.10.3. Responses in terms of the information that members found were irrelevant to their lives or circumstances

In their responses, the group members indicated that while they didn't believe the information was irrelevant to them, it was not currently applicable, and may only be applicable in the future. For example, some participants mentioned that they were currently not sexually active, and therefore the use of condoms was not currently applicable to them. However, they noted the importance of condoms, and claimed that they would consider using them when they become sexually active. One of the participants mentioned that he did not currently drink alcohol or use drugs and nor did he intend to use them in the future, as his church prohibits the use of alcohol and drugs, and therefore the information on substance abuse was not relevant to him.

8.10.4. Responses in terms of how members will use the information that they have gained from the group work in their lives

“I have relatives that are drinking alcohol and have children, so I intend to have discussions with them regarding the impact alcohol can have on their lives”.

“I am going to share with my friends on how the blessers can destroy our lives. I hope this will make them not think about finding themselves blessers. This is because the blessers' story is trending in the social networks, TV, and many young girls are tempted to explore the life of being [with] a blesser without taking note of the consequences”.

“We never had discussions with my parents about sex at home, so I will take the responsibility [to] start the discussions with them and also to involve my sisters in our discussions”.

8.10.5. Responses in terms of whether or not other learners can benefit from participating in the educational social group work model on teenage pregnancy for learners

In responding to this question, the group members unanimously indicated that it would be a good idea to present the educational social group work model to other learners. Their rationale was based on the notion that all the topics discussed during the group sessions are applicable across the board. Arising out of this feedback, the researcher intends to continue implementing the developed model to other learners and schools that were not reached during the course of this study. This will be done as part of the researcher’s community engagement responsibilities.

8.10.6. Responses in terms of changes or additions that group members recommended should be made to the educational social group work model on teenage pregnancy for learners

The group members provided the following feedback in respect to the suggestions for the purpose of improvement of the educational social group work model.

“I think in future group sessions, parents should be included, especially when discussing the importance of having parent-child discussions on sexuality and other life matters in general”.

“Maybe there should be group sessions with pregnant learners so that they can be educated about the impact of substance abuse while pregnant”.

“The group of this nature should also be presented to the young people who are not attending school. I have seen and heard young girls who are not attending

school in our community talking about having babies so that they can get the grant”.

“The topic of HIV/AIDS should also be included in such a way that it covers on how people can be infected, and also the issue of treatment”.

“It will be important maybe to invite different people from different fields of careers so that they can share with us their experiences in those different fields”.

8.11. Conclusion

In this chapter, the researcher has developed, implemented, and evaluated the social group work model on the prevention of teenage pregnancy. It is worth noting that the developed model provided the group members with valuable information. Even though only 19 members formed part of the group sessions, it is the researcher’s intention to present this model to other learners who did not participate, not only for the school that was selected for the purpose of the implementation, but other schools within the North West province. On a personal note, it has been a great pleasure and valuable experience for the researcher to work with the group members who participated in these group sessions. In the practice of the social group work method, it is not only group members that learn from the social worker and other group members, but the social worker also learns from the group members.

The next chapter is the ultimate chapter of the study, and it presents a summary of the major findings, conclusions, and recommendations emanating from the study.

CHAPTER 9

SUMMARY OF THE MAJOR FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

9.1. Introduction

This final chapter provides a summary of the study, drawing conclusions based on the findings from the literature review and empirical findings, and finally concluding with recommendations.

9.2. Summary

Teenage pregnancy is a social and health issue that affects all South African provinces. It appears that almost every year teenage pregnancy is a subject of great concern in all social spheres, and there are on-going inquiries into how it can be addressed effectively. Despite prevention strategies, the increase in teenage pregnancy statistics in learners reinforces the necessity to consider new approaches and programmes that can contribute to the effective prevention of teenage pregnancies in learners. According to Mturi (2016:2) “teenage pregnancy is a complex problem hence it needs our wisdom of highest order in order to find an ever lasting solution”. On that basis, the researcher focused on the development of a teenage pregnancy prevention model, with special reference to educational social group work.

This study has considered the causes and effects of teenage pregnancy in schools. Moreover, it has contributed towards considering different measures that can be used to address the problem. For example, reference is made to different calendars of events that can be implemented by school social workers to prevent and manage pregnancy in schools. Most importantly, a teenage pregnancy prevention model in the form of educational social group work has been developed, implemented, and evaluated by the researcher.

9.3. Restatement of the aim and objectives of the study

9.3.1. Aim of the study

The aim of this study was to develop a teenage pregnancy prevention model for learners in schools in the North West province. This aim was achieved through a literature review and the empirical findings from different populations of the study, i.e. school principals, Life Orientation teachers, parents, and learners.

9.3.2. Objectives of the study

9.3.2.1. To establish the extent of teenage pregnancy amongst learners in schools in the North West province

This objective was achieved through the statement of the problem and a survey from schools that participated in the study. From the statement of the problem, statistics on school learner pregnancies focusing on the North West province during previous years were presented. The empirical findings of the study revealed that all grades (i.e. Grade 8-Grade 12) of the secondary/high schools are affected by teenage pregnancy. It is important to state that the statistics of male learners who have impregnated female learners was also received from some schools.

9.3.2.2. To assess factors that predispose learners to indulge in sexual activities despite the risk of pregnancy and sexually transmitted diseases

This objective was achieved by means of a literature review and the empirical findings. The involvement of sugar daddies or blessers with teenage girls appears to be the factor that puts learners and young females in general, most at risk of being sexually active at an early age, and the outcomes include pregnancy and STDs. This study found that teenager girls involved with sugar daddies or blessers are unable to negotiate safe sex.

According to the results, poverty also contributes to the increasing cases of teenage pregnancy. For the purpose of describing the factors that put learners at risk of both pregnancy and STDs, the ecosystem perspective was of paramount importance.

9.3.2.3. To describe the parental role in the prevention of teenage pregnancies amongst learners

Since parents play an important role in the lives of their children, it was necessary to involve them in this study. The different parental roles were established via the completion of a questionnaire. This was based on the premise that parents engaging in sex education discussions with their children could positively influence the fight against teenage pregnancy, more especially for learners. The notion that parents do not have sex education discussions with their children has been confirmed through the literature review and some of the empirical findings. However, from other empirical findings in this study, parents stated that they had held discussions with their children following their children's pregnancies. Different topics that formed part of discussions included STIs, including HIV/AIDS, and pregnancy. One of the respondents indicated that she encouraged her son to use protection whenever he has sex, since she was convinced that her son had started dating girls, as she had seen him with a girl. Role theory was used as a theoretical framework in order to understand parental roles in the prevention of teenage pregnancy. The objective was thus achieved.

9.3.2.4. To identify prevention measures used by schools to prevent teenage pregnancy

This objective was achieved through the literature review and the structured questionnaire from schools. The findings reveal that Life Orientation as a subject plays an important role in ensuring that schools address the problem of teenage pregnancy. Different schools highlighted that various stakeholders, such as the Departments of Health and Social Development, as well as non-governmental organisations, should also have discussions on teenage pregnancy and other issues with learners. The literature reviewed also helped the researcher to describe the calendar of events that

can be implemented in addressing teenage pregnancy and social and health pathologies affecting learners. In this calendar of events, different roles that can be performed by school social workers are described. The researcher used an eco-systems perspective as the theoretical framework to identify measures and the resources available to schools, i.e. stakeholders and relevant government departments and non-governmental organisations that have important contributions to make towards the prevention of teenage pregnancy, with a focus on learners.

9.2.3.5. To develop, implement, and evaluate an educational social group work model on teenage pregnancy for learners

This objective was achieved. The development of an educational social group work model on teenage pregnancy for learners was achieved through a literature review and the empirical findings from different populations of the study, i.e. school principals, Life Orientation educators, parents, and learners. Group work as a method of social work profession was chosen in this study because it is intensive in nature, follow-up sessions provide a platform for the evaluation of the social worker's interventions, and the performance of individual members and the entire group. The developed model was implemented and evaluated. Different topics were discussed through a marathon of eight group sessions with learners. The role theory, eco-systems perspective, and empowerment approach were used as the main bases to inform the developed educational social group work model on teenage pregnancy for learners.

9.4. Summary of the major findings

The following findings were drawn from the literature review and empirical data results:

- The findings of this study confirm that teenage pregnancy is a serious problem that continues to affect schools. All grades from the secondary schools that participated in this study reported cases of learner pregnancy. The grades with high reported cases include Grades 10, 11, and 12, while Grades 8 and 9 appeared to be the least affected.
- From the findings, teenage pregnancy is caused by factors such as poverty, rape, substance abuse, CSG, and being involved with sugar daddies or blessers.
- The majority of schools mentioned that the pregnant learners who drop out of school do not return to school following their pregnancies. The phenomenon of dropping out of school has far-reaching implications in the lives of females. For example, those girls who are from poverty-stricken families are likely to continue to live in that devastating situation, and people such as the sugar daddies or blessers will take advantage of these girls' impoverished circumstances and exploit them.
- The learners' pregnancies negatively affect the schools' overall performance, because the pregnant learners are in some instances unable to write their tests, assignments, and examinations. The findings also revealed that the pregnant learners underperform academically in comparison to the learners who are not pregnant.
- From the data obtained from the schools that participated in this study, different measures or strategies are used to educate learners about teenage pregnancy and other social problems. The subject of Life Orientation remains the primary mode of educating learners about social problems, and life in general. The participation of external stakeholders, including the government departments and non-governmental organisations, has been reported to form part of the intervention strategies.

- The findings reveal that teenage pregnancy creates conflict in the family system. According to one of the parents in this study, her husband blamed her for their daughter's pregnancy. This was based on the insinuation that the mother protected her daughter whenever the father wanted to reprimand the daughter for her uncontrollable behaviour.
- Even though the parents stated that they have sex education discussions with their children, it appears that they only scratch the surface and do not go into any great detail or depth. Furthermore, it was established that some parents only initiated discussions with their children after realising that their children were pregnant or had impregnated girls.
- Several factors serve as stumbling blocks to sex education discussions between parents and their children. Some parents appear to be shy or do not know how to initiate the discussions with their children, or don't have the appropriate information to share with their children. According to the findings, there are parents who want to repeat their own life history. For instance, parents who did not have discussions with their own parents when they grew up are repeating the behaviour with their own children. Other factors include the fact that parents prefer to abdicate their parental roles to educators, because they believe that educators are better placed to handle the discussions.
- The researcher established that after finding out about their daughters' pregnancies, parents became angry, but later they accepted the situation and took on the responsibility of caring for their grandchildren.
- The age of sexual debut by teenagers continues to be a matter of concern. One male respondent indicated that he became sexually active at the age of 10.
- The literature review has highlighted different events that can form part of a calendar events that social workers can implement in schools. The researcher believes that the appointment of school social workers would make a significant difference in addressing the social problems experienced by learners.

- The use of an educational social group work model in educating learners about teenage pregnancy has somehow improved and enhanced the knowledge level of learners. For example, there were some group members who, before the beginning of the group sessions, held the view that only males can initiate the use of condom when having sex, however, this view changed after the implementation of the educational social group work model.
- The group members indicated that they were empowered by their participation in the educational social group work model, since one of the most important topics discussed was careers.
- The topics discussed in the group sessions are not only beneficial to the group members, but people close to the group members, who will also benefit. According to one of the group members, she will educate her relatives who drink alcohol about the impact of parental substance abuse on children.
- From the findings of this study, the group members indicated that it is imperative that parents are included as participants in future implementation of the educational group work model, since discussions highlighted the important contributions that parents can make.
- The researcher also found that the incorporation of case studies during the group sessions played a crucial role in educating group members. The rationale for using case studies was to provide group members with the life experiences of other people, so that they could learn that teenage pregnancy, HIV/AIDS, and substance abuse are realities that affect other young people and have dire consequences in their lives.

9.5. Conclusions

The following conclusions were drawn from the findings of this study:

- Teenage pregnancy continues to affect schools, learners, and their families, and it is caused by, among other factors, poverty, substance abuse, and rape.
- There are still parents that do not have sex education discussions with their children.
- Parents are important stakeholders when it comes to the issues that affect learners. It is therefore necessary that intervention strategies should encourage and accommodate parents to participate so that they can be active participants in addressing problems that affect their children. With this view in mind, parents should be made aware of what learners are taught in the Life Orientation, and they should participate in educational social group work sessions with their children. Additionally, parents can participate in the implementation of the calendar of events, such as the Poverty Eradication, Pregnancy, Condom Awareness, and World AIDS Days.
- Even though several studies have confirmed that there is no relationship between CSG and the increasing statistics on teenage pregnancy, in this study there were respondents who still hold the view that teenage pregnancies arise out of the possibility of accessing the CSG.
- The academic subject of Life Orientation appears to be the primary strategy used by schools to address teenage pregnancy and other social problems affecting learners.
- It can be concluded that this study was inclusive in its approach, especially during the data collection phase, as it took note of the views of all the study population, i.e. school principals, Life Orientation teachers, parents, and learners, in terms of what should be included in an educational social group work model.

- The implementation of the developed education social group work model on teenage pregnancy has enhanced the knowledge base of the group members when it comes to, among others, the issues such as careers, teenage pregnancy, substance abuse, abstinence, and condoms.

9.6. Recommendations

The following recommendations are made based on the findings and conclusions drawn from this study:

- It is recommended that the developed educational model be considered for adoption and implementation by both the Departments of Education and Social Development and implemented in schools and communities.
- It is recommended that a study of this nature be conducted in other South African provinces.
- It is recommended as a matter of priority that the DoBE consider the appointment of school social workers, and in the case that this is not possible, discussions should be held with the Department of Social Development on the possibilities of attaching social workers to schools, so that they can render services to learners. The social workers are experts in terms of assessing the needs and problems of learners and their own families, have knowledge of the available resources in the community, and advocate for access to services that can be helpful to the learners and their families.
- This study has highlighted different events that can be implemented in schools, therefore it is recommended that this calendar of events be implemented for learners.
- Since the findings of this study reveal that teenage girls fall pregnant and are at risk of contracting HIV/AIDS due to their involvement with sugar daddies or blessers, it is recommended that behavioural change awareness campaigns target these people (sugar daddies/blessers).

- Future research can also be conducted to explore the extent to which parents are involved in child protection activities, especially for their school-going children.
- It is recommended that the student social workers use this model as part of their interventions during their fourth year practicum work. This may contribute to closing the gap that is caused by the unavailability of school social workers.
- It is recommended that organisations, especially the Department of Social Development, promote the use of social group work as a method of intervention.
- It is recommended that group sessions be held with pregnant learners to educate them about parenting skills, roles, and responsibilities, the impact of substance abuse during and after pregnancy, and the impact of parental substance abuse on children.
- A further recommendation is that funding be made available by the government and private sector to assist unemployed social workers to render their services in schools, and especially to address social problems such as teenage pregnancy, substance abuse, HIV/AIDS and TB, gangsterism, bullying, etc.

9.7. Concluding remarks

The findings of this study confirm that there is no reservation that teenage pregnancy is a direct result of other social problems such as poverty, rape, and substance abuse, to name but a few. The intervention measures should adopt a holistic approach, such as addressing the core sources of the problem. The first thing to do in preventing any social problem is to identify the root cause and address it. Against this backdrop, this study, through the literature review in Chapter 3 of this thesis and during the group discussions, has laid the foundation on how the contributing factors to teenage pregnancy can be addressed.

It is imperative to state that even though the researcher has developed this model, the model is not rigid, meaning that it may be adapted when it is implemented in practice. In order for the adaptations to be implemented where necessary, it is recommended that a

needs assessment should be carried out so that the implementation of this model is responsive to the needs of the targeted group members.

REFERENCES

- Abrahams, S. 2006. *Taxi drivers dating school girls*. Independent Online News. 22 September.
- Adolf, J. 2014. *Socio-economic factors affecting adolescent mothers' struggles to revive their aspirations in Makete District, Tanzania*. M.A. Thesis. Sokoine University of Agriculture, Tanzania.
- Akella, D. & Jordan, M. 2015. Impact of social and cultural factors on teenage pregnancy. *Journal of Health Disparities Research and Practice*, 8(1):41-62.
- Ainebyoona, E. 2016. Uganda: *Young girls having sex with older men for sanitary pads*. The Monitor Newspaper. 30 May.
- Allen, V. 2013. *I thought when I did this, my mum would love me more: The wicked mother so desperate for another child she inseminated her 14-year old daughter*. The Daily Mail, 29 April.
- Amoateng, A.Y., Kalule-Sabiti, I. & Arkaah, Y.J. 2014. The effect of socio-demographic factors on risky-sexual behaviours of adolescents in the North West Province of South Africa. *African Population Studies*, 28(1):487-498.
- Ashby, E.A. 2005. *Puberty survival guide for girls*. New York: iUniverse, Inc.
- Avon Global Center for Women and Justice. 2012. *They are destroying our futures: Sexual violence against girls in Zambia's schools*. Lusaka, Zambia.
- Awotidebe, A., Phillips, J. & Lens, W. 2014. Factors contributing to the risk of HIV infection in rural school-going adolescents. *International Journal of Environmental Research and Public Health*, 11:11805-11821.
- Baku, E.A. 2014. *Parent training and parent-adolescent communication about sexuality in Accra Metropolis, Ghana*. PhD Thesis. University of Ghana.

- Bezuidenhout, F.J. 2013. *A reader on selected social issues*. 5th edition. Pretoria: Van Schaik Publishers.
- Bhana, D., Morrell, R., Shefer, T. & Ngabaza, S. 2010. South African teachers' responses to teenage pregnancy and teenage mothers in schools. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 12(8):871-883.
- Bhuda, G.B. & Sekudu, J. 2016. Abortion and contraceptives: An exploratory study. *The Social Work Practitioner-Researcher*, 28(2):121-137.
- Blankenship, D.C. 2010. *Applied research and evaluation methods in recreation*. Washington DC.: Library of Congress.
- Biddle, B.J. 2013. *Role theory: Expectations, identities and behaviours*. New York: The University of Missouri Academic Press.
- Birkenmaier, J., Berg-Weger, M. & Dewees, M. 2014. *The practice of generalist social work*. 3rd edition. New York & London: Taylor and Francis.
- Bless, C. & Higson-Smith, C. 2006. *Fundamentals of social science research methods: An African perspective*. Cape Town: Juta Publishers.
- Botchway, A.T. 2004. *Parent and adolescent males' communication about sexuality in the context of HIV/AIDS: A study in the Eastern region of Ghana*. MA Dissertation. University of Bergen, Ghana
- Botma, Y., Greeff, M., Mulaudzi, F.M. & Wright, S.C.D. 2010. *Research in Health Sciences*. Cape Town: Heinemann, Pearson Education South Africa
- Brown, M. 2013. *The effectiveness of a teenage pregnancy program that offers special benefits for pregnant and parenting teens: A qualitative study*. PhD Thesis. Liberty University.
- Carroll, A. & Perolini, M. 2007. *International human rights references to sexual and reproductive health and rights*. ILGA-Europe/COC Netherlands.

Carter-Scott, C. 2006. *Life-skills facilitation*. In L. Ebersohn & I. Eloff, Life skills and assets. 2nd edition. Pretoria: Van Schaik Publishers

Center for Gender Equity. 2009. *Girls' success: Mentoring guide for life skills*. Academy for educational development. Washington.

Chabeletsane, S.B. 2015. *The perceptions of Setswana parents regarding the disclosure of child sexual abuse*. M.A. Dissertation. North West University, South Africa.

Charlton, C. 2016. *A pregnant 15 year-old bride has died after suffering a brain haemorrhage linked to giving birth at such a young age*. The Sun. 17 October.

Chetty, A. 2017. *Teen pregnancy crisis at Port Elizabeth Schools: 54 girls had babies last year and more already expecting*. Herald Live. 26 January.

Chideya, Y. & Williams F. 2013. Adolescents' fathers: Exploring their perceptions of their role as parent. *Social Work/Maatskaplike Werk*, 49(2):209-221.

Chikulo, B.C. 2015. An exploratory study into menstrual hygiene management amongst rural high school for girls in the North West Province, South Africa. *African Population Studies*, 29(2):1971-1987

Coady, N. & Lehmann, P. 2016. *Theoretical perspectives for direct social work practice: A generalist-eclectic approach*. 3rd edition. New York: Springer Publishing Company.

Compton, B.R., Galaway, B. & Cournoyer, B.R. 2005. *Social work processes*. 7th edition. Belmont: Brooks/Cole.

Continental Youth Advisory Board. 2016. *Meet inspiring Lebogang Brenda Motsumi*. 5 April.

Creecy, B. 2013. *The role schools and stakeholders can play in reducing teenage pregnancy*. Keynote address by Gauteng Province Education MEC: Barbara Creecy, Turffontein Racecourse, 12 March 2013.

Creswell, J.W. 2009. *Mapping the developing landscape of mixed methods research*. In A. Tashakkori & C. Teddie, SAGE handbook of mixed methods in social and behavioural research. Thousand Oaks, CA: Sage Publications, Inc.

Daily Nation. 2014. *South African singer Solly Mahlangu reveals he is a rape child*. 31 December.

Daniel, J. 2012. *Sampling essentials: Practical guidelines for making sampling choices*. Thousand Oaks, CA: Sage Publications, Inc.

Davis, R. 2015. *Analysis: when schoolgirls fall pregnant, why don't we talk more about rape?* Daily Maverick. 23 January.

De Swart, D. 2015. *Shock teen pregnancy figures for Eastern Cape*. Herald Live. 19 April

De Villiers, D. 2016. *Rape culture: Let's end the blame game*. Independent Online. 19 May.

De Vos, A.S. & Strydom, H. 2013. In A.S. De Vos, H. Strydom, C. Fouche & C.S.L. Delpont, *Research at grass roots: For the social sciences and human service professions*. 4th edition. Pretoria: Van Schaik Publishers.

DeHaas, R. 2014. *Talking to your kids about sex: A parent-child bible study*. Covenant Eyes. 14 April.

Department of Basic Education. 2013. *Annual schools surveys: Report for ordinary schools 2010 and 2011*. Pretoria: Republic of South Africa.

Department of Basic Education. 2014. *Education statistics in South Africa*. Pretoria: Republic of South Africa

Department of Education. 2002. *HIV and AIDS Life skills and sexuality education primary school programme: Resource guide*. 3rd edition. Pretoria: Republic of South Africa

Department of Education. 2007. *Measures for the prevention and management of learner pregnancy: Choose to wait for a brighter future*. Pretoria: Republic of South Africa.

Department of Health. 2009. *Sexual orientation: A practical guide for the NHS*. London.

Department of Health. 2012. *National contraception clinical guidelines: A companion of to the National Contraception and Fertility Planning Policy and Service Delivery Guidelines*. Pretoria: Republic of South Africa.

Department of Health. 2014. *Every death counts: Saving the lives of mothers, babies and children in South Africa*. Pretoria: Republic of South Africa.

Department of Health. 2015. *National HIV counselling and testing policy guidelines*. Pretoria: Republic of South Africa.

Department of Social Development. 2011. *Factors associated with teenage pregnancy in Limpopo Province*. Pretoria: Republic of South Africa.

Department of Social Development. 2012. *Factors associated with teenage pregnancy in Mpumalanga Province*. Pretoria: Republic of South Africa.

Department of Social Development. 2013. *Substance use, misuse and abuse amongst the youth in Limpopo Province*. Pretoria: Republic of South Africa.

Department of Social Development. 2014a. *Teenage pregnancy: Learner guide. Population support material*. Pretoria: Republic of South Africa.

Department of Social Development. 2014b. *Adolescent sexual reproductive health and rights: Learner guide. Population support material*. Pretoria: Republic of South Africa.

Department of Welfare. 1998. *Population Policy for South Africa*. Pretoria: Republic of South Africa.

Dhlomo, S. 2012. Speech by KZN Health MEC, Dr. Sibongiseni Dhlomo on the occasion of the launch of the *Sugar Daddy Billboards* at Hlabisa in Umkhanyakude District. 19 January 2012.

Dlamini, B. 2013. Speech by Minister of Social Development, Ms. Bathabile Dlamini, during the closing ceremony of child protection week at Lephephane Sports Ground, Limpopo Province. 02 June 2013.

Doel, M. & Kelly, T. 2014. *A-Z of groups and group work*. London: Palgrave Macmillan.

Dube, N., Nkomo, T.S. & Khosa, P. 2017. Condom usage negotiation among customarily married women in Katlehong. *SAGE Open*, 1-7.

Dumont, K. & Sumbulu, A. 2010. *Social work research and evaluation*. In L. Nicholas, J. Rautenbach & M. Maistry, Introduction to social work. Cape Town: Juta & Company Ltd.

Durrheim, K. (2006). *Research design*. In M. Terre-Blanche, K. Durrheim & D. Painter, Research in practice: Applied methods for the social sciences. Cape Town: University of Cape Town Press.

Epigee Women's Health. 2017. *Sexual abstinence*. Available at: www.epigee.org/guide/abstain.html Accessed on 21 April 2017.

Facts for families. 2011. *Drinking alcohol in pregnancy (Fetal alcohol effects)*. Washington, DC: USA.

Fawcett S.B., Balcazar, Y.S., Balcazar, F.E., White, G.W., Paine, A.L., Blanchard, K.A. & Ebre, M.G. 2013. In J. Rothman & E.J. Thomas, *Intervention research: Design and Development for human service*. New York. The Haworth Press, Inc.

Felt, L.J. 2011. *The origin of everything: Empathy in theory and practice*. New York: Routledge Publishers.

Fink, A. 2005. *Conducting Research Literature Reviews*. Thousand Oaks, CA: Sage.

Folorunso, M.A. 2011. *Adventure of sex in power: Rhetoric of passion pain peach and puzzle*. USA: Author House Publishers.

Frisina, M.E. 2014. *Influential relationship: Change your behaviour, change your organization, change health care*. Health Administration Press.

Giggans, P.O. & Levy, B. 2013. *When dating becomes dangerous: Parent's guide to preventing relationship abuse*. USA: Hazelden Publishing.

Glisson, C.A., Dulmus, C.N. & Sowers, K.N. 2012. *Social work practice with groups, communities, and organizations: Evidence based assessments and interventions*. USA: Wiley Publishers.

Gogna, M, Binstock, G, Ferndandez, S, Ibarlucia, I. & Zamberlin, N. 2008. Adolescent pregnancy in Argentina: Evidence-based recommendations for public policies. *Reproductive Health Matters*, 16:(31)192-201.

Gordhan, P. 2016. *Minister of Finance 2016 Budget speech: Check against delivery*. Pretoria: Republic of South Africa

Gorm, M.J. 2015. *Teen pregnancy negatively impacts on the national economy*. Available at: <https://prezi.com/sahjbbogpzhz/teen-pregnancy-negatively-impacts-the-national-economy/> Accessed 11 May 2017.

Gqamane, V. 2006. *Assessing knowledge, attitudes and practices of boys and young men with regard to the prevention of pregnancy and HIV infection*. M.A. Dissertation. University of KwaZulu-Natal, South Africa

Gregory, I. 2003. *Ethics in research*. New York: Continuum.

Grinnell, R.M, Gabor, P.A. & Unrau, Y.A. (2012). *Program evaluation for social workers. Foundation of evidence based programs*. 6th edition. London: Oxford University Press.

Grinnell, R.M. 2001. *Social work research and evaluation: Quantitative & qualitative approaches*. 6th edition: Belmont, CA: Brooks/Cole.

Gwenzi, G. 2016. *What is the empowerment perspective in social work? What are some examples?* Available at: <https://www.quora.com>. Accessed on 5 May 2017.

Hair, J.F., Celsi, M.W., Money, A.H., Samouel, P. & Page, M.J. 2011. *Essentials of business research methods*. Armonk, N.Y.: M.E. Sharpe Inc.

Hall, R. 2008. *Applied social research: Planning, designing and conducting real-world research*. London: Palgrave Macmillan.

Harris, R.H. & Emberley, M. 2014. *It's perfectly normal: Changing bodies, growing up, sex and sexual health*. 2nd edition. Somerville, Massachusetts: Candlewick Press.

Harrison, A., Xaba, N. & Kunene, P. 2001. Understanding safe sex: gender narratives of HIV and pregnancy prevention by rural South African school-going youth. *Reproductive Health Matters*, 9(17):63-67.

Health Wise. 2015. *What is a teen substance abuse?* Available at: www.webmd.com/parentingguidance-on-alcohol-and-drug-abuse-topic-overview? Accessed on 22 April 2017.

Heap, K. 2014. *Group work theory for social workers: An introduction*. UK: Pergamon Press Ltd.

International Federation of Social Workers. 2014. *International definition of social work*. Available at: <http://www.eassw.org/definition.Asp>. Accessed on 13 June 2015.

Jacobs, H. & Frantz, J.M. 2014. Development of a life orientation health education programme for high learners. *African Journal for Physical, Health Education, Recreation and Dance*, 2(1):69-78.

James, S., Van Rooyen, D. & Strumpher, J. 2012. Experiences of teenage pregnancy among Xhosa families. *Midwifery*, 28:190-197.

Jha, A.S. 2014. *Social research methods*. New Delhi: McGraw Hill Education.

- Kachepe, M. 2017. *Sugar daddies still a menace to girls in Lusaka*. Daily Nation News. 24 March.
- Kang, H.L. 2005. *The influence of sexual education on the sexual knowledge and attitudes of adolescents in Busan, Korea*. PhD Thesis. North West University, South Africa.
- Kaniki. 2006. *Doing an information search*. In M. Terre-Blanche, K. Durrheim & D. Painter, Research in practice: Applied methods for the social sciences. Cape Town: University of Cape Town Press.
- Kavutha, M.J. 2015. Influence of drug use on academic performance among secondary school students in Matinyani District, Kenya. *International Journal of Scientific and Research Publications*, 5(11):726-731.
- Kimberley, D. & Osmond, L. 2011. *Role theory and concepts applied to personal and social change in social work treatment*. In F.J. Turner, Social work treatment: Interlocking theoretical approaches. 5th edition. London: Oxford University Press.
- Kirst-Ashman, K.K. 2013. *Human behaviour in the macro social environment: An empowerment approach to understanding communities, organizations and groups*. 4th edition. USA: Brooks and Cole.
- Kirst-Ashman, K.K. & Hull, G.H. 2010. *Understanding generalist practice*. 6th edition. New York. Brooks and Cole.
- Kitso Thuto, 2013. Learner pregnancy statistics, a serious concern for NWED. *North West Department of Education*, 1(1):1-8.
- Koch, R. 2012. *Integrating adolescent girls, voices on sexual decision making in the life orientation sex education programme*. M.A. Dissertation. North West University, South Africa.
- Kost, K. & Maddow-Zimet, I. 2016. *U.S. Teenage pregnancies, births and abortions, 2011: State trends by age, race and ethnicity*. Guttmacher Institute.

Kruger, D.J., De Vos, A.S., Fouche, C.B. & Venter, L. 2011. *Quantitative data analysis and interpretation*. In A.S. De Vos, H. Strydom, C.B. Fouche & C.S.L. Delpont, Research at grassroots: For the social sciences and human service professions. 4th edition. Pretoria: Van Schaik.

Kumar, A. 2002. *Research methodology in social science*: USA: Sarup & Sons.

Lekalakala, N.E. 2015. *Challenges experienced by pregnant adolescent learners in a school setting in Limpopo province*. M.A. Dissertation. University of Pretoria, South Africa.

Lesufi, P. 2017. *Teach kids about sex: Pregnancy among school children has many social implications*. City Press. 25 June.

Levay, S. 2017. *Gay, straight and the reason why: The science of sexual orientation*. 2nd edition. NY: Oxford University Press.

Levy, P.S. & Lemeshow, S. 2013. *Sampling and Populations: Methods and applications*. 4th edition. Hoboken, NJ: John Wiley and Sons.

Lindsay, T. & Orton, S. 2014. *Group work practice in social work*. 3rd edition. NY: The Guilford Press.

Lobelo-Ratefane, T.A. 2005. *Volunteerism in the developmental social welfare services*. Unpublished PhD Thesis. North West University, South Africa.

Lune, H. Pumar, E.S. & Koppel, R. 2010. *Perspectives in social research methods and analysis. A reader for sociology*. Thousand Oaks, CA: SAGE Publications.

Lutes, C. 1981. *Decisions in life*. Available at: www.maharishiphotos.com/lecture22.html
Accessed on 25 April 2017.

Mabasa, M.A. 2012. *The study of socio-cultural values and practices that influence the escalation of HIV and AIDS amongst the youth: A Social Work Perspective*. Unpublished MA Dissertation. University of Limpopo, South Africa.

Mabuza-Mokoko, E.M.A. 2006. *Towards developing a policy framework on risky behaviour among commercial sex workers: An intervention research study*. Unpublished PhD Thesis. University of the North, South Africa.

Macleod, C. & Tracy. T. (2009). *Review of South African research and interventions in the development of a policy strategy on teen-aged pregnancy*. Grahamstown, South Africa:

Madikizela, S. 2013. *Case analyses of adolescents who were sexually abused while being intoxicated*. Unpublished MA Dissertation. North West University, South Africa.

Maepa, M.P. 2015. *Psychosocial challenges of street children in Limpopo Province and efficacy of social skills training*. Unpublished PhD Thesis. North West University, South Africa.

Mahlape, T. 2016. *What can my vagina do for me today?* Sowetan. 16 November.

Maholo, R.B. 2008. *Perceptions of teenagers regarding their pregnancies*. M.A. dissertation. Tshwane University of Technology, South Africa.

Makhitha, T.S. 2013. *Sexual activities at school: Teenagers' experiences and social work support*. Unpublished M.A. Dissertation. University of South Africa, South Africa.

Makhubele, J. & Qalinge, L. 2008. Integrating socio-cultural knowledge in life skills education for the prevention of health and social pathologies: A social work perspective. *Indilinga- African Journal of Indigenous Knowledge Systems*, 7(2):155-170.

Makhubele, J.C. 2008. *Indigenising life skills education for learners in rural schools of Malamulele central circuit in the Limpopo Province-South Africa: A social work perspective*. Unpublished PhD thesis. North West University, South Africa.

- Makiwane, M. 2010. The child support grant and teenage child bearing in South Africa. *Journal of Development Southern Africa*, 27(2)193-204.
- Makofane, M.D.M. 2015. Not all men are fathers: Experiences of African women from families with absent fathers. *Social Work/Maatskaplike Werk*, 51(1):22-44.
- Makofane, B. & Oyedemi, T. 2015. Parental communication about sex and motherhood trends among students at a South African University. *Communitas*, 20:159-180.
- Malan, M. 2011. *The kidnapping of young girls ignores the niceties of a cultural practice*. Mail & Guardian. 15 December.
- Mamabolo, M.N. 2014. *Circumstances contributing to adolescents' vulnerability towards sexual abuse in a rural area*. Unpublished M.A. Dissertation. North West University, South Africa.
- Mandela, N. 1997. *Address by President Nelson Mandela at National Men's March*. Pretoria. South Africa. 22 November 1997.
- Mangena, A. 2015. *Government wants to give condoms to primary school pupils*. Roodepoort Northsider. 12 May.
- Maree, K. & Pietersen, J. 2007. *Sampling*. In K. Maree, First steps in research. Pretoria: Van Schaik Publishers.
- Marindo, R., Pearson, S. & Casterline, J.B. 2003. *Condom use and abstinence among unmarried young people in Zimbabwe: Which strategy, whose agenda?* Working Paper No. 170.
- Maseko, C. 2014. *Family disowns teen mother*. The South African Health News Service. 14 August.
- Maseko, C. 2016. *Foetal alcohol syndrome is 100 percent preventable but not reversible*. The South African Health News Service. 29 September.
- Mashaba, S. 2013. *28% of schoolgirls are HIV positive*. Sowetan. 14 March.

Masilo, D.T. 2012. *The impact of substance abuse on learners from dysfunctional families at Ipelegeng Location in Schweizer-Reneke*. Unpublished M.A. Dissertation. University of Limpopo, South Africa.

Mason, P. Augustyn, M. & Seakhoa-King, A. 2010. Exploratory study in tourism: Designing an initial, qualitative phase of sequenced, mixed methods research. *International Journal of Tourism Research*, 12:432-448.

Matsafu, M.E. 2005. *Effects of divorce on children*. Unpublished M.A. Dissertation. North West University, South Africa.

McGoldrick, M. & Shibusawa, T. 2012. *The family life cycle*. In F. Walsh, Normal family processes: Growing diversity and complexity. 4th edition. NY: The Guilford Press.

McNeely, C. & Blanchard, J. 2009. *The teen years explained: A guide to healthy adolescent development*. Baltimore: Johns Hopkins Bloomberg School of Public Health.

Medical Press. 2016. *Sugar daddies and blessers: A threat to AIDS fight*. 21 July.

Mesatywa, N.J. 2009. *The perceptions and experiences of African women in violent partner relationships: An exploratory study*. Unpublished PhD Thesis. University of Stellenbosch, South Africa.

Mkhize, N. 2016. *Young girls fall prey to "blessers"*. News24. 22 November.

Mkhize, Z.M. 1995. *Social needs of teenage mothers in the rural communities of Ongoye and Enseleni Districts*. Unpublished MA Dissertation. University of Zululand, South Africa.

Mlyakado, B.P. & Timothy, N. 2014. Effects of students' sexual relationship on academic performance among secondary students in Tanzania. *Academic Research International*, 5(4):278-286.

Mnyipika, N. 2014. *Exploring factors that influence condom use among high school teenagers aged 16 and 18 years in Dutywa District, Eastern Cape*. South Africa. Unpublished M.A. Dissertation. University of South Africa, South Africa.

- Mokwele, R.M. 2016. *The development and evaluation of a social work programme for community caregivers to facilitate HIV and AIDS patients' adherence to antiretroviral treatment*. Unpublished PhD Thesis. North West University, South Africa
- Montsho, M. 2016. *Shock over children's shack fire deaths*. News24. 1 February.
- Mooki, B.K. 2004. *Indiscriminate sexual practices by the youth and its consequences*. Unpublished M.A. Dissertation. University of North West, South Africa.
- Moraope, N.D. 2014. *Risky sexual behaviours among adolescents in a rural setting in Rustenburg*. Unpublished MA. Dissertation. University of South Africa, South Africa.
- Morojele, N.K. & Ramsoomar, L. 2016. Addressing adolescent alcohol use in South Africa. *South African Medicine Journal*, 106(6):551-553.
- Motepe, M.M. 2006. *A life skills programme for early adolescent AIDS orphans*. Unpublished PhD Thesis. University of Pretoria, South Africa.
- Motha, S. 2016. *Teachers want to leave "sex and drugs" school*. Sowetan. 4 October.
- Mothiba, T.M. & Maputle, M.S. 2012. Factors contributing to teenage pregnancy in the Capricorn district of the Limpopo Province. *Curationis*, 35(1):5-19.
- Motshedi, M. 2009. *A social work programme for poverty stricken families in rural areas of the Northern Cape Province*. Published PhD Thesis. North West University, South Africa.
- Motshekga, A. 2017. *Minister Angie Motshekga on learner pregnancy in South African Schools*. Cape Town. South Africa
- Motshekga, A. 2009. *Foreword*. In S. Panday, M. Makiwane, C. Ranchod & T. Letsoalo, Teenage pregnancy in South Africa – with a specific focus on school-going learners. Child, Youth, Family and Social Development. Pretoria: Human Sciences Research Council & Department of Basic Education.

Moyo, M. 2014. *Teenage pregnancy among high school students in South Africa's former African schools that could lead to or increase HIV infection*. Unpublished M.A. Dissertation. Stellenbosch University, South Africa.

Mthembu, G.P.I. 2001. *A group work programme for mothers of sexual abuse victims*. Unpublished M.A. Dissertation. University of Johannesburg, South Africa.

Mturi, A.J. 2001. *Parents' attitudes to adolescents' sexual behavior in Lesotho*. Paper prepared for the XXIV General Population Conference, Salvador-Brazil, 18-24 August 2001.

Mturi, A.J. 2015a. Predisposing factors and consequences of childbearing among young unmarried women in North West, South Africa. *African Population Studies*. 29(2):1954-1970.

Mturi, A.J. 2015b. *Why young unmarried women bear children? A case study of North West Province, South Africa*. Collen Working Paper 2/2015. Oxford Institute of Population Ageing, University of Oxford.

Mturi, A.J. 2016. *Appropriate parental involvement is the 'jigsaw puzzle piece' missing in the fight against teenage pregnancy in South Africa*. Inaugural lecture delivered by Professor Akim Jasper Mturi, 21 July 2016, North West University, Mafikeng, South Africa.

Mturi, A.J. & Gearwe, L. 2014. Gender differences in sexual behaviour amongst university students in Mahikeng, South Africa. *African Population Studies*, 28(1):526-537.

Muchacha, M. & Mtetwa, E. 2015. Social and economic barriers to exclusive breast feeding in rural Zimbabwe. *International Journal of MCH and AIDS*, 3(1):16-21.

Muridzo, N.G. & Malianga, E. 2015. Child sexual abuse in Zimbabwe: Prevention strategies for social worker. *African Journal of Social Work*, 5(2):41-64.

Musiime, K.E. & Mugisha, J.F. 2015. Factors Associated with Sexual Behaviour among Students of Uganda Martyrs University. *International Journal of Public Health Research*, 3(1):1-9.

Myburgh, D. 2015. *Education MEC must act to discourage pregnancy in primary schools*. DA MPL Assistance Network. 30 March 2015.

Nandi, J.K., Burman, S.K., Das, D., Saha, D.P. & Pal, S. 2014. Socio-Cultural Factors Influencing Teenage Pregnancy In Rural West Bengal, India. *Journal of Pharmaceutical and Biomedical Sciences*, 04(08):670-673.

National Department of Health, Statistics South Africa, South African Medical Research Council & ICF. 2017. *South Africa Demographic and Health Survey 2016: Key Indicators*. Pretoria, South Africa: National Department of Health & South African Medical Research Council, and Statistics South Africa; Rockville, Maryland, USA: ICF.

National Treasury. 2016. *Estimates of national expenditure*. Pretoria: Republic of South Africa.

Ncube, M. 2009. *The knowledge and awareness of Grade 12 learners about teenage pregnancy: A case study at Vine College High School*. Unpublished MA Dissertation. University of Witwatersrand, Republic of South Africa.

Ndlovu, N.M. 2014. *Factors influencing the choice of a backstreet abortion by young women from a township in Durban*. Unpublished M.A. Dissertation. University of KwaZulu-Natal, South Africa.

Ndlovu, S. 2015. *Older men blamed for high KwaZulu-Natal teenage pregnancy rate*. SABC News. 14 July.

Nelson, L.A. 2013. *Support provided to teenage mothers who return to school*. Unpublished M.A. Dissertation. University of Johannesburg, South Africa.

News24. 2016. *Chibok girl snatched by Boko Haram found, pregnant*. 18 May.

News24. *Foetal alcohol syndrome highest in South Africa*. 09 September.

NHS Choices. 2016. *Stages of puberty: What happens to boys and girls.*

Nieuwenhuis, J. 2007. *Qualitative research designs and data gathering techniques.* In K. Maree, First steps in research. Pretoria: Van Schaik Publishers.

Njau, P.F. 2013. *Effect of sexual health education intervention (PREPARE) on proximal determinants of sexual debut and condom use among primary school children in Dar Es' Salaam: A randomized trial.* M.A. Dissertation. Muhimbili University of Health and Allied Sciences, Tanzania.

Nkani, N.F. 2012. *An ethnographic study of teenage pregnancy: femininities and motherhood among pregnant teenagers and teenage mothers at school in Inanda.* Unpublished PhD. Thesis. University of KwaZulu-Natal, South Africa.

Northern Ireland Factsheet. 2014. *Does Northern Ireland have a high teenage pregnancy rate?* Carnegie Library.

Nyaradzo, C.V. 2013. *The schooling experiences of secondary school learners from child-headed households in Thulamahashe circuit, Bushbuckridge District, Mpumalanga Province, RSA.* Unpublished M.A. Dissertation. University of South Africa, South Africa.

Nzama, A.P.L. 2004. *The effects of teenage pregnancy on the school life of adolescent girls.* Unpublished M.A. Dissertation. University of KwaZulu-Natal, South Africa.

Ochonogor, N.V. 2014. *The impact of single parenthood on adolescent educational achievements: A socio-educational perspective.* Unpublished M.A. Dissertation. University of South Africa, South Africa

Odebode, S.O. & Kolapo, O.A. 2016. Vulnerability of teenage girls to pregnancy in Ibarapa central local government area, Oyo State, Nigeria. *Journal of International Women' s Studies*, 17(4):122-131.

Odejimi, O. & Bellingham-Young, D. 2016. Teenage pregnancy in Africa: Trend and Determinants in the 21st Century. *Journal of Health and Social Care Improvement*, 1(1): 12-20.

- Osei-Hwedie, K. & Namutosi, R. 2004. Condom use and HIV/AIDS: Precautionary behaviour among Botswana Youth. *Social Work/Maatskaplike Werk*, 42(2):193-205.
- Panday, S., Makiwane, M., Ranchod C. & Letsoalo T. *Teenage pregnancy in South Africa – with a specific focuses on school-going learners*. *Child, Youth, Family and Social Development*. Pretoria: Human Sciences Research Council & Department of Basic Education.
- Partners in Population and Development. 2016. [Invest in teenage girls: World Population Day, 11 July, 2016](http://www.partners-popdev.org/blog/invest-in-teenage-girls-world-population-day-11-july-2016/). Available at: <http://www.partners-popdev.org/blog/invest-in-teenage-girls-world-population-day-11-july-2016/> Accessed on 19 September 2016.
- Patel, L. 2005. *Social welfare and social development in South Africa*. Cape Town: Oxford University Press Southern Africa.
- Pather, R. 2003. *Condom use among adolescents in KwaZulu-Natal*. Unpublished M.A Dissertation. University of Natal, South Africa.
- Phakathi, B. 2015. *It is preferable to issue condoms at high school, says department*. Business Day Live. 12 May.
- Pillay, A. 2010. *The influence of household and family structure on children in the Chatsworth area with special reference to primary school learners*. Unpublished M.A Dissertation. University of KwaZulu-Natal, South Africa
- Polity. 2012. *Statement by Thandi Modise, North West Premier, asserts that teenage pregnancy is a setback for girl learners*. 22 November.
- Potjo, M.M. 2012. *Exploration of the impact of teenage pregnancy on educators in rural high schools*. Unpublished M.A. Dissertation. University of KwaZulu-Natal, South Africa.
- Punch, K. 2013. *Introduction to social research: Quantitative and qualitative approaches*. 3rd edition. Thousand Oaks, CA: Sage Publications.

Rajapaksa-Hewageegana, N., Salway, S.M., Piercy, H. & Samarage, S. 2014. A quantitative exploration of the sociocultural context of teenage pregnancy in Sri Lanka. *BMC Pregnancy & Childbirth*, 14(394):1-10.

Ramakuela, N.J., Lebeso, T.R., Maputle, S.M. & Mulaudzi, L. 2016. Views of teenagers on termination of pregnancy at Muyexe high school in Mopani District, Limpopo Province, South Africa. *African Journal of Primary Health Care & Family Medicine*, 8(2).

Rankin, P. 2006. *Exploring and describing the strength/empowerment perspective in social work*. Lecture delivered for the course on therapeutic interventions at the Inter University Center, Dubrovnik, Croatia. 18-24 June 2006.

Rapholo, S.F. 2014. *Perceptions of Pedi-speaking caregivers regarding the disclosure of child sexual abuse*. Unpublished M.A. Dissertation. North West University, South Africa.

Republic of South Africa. 2005. *Children's Act No. 38 of 2005*. Cape Town: Republic of South Africa.

Rothman, J. & Thomas, E.J. 1994. *Intervention research: design and development for human services*. New York: Haworth.

Roux, J. 2013. *Life orientation in the health promoting school: conceptualization and practical implication*. Unpublished PhD. Thesis. North West University, South Africa.

Rubin, A. & Babbie, E. 2013. *Essential research methods for social work: Empowerment series*. 3rd edition. Belmont: Brooks/ Cole Cengage Learning.

Rubin, A. & Babbie, E.R. 2009. *Research methods for social work*. 7th edition. Belmont: Brooks/Cole Cengage Learning.

Saleebey, D. 2009. *The strengths perspective: Possibilities and problems*. In D. Saleebey, The strengths perspective in social work practice. 5th edition. US: Pearson Education, Inc.

Sands, R.G. & Solomon, P.L. 2003. Developing educational groups in social work practice. *Social Work with Groups*, 26(2):5-21.

Savides, D. 2016. *Curse of the "blessers": Blessor phenomenon sends HIV infections spiralling*. Zululand Observer. 28 July.

Schatz, M.C.S. 2009. *Intergroup Dialogue: Principles*. In A. Gitterman & R. Salmon, *Encyclopaedia of social work with groups*. NY: Routledge Publishers.

Seale, L. 2011. *Fighting teenage pregnancy with virginity testing*. Independent Online. 26 October.

Seepamore, B.K. 2016. Distance parenting: Implications for social work practice. *Social Work/Maatskaplike Werk*, 52(4):571-588.

Sekhoetsane, K.R. 2012. *The stress of teenage motherhood: The need for multi-faceted intervention programs*. Unpublished M.A. Dissertation. North West University, South Africa.

Setlalentoa, B.M.P. 2009. *The socio-economic effects of binge drinking on support networks in the North West Province: A social perspective*. Unpublished PhD Thesis. North West University, South Africa.

Shakil, M. 2015. Social work with group: An empowering approach for solving human problems. *Journal for Studies in Management and Planning*, 01(03):561-574.

Shange, T. 2012. *Indigenous methods used to prevent teenage pregnancy: Perspectives of traditional healers and traditional leaders*. Unpublished M.A. Dissertation. University of KwaZulu-Natal, South Africa.

Shenton, A.K. 2004. Strategies for ensuring trustworthiness in qualitative research project. *Education for Information*, 22:63-75.

Shulman, L. 2012. *The skills of helping individuals, families, groups, and communities*. 7th edition. Belmont: Brooks/Cole Cengage Learning.

Silk, J. & Romero, D. 2014. The role of parents and families in teen pregnancy prevention: An analysis of programs and policies. *Journal of Family Issues*, 35(10):1339-1362

Simigiu, A. 2012. *Teen pregnancy, factors, options. consequences*. International Conference of Scientific Papers. Brasov, 24-26 May 2012.

Skobi, F. 2016. *Social work services for pregnant teenagers in the Capricorn District, Limpopo Province*. Unpublished M.A. Dissertation. University of South Africa, South Africa.

Slabbert, I. & Green, S. 2013. Types of domestic violence experienced by women in abusive relationships. *Social Work/Maatskaplike Werk*, 49(2):234-247.

Smith, P.J.D. 2006. *Social work intervention for unmarried teenage fathers*. Unpublished PhD Thesis. University of Stellenbosch, South Africa.

South African Broadcasting Corporation. 2016. *Shock as thousands of pregnant underage girls discovered*. 28 August.

South African Government News Agency. 2016. *Young girls and young women campaign named "SHE CONQUERS"*.

Statistics South Africa. 2017. *Victims of crime: 2015/16*. Pretoria: Republic of South Africa.

Statistics South Africa. 2016a. *Mid-year estimates 2016: 55,9 million people in South Africa. Planning for a better tomorrow*. Pretoria: Republic of South Africa

Statistics South Africa. 2016b. *Statistical release: Recorded live births-2013-2015*. Pretoria: Republic of South Africa

Steinberg, S.L. & Steinberg, S.L. 2005. *Geographic information systems for the social sciences: Investigating space and place*. Thousand Oaks, CA: SAGE Publications Inc.

Strydom, H. & Strydom, C. 2010. *Group work as a method of social work practice*. In L. Nicholas, J. Rautenbach & M. Maistry, Introduction to social work. Cape Town: Juta & Company Ltd.

Strydom, H. 2005. *Sampling and sampling methods*. In A.S. De Vos, H. Strydom, C.B. Fouche & C.S.L. Delpont, Research at grass roots for the social sciences and human service professions. 3rd edition. Pretoria: Van Schaik Publishers.

Strydom, H. 2013. An evaluation of the purposes of research in social work. *Social Work/Maatskaplike Werk*, 49(2):149-164.

Suresh, T.M. 2013. *Social work with individuals and groups: Syllabus and study material*.

Swanepoel, H. & De Beer, F. 2006. *Community development: Breaking the cycle of poverty*. 4th edition. Landsdowne, SA: Juta & Company.

Tanga, P.T., Oyeleke, I.A. & Gutura, P. 2015. Influence of child support grants on increased birth rate among women of childbearing age in Alice Town, South Africa. *Journal of Human Ecology*, 52(3):236-245.

Taylor, M., Jinabhai, C., Dlamini, S., Sathiparsad, R., Eggers, M.S. & De Vries, H. 2014. Effects of a teenage pregnancy prevention program in Kwa-Zulu Natal. *South Africa. Health Care for Women International*, 35(7-9):845-858.

Teater, B. 2014. *An introduction to applying social work theories and methods*. 2nd edition. NY: Open University Press.

Teddlie, C. & Tashakkori, A. 2009. *Foundations of mixed methods research: Integrating quantitative and qualitative approaches in the Social and Behavioral sciences*. Thousand Oaks, CA: SAGE Publications Inc.

Tegegn, M. 2011. *The EPRDF vis-à-vis Ethiopia's development challenges*. In P. Toggia, M. Tegegn & A. Zegeye, Ethiopia in transit: Millennial quest for stability and continuity. US: Taylor & Francis.

The Republic of South Africa. 2005. *The Children's Act of 2005, No. 38 of 2005*. Pretoria: The Republic of South Africa.

The state vs. Fanuel Sitakeni Masiya. (2006). Case no: cc628/2005.

The Whistler. 2016. *18 of 21 freed Chibok girls allegedly pregnant*. 13 October.

Thobejane, T.D. 2015. Factors contributing to teenage pregnancy in South Africa: The case of Matjitjileng village. *Journal of Sociology and Social Anthropology*, 6(2):273-277.

Thrasher, L. 2015. *Impact of environmental and individual risk factors on pregnant and parenting teenagers*. Unpublished PhD Thesis. Walden University, USA.

Times Live. 2016. *New-born found in alleyway: Why do we abandon babies in South Africa?* 03 August.

Tompkins, R.P. & Gallo, F.T. 2008. *Social group work: A model for goal formulation*. In A.S. Alissi, Perspectives on social group work practice: A book of readings. Thousand Oaks, CA: SAGE Publications Inc.

Toseland, R.W. & Rivas, R.F. 2005. *An introduction to group work practice*. 5th edition. USA: Allyn & Bacon.

Toseland, R.W. & Rivas, R.F. 2012. *An introduction to group work practice*. 6th edition. USA: Allyn & Bacon.

Tsabedze, B.P. 2016. *Risk factors for teenage pregnancy and the youth perspectives on teenage pregnancy and health needs in Nkalashane, Swaziland*. 7th Africa Conference on Sexual Health and Rights. 8-12 February 2016.

Tshibangu-Kalala, F. 2014. *Intergenerational sexual relationship and risk of HIV: A situational analysis of young refugee girls in the City of Tshwane, South Africa*. Unpublished MA Dissertation. University of South Africa, South Africa.

Udigwe, I.B., Adogu, P.O., Nwabueze, A.S., Adinma, E.D., Ubajaka, C.F. & Onwasigwe, C. 2014. Factors influencing sexual behaviour among female adolescents in Onitsha, Nigeria. *Open Journal of Obstetrics and Gynaecology*, 4:987-995.

UNFPA. 2012. *Status report- adolescents and young people in Sub-Saharan Africa: Opportunities and challenges*. Johannesburg: South Africa

UNFPA. 2013. *State of world population: Motherhood in Childhood: Facing the challenge of adolescent pregnancy*. New York: USA

UNFPA. 2014. *UNFPA Operational guidance for comprehensive sex education: A focus on human rights and gender*. New York: USA

UNFPA. 2015. *Girlhood, not motherhood: Preventing Adolescent Pregnancy*. New York: USA

University of Limpopo Undergraduate Prospectus. 2016/2017. Sovenga: Republic of South Africa.

UNFPA, UNESCO & WHO. 2015. *Sexual and reproductive health of young people in Asia and the Pacific: A review of issues, policies and programmes*. Bangkok, Thailand

UNICEF. 1999. *Extra-curricular life skills training manual for adolescents 13 to 18 years of age*. Windhoek: Government of the Republic of Namibia.

UNICEF. 2007. Gender and education. Available at:
https://www.unicef.org/esaro/7310_Gender_and_education.html Accessed on 3 February 2017.

UNICEF. 2009. *Preventing HIV infection among adolescents and young people*. Available at: www.unicef.org/esaro/5482_HIV_prevention.html Accessed on 20 September 2016.

UNICEF, 2012. *Desktop study on violence against children in South Africa*. Pretoria: Republic of South Africa.

UNICEF NEPAL. 2013. *Life skills: A facilitator's guide for teenagers*. Nepal Country Office.

UNICEF South Africa. 2015. *Advocacy calendar for South Africa: Optimizing human rights observance and other important days for child rights advocacy*. Pretoria: Republic of South Africa

Walker, L. Reid, G. & Cornell, M. 2004. *Waiting to happen: HIV/AIDS in South Africa. The bigger picture*. Johannesburg: Juta & Company Ltd.

Walter Sisulu University. 2016. *Choosing a career for high school students*. Queenstown: Career Development Unit, Walter Sisulu University, South Africa.

Wassenaar, S. 2006. In M. Terre-Blanche, K. Durrheim & D. Painter, *Research in practice: Applied methods for the social sciences*. Cape Town: University of Cape Town Press.

Weyers, M.L. 2011. *The theory and practice of community work: A Southern African perspective*. 2nd edition. Potchefstroom: Keurkopie.

WHO. 1994. *Introduction to life skills for psychosocial competent*. Geneva: World Health Organization.

WHO, 1997. *Introduction to life skills for psychosocial competent*. Geneva: World Health Organization.

WHO. 2005. *Alcohol use and sexual risk behaviour: A cross-cultural study in eight countries*. Geneva: World Health Organization.

WHO. 2006. *Defining sexual health: Report of technical consultation on sexual health, 28-31 January 2002*. Geneva: World Health Organization.

WHO. 2007. *Adolescent pregnancy- unmet needs and undone deeds*. Geneva: World Health Organization.

WHO. 2011a. *Evidence for gender responsive actions to prevent and manage adolescent pregnancy*. Geneva: World Health Organization.

WHO. 2011b. *Guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries*. Geneva: World Health Organization.

WHO. 2016a. *WHO releases new fact sheets on adolescent contraceptive use*. Available at: <http://www.who.int/reproductivehealth/topics/adolescence/contraceptive-use/en/> Accessed on 11 May 2017.

WHO. 2016b. *Promoting health through the life course*. Geneva: World Health Organization.

Wood, G.G. & Tully, L.T. 2006. *The structural approach to direct practice in social work: A Social constructionist perspective*. 3rd edition. New York: Columbia University Press.

Yeboah, E.O. 2014. *Age at sexual debut and reproductive health behaviour of adolescents in Ga Mashie in Ghana*. Unpublished M.A. Dissertation. University of Ghana.

Your Life Counts. 2013. *Benefits of abstinence*. 21 February 2013.

YouthNet. (2003). *YouthLens on reproductive health and HIV/AIDS*. US: Wilson Boulevard.

Zambian Government. 2010. *Zambian Annual School Census*. Lusaka: Zambian Government.

Zastrow, C.H. 2009. *Social work with groups: A comprehensive work text*. Belmont: Cengage Learning, Wadsworth Publishing Company.

Zastrow, C.H. 2010a. *Social work with groups: A comprehensive work text*. Belmont: Cengage Learning, Wadsworth Publishing Company.

Zastrow, C.H. 2010b. *Introduction to social work and social work: Empowering people*. Belmont: Cengage Learning, Wadsworth Publishing Company.

Zastrow, C.H. 2014. *Social work with groups: A comprehensive work text*. Belmont: Cengage Learning, Wadsworth Publishing Company.

Zastrow, C.H. & Kirst-Ashman, K.K. 2010. *Understanding human behaviour and the social environment*. 8th edition. Belmont: Cengage Learning, Wadsworth Publishing Company.

Zimela, Z. 2016. *Parents in favour of kicking pregnant teens out of school*. Destiny news. 16 February.

Ziyane, I.S. & Ehlers, V.J. 2006. Swazi youths' attitudes and perceptions concerning adolescent pregnancies and contraception. *Health SA Gesonheid*, 11(1).

Zulwayo, N.V. 2013. *Correlation between coping strategies and the levels of posttraumatic stress disorder and depressive symptoms among sexually assaulted survivors in North West Province, South Africa*. Unpublished M.A. Dissertation. North West University, South Africa.

ADDENDUMS

10.1. ADDENDUM 1: SURVEY FOR SCHOOLS TO ESTABLISH THE EXTENT OF TEENAGE PREGNANCY

1. What is your position in the school?

Principal	
Deputy Principal	
Life Orientation Teacher	

2. In which District of the North West Province is your school located?

Dr. Kenneth	
-------------	--

Kaunda	
Ngaka Modiri Molema	
Dr Ruth Mompoti	
Bojanala	

3. Are female learners in your school falling pregnant?

Yes	
No	

4. If yes, please state the numbers per Grade for the present academic year.

Grade 8	
Grade 9	
Grade 10	
Grade 11	
Grade 12	

5. Please state the pregnancy statistics for the previous academic year.

Grade 8	
Grade 9	
Grade 10	
Grade 11	
Grade 12	

6. In your observation, who fathers children with female learners?

Male learners	
Sugar daddies	
Other, specify	

7. Which is the most vulnerable age group of learners who fall pregnant in your school? (Only one)

12-15 years	
16-19 years	
Other,	

8. Which of the following is the most cause of learner pregnancy in your school?

Poverty	
Peer pressure	
Lack of information on sexual education	

Substance use	
Dysfunctional family	
Curiosity	
Media, eg. TV	
Other, specify	

9. In most cases, what do pregnant learners likely to do?

Drop out of school	
Continue to stay in school while pregnant	
Abortion	
Suicide	

10. In most cases, do learners who drop out of school return to school after giving birth?

Yes	
No	

11. In which way does the learner pregnancy affect the performance of the school?

.....

.....

.....

12. How does the school address learner pregnancy?

Life Orientation in class	
Information sharing in school assembly	
Other, specify	

13. Based on your answer, how would you describe the effectiveness of the chosen answer?

14. Do parents take any part in the prevention of learner pregnancy?

Yes	
No	

15. If yes, please state their contribution.

.....
.....
.....

16. Name other role players that assist your school in the prevention of teenage pregnancy, and also state their roles.

.....
.....
.....

17. Please state any other information on learner pregnancy in your school.

.....
.....
.....

18. Which information/topics would you suggest that should be included in the Educational social group work model with learners?

Thank you for your time, input and participation

10.2. ADDENDUM: 2 (A): SELF-ADMINISTERED QUESTIONNAIRE WITH PARENTS/GUARDIANS TO ESTABLISH THE ROLES OF PARENTS IN THE PREVENTION OF SCHOOL LEARNER PREGNANCY

SECTION A: DEMOGRAPHIC DETAILS OF PARENTS/GUARDIANS

1. Gender

Female	
Male	

2. Age

19-25	
26-30	
31-35	
36-40	
41-45	
46-50	
51-55	
56-60	
Above 60	

3. Level of education

Grade 1-7	
Grade 8-12	
Tertiary	
None	

**SECTION B: INFORMATION ON THE ROLES OF PARENTS/GUARDIANS
ON THE PREVENTION OF LEARNER PREGNANCY**

1. What is the nature of your relationship with the child?

Biological child	
Foster care child	
Adopted child	
Relative	
Other, specify	

2. Do you have a child who is/was pregnant while at school?

Yes	
No	

3. Do you have a child who has impregnated a girl while at school?

Yes	
No	

4. If yes, how did you deal with the situation?

.....

.....

.....

5. Do you talk to your child/children about sexual education?

Yes	
-----	--

No	
----	--

5.1. If yes, what are the issues that you discuss with your child/children?

.....

5.2. If no, what makes it impossible for you to have a discussion with your child/children with sexual issues?

6. How will you describe your relationship with your child/children?

7. Which information would you suggest that should be included in the Educational social group work with learners on learner pregnancy?

.....

Thank you for your time, input and participation.

10.2.MAMETLELELO: 2(B): Dipotsotso tse o di tsibogelwang ke Batsadi/Batlhokomedi ka bobona go tlhotlhomisa seabe sa batsadi mo thibelong ya boimana mo barutwaneng ba sekolo.

KAROLO YA A: DINTLHA KA GA SEBOGEO SA BOAGI JWA BATSADI/BATLHOKOMEDI

4. Bong

Monna	
Mosadi	

5. Dingwaga

19-25	
26-30	
31-35	
36-40	
41-45	
46-50	
51-55	
56-60	
Go feta 60	

6. Maemo a thuto

Mophato wa 1-7	
Mophato wa 8-12	
Thuto ya morago ga Mophato wa 12	
Ga go maemo ape a	

thuto	
-------	--

KAROLO YA B: TSHEDIMOSETSO KA GA SEABE SA BATSADI/BATLHOKOMEDI BA BANA KA GA THIBELO YA BOIMANA JWA BARUTWANA

6. Kgolagano ya gago le ngwana wa gago e ntse jang?

Ngwana wa gago wa madi	
Ngwana yo o mo godisang fela mme e se wa madi	
Ngwana wa gago ka semolao mme e se wa madi	
Losika	
Tse dingwe, totobatsa	

7. A o na le ngwana yo o moimana/kileng a nna moimana a santse a tseba sekolo?

Ee	
Nnyaa	

8. A o na le ngwana yo o imisitseng mosetsana a santse a tsena sekolo?

Ee	
Nnyaa	

9. Fa o re ee, o ne wa dira jang mo maemong ao?

.....
.....
.....

10. A o bua le ngwana/bana ba gago ka tsa thuto mo mererong ya tsa thobalano?

Ee	
Nnyaa	

7.1. Fa o re ee, ke dintlha dife tse o buisanang le ngwana/bana ba gago ka tsona?

.....
.....
.....

7.2. Fa o re nnyaa, ke eng se se dirang gore o se ke wa kgona go buisana le ngwana/bana ba gago ka tsa merero ya thobalano?

.....
.....
.....

8. O ka tlhalosa kgolagano kgotsa botsalano jwa gago le ngwana/bana ba gago jang?

9. Ke tshedimosetso efe e o ka e tshitsinyang gore e akarediwe mo tirong ya setlhophu sa botsalano sa tsa Thuto se se dirang le barutwana ka tsa boimana jwa barutwana?

.....
.....

Ke lebogela nako, ditshwaelo le seabe sa gago.

Daniel Tuelo Masilo
Mmatlisisi wa dithuto tsa PhD Social Work

Letlha

10.3. ADDENDUM: 3 (A): Semi structured interview schedule for school learners.

SECTION A: BIOGRAPHIC DETAILS OF SCHOOL LEARNERS

1. Gender

Male	
Female	

2. Age

3. What is your current school grade?

Grade 8	
Grade 9	
Grade 10	
Grade 11	
Grade 12	

4. Are you sexually active?

Yes	
No	

5. If yes, please state the age in which you started to be sexually active.

6. During your first sexual intercourse, did you use a condom?

Yes	
-----	--

No	
----	--

7. If your answer is **“yes”**, who initiated the use of a condom between you and your partner?

8. If your answer to no: 6 is **“no”** what were reasons for not having used the condom?

SECTION B:

Semi structured interview schedule for school learners.

1. What do you think are the causes of teenagers to fall pregnant while still attending school?

2. Why teenagers are sexually active at an early age?

3. What would you state as the impact of falling pregnant while at school?

4. In your observation, who fathers the child with the school going learners?

5. Do you think it is a good idea to be in sexual relationship with someone who is working while you are still at school?

6. Where do you get information about sex education?

7. From who do you prefer to get information about sex education and why?

8. What are the prevention measures do you prefer to use and why?

9. Have you had any discussions with your parents on sexual issues?

Yes	
No	

10.If your answer is “**yes**” who initiates the discussion between yourself and parents?

11.If your answer is “**yes**” what are the issues that you discuss with your parents?

12.If your answer in no: 9 is “**no**” what do you think makes it difficult to have discussions with your parents?

13. What do you think can be done to assist parents and their children to have discussions on sex education?

Thank you for your time and participation.

Mr. D.T. Masilo

PhD Social Work Candidate

10.3. MAMETLELELO 3 (B): Kaedi ya puisano ya setlhopha sa tebagano le barutwana.

KAROLO YA A: DINTLHA MABAPI LE TSA BOTSHELO JWA BARUTWANA

9. Bong

Monna	
Mosadi	

10. Dingwaga

11. O mo mophatong ofe ga jaana kwa sekolong?

Mophato wa 8	
Mophato wa 9	
Mophato wa 10	
Mophato wa 11	
Mophato wa 12	

12. A o setse o simolotse go tsena mo thobalanong?

Ee	
Nnyaa	

13. Fa o re ee, tswee tswee bolela gore o simolotse go tsena mo thobalanong o na le dingwaga di le kae?

KAROLO YA B:

LENANEO LA DIPUISANO TSA SETLHOPHA SA TEBAGANO LE BARUTWANA

14. O akanya gore ke eng se se dirang gore banana ba nne baimana ba santse ba tsena sekolo?
15. Ke ka ntlha ya eng fa banana ba tsena mo thobalanong ba le mo dingwageng tse di kwa tlase?
16. Ke eng se o ka se tlhagisang e le selo se se ka go utlwalelang fa o ka nna moimana o santse o tsena sekolo?
17. Ka maitemogelo a gago, ke bomang ba e nnang borraago masea a a imiwang ke barutwana ba ba santseng ba le mo sekolong?
18. A ke kakanyo e ntle go tsena mo kgolaganong ya tsa thobalano le motho yo o dirang wena o santse o tsena sekolo?
19. O bona kae tshedimose tso e e mabapi le tsa thuto ka ga merero ya thobalano?
20. O ka rata go bona tshedimose tso e e mabapi le tsa thuto ka ga merero ya thobalano mo go mang, ke ka ntlha ya eng fa o rata go ka e bona go tswa mo mothong yoo?
21. Ke dikgato dife tse o ratang go di dirisa go thibela boimana, ke ka ntlha ya eng o dirisa tsona tseo?
22. Ke tshedimose tso efe e o ka e tshitsinyang gore e akarediwe mo mmotlolong wa setlhopha sa botsalano sa Thuto?
23. Ke baporofesene bafe ba o ka ratang ba lalediwa mo tirong ya setlhopha sa botsalano sa merero ya Thuto, ke ka ntlha ya eng o rata gore ba lalediwe?

Ke lebogela nako, ditshwaelo le seabe sa gago.

10.4. ADDENDUM 4 (A): INSTRUCTION TO PARENTS/GUARDIANS

Dear Parent(s)/Guardian (s)

My name is Mr, Daniel Tuelo Masilo, a Social Work PhD student at the University of Limpopo. The research study is part of my PhD (SW) degree programme. As part of the

study, I am expected to collect data from identified participants and that includes you. The study focuses on “Development of teenage pregnancy prevention model for learners in schools in North West Province: Implications for policy and practice considerations” During the data collection process, self-administered questionnaire will be used focusing on the roles of parents on the prevention of teenage pregnancy.

You are kindly invited to be a participant in this study. The session will take approximately thirty (30) minutes. You are requested to be open and honest in answering the questions. You are also kindly requested to read and sign the informed consent provided to you.

Thanking you in anticipation.

Daniel Tuelo Masilo
PhD Social Work Candidate

Date

10.4. MAMETLELELO 4 (B): DITAELO GO BATSADI/BATLHOKEMEDI BA BANA

Batsadi/Batlhokemedi ba bana ba ba rategang

Leina la me ke Daniel Tuelo Masilo, mmatlisisi wa dithuto tsa bongaka (PhD) mo lephateng la Bodirediloago kwa Yunibesithi ya Limpopo. Thuto e ya patlisiso ke karolo ya porogerama ya dikerii ya me ya PhD ya Bodirediloago. Jaaka e le karolo ya dithuto tsa me, ke solofelwa go kokoanya tshedimosetso go tswa go batsayakarolo ba ba supilweng mme seo se akaretsa wena. Thuto e, e itebagantse le “Tshimololo ya mmotlolo wa thibelo ya boimana go barutwana ba ba mo dikolong mo Porofense ya Bokone Bophirima: Tshwaetso ya pholisi le tshekatsheko ya tiragatso ya yona / *Development of teenage pregnancy prevention model for learners in schools in North West Province: Implications for policy and practice considerations*” Mo thulaganyong ya kokoanyo ya tshedimosetso, go tlaa dirisiwa dipotsolotso tse o di tsibogelang ka bowena di le mabapi le seabe sa batsadi mo thibelong ya boimana jwa banana.

O lalediwa ka boikobo go nna motsayakarolo mo patlisisong e. Kopano e, e tlaa tsaya bokana ka metsotso e le masome a mararo (30). O kopiwa go phuthologa le go nna le bonnete fa o araba dipotso tse. O kopiwa gape go buisa le go saena tshedimosetso ka ga kitso ka ga tumelano e o e neetsweng.

Ke go lebogela kwa pele ka tsholofelo.

Daniel Tuelo Masilo
Mmatlisisi wa dithuto tsa PhD Social Work

Letlha

10.5.ADDENDUM: 5 (A): INFORMED CONSENT FOR PARENTS/GUARDIANS

TOPIC: Development of teenage pregnancy prevention model for learners in schools in North West Province: Implications for policy and practice considerations

DECLARATION OF CONSENT PARENTS/GUARDIANS

I, the participant, out of my free will, hereby agree to voluntarily participate in this research study with the following understanding:

The Nature of the Research

- The Social Worker, Mr. Daniel Tuelo Masilo, from University of Limpopo is conducting the research.
- The research forms part of the requirements for Mr. Masilo's PhD in Social Work Degree.
- Information will be collected by means of self-administered questionnaire.

My rights as a participant:

- I have not been forced to participate in this study.
- I have the right to withdraw from the study at any given time.
- I have the right to decline to answer any question (s) I am not comfortable with.
- I will remain anonymous and my name and identity will be kept from public knowledge.
- Any information I reveal during the process of this study shall remain confidential, shall only be used for the purposes of this research and for publication in Mr. Masilo's dissertation, and relevant or appropriate publications.
- I grant permission for any information I reveal during the interview process, with the understanding that data collected will remain in possession of the researcher, Mr. Masilo and his supervisor.
- The identification particulars such as surnames and names will be kept securely safe in Mr. Masilo's Office and thereafter the list will be destroyed.

- I,.....(the participant), agree to participate in this study.

SIGNATURES

Parent/Guardians

Mr. Daniel Tuelo Masilo
PhD Social Work Candidate

10.5. MAMETLELELO: 5(B): KITSO KA GA TUMELANO YA BATSADI/BATLHOKEMEDI BA BANA

SETLHOGO: Tshimololo ya mmotlolo wa thibelo ya boimana go barutwana ba ba mo dikolong tsa Porofense ya Bokone Bophirima: Tshwaetso ya pholisi le tshekatsheko ya

tiragatso ya yona (*Development of teenage pregnancy prevention model for learners in schools in North West Province: Implications for policy and practice considerations*)

MAIPOLELO A PHATLHALATSA A TUMELANO YA BATSADI/BATLHOKOMEDI BA BANA

Nna, motsayakarolo, ka go rata ga me, ke dumelana le go ithaopa ke lekologile go tsaya karolo mo thutong e ya patlisiso mme ke tlhaloganya tse di latelang:

Mokgwa wa Patlisiso e

- Modirediloago, e bong Rre Daniel Tuelo Masilo, go tswa kwa Yunibesithi ya Limpopo o dira patlisiso.
- Patlisiso e, ke karolo ya ditlhokego tsa ga Rre Masilo tsa Dikerii ya Bongaka (PhD) mo dithutong tsa Bodirediloago.
- Tshedimosetso e tlaa kokoangwa ka dipotsolotso tse o di tsibogelang ka bowena.

Ditshwanelo tsa me jaaka motsayakarolo:

- Ga ke a patelediwa go tsayakarolo mo patlisisong e.
- Ke na le tshwanelo ya go ka tswa mo patlisisong e nako nngwe le nngwe.
- Ke na le tshwanelo ya go gana go araba (di)potso tse ke sa nnisegeng go di araba.
- Ke tlaa nna tlhokaina mme leina la me le ka se thagisiwe mo bathong/setšhabeng.
- Tshedimosetso nngwe le nngwe e ke e rebolang mo tsamaisong ya patlisiso e, e tlaa sala e ntse e le sephiri, e tlaa dirisetswa fela tsamaiso le phasalatso ya patlisiso ya bukagolo ya kitsotheo ya ga Rre Masilo le baphasalatsi ba ba maleba.

- Ke neela tetla ka tshedimose tso e ke e rebo lang mo tsamaisong ya patlisiso e, ke tshaloganya gore tshedimose tso e e kokoantsweng e tlaa sala e le mo tlhokomelong ya mmatlisisi, e bong Rre Masilo le motlhatlhobedi wa gagwe.
- Dintlhaitshupo tse di jaaka (di)sefane le (ma)leina di tlaa tsholwa di sireleditswe mo Ofising ya ga Rre Masilo mme morago ga foo lenaane le, le tlaa kgagolwa.
- Nna,.....(motsaya karolo), ke dumela go tsaya karolo mo patlisisong e.

TSHAENO

Motsadi/Batlhokemdi ba bana

Rre Daniel Tuelo Masilo

Mmatlisisi wa dithuto tsa PhD Social Work

10.6. ADDENDUM: 6 (A): INSTRUCTION TO LEARNERS

Dear Learners

My name is Mr, Daniel Tuelo Masilo, a Social Work PhD student at the University of Limpopo. The research study is part of my PhD (SW) degree programme. As part of the study, I am expected to collect data from identified participants and that includes you. The study focuses on “Development of teenage pregnancy prevention model for learners in schools in North West Province: Implications for policy and practice considerations” During the data collection process, semi-structured interview schedule will be conducted on teenage pregnancy.

You are kindly invited to be a participant in this study. The session will take approximately one (1) hour. You are requested to be open and honest in answering the questions. You are also kindly requested to read and sign the informed consent provided to you.

Thanking you in anticipation.

Daniel Tuelo Masilo
PhD Social Work Candidate

Date

10.6. MAMETLELELO: 6 (B): DITAELO GO BARUTWANA

Barutwana ba ba rategang

Leina la me ke Daniel Tuelo Masilo, mmatlisisi wa dithuto tsa bongaka (PhD) mo lephateng la Bodirediloago kwa Yunibesithi ya Limpopo. Thuto e ya patlisiso ke karolo ya porogerama ya dikerii ya me ya PhD ya Bodirediloago. Jaaka e le karolo ya dithuto tsa me, ke solofelwa go kokoanya tshedimose tso go tswa go batsaya karolo ba ba supilweng mme seo se akaretsa wena. Thuto e, e itebagantse le “Tshimololo ya mmotlolo wa thibelo ya boimana go barutwana ba ba mo dikolong tsa Porofense ya Bokone Bophirima: Tshwaetso ya pholisi le tshekatsheko ya tiragatso ya yona / *Development of teenage pregnancy prevention model for learners in schools in North West Province: Implications for policy and practice considerations*” Mo thulaganyong ya kokoanyo ya tshedimose tso, go tlaa dirisiwa dipotsolotso tse o di tsibogelang ka bowena di le mabapi le seabe sa barutwana mo thibelong ya boimana jwa banana.

O lalediwa ka boikobo go nna motsayakarolo mo patlisisong e. Karolo e, e tlaa tsaya bokana ka ura e le nngwe (1) fela. O kopiwa go phuthologa le go nna le bonnete fa o araba dipotso tse. O kopiwa gape go buisa le go saena tshedimose tso ka ga kitso ya tumelano e o e neetsweng.

Ke go lebogela kwa pele ka tsholofelo.

Daniel Tuelo Masilo
Mmatlisisi wa dithuto tsa PhD Social Work

Letlha

10.7. ADDENDUM: 7 (A): INFORMED CONSENT FOR LEARNERS

TOPIC: “Development of teenage pregnancy prevention model for learners in schools in North West Province: Implications for policy and practice considerations”

DECLARATION OF CONSENT LEARNERS

I, the participant, out of my free will, hereby agree to voluntarily participate in this research study with the following understanding:

The Nature of the Research

- The Social Worker, Mr. Daniel Tuelo Masilo, from University of Limpopo is conducting the research.
- The research forms part of the requirements for Mr. Masilo’s PhD in Social Work Degree.
- Information will be collected by means of semi-structured interview schedule.

My rights as a participant:

- I have not been forced to participate in this study.
- I have the right to withdraw from the study at any given time.
- I have the right to decline to answer any question (s) I am not comfortable with.
- I will remain anonymous and my name and identity will be kept from public knowledge.
- Any information I reveal during the process of this study shall remain confidential, shall only be used for the purposes of this research and for publication in Mr. Masilo’s dissertation, and relevant or appropriate publications.

- I grant permission for any information I reveal during the interview process, with the understanding that data collected will remain in possession of the researcher, Mr. Masilo and his supervisor.
- The identification particulars such as surnames and names will be kept securely safe in Mr. Masilo's Office and thereafter the list will be destroyed.
- I,.....(the participant), agree to participate in this study.

SIGNATURES

Learner

In case the learner is under the age of 18, the parent/guardian should co-sign this consent form

Parent/Guardian

Mr. Daniel Tuelo Masilo

PhD Social Work Candidate

10.7. MAMETLELELO :7 (B): KITSO KA GA TUMELANO YA BARUTWANA

SETLHOGO: Tshimololo ya mmotlolo wa thibelo ya boimana go barutwana ba ba mo dikolong tsa Porofense ya Bokone Bophirima: Tshwaetso ya pholisi le tshekatsheko ya tiragatso ya yona (*Development of teenage pregnancy prevention model for learners in schools in North West Province: Implications for policy and practice considerations*)

MAIPOLELO A PHATLHALATSA A TUMELANO YA BARUTWANA

Nna, motsayakarolo, ka go rata ga me, ke dumelana le go ithaopa ke lekologile go tsaya karolo mo thutong e ya patlisiso mme ke tlhaloganya tse di latelang:

Mokgwa wa Patlisiso e

- Modirediloago, e bong Rre Daniel Tuelo Masilo, go tswa kwa Yunibesithi ya Limpopo o dira patlisiso.
- Patlisiso e, ke karolo ya ditlhokego tsa ga Rre Masilo tsa Dikerii ya Bongaka (PhD) mo dithutong tsa Bodirediloago.
- Tshedimosetso e tlaa kokoangwa ka dipotsolotso tse o di tsibogelang ka bowena.

Ditshwanelo tsa me jaaka motsaya karolo:

- Ga ke a patelediwa go tsayakarolo mo patlisisong e.
- Ke na le tshwanelo ya go ka tswa mo patlisisong e nako nngwe le nngwe.
- Ke na le tshwanelo ya go gana go araba (di)potso tse ke sa nnisegeng go di araba.

- Ke tlaa nna tlhokaina mme leina la me le ka se tlhagisiwe mo bathong/setšhabeng.
- Tshedimose tso nngwe le nngwe e ke e rebolang mo tsamaisong ya patlisiso e, e tlaa sala e ntse e le sephiri, e tlaa dirisetswa fela tsamaiso le phasalatso ya patlisiso ya bukakgolo ya kitsotheo ya ga Rre Masilo le baphasalatsi ba ba maleba.
- Ke neela tetla ka tshedimose tso e ke e rebolang mo tsamaisong ya patlisiso e, ke tlhaloganya gore tshedimose tso e e kokoantsweng e tlaa sala e le mo tlhokomelong ya mmatlisisi, e bong Rre Masilo le motlhatlhobedi wa gagwe.
- Dintlhaitshupo tse di jaaka (di)sefane le (ma)leina di tlaa tsholwa di sireleditswe mo Ofising ya ga Rre Masilo mme morago ga foo lenaane le, le tlaa kgagolwa.
- Nna,.....(motsayakarolo), ke dumela go tsaya karolo mo patlisisong e.

TSHAENO

Morutwana

Rre Daniel Tuelo Masilo

Mmatlisisi wa dithuto tsa PhD Social Work

Fa e le gore morutwana o kwa tlase ga dingwaga di le 18, motsadi/motlhokemedi o tshwanelwa ke go saena foromo e ya tumelano le morutwana.

Motsadi/Motlhokemedi wa morutwana

10:8.ADDENDUM:8(A):LETTER OF PERMISSION FROM PARENTS/GUARDIANS OF LEARNERS FOR SEMI-STRUCTURED INTERVIEW SCHEDULE

Dear Parent(s)/Guardian (s)

My name is Mr, Daniel Tuelo Masilo, a Social Work PhD student at the University of Limpopo. The research study is part of my PhD (SW) degree programme. As part of the study, I am expected to collect data from identified participants and that includes your child who is a learner. The study focuses on “Development of teenage pregnancy prevention model for learners in schools in North West Province: Implications for policy and practice considerations” During the data collection process, interviews will be conducted with learners.

You are kindly requested to give permission for your child who is a learner to participate in interviews.

Signatures:

Parent/Guardian

Learner

10. 8. MAMETLELO: 8 (B): KOPO TUMELELO YA BATSADI/BATLHOKOMEDI BA BARUTWANA GO TSAYA KAROLO DIPUISANONG TSA SETLHOPHA SA TEBAGANO LE BARUTWANA.

Batsadi/Batlhokemedi ba barutwana ba ba rategang

Leina la me ke Daniel Tuelo Masilo, mmatlisisi wa dithuto tsa bongaka (PhD) mo lephateng la Bodirediloago kwa Yunibesithi ya Limpopo. Thuto e ya patlisiso ke karolo ya porogerama ya dikerii ya me ya PhD ya Bodirediloago. Jaaka e le karolo ya dithuto tsa me, ke solofelwa go kokoanya tshedimosetso go tswa go batsaya karolo ba ba supilweng mme seo se akaretsa ngwana wa gago. Thuto e, e itebagantse le “Tshimololo ya mmotlolo wa thibelo ya boimana go barutwana ba ba mo dikolong mo Porofense ya Bokone Bophirima: Tshwaetso ya pholisi le tshekatsheko ya tiragatso ya yona / *Development of teenage pregnancy prevention model for learners in schools in North West Province: Implications for policy and practice considerations*” Mo thulaganyong ya kokoanyo ya tshedimosetso, go tlaa dirisiwa lenaneo la dipuisano tsa setlhopha sa tebagano le barutwana.

O lalediwa ka boikobo go dumelela ngwana wa gago yo e leng morutwana go tsaya karolo mo patlisisong e.

TSHAENO

Motsadi/Batlhokemedi ba baithuti

Morutwana

Rre Daniel Tuelo Masilo
Mmatlisisi wa dithuto tsa PhD Social Work

10:9.ADDENDUM:9(A):LETTER OF PERMISSION FROM PARENTS/GUARDIANS OF LEARNERS FOR EDUCATIONAL GROUPS

Dear Parent(s)/Guardian (s)

My name is Mr, Daniel Tuelo Masilo, a Social Work PhD student at the University of Limpopo. The research study is part of my PhD (SW) degree programme. As part of the study, I am expected to collect data from identified participants and that includes your child who is a learner. The study focuses on “Development of teenage pregnancy prevention model for learners in schools in North West Province: Implications for policy and practice considerations” During the data collection process, educational groups on prevention of teenage pregnancy will be conducted with learners.

You are kindly requested to give permission for your child who is a learner to participate in the educational groups.

Signatures:

Parent/Guardian

Learner

10. 9. MAMETLELO: 9 (B)KOPO TUMELELO YA BATSADI/BATLHOKOMEDI BA BARUTWANA GO TSAYA KAROLO MO SETLHOPHENG SA DITHUTO TEBAGANO LE BARUTWANA.

Batsadi/Batlhokemedi ba barutwana ba ba rategang

Leina la me ke Daniel Tuelo Masilo, mmatlisisi wa dithuto tsa bongaka (PhD) mo lephateng la Bodirediloago kwa Yunibesithi ya Limpopo e bile ke le Motlhatheledi mo Lefapheng la Bodirediloago mo Yunibesithi ya Bokone Bophirima, Khemphase ya Mafikeng. Thuto e ya patlisiso ke karolo ya porogerama ya dikerii ya me ya PhD ya Bodirediloago. Jaaka e le karolo ya dithuto tsa me, ke solofelwa go kokoanya tshedimosetso go tswa go batsayakarolo ba ba supilweng mme seo se akaretsa ngwana wa gago. Thuto e, e itebagantse le “Tshimololo ya mmotlolo wa thibelo ya boimana go barutwana ba ba mo dikolong mo Porofense ya Bokone Bophirima: Tshwaetso ya pholisi le tshekatsheko ya tiragatso ya yona / *Development of teenage pregnancy prevention model for learners in schools in North West Province: Implications for policy and practice considerations*” Mo thulaganyong ya kokoanyo ya tshedimosetso, go tlaa dirisiwa setlhopha sa dithuto le barutwana mabapi le mmotlolo wa thibelo ya boimana go barutwana

O lalediwa ka boikobo go dumelela ngwana wa gago yo e leng morutwana go tsaya karolo mo patlisisong e.

TSHAENO

Motsadi/Batlhokemedi ba baithuti

Morutwana

Rre Daniel Tuelo Masilo
Mmatlisisi wa dithuto tsa PhD Social Work

10.10. ADDENDUM 10:INSTRUCTION TO PRINCIPAL/LIFE ORIENTATION EDUCATOR

Dear Principal/Life Orientation Educator

My name is Mr, Daniel Tuelo Masilo, a Social Work PhD student at the University of Limpopo. The research study is part of my PhD (SW) degree programme. As part of the study, I am expected to collect data from identified participants and that includes you. The study focuses on “Development of teenage pregnancy prevention model for learners in schools in North West Province: Implications for policy and practice considerations” During the data collection process, a survey will be conducted on the extent of teenage pregnancy in the school.

You are kindly invited to be a participant in this study. The session will take approximately thirty (30) minutes. You are requested to be open and honest in answering the questions. You are also kindly requested to read and sign the informed consent provided to you.

Thanking you in anticipation.

Daniel Tuelo Masilo
PhD Social Work Candidate

Date

10.11. ADDENDUM 11: INFORMED CONSENT FOR PRINCIPAL/LIFE ORIENTATION EDUCATOR

TOPIC: “Development of teenage pregnancy prevention model for learners in schools in North West Province: Implications for policy and practice considerations”

DECLARATION OF CONSENT PRINCIPAL/LIFE ORIENTATION EDUCATOR

I, the participant, out of my free will, hereby agree to voluntarily participate in this research study with the following understanding:

The Nature of the Research

- The Social Worker, Mr. Daniel Tuelo Masilo, from University of Limpopo is conducting the research.
- The research forms part of the requirements for Mr. Masilo’s PhD in Social Work Degree.
- Information will be collected by means of a survey.

My rights as a participant:

- I have not been forced to participate in this study.
- I have the right to withdraw from the study at any given time.
- I have the right to decline to answer any question (s) I am not comfortable with.

- I will remain anonymous and my name and identity will be kept from public knowledge.
- Any information I reveal during the process of this study shall remain confidential, shall only be used for the purposes of this research and for publication in Mr. Masilo's dissertation, and relevant or appropriate publications.
- I grant permission for any information I reveal during the interview process, with the understanding that data collected will remain in possession of the researcher, Mr. Masilo and his supervisor.
- The identification particulars such as surnames and names will be kept securely safe in Mr. Masilo's Office and thereafter the list will be destroyed.
- I,.....(the participant), agree to participate in this study.

SIGNATURES

Principal/L.O. Educator

Mr. Daniel Tuelo Masilo
PhD Social Work Candidate

10.12. ADDENDUM 12: LETTER TO THE SUPERINTENDENT GENERAL

Dr. I. Molale

Seperintendent General

Department of Education and Sport Development

North West Province

Subject: Request to conduct research in schools in the North West Province

1. The above matter refers:
2. I am a registered as a PhD (Social Work) student at the University of Limpopo.
3. The title of the study, aim and objectives are as follows:

Title: Development of teenage pregnancy prevention model for learners in schools in North West Province: Implications for policy and practice considerations

Aim:

The aim of this study is to develop teenage pregnancy prevention for learners in schools in North West Province.

Objectives:

- To establish the extent of teenage pregnancy amongst learners in schools within the North West Province;
 - To assess factors which predispose school learners to indulge in sexual activities against the risk of pregnancy and sexual diseases;
 - To describe the roles of parents in the prevention of teenage pregnancy amongst school learners;
 - To identify prevention measures used by the schools to prevent teenage pregnancy;
 - To develop, implement and evaluate an educational social group work model on teenage pregnancy for school learners;
4. The study population will include of School Principals/Life Orientation Educators, school learners and parents.
 5. Data will be collected through a survey in each District of the North West Province, thereafter based on the results of the survey the highest school with statistics of learner pregnancy will participate in focus group discussions with learners. In addition, the researcher will use self administered questionnaire to collect data from parents.
 6. Furthermore, the researcher will present teenage pregnancy prevention model to school learners in a form of eight (8) social group work sessions. The group sessions will be conducted after school hours.
 7. All the research ethics, those of confidentiality, informed consent, avoidance of harm and voluntary participation, to mention a few will be adhered to, moreover I am also guided by my professional ethics and those of the University of Limpopo, where I am registered as a student.

8. Against this backdrop, this letter serves to humbly ask permission from your office to conduct this research in all districts of North West Province and designated schools.
9. Please find herein the attached copies of the research proposal and proof of registration.

Thanking you in anticipation.

Mr. D.T. Masilo

PhD (Social Work) Candidate

University of Limpopo

10.13. ADDENDUM 13: SAMPLE LETTER TO SCHOOL PRINCIPALS

The School Principal

Department of Education and Sport Development

North West Province

Subject: Request to conduct research in your School

10. The above matter refers:

11. I am currently employed as a Lecturer in the Department of Social Work by North West University (Mafikeng Campus) and registered as a PhD (Social Work) student at the University of Limpopo.

12. The title of the study, aim and objectives are as follows:

Title:

Development of teenage pregnancy prevention model for learners in schools in North West Province: Implications for policy and practice considerations

Aim:

The aim of this study is to develop teenage pregnancy prevention for learners in schools in North West Province.

Objectives:

- To establish the extent of teenage pregnancy amongst learners in schools within the North West Province;
 - To assess factors which predispose school learners to indulge in sexual activities against the risk of pregnancy and sexual diseases;
 - To describe the roles of parents in the prevention of teenage pregnancy amongst school learners;
 - To identify prevention measures used by the schools to prevent teenage pregnancy;
 - To develop, implement and evaluate an educational social group work model on teenage pregnancy for school learners;
13. The study population will include of School Principals/Life Orientation Educators, school learners and parents.
14. Data will be collected through in focus group discussions with learners. In addition, the researcher will use self administered questionnaire to collect data from parents.
15. Furthermore, the researcher will present teenage pregnancy prevention model to school learners in a form of eight (8) social group work sessions. The group sessions will be conducted after school hours.
16. All the research ethics, those of confidentiality, informed consent, avoidance of harm and voluntary participation, to mention a few will be adhered to, moreover I am also guided by my professional ethics and those of the University of Limpopo, where I am registered as a student.

17. Against this backdrop, this letter serves to humbly ask permission from your office to conduct this research in your school.

18. Please find herein the attached copies of the research proposal and proof of registration.

Thanking you in anticipation.

Mr. D.T. Masilo

PhD (Social Work) Candidate

University of Limpopo

10.14.ADDENDUM 14: SELF DEVELOPED EVALUATION QUESTIONNAIRE OF THE EDUCATIONAL SOCIAL GROUP WORK MODEL ON TEENAGE PREGNANCY FOR SCHOOL LEARNERS

Thank you for your participation in the group sessions. You are requested to answer the following questions in order to give the researcher your feedback regarding the group sessions.

- What have you learned from the educational social group work sessions?
- Have you seen any growth or development or change in your life in general?
- Which information did you find irrelevant to yourself?

- How would you use the information you have gained from the group work sessions in your life?
- Do you think other learners can benefit from participating in the educational social group work model sessions on teenage pregnancy for learners?
- Which changes or additions that you recommend should be made to the educational social group work model on teenage pregnancy?

Thank you very much for the feedback, it is much appreciated.