

**COMMUNICATION ON TEENAGE PREGNANCY:
A CASE STUDY IN BOCHUM WEST**

By

NOKO REBINA HOPANE

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SUPERVISOR : PROF R.N. MAQADZHE

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(i)

DECLARATION

I, **NOKO REBINA HOPANE**, hereby declare that **COMMUNICATION ON TEENAGE PREGNANCY: A CASE STUDY IN BOCHUM WEST**, submitted to the University of Limpopo for the Degree of Master of Arts, has not been previously submitted by me for a degree at this or any other university, that is my original work in design and execution and that all sources that I have quoted have been acknowledged by means of appropriate references.

RNHopane
SIGNATURE

9/5/2008
DATE

(ii)

DEDICATION

This work is dedicated to my husband, Malesele Joseph, for support, encouragement, love and tolerance during my studies and my son Maropeng Zulphus and lastly, my daughter Kgabo Euphraat.

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ABSTRACT

The study project is divided into five chapters.

The study investigated communication about teenage pregnancy in Bochum West. The study shows that lack of communication plays a big role in the prevalence of teenage pregnancy. Teenage pregnancy is also a big problem in South Africa in general. The study also lays emphasis on ways of communication on the prevalence of teenage pregnancy.

Seminars and debates can be organised to highlight the issue on how teenagers should behave themselves so as to reduce teenage pregnancy. The study shows the various communication contexts to eradicate the issue of high rate of teenage pregnancy, such as intrapersonal communication, interpersonal communication, small group communication, public communication, mass communication, organizational communication, and intercultural communication.

Teenage pregnancy has retarded the learning process at schools in Bochum West. Various causes of teenage pregnancy, such as the excessive use of alcohol and drugs, unprotected sex and peer pressure, are discussed. The ways on how to fight against teenage pregnancy as stakeholders, and the educational and religious programmes are also discussed.

The study also deals with ten important tips for parents through focusing on their relationship with teenagers and communicating honestly about important matters of life. Parents must talk to their children early and often about sex and discourage early, frequent and steady dating. Parents must also know their children's friends and families. Factors that contribute to early initiation in sex are, namely, poverty, lack of knowledge of STIs, social grants and peer pressure. The roles of stakeholders such as social workers, teachers, churches, community and doctors on the prevalence of teenage pregnancy are analysed.

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CHAPTER ONE

1.1 INTRODUCTION

Teenage pregnancy is a big problem in South Africa in general, and ~~Bochum West in particular as highlighted by Williams (2005:75)~~. This is one of the reasons why the government has undertaken several programmes in order to reduce or eliminate this problem. However, in order to achieve this objective, one has to be familiar with the causes of teenage pregnancy. It is undeniable that the lack of communication plays a big role in the current prevalence of teenage pregnancies. This envisaged study will examine the effectiveness of the prevalent ways of communication regarding life skills, including sex education in the country. As a point of departure, it must be borne in mind that communication is an action of imparting information to people (Readers Digest, 1990:287).

Presently, there are organisations such as *Lifeline*, *Teenline* and the *South African Anxiety and Depression Support Group* that help with sex education through booklets, pamphlets and magazines. Bostock, as cited in Sapire (1986:47), is of the opinion that the lack of communication between teenagers and parents, and between the teenager and staff in family planning clinics, also contributes to the non-use of contraceptives by teenagers. There is a little doubt that lack of communication has an adverse effect as far as the prevalence of teenage pregnancy is concerned.

1.2 BACKGROUND TO THE PROBLEM

Williams (2005:75) states that many teenagers in South Africa fall pregnant on a regular basis; this will be equally applicable in Bochum West. Personal experience indicates that one finds these teenagers at all levels of secondary schools. There is, therefore, a need to focus on communication because communication goes hand in glove with culture. As Cleary (2003:10-11) confirms, culture can be defined as a lifestyle of a group, and it includes the values, beliefs, artifacts and ways of behaving and communicating of that group.

It seems like there is a generation gap that exists between black parents and their children that becomes a contributory factor towards miscommunication. The preponderance of teenage pregnancy in Bochum West is caused, among others, by ineffectual or a lack of communication. Culture seems to play a role in this regard and culture is closely aligned with communication, as Cleary (2003:28) indicates that different groups have different values and different patterns of behaviour. The greater the differences, the harder communication become.

In addition, in the African culture, some girls will experience their first menstruation without being told beforehand that such an occurrence is natural. This supports the fact that there is lack of communication between parents and children.

According to the present researcher's experience, some girls from literate families do have an idea of what is to happen to them biologically. The reason for this is that these literate parents communicate frequently with their children. Children from such families will be unlikely to fall pregnant at early stages, as they shall be knowledgeable about the consequences of teenage pregnancy. In addition, there is a tradition in the Northern Sotho culture of some people around Bochum West that holds that a teenage girl's first menstruation should be celebrated. As such, certain rituals will be performed wherein she will also be taught what pregnancy means. Unfortunately, most of the teenage girls think that the celebration is a passport to freely submitting themselves to boys in sexual relationships. The girls even go to the extent of saying that even their parents know that they are now adults, and thus, they should be allowed to do what adults are supposed to do.

Lack of life education materials is one of the causes of the high teenage pregnancy rate. If there could be some sources of information such as articles, books, and pamphlets at our schools, they would help in educating the youth about many methods of preventing teenage pregnancy. Irving and Carl (1982:67) realise that without proper communication, the risk of teenage pregnancy is high.

There is also poor communication on life skills education from the government materials. Most of them are available in English only. It is possible that many Northern Sotho speakers do not understand them. For instance, children find it difficult to understand terms such as *hormones* and infections (South African Federation for Mental Health, 2001:2) as they are simply listed without an explanation. Although some of these materials are translated into Sesotho, the translation thereof is not necessarily adequate. As an example, the Sesotho word *rupeletswego* (Department of Health, 2002:2), is used for the Northern Sotho *go hlahliwa* (training). Too many teenage Northern Sotho speakers, *rupelletswego* is not common and this may lead to misunderstanding.

All in all, good communication on sex education in South Africa should be promoted. It must be borne in mind that good communication includes, among others, the fact that the receiver of the message must be conversant with the language used.

1.3 AIM OF THE STUDY

The aim of this study is to examine the role that lack of/or poor communication plays in the prevalence of teenage pregnancy in Bochum West. This can be achieved by considering the following research questions:

- Which language is used in life-skill education?
- Which communication methods do health workers and parents use to address the problem of teenage pregnancy?

1.4 SIGNIFICANCE OF THE STUDY

The study will identify successful communication strategies to prevent teenage pregnancy. The envisaged study could also serve as future research material in this field.

1.5 METHODOLOGY

Both the qualitative and quantitative methods that will be used in this research will enable the researcher to analyse communication problems with regard to teenage pregnancy and how it is viewed in Bochum West.

1.6 COLLECTION OF DATA

In this case, the researcher will conduct interviews with several interviewees. Random and purposive sampling will be used for this purpose, and the following target groups will be consulted:

1.6.1 Primary research method

Random sampling: to test communication success about pregnancy:

- 20 teenagers (10 girls and 10 boys);
- 5 nurses;
- 5 mothers of teenagers;
- 2 doctors.

Purposive sampling:

- 20 mothers (teenagers);
- 4 teachers;
- 2 clinic sisters; and
- 10 unpregnant teenagers.

The interviews will be based on structured questions (See the attached questionnaire).

1.6.2 Secondary research method

Written materials from newspapers, magazines, pamphlets, library books, and journals will be used to compare, analyse and interpret the information. Since teenage pregnancy worries nearly each and every parent, this research will also be based on sociological research methods wherein knowledge of culture assists in interpreting the findings.

1.7 SCOPE AND DELIMITATION OF THE STUDY

This study will confine itself to teenagers of Bochum West, in particular, areas like Schoongezicht A and B, Auldlongsine, Earlydawn, Goedetrou, Branean and Gemarke. The teenagers that will receive scrutiny will be between the ages of 13-19 years old.

1.8 LITERATURE REVIEW

The concept of teenage pregnancy has already been previously discussed by a number of scholars. Such scholars made a significant contribution towards the awareness and prevention of early pregnancy. Their respective works will play an important role in this envisaged research as they form the basis of this study. The present researcher will rely on the following:

1.8.1 Cleary (1997)

From Cleary' (1997) study, one learns that teenagers often block any information that is inconvenient to them and tend to listen to what is convenient to them. It is important that health professionals use intercultural communication to bring the message home. They should talk clearly about life skills. Others perceive direct messages about teenage pregnancy as unsettling and thus prefer a more subtle, indirect approach. It is clear from Cleary's study that culture cannot be ignored if one wants to achieve good communication.

1.8.2 Kathy and Wibbelmans (1989)

Kathy and Wibbelmans (1989:239) talk about the high rate of teenage pregnancy in the world. According to these authors, sexuality refers to the sexual feelings of one person towards the others in this world. They are also concerned about the high rate of AIDS among the teenagers, and thus have discovered various alternative ways of showing love, such as giving someone flowers, good conversation and even sharing a disappointment. More communication strategies about alternative ways in avoiding teenage pregnancy are needed. This is an important study as it will assist the researcher to inform teenagers that in order to show love, it does not mean that one should engage in sexual activity.

1.8.3 Poster of the National Department of Health (2001)

This poster advises pregnant teenagers to tell their respective parents or someone they have full trust about contraceptives. It encourages a pregnant teenager to visit the clinic for better health for both the mother and the baby. The poster gives the available options on teenage pregnancy such as adoption, foster care, conditional marriage, single parenthood, abortion (choice of termination of pregnancy) and maintenance or child support grant. It also advises pregnant and non-pregnant teenagers about the risks of STIs (Sexual Transmitted Infections) and HIV infections; medical complications (before and after delivery); threat of repeated pregnancy; and neglecting the baby. The poster's main aim is the dissemination of prevention of teenage pregnancy strategies such as abstinence; delaying sex; and the use of contraceptives such as condoms, pill, sponge and an injection. There is little doubt that the poster's message will be important in this study as it deals with ways and communication that can be used to prevent teenage pregnancy.

1.8.4 Green (1989)

According to Green (1989:35), many teenagers have fallen pregnant because of believing in the following communicative myths: Pregnancy cannot take place if one is having sex for the first time; if one can jump up and down immediately after a sexual

relationship; and washing the vagina after sex will prevent pregnancy. The above-mentioned myths are confirmed by Coates (1991:10) as he says that “teenagers believe they can prevent pregnancy by standing during sex or jumping up and down afterwards”. More communication strategies are necessary to ease myths from the teenagers’ mind. All of the above-mentioned myths will have to be examined in the context of teenage pregnancy in Bochum West.

1.8.5 Primary Health Care (2001)

The Primary Health Care Booklet (2001) is available free of charge from the Director-General, Department of National Health and Population Development in Pretoria. It states that no single parent likes the idea of their teenagers being involved in sexual behaviour. About one-quarter of teenage pregnancies is a sign that our children need practical preparation for life. Jones and Abrahams (1992:179) confirm that 25% or more sexually active teenagers do not use contraceptives. All the parents are encouraged to discuss sexual matters and communicate information to their teenagers to prevent them from falling pregnant and acquiring Aids. Folkers and Engelmann (1977:128) show that clear communication with friends, parents, teachers and siblings can make a big difference. Parents are advised to listen to their children and understand today’s changing world. The parents are encouraged to use the Department’s booklet as their starting point of communication. The teenagers are advised to communicate openly about contraceptives, as both partners are equally responsible for unwanted teenage pregnancy.

Although the parents are encouraged to use this booklet as their starting point of discussion, the problem is the use of the English language that many teenagers do not understand and that it is often their second language.

1.8.6 Sigman (1992)

Sigman (1992:94) suggests ways to solve pregnancy problems among teenagers. The first one he advocates is the use of the pill. The pill is taken seventy two hours after sexual activity. He confirms that one will not fall pregnant by using this method. He

says that the pill is taken if a teenager has forgotten to take a pill or the condom has leaked. The last advice given here is to fit an Intra Uterine Device (IUD) five days after having sex as it will prevent pregnancy. There is hardly any doubt that this is useful information, but the problem is still prevalent as regards inefficient communication strategies. Given that teenage pregnancy is still high, it would seem such information is either misinterpreted or does not reach the youth. This study will investigate the misinterpretation of communication of life skills.

1.8.7 Williams (2005)

Williams (2005:75) mentions many factors that contribute towards teenage pregnancy. To add more, there is lack of communication on conception, poverty, sexual abuse in childhood, environment and low self-worth. Some teenagers are not using any form of birth control; they have sexual experiences at an early age; they drop out of school and there is no opportunity in the working world.

This is valuable information as one can only be successful, if one knows the causes of teenage pregnancy. This study will, therefore, have to advise some means and ways of coming up with the effective communication strategies regarding the prevention of teenage pregnancy.

1.9 CONCLUSION

In this chapter, the researcher has given clear reasons why she wrote this research. The aim, the rationale, and the significance of the study was clearly outlined. It is desirable that communication in teenage pregnancy be of utmost importance of diminishing high rate in teenage pregnancy.

CHAPTER TWO

COMMUNICATION THEORY

2.1 INTRODUCTION

The aim of this chapter is to discuss communication theory. This aim is attained by concentrating on what communication is, ways of making communication effective, the context in which communication takes place, barriers to communication, to mention but a few examples. The researcher used individual interviewing of teenage, unwed mothers and fathers living in Bochum West. The sample of study was heterogeneous, that is, the study consisted of females, males, nurses, doctors, educators and parents. The sample consisted of 20 teenagers (10 girls and 10 boys), 20 teachers (5 per 4 schools), 5 nurses, 5 mothers, and 2 doctors. The researcher used structured questions when interviewing. Purposive sampling was also used, like 20 mothers (teen), 4 teachers, 2 clinic sisters and 10 unpregnant teenagers. Open-ended questions were used, to allow for more answers. For example: are contraceptives safe to prevent pregnancy? Give reasons for your answer. Do you know anything about sexually transmitted diseases? Substantiate. How do you communicate with teenagers about unwanted pregnancy? What do you think are the causes of teenage pregnancy? Are contraceptives good for teenagers? Motivate.

2.2 WHAT IS COMMUNICATION

Breedt and Joubert (2001:1) say that communication is necessary for interpersonal contact in organisations and in the business world. Communication skills are needed to obtain knowledge and to apply it effectively. Communication is seen here as listening, resolving conflicts, getting information, motivating employees, for effective group discussions, encouraging clear oral or written discussions, and reducing conflict. Communication is furthermore defined as a two way process whereby information (a message) is transmitted or sent from one person (the sender) by means of a channel or medium to another person (receiver), who, in turn, will react in a specific way by providing feedback.

According to Baker (2002:18), communication is a continuing process between two or more people, using verbal or non-verbal signs to shape one another's behaviour immediately or over a certain period.

Cleary *et al.*, (2003:1) define communication as the process of creating meaning, between two or more people, through the expression and interpretation of messages. To them, expression means public demonstration of the idea or feeling initially within the mind of the communicator, where interpretation means the meaning attached by the receiver to the message. Furthermore, the process of communication takes place within a particular situation, which also influences the other elements. The situation refers to the time, place and circumstances in which the communication transaction occurs, as confirmed by Cleary *et al.*, (2003:07).

Bettinghaus (1973:9) regards the communication situation as existing whenever one person transmits a message that is received by another individual and is acted upon by that individual. He exemplifies the sender of the message as a source of communication, using symbols or stimuli that have shared meanings for individuals, as a message to be delivered or passed along some channel to someone who is serving as a receiver of communication. The four elements, which are, namely, the source, message, channel and receiver, are present in everyday communication situation.

Kinderley (1998:3) defines communication as the act of imparting, especially news, or information, social intercourse, and a science of practice of transmitting information.

It is furthermore said by McKenna (1997:1) that communication depends upon those who are trying to understand and deal with interactions between human beings. He further states that the purpose of communication is to express thoughts, ideas and feelings with others in a way that they will understand. Writing and reading go together, as do speaking and listening, as confirmed by the above author. He assumes that communication skills come naturally and no training is required.

The above-mentioned scholars emphasise that understanding is the result of effective communication.

2.3 EFFECTIVE COMMUNICATION

Cleary *et al.*, (2003:7) state that communication is effective when the idea or message, as it was initiated and intended by the sender, corresponds closely with the message as it is perceived and responded to by the receiver. McKenna (1997:3) states that to improve communication, we must understand exactly what it is. The Latin root of the word communicate is 'communicare', which means to make common or to share.

Baron (1974:374) realised that effective communication can be improved by providing potential opponents with a chance to communicate with one another to increase cooperation. After cooperation, the best strategy will follow. In addition to that, they can communicate in some fashion. Baron further exemplified that powerful nations who establish hot lines between their capitals, allow for direct communication between their leaders during times of emergency, as an example of the need for effective communication.

Effective communication can be achieved if a code system is adopted, and there is acknowledgement of other people's beliefs and cultures. In addition, effective communication can be realised if people learn to tolerate the beliefs and behaviours of others.

As the aim of this study is to examine the role that lack of communication plays in the prevalence of teenage pregnancy, it is important to identify communication strategies that can be applied for an effective communication to occur. The various communication contexts or levels shall be discussed.

2.4 COMMUNICATION CONTEXT

According to Cleary *et al.*, (2003:8), communication occurs in several kinds of contexts. These contexts or levels are differentiated from each other according to the number of participants involved. From the mentioned statement, it is clear that types of communication are distinguished by the number of participants.

Fielding (1997:20) identifies the following contexts or levels:

2.4.1 Intrapersonal communication

Intrapersonal communication refers to a soliloquy, which is the act of speaking alone or to oneself, as seen by Breedt and Joubert (2001:2). For example, talking to oneself on how to solve a gruesome problem. This may be applicable to teenage pregnancy as any teenager involved in sexual activities will have to ask herself whether it is wise or not to fall pregnant at such an early age. A teenager may have a battle of ideas about involving herself in sexual matters or not. If the decision is positive, what will be reaction of the parents or peer group.

2.4.2 Interpersonal communication

Tubbs and Moss (1991:4) regard interpersonal communication as communication between two people. Sometimes a teenager, after talking to himself or herself, he or she needs someone to confide in. This type of communication is said to account for most informal everyday communication transactions, including personal and intimate relationships. One finds out that, at this stage, he or she has a friend. The above-mentioned is supported by Bettinghaus (1973:17) as communicators have to write a letter, use the telephone, or speak over the radio or television. Most teenagers start communicating with girlfriends or boyfriends over the telephone and write love letters to one another. An intimate relationship develops. Both teenagers then engage in sexual activities, hence teenage pregnancy.

2.4.3 Small group communication

Baker (2002:19) refers to communication that takes place among a group of people with a common goal as small group communication. A good example in this case could be a group of learners sitting together, discussing their school work, a group of soccer players discussing their match, or a group of teenage parents discussing their dual-roles as parents and teenagers at the same time. It is also believed that all group members

need to subscribe to the same values and norms that are developed within that particular group.

2.4.4 Public communication

This type of communication has no privacy. The message is conveyed to everyone in public. It is also a one-way communication whereby learners are just in class listening to their educator as supported by Cleary *et al.*, (2003:23). This type of communication occurs in formal situations. This type of communication has not yet reached our area where public servants from the Department of Health address the teenagers on the prevention of pregnancy. It is also necessary at schools where most teenagers lack information concerning teenage pregnancy.

2.4.5 Mass communication

According to Severin (1997:4), the term is directed towards a large, general and anonymous audience. The message is transmitted publicly to the audience. In the past, people relied on folklore, common sense and traditional wisdom regarding mass communication and education. Joubert and Breedts (2001:3) define mass communication as communication between a sender and many receivers. Macquail (1994:10) defines mass communication as the methods and institution of a specific group employing telephones, satellites, microfilms, computers, magazines, newspapers, posters and bill boards content to a large group of people. Few of the above-mentioned transmit information regarding teenage pregnancy. There is still a need for more media to be involved in preventing teenage pregnancy.

2.4.6 Organisational communication

An organisation is defined by Fielding (1997:29) as consisting of groups of people who work together to reach specific goals. The organisation may be democratically or autocratically managed and that affect the way of communication in that organisation. The latter is supported by Tubbs and Moss (1991:15) as they say that in every organisation, small or large, communication often takes place through a series of

channels or intermediaries. The greater the number of intermediaries, the greater the chances of the message being distorted or diluted. A hierarchical system is working here, where everybody would give orders, and nobody does the work. Just like at school where teachers are trained in sex education and they, in turn, give feedback to the parents. Ultimately, the message is given to the learners at schools. Most parents ignore such information about teenage pregnancy and no adequate support is given to their teenagers. If functional organizations on teenage pregnancy can be formed, STIs and unwanted pregnancies can be reduced.

2.4.7 Intercultural communication

Teenagers at school come from various cultural backgrounds where they have various ways of handling sex education. Some cultures prefer teenage pregnancy as a need to show fertility, while others regard it as a taboo. There are sensitive issues regarding intercultural communication as mentioned by Tubbs and Moss (1991:26) such as:

Personal contact: Whites prefer intimate contact when communicating while other communities, such as Blacks, view it as intruding their zones, as teenagers may be tempted into sexual activities.

Touching : Europeans regard touching as intimate, whereas Africans regard it as unsuitable.

Eye contact differs from one culture to the other. A child down-casting the eyes while being addressed by the elderly is regarded as good mannered in African culture. The same behaviour will be regarded as a nuisance and disrespectful in Western culture.

2.4.7.1 Conscience

The *Longman Active Study Dictionary* (2004:156) defines conscience as the mind that tells you whether what you are doing is morally right or wrong. It is more important in some societies while other societies prefer a more subtle, slower and society dignified

mode of interaction. It is a disadvantage to some communities as it allows time for teenagers to play or engage in sexual activities as they wish, hence teenage pregnancies.

2.4.7.2 Directness

Some societies, like Western societies, prefer straight talk, unlike Africans who prefer indirect approach. There is a saying that “straight talk does not break any friendship”. Straightforward communication leads to a successful feedback and more understanding. Teenagers should be told directly about pregnancy and its disadvantages.

2.4.7.3 Misunderstanding of non-verbal codes

In certain societies, such among Africans, the right hand is used for eating and greeting, while the left hand is associated with going to the toilet. The common nonverbal codes should be considered as this may lead to misunderstanding concerning sexual behaviour. Such misunderstanding may lead to teenagers falling pregnant.

2.4.7.4 Cultural stereotyping

This occurs when an assumption is made that all members of a certain society are alike. For example, Bafana Bafana fans are the best and Orlando Pirates fans are bullies. This is often found in some cultures whereby they regard early pregnancy as a sign of womanhood, whereas in some cultures they regard education first and pregnancy later in marriage.

2.5 **COMMUNICATION BARRIERS**

Cleary *et al.*, (2003:17) mention communication barriers as a factor that hinders the insight between the sender and receiver. Many communication breakdowns occur because of communication barriers and these can be classified as frame of reference, perceptual, noise, choice-of-medium and feedback barriers.

2.5.1 **Frame of reference**

Frame of reference may complicate an understanding and finally cause communication breakdown. Cleary *et al.*, (2003:12) describe the frame of reference as the sum total of someone's educational background, attitude, values, beliefs, age, gender, cultural background and physical attributes. Cleary *et al.*, (2003:12) assumed that no two people will ever have the same frame of reference. Another assumption is that an individual's frame of reference can be changed by a lifetime experience. Some teenagers may end up playing around with sex because of a poor frame of reference.

2.5.2 **Perceptual barriers**

It is concerned about experience brought about by differences in intelligence, background, skill and education, interest and needs. The sensory data in five senses give need to selected data. It is assumed that different people can react to the message differently. Cleary *et al.*, (2003:13) confirm that the factor contributing to perceptual breakdown as past experiences, needs, for example, Maslow's Hierarchy of Needs, selection, language used, one's education and environment. His barrier should be considered as it may lead to other teenagers being attended and others ignored. Most neglected teenagers will be victims of teenage pregnancy.

2.5.3 **Noise barriers**

Tubbs and Moss (1991:6) define noise as a type of disruption that hinders or disrupts communication. The physical noise barriers are like the tick of the clock, the squeak of the printer or door as they can interrupt communication. Even the badly spelled words, thunder, traffic, shouting and pronunciation can cause noise. Too much noise can hinder understanding. Many teenagers may misunderstand facts about pregnancy due to the above facts.

2.5.4 Choice of medium barriers

Cleary *et al.*, (2003:16) have realised various ways of transmitting information or message like writing. Written messages only allow one-way communication with little or no immediate feedback. The receiver reads only what is written. Speaking face-to-face allows for a two-way communication. In this case, direct questions, frowning, smiling, nodding and comments are possible. The assessment of meanings and feelings is possible, and telephoning messages allow immediate feedback than writing, but the shortfall is that the receiver cannot perceive non-verbal message. The medium chosen can disturb understanding. Telephoning, instead of writing a report, can result in a communication breakdown. Telephone calls are usually not recorded, unlike a written report that can be referred to time and again. A written document may be better preferred than telephoning. Telephoning messages can be easily misinterpreted. Ultimately, that leads to misunderstanding. It may hinder reference time and again, especially in teenage pregnancy.

2.5.5 Feedback barriers

Cleary *et al.*, (2003:16) define feedback barriers as the response that message receivers give to message senders. Asking the receiver whether or not the message was well taken is meaningless. Rather ask the receiver “What do you understand?” If the message is not well understood, it is better to stress the key points to the receiver. For example, an advertisement may be searched in a website for more information, but there would not be any is no opportunity for questions or comments. Giving the teenagers time to ask the question is better than searching for information on the website on pregnancy feedback.

2.5.6 External communication barriers

Joubert and Breedt (2001:8) list the physical and visual communication barriers as follows:

2.5.6.1 Physical communications barriers

These include poor hearing, poor eyesight, tiredness, poor health and pain. These are ignored by the most senders of messages. These distract the message to the teenagers. They end up in sexual activities.

2.5.6.2 Visual communication barriers

These include poor vision of quality on a television screen, the picture or words which are too small to read or see. Eventually, the message is not well understood by the teenagers to curb pregnancy.

2.5.6.3 Psychological barriers

They include emotions such as anger, boredom, fear, nervousness and depression. The mood may be irrelevant to the topic on teenage pregnancy.

2.5.6.4 Semantic barriers

They refer to the misunderstanding because of different meanings attached to the same words, foreign accent, pronunciation and slang. It may lead to poor communication and understanding.

2.5.6.5 Perceptual barriers

Everybody has a different value system towards things, i.e., everybody understands things in his or her own way. Perceptual barriers can be caused by different religious, cultural, educational and racial background, or differences in age and gender.

2.6 DEFINITION OF TERMS

The primary focus of this study is to improve communication strategies to prevent unwanted teenage pregnancy. There are quite a number of terms relevant to this topic. Below follows some of those terms.

2.6.1 Teenager

A teenager is a person whose years range between 13 and 19. *Dictionary of Contemporary English* (1978:1139) defines a teenager as a young person of between 13 and 19 years old. The synonym of a teenager is “adolescent”, which is about a young person who develops from childhood to adulthood. This period is characterized by anxiety, happiness, troubles and excitement.

2.6.2 Pregnancy

The Oxford Dictionary (1998:645) regards pregnancy as having a baby or young one developing inside the uterus. It lasts for 280 days (40 weeks). Usually, it happens 14 days after ovulation, i.e., before the woman’s menstrual period.

2.6.3 Contraceptives

Contraceptives are used as preventative measures to avoid unwanted pregnancy as confirmed by the *Oxford Dictionary* (1998:182). Many teenagers fall pregnant because of lack of information about how some contraceptives are used to prevent unwanted pregnancies.

2.6.4 Sexually Transmitted Infections (STI)

Sexually transmitted diseases, abbreviated as STIs, are diseases contracted through unprotected sex. According to Haines (1999:80), the widely known STI is HIV/AIDS. Other STIs are Syphilis (called pox), Gonorrhoea (drip/drop), Chlamydia (swollen penis), Genital ulcers, Genital warts and Hepatitis B. He further indicated the

symptoms of STIs as pain when having sex, high temperatures, swollen lymph nodes, pain or itching when urinating, rashes, sores, blisters on and around the penis or vagina, frequent feeling to urinate and discharge from penis or vagina with unusual smell.

2.6.5 Persuasive message

Persuasive message can be used to sway the mind of the recipient to agree with the standpoint of the sender. Another aim may be to change the opinion of the receiver in politics, religion and commerce.

2.6.6 Teenage pregnancy

Julius (1986:21) defines teenage pregnancy as an early emotional malnutrition, where teenagers carry the baby with lack of responsibility and lack of decision-making in motherhood.

2.6.7 Sexual intercourse

According to Haines (1999:70), sexual intercourse is discussed as an event wherein an erect male penis gets inserted into the female vagina. Both partners may feel the pleasure as the penis is moved inside the vagina.

2.6.8 Culture

Cleary *et al.*, (2003:28) cited Goodenough defining culture as a certain knowledge and belief for the members of a community. Such manners enabled the community to be in a behaviour that they accept. Kaschula and Antonissen (1995:15) have realized that a group that shares the same culture can share value beliefs, share rules of behaviour and a language, which is a shared symbolic code. The sharing gives heed to a sense of belonging.

2.7 CONCLUSION

In this chapter, communication was presented as an important tool to understanding. Communication barriers should be considered and one must endeavour to overcome them. The communication context forms part of various communication strategies that enhance the effective delivery of messages, like the one on teenage pregnancy. The next chapter deals with various sources through which parents and adults can reduce the risk of teenagers becoming pregnant.

CHAPTER THREE

TEENAGE PREGNANCY

3.1 INTRODUCTION

The aim of this chapter is to discuss the causes of teenage pregnancy, particularly in Bochum West and South Africa in general. As Bochum West is situated in Limpopo Province, it is, therefore, inevitable to use the province for reference. In order to achieve these aims, the chapter uses secondary sources in the form of newspaper articles, the Internet, government bulletins, local government newsletters, radio programmes, magazines and books. Primary sources were utilised and these are teenage girls and boys, parents, teachers and health workers. Names of the respondents used have been changed to hide their identity.

The issue of teenage pregnancy is a vexing one in the Limpopo Province. For instance, almost 550 babies were conceived by underaged girls in Polokwane in just 91 days (*Review*, 2006:1). Many underaged girls in the province have unprotected sex, which leads to teenage pregnancy and the risk of being infected with AIDS, as stated by the Department of Health spokesperson, Seloba, in the *Review* (2006:1). Seloba further adds that they have programmes in schools whereby the learners are taught about safe sex and abstinence. The *Loveline* programme also guides the youngsters about the dangers of unprotected sex. As already stated, the aim of this chapter is to divulge what other people say about teenage pregnancy and its causes.

Teenage pregnancy has become a serious problem in educating the youth and school children in Bochum West. Teenage pregnancy has retarded the learning process at schools in Bochum West. Teachers are expected to teach learners but they become surprised to realise that they are teaching mothers-to-be. The teachers expect all learners to take instructions equally. They must all sit well in class, do classwork, do homework, write tests, participate in athletics, jump during physical education lessons, and play soccer and netball.

Pregnant teenagers cannot focus on what is being taught in class. They only think of becoming mothers. If a teenage girl is already pregnant, she would listen to the movement of the baby in the womb. She would easily fall asleep in class. During the night, she does not sleep properly. She even refuses to run and jump like other learners. The teachers face all these problems. It is rare for such learners to arrive at school on time because of morning sickness. She loses all interest in the school. Other learners also witness all the weaknesses. The school's total discipline, work ethics and educational atmosphere collapse. The girl knows her future is destroyed and cares less about anything at school.

Teenage pregnancy has become a barrier to some endeavours to educate our young school girls, who become pregnant too early. Their future is doomed. Most teenagers do not achieve their educational aims, but end up being mothers at an early age. Teenage pregnancy leads to family conflicts amongst parents as to who is to blame for the young girl's early pregnancy.

3.2 CAUSES OF TEENAGE PREGNANCY

3.2.1 *Review (2006)*

According to Review (2006:1), a number of teenagers have said the following about the causes of teenage pregnancy:

One of the teenagers, namely, Wendy (*Review, 2006:1*), said that some teenagers have unprotected sex fearing that their boyfriends would leave them. She said that they unexpectedly had unprotected sex at a party, that is, no condom was used. She said that she would go for HIV tests if she slept with more than one man. Other teenagers have contrary views to those of Wendy on this issue. For instance, Tumelo said that she chose to abstain from sex rather than to have unprotected sex because she realised that boys were untrustworthy. She said that the blame was on girls whereas other girls laid the blame on boys, as they forced the girls to have unprotected sex. If ever a boy falls in love with a girl, there must be mutual respect by using a condom or abstaining. This view was strongly held by Tumelo.

Mpho has realised that the use of alcohol and drugs contributes to unwanted pregnancies. He says that many teenagers fall pregnant because they want to put theory into practice. What is surprising is that there are many teenagers who terminate their pregnancies when they are still very young. Mpho insists that parents should continue guiding their children on sex information.

One of the principals in Polokwane insists that parents and teachers must encourage the children to say no to sex, that is abstaining. He condemns the use of condoms, as they are also not 100% safe. He also encourages teenagers to be careful about their lives, as they are the future of the country. From this discussion, it is clear that there were less teenage pregnancy in the past as compared to the current state.

3.2.2 Teen talk (2006)

From *Teen Talk*, the following information on teenage pregnancy was found:

Teenage pregnancy is a huge problem in Southern Africa. Thousands of teenagers get pregnant every year with bad results. Unwanted pregnancy often gives bad results concerning the teenager's future. The bad results are as follows:

- Money: there is no money for food, clothes and medical needs;
- Loneliness: the teenager is no longer free to enjoy social life with friends but has to take care of the baby;
- Education: the teenagers find it too difficult to complete their schooling when expectant or when looking after the baby;
- Work: it is difficult to look for a job with low education skills. Another thing is who is going to look after the baby when the mother is away?
- Responsibilities: the teenage mother is faced with a big responsibility of looking after a baby when she is still very young.

3.2.3 Programmes for Thobela F.M. (2006)

Thobela F.M. runs radio programmes that exhort teenagers to concentrate on their studies. Teenagers are encouraged to abstain from sex, read their books, and respect their bodies. The station runs both youth programmes and educational programmes. In its youth programmes, like “*Meriting*” and “*Baswa le lentšu*”, the presenters highlight the importance of education, morality and responsibility. In the programme “*Meriting*”, Skumbuso Mbatha, together with youths, talks about teenagers to love their life, to be educated and to abstain from sexual activities.

3.2.3.1 Nkoana (2006)

Nkoana (2006), also a presenter, said the following were the causes of teenage pregnancy: lack of information about sex life, peer pressure, rape, sexual abuse (by uncles, brothers, fathers, and gentlemen), not using contraceptives and trusting the myths about conception. She mentioned that some teenagers do not even know the signs of pregnancy. She outlined the following as signs of teenage pregnancy:

- Missed periods;
- Feeling like vomiting or morning nausea or sickness;
- Nipples are darker on the breast;
- There is water fluid on the nipples as a sign of pregnancy;
- Enlargement of the abdomen (stomach); and
- Dislikes and likes of some food.

3.2.3.1.1 The disadvantages of teenage pregnancy

According to Nkoana (2006), most pregnant teenagers lag behind at school because of poor attendance and dropping out. The future is very uncertain for the unwed mothers. Their dreams are even shattered. They are also accident prone because of absent mindedness. The society no longer accepts them, even their friends isolate them. Their families tend to reject them. Eventually, their spirit is down and many of such teenagers commit suicide. Besides social problems, medically, teenagers below

eighteen years find it difficult to carry a baby, i.e., in the uterus. They even tend to have long labour pains because of the inability to deliver the child normally. The results will be a caesarean birth. There is lack of finance for good nutrition, fruit and vegetables. Unemployment also takes its toll.

3.2.3.1.2 Causes of boyfriends who run away from their girlfriends

The boyfriends may not be ready to father the child. This is why he may not even blame his girlfriend for falling pregnant. In some instance, the boyfriend may not be financially viable. He may want to belong to a group that does not want to associate itself with fathers.

3.2.3.2 Mashamaite (2006)

The following were regarded as the causes of teenage pregnancy:

3.2.3.2.1 The causes of teenage pregnancy

Peer pressure from colleagues was found to be one of the major causes of teenage pregnancy. For instance, those who have already fallen pregnant may ridicule those who have not yet fallen pregnant for being barren. In order to prove that she too can have babies, a teenager may fall pregnant to satisfy societal pressure. Drugs and rape also play a role in the increase of teenage pregnancy. Moreover, due to lack of sex education, some teenagers may engage in sex just for experimental purposes.

3.2.3.2.2 Influence of parents

Many parents encourage their teenagers to fall pregnant. Some even praise their teenagers when such teenagers fall pregnant. On the other hand, some parents are shocked by their teenager's pregnancy and they do their best to discourage it. All in all, parents are encouraged to communicate with their children about abstinence and taking education into consideration first.

3.3 EDUCATIONAL PROGRAMME (THOBELA F.M. 2006)

The following issues were discussed on teenage pregnancy:

3.3.1 Causes of teenage pregnancy

Peer pressure is the most common cause of teenage pregnancy. Some teenagers are forced into sexual activities by their boyfriends. Some are in high competition with their colleagues on teenage pregnancy. Some teenage boys force their partners into sexual activities by threatening to leave them if they refuse. Herein, the teenage girls should choose between sexual activities and education.

Poverty is one of the causes of teenage pregnancy. The teenage girl will gain money from the boyfriend and even be of use in the family. The teenagers even go to an extent of falling in love with their teachers to uplift their poor financial status. Divorce among the parents often leads the teenager into poverty and sexual activities. The teenager will accept the little money she gets from the boyfriend.

3.3.2 How to fight against teenage pregnancy as stakeholders

Parents spend more time with their teenagers than their teachers. Therefore, sex education should start at home. Parents should also know which TV programmes their teenagers are watching everyday. Parents must take control and guide their children with regard to the preferable programmes to watch on TV. Teenagers must be encouraged to take part in sports as a way of avoiding boredom. Teenagers must not be left alone at home when the parents are at work. Parents must cross-question their teenagers when purchasing new things without their knowledge.

Parents, teachers, chiefs, indunas, and health departments must join hands and work closely in the prevention of teenage pregnancy. Teenagers should not have identity crisis, not knowing where they are going. With proper career guidance, teenage pregnancy can be reduced. With this discussion, it is clear that there were less teenage pregnancy in the past as compared to the current status. Even though there were no

contraceptives in the past, according to chiefs, there were rituals followed on the young girl's first menstruation and some guidance to avoid being pregnant.

3.3.3 Suggestions to prevent teenage pregnancy

Early talk with children on sexual information will be better. That does not encourage them to be sexually active. Parents must be knowledgeable about their children's friends and their families. Parents must discourage them from risky behaviours like drugs and sexual activities. Parents must discourage early dating among teenage girls. Teenagers must be encouraged for long-term career goals. There are resources for parents, such as campaigns for parents-child communication; family health councils like family communication, teen pregnancy and STDs. Parents-child communication should be improved. Over the past years, there was a great improvement in the reduction of teenage pregnancy. Parents do make a difference. Studies have shown that parents and health professionals effectively teach their children how to prevent pregnancy by listening to their children. Parents must be involved in their teenagers' activities and know what they are reading and listening to. Parents should guide their children to make good decisions regarding life choices. Parents must respect their children's views and show them love.

3.4 RELIGIOUS PROGRAMMES (BIBLE)

Some church elders on the International Pentecostal Holiness Church and The True Church of God advise their teenagers on abstinence. In the Bible (1951:174), from I Corinthians 7:12, the church elders lay emphasis on abstinence until marriage life. The teenagers are urged towards education first followed by a life-long career job. They give guidance to the teenagers to live a virgin's life. The teenagers are also encouraged to wait until their marriage day. Some readings from the Bible encourage abstinence from sexual activities, such as **Exodus 20:14**.

3.5 SURVEY ON TEENAGE PREGNANCY (LIMPOPO PROVINCIAL GOVERNMENT 2005)

The survey is in a form of a memorandum to the principals of schools with Grades 8-12. Its aim is to investigate the prevalence of teenage pregnancy in schools. The survey is for two years (2005-2007). The questionnaires are attached to the memorandum. The first survey was conducted in September 2005. The schools were to submit researched statistics for pregnancy results. These would also help to formulate better policies on teenage pregnancy. The NGOs civil society and the government have embarked on the study of prevalence of teenage pregnancy. There is an assumption that teenage pregnancy is linked to social grants. Research on the link between social grants and teenage pregnancy would follow due to the results of the survey.

3.6 TEENAGE PREGNANCY AND HEALTH (2003)

A million of teenagers in the United States of America become pregnant every year. 90% of them are unintended. Teenagers in the United States of America have partners older than twenty years. The teenagers are at risk of contracting sexually transmitted diseases. Such mothers have low birth weight babies. Social complications like school interruption, persistent, poverty, no job opportunities, and separation from the child's father, occur. They also have academic difficulties, drug abuse and a large number of sexual partners.

3.7 THE ARTICLE OF COLEY AND LANSDALE (1998) ON TEENAGE PREGNANCY

According to Diva (2006), the following information was found: they worked with local Teenage Pregnancy Coordinator, and the Teenage Pregnancy Agreement. He influenced a group of important people to design local and national policy in order to deliver a ten-year programme to reduce teenage pregnancy. The media also is expected to play a significant role in teenage pregnancy prevalence. Diva fulfilled a number of various communication needs, such as video production, graphic design, media training

and media presentation. According to Diva (2006), Kate Quail, the Teenage Pregnancy Coordinator for Sheffield, their knowledge in the sexual health field was appreciated. The results on teenage pregnancy were also pleasing. Diva (2006:1) is still committed in the investigations of issues on teenage pregnancy, HIV, sexual health and guidance services. Finally, the researcher discovered the following ten important tips for parents, their relationship with teenagers, and communicating honestly about important matters of life.

3.8 TEN IMPORTANT TIPS FOR PARENTS, THEIR RELATIONSHIP WITH TEENAGERS AND COMMUNICATING HONESTLY ABOUT IMPORTANT MATTERS OF LIFE

- The national worldwide campaign to prevent teenage pregnancy has investigated the influence of parents on their teenagers concerning sexual behaviour. Many experts in the field have been consulted in order to reduce the risk of teenage pregnancy at an early age. Parents must be clear about their own sexual values and attitudes. They should have a clear mind about love, sex and relationships for successful communication.
- Parents must think about school-aged teenagers who become sexually active, set sexual limits, encourage teenagers to abstain from sex, and guide teenagers to use contraceptives.
- Parents must talk to their children early and often about sex, and should be specific. As parents, all questions asked from the kids should be answered. Movies on television should be a starting point. A two-day conversation is encouraged, rather than lecturing.
- Parents should ask them about their worries and correct their misconceptions. Kids need to know more about sex, as much as they know about the working of their body parts. They must be aware that sex, in many religions, is an expression of love within marriage. There is also a concern about teenagers drinking as they often end up having unprotected sex. To most boys, the idea of having a baby means manhood, but they must be responsible for their babies.

- Parents must supervise and monitor their children and adolescents. Rules, curfews and expected behaviour can be established by a family in a respectful manner of communication.
- Parents must know their children's friends and their families. It is better for one's child to have friends from families who share one's values. A special family meeting can be arranged with the family friends to arrange for common laws and expectations.
- Parents must discourage early, frequent and steady dating. Discouraging in groups about early dating are better than individual's teenager dating earlier. The strong feelings about sex must be known by the kids throughout their childhood that education is better than teenage pregnancy.
- Parents should not allow their girls to date older men or their boys to date younger girls. Older men often lead to unwanted sex and even unprotected sex.
- Children must be helped to have a bright future rather than early pregnancy or parenthood. Hopes for a bright future delays pregnancy and parenthood.
- Children need help to reach their goals. More time is needed for homework, assignments and tests for success in examinations. Community services can also teach teenagers to be caring adults. Nurses and social workers are also concerned about how to decrease the high teenage pregnancy. Teenage pregnancy leads to family conflicts among parents as to who is to blame for the young girl's early pregnancy.

3.9 FACTORS THAT CONTRIBUTE TO EARLY INITIATION SEX

- Lack of communication about sex matters.
- Poverty.
- Lack of knowledge about STIs.
- Ignorance.

- Social grants peer pressure.
- Orphaned teenagers (Philliber, 1986:463-481).

3.10 **FACTORS THAT CAN DECREASE THE LIKELIHOOD OF TEENAGE PREGNANCY**

- Communication about sex matters.
- Counselling to orphans to abstain.
- Involvement into social programmes (guide each other).
- Involvement into educational programmes (knowledge).

Teenagers are less likely to become pregnant. The following six programmes, namely, teen education programmes, parent-and-work on improving parent-child communication; specific strategies for teenage boys; tailored strategies of different age groups; elementary and middle school programmes; and peer education programmes to reduce teenage pregnancy, have not yet been demonstrated countrywide, especially in the Bochum West area. According to Kirby (1999:83-94), teenagers who have self-esteem seek information about contraceptives. The clinic sisters have enough information on birth control issues. Only 12 percent trusts its peers for such information. Most teenagers in the Bochum West area are lacking behind in as far as contraceptives are concerned.

3.11 **THE ROLE OF SOCIAL WORKERS OR WELFARE AGENCIES**

The social welfare departments or curriculum planners have already designed a programme or scheme of sex education and life skills in Limpopo, as cited by *Review* (2006:1). There is still a need for social workers in Bochum West to counsel the teenagers on contraceptives, teenage pregnancy and sex education as confirmed by the clinic sister and doctors. Their role is to care empathetically, with tolerance and understanding. There must also be confidence among parents, teachers and the general public in the role of social workers.

3.12 THE ROLE OF TEACHERS

Nearly all phase teachers are trained in life skills education. Such educators can guide teenagers on teenage pregnancy. They also offer suitable life skills according to the pupil's age. Teachers play a significant role in providing sex education at various schools. Since 2003, many teenagers are still falling pregnant, even if they are guided on sex education.

3.13 THE ROLE OF CHURCHES ON TEENAGE PREGNANCY

Churches like the "True Church of God" and the "International Pentecostal Church" stress abstinence for teenagers. This is only successful to an extent as some teenagers listen to the churches' message while others do not. The latter fall pregnant despite regular teachings and abstinence. The ministers will help achieve the dialogue between parents and teenagers by inviting parents during the guidance on teenage pregnancy.

3.14 THE ROLE PLAYED BY THE COMMUNITY ON TEENAGE PREGNANCY

The community itself must start programmes on teenage pregnancy and sex. Such programmes will help improve the skills of parents in the knowledge of sex. The task team assembled will assist in facilitating communities' co-operation on sex education.

3.15 THE ROLE PLAYED BY NURSES AND DOCTORS ON SEX EDUCATION

Nurses, doctors, and health professionals should teach teenagers about sex. According to Makokoane (2005:1), with the clinic sister, the only guidance on sex education given is already to pregnant teenagers. And, this is done during pre-natal treatment only. The clinic sister said that booklets, posters and billboards should be available at clinics and surgeries for information on sex education. Doctors can also organise workshops for the prevalence of teenage pregnancy. Nurses and social workers are also concerned about how to decrease high teenage pregnancy.

3.16 THE VIEW OF PARENTS ON TEENAGE PREGNANCY

Parents are in a dilemma because they have two different views on the problem of teenage pregnancy. Mostly, parents who can afford to educate their teenage girls are against teenage pregnancy. Those who cannot afford to educate their children are for teenage pregnancy. To them, it is a relief. The teenagers will no longer look up to them for financial support to continue schooling. The teenagers will depend on the government social grants that they will receive for their babies for survival. Such parents can even encourage teenagers to bear children in view of these social grants as supported by Nkoana (Thobela F.M.). They even tell their teenagers that their neighbouring teenagers have babies and they too should do likewise, as witnessed by the researcher when interviewing the teenager's parents.

Such parents choose social grants to marriage. They do not care about marriage. They even discourage their teenage girls from getting married. The teenagers continue to bear more children for more money. The teenagers enjoy falling pregnant, knowing that their parents will support them. They are not ashamed but are instead proud of the pregnancy. It has become a status symbol among teenagers to be pregnant in Bochum West, as confirmed by Teen Talk (2006:16).

Some parents are against teenage pregnancy. Such parents want their teenage girls to get educated and become skilled and professional women later. It is a shame to them for teenagers to become pregnant. They understand the importance of education for their teenagers. They understand democracy better and plan that both teenage girls and boys must get educated and become future leaders. This is supported by Nkoana (Thobela FM., 2006).

3.17 THE VIEW OF THE COMMUNITY ON TEENAGE PREGNANCY

The view of community is more or less the same as that of the parents. Teenage pregnancy contributes too much to the fatherless children in the community. This raises the level of poverty in the community. Most fathers blame mothers due to teenage pregnancy. Fathers think that the mothers encourage their children to get pregnant. In

single-parent families, e.g., mother only, most of them view their children's pregnancy as a blessing. More than before, people who are poor and unemployed become corrupt due to the high rate of pregnancy. The community in which this competition of teenage pregnancy is rife becomes uncontrollable. Community leaders such as the headmen, are worried about the problem of teenage pregnancy. In other words, teenage pregnancy must be prevented.

In addition, teenage pregnancy is a problem to the community. Control is not guaranteed here. Hooliganism increases. The spread of diseases occurs, especially sexually infectious diseases. More physical infrastructure is needed as the community grows. More schools, clinics, and churches are needed to cater for the growing community. There is never enough money to do all these things. Hence, many villages in Bochum West are poverty stricken because of more babies born out of unwanted pregnancies.

3.17.1 Recommendations

- Teenagers are encouraged to go to school and forget about sexual matters.
- Parents must talk about the disadvantages of teenage pregnancy.
- Life skills education be introduced.
- Sex education to start from primary level until at Grade 12.

3.18 CHIEFS' VIEWS ON TEENAGE PREGNANCY

In the Northern Sotho speakers' culture, teenage pregnancy is not acceptable. The girl would grow normally and be welcomed as a young woman who can experience monthly menstruation. She would then be schooled by the grandmothers on how to behave herself in the event of such periods, and also warn her very strongly to guard against male sex interaction.

This will also inform the grandmothers that the girl is ready for the mountain school. It is where she will get full education and guidance about womanhood and how to deal with menstrual periods. For this young woman, if not married until all her age group has been married, a hut is built at the backyard of her parents' homestead. She will be told that the house is hers, she could then get a male friend to bear children there because she is *lefetwa*. She is officially allowed to bear children. If she is not a *lefetwa*, it means she is married and that is also an official permission to be pregnant and bear children.

Teenage pregnancy is not permitted, it is a practice that emerged with the young generation wherein there is no formalisation of institutions. Some teenagers make babies on their first menstrual periods. Things have become so uncontrollable to an extent that there is no division between teenage girls and women. It was punishable if a teenager would bear a child informally, as it is outside marriage or formal permission. Today, teenage pregnancy has become the norm and it is even encouraged by the social grants given to teenagers when they have babies.

These are the views that chiefs have towards teenage pregnancy in South Africa.

3.19 DOCTORS' AND NURSES' VIEWS ON TEENAGE PREGNANCY

After a visit to the local hospital, Helen Frans, and local clinics, such as Schoongezicht, the researcher came up with what doctors and nurses experience. The issue of teenage pregnancy seems to be a concern amongst everybody in the society, and needs some joint effort to decrease its high rate. Doctors confirm that a number of parents bring their children to their surgeries, worried about their children's sudden change of behaviour, and their state of health. To their amazement, they find out that their children are pregnant.

According to these health practitioners, there is no proper communication between parents and their children on sex matters and their repercussions amongst teenagers. To them (i.e., doctors), parents who are educated seem to discuss sex matters with their children for the latter to get educated and that they do not anticipate to be scorned by

the people of their class due to a learner who drops out because of pregnancy. The main concern is education first then all other things will follow later.

On the contrary, most of non-literate parents do not talk about sex education to their children. These parents are those who follow an old tradition that if a girl gets her first menstruation, then it is a big celebration and she is told that she is an adult and is now ready to bear children. They even go to an extent of counting some few months to see if there is no change in their children, i.e., growth of hair on private parts and breast. So, they expect that particular child to fall pregnant at any time to show that she is a grown up. These parents also lack knowledge on issues of HIV and AIDS. When called at some clinics during some campaigns, most of them will criticise the issue of contraceptives and condoms, and conclude that these cause diseases for them. So, the more parents are negative about contraceptives, it is obvious that they would not encourage their children to use them.

The other point discovered by doctors and nurses is that there are quite a number of parents who take the responsibility of taking care of their pregnant children until they give birth to show that they promote the issue of teenage pregnancy. Those kind of parents are those who do not want to attend forums and campaigns on HIV/AIDS. They find these meetings fruitless as, to them, they are meant to oppose what they think is right, i.e., to prevent unsafe sexual engagements while they need their children to become mothers so as to increase the income at home through child grants. The lack of knowledge or the issue of little education or totally non-existing education on the parents' side has a negative impact on moulding and educating children to become responsible adults.

This lack of knowledge and ignorance cause a high rate of teenage pregnancy and infant deaths as parents are opposing their children to visit hospitals and clinics. Their traditional practices and caring after their children without involving health practitioners is believed to be a contributing factor in some death cases. This has been experienced when these parents bring their children to the hospital after realising that there is nothing else they can do, i.e., using the hospital as the last resort.

To these doctors and nurses, poverty around this area is also a contributing factor to teenagers engaging themselves in sexual activities at early stages. All stakeholders, that is, parents, teenagers, educators, nurses and doctors, need to join hands to discuss the issue of sex, teenage pregnancy and HIV/AIDS. The issue of embarking on research on teenage pregnancy is comprehended and viewed as a step forward towards addressing such issues in an effective way, since the problem is experienced by relevant people, i.e., educators and health practitioners. When the present researcher visited their places, she was heartily welcomed, and those doctors and nurses were free to express their views about what they are told at school. Those learners will gradually change the mindset of their parents concerning the use of contraceptives and the danger contracting diseases.

3.20 CONCLUSION

The researcher dealt with various strategies on how radio presenters have investigated the contribution of communication in teenage pregnancy. The causes of teenage pregnancy were clearly outlined. The suggestions on how to prevent teenage pregnancy were found. The different views on teenage pregnancy were investigated, including that of educators, nurses, doctors, social workers, the community and parents. The next chapter deals with data analysis on communication as contributing towards teenage pregnancy. In the end, if the society as a whole can join hands, irrespective of their level of education, to attend to controversial issues like preventing teenage pregnancy, the high rate of pregnancy can be reduced and prevented. Let it be everyone's responsibility to communicate about these sex matters so that South Africa can become an educated and growing society.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF DATA

4.1 INTRODUCTION

The aim of this chapter is to analyse the collected data in the form of tables. Bochum West comprises fourteen villages. The following data were collected from the following villages, namely, Schoongezicht B, Auldlongsine, Earlydawn, Goedetrouw and Gemarke. The responses to be analysed are for the educators, doctors and nurses, the learners (boys and girls) and parents.

4.2 RESPONSES BY THE EDUCATORS

QUESTION 1: Should learners be taught about sex education? Substantiate your answer.

TABLE 4.2.1

	No. of respondents	Sex	No	Yes
1. Schoongezicht High	4	Boys	3	-
2. Mmaratha Primary	4	Girls	0	4
3. Seshane Primary	4	Boys	0	4
4. Ramotšhabi High	4	Girls	2	2
5. Kgerepi High	4	2 boys, 2 girls	3	1
Percentage			45%	55%

Table 4.2.1 given above indicates that the majority of the respondents in the sample, that is 55%, finds it necessary to teach the learners about sex education. Such educators have seen lack of experience on sex education having led to a numerous teenage pregnancies. The minority group, 45%, does not see the need of educating the learners about sex education. Their teenagers learn from their peer groups. The pressure from their peers overwhelms the guidance on sex education from their parents. Such teenagers undermine their parents information. They feel proud yet forgetting that little knowledge is dangerous.

QUESTION 2: What is the rate of pregnancy at your school?

TABLE 4.2.2

	No. of respondents	Sex	No	Yes
1. Schoongezicht High	4	Boys	4	-
2. Mmaratha Primary	4	Girls	1	3
3. Seshane Primary	4	Boys	2	2
4. Ramotšhabi High	4	Girls	4	-
5. Kgerepi High	4	2 boys, 2 girls	2	2
Percentage			65%	35%

The data analyses in Table 4.2.2 indicate that the majority group, 65%, has experienced a high rate of pregnancy at their schools. Learners at such schools are competing with one another about pregnancy. They see the matter of teenage pregnancy as a means of earning of social grants. Their belief is that the more children they have, the more money from social grants will emerge. That is a great fantasy as nobody knows when such grants will get to a standstill. On the other hand, the minority group, 35%, has a very low rate of teenage pregnancy at their schools. The main reason being the virginity of the teenagers at their schools. The educators are trying to enlighten them about sex education at school. The main emphasis is abstinence, (i.e., saying no to sex), delaying tactics and condomising.

QUESTION 3: What do you think are the causes of teenage pregnancy?

TABLE 4.2.3

	No. of respondents	Sex	Lack of communication	Not using contraceptives	Social grants
1. Schoongezicht High	4	Boys	2	1	1
2. Mmaratha Primary	4	Girls	2	1	0
3. Seshane Primary ²	4	Boys	3	1	0
4. Ramotšhabi High	14	Girls	2	1	1
5. Kgerepi High	4	2 boys, 2 girls	2	1	1
Percentage			60%	25%	15%

Table 4.2.3 above shows that the majority of the respondents, 60%, thinks that lack of enough communication is the cause of teenage pregnancy. Parents are the ones to communicate to their teenagers about sex education. The earlier the better, as most of the parents in Bochum West are not in close contact with their kids. Most teenagers prefer the hearsay of their peers, thus they end up being pregnant unaware. The study has discovered such risks. The middle group, 25%, is not using contraceptives at all. They have lack of knowledge on how they are used. They believe in showering, shaking up and down to avoid pregnancy. Some do not use them in a proper way. They even skip a day without using them. That results in pregnancy. The minority group, 15%, does purposefully fall pregnant due to social grants. They believe in the philosophy that the more babies they have, the more money they will get. Most of the teenagers in Bochum West forget about the AIDS pandemic. They engage themselves in sexual activities, changing partners like clothes. This is a fashionable practice in Bochum West.

QUESTION 4: Do you sometimes talk about sex matters with your learners?
Motivate your answer.

TABLE 4.2.4

	No. of respondents	Sex	No	Yes
1. Schoongezicht High	4	Boys	4	-
2. Mmaratha Primary	4	Girls	2	2
3. Seshane Primary	4	Boys	2	2
4. Ramotšhabi High	4	Girls	4	-
5. Kgerepi High	4	2 boys, 2 girls	4	-
Percentage			80%	20%

Information from Table 4.2.4 above, that shows the majority of respondents, 80% does not see the necessity of talking with their learners about sex matters. They stress the matters of abstaining and condomising. Such educators lay emphasis on the factors of the danger of sexually transmitted diseases like hepatitis B, genital warts and syphilis. The above-mentioned educators also stress the fact of sexually transmitted diseases leading to being HIV positiveness. The few learners who fall in that trap are just

risking teenage pregnancy. They know very well about the consequences of teenage pregnancy. They already know of the low birth rates of their babies, joblessness, no education and the risk death rates of their babies. The minority group, 20%, of the educators does not realise the need of talking to the learners as often as possible about sex matters. They disregard the fact that the earliest bird catches the fattest worm. If the kids can be taught earlier about sex matters, there can be no risk matters about death rates on AIDS victims. Earlier teachings on sex matters will avoid more learners being HIV positive victims. Young learners at primary school level take sex matters as a joke and a way to experiment.

QUESTION 5: Can a learner approach you if she unexpectedly experience menstruation in class? What will you do?

TABLE 4.2.5

	No. of respondents	Sex	Yes	No
1. Schoongezicht High	4	Girls	3	1
2. Mmaratha Primary	4	Girls	4	-
3. Seshane Primary	4	Girls	4	-
4. Ramotšhabi High	4	Girls	2	2
5. Kgerepi High	4	Girls	3	1
Percentage			80%	20%

Table 4.2.5 above indicates that the majority group, 80%, sees the necessity of informing their learners about unexpected menstruation. Many of such educators have seen it as a sensitive issue. They will make sure that other learners do not realise any mishaps. The learners concerned will be taken to private toilets. The concerned educators will help the learners with pads, lillies and small towels. Some extra pads will be provided for extra changing. Many educators will not make fun of it. The minority group, 20%, will be reluctant to tell the educators of menstrual experience in class. To make matters worse, the learner will not even stand during breaks. As trained educators on sensitive matters, an educator will see to it that all learners are out of the class. The necessary precautions will be taken seriously.

QUESTION 6: Should a learner continue to attend school if she is pregnant?
Why do you say so?

TABLE 4.2.6

	No. of respondents	Sex	No	Yes
1. Schoongezicht High	4	Male	4	-
2. Mmaratha Primary	4	Female	3	1
3. Seshane Primary	4	Male	3	1
4. Ramotšhabi High	4	Female	4	-
5. Kgerepi High	4	2 female, 2 male	4	-
Percentage			90%	10%

The research as revealed in Table 4.2.6 above shows that the majority group, 90%, disapproves the idea of having pregnant teenagers attend school. Both male and female educators have already realised consequences and problems created by such situations. Some of these problems are that teenagers pretend to be sleeping during lessons as a tactic to disapprove of the presence of pregnant teenagers. Others may query their failure in some classworks, homeworks and tests as caused by the spirit of the pregnant teenagers in class. The minority group, 10%, takes it very easy. They are not alerted by the disturbances caused by the pregnant teenagers at school.

QUESTION 7: Is there a difference in school performance between learners who started having long affairs early and those who did not? Substantiate.

TABLE 4.2.7

	No. of respondents	Sex	No	Yes
1. Schoongezicht High	4	Male	4	-
2. Mmaratha Primary	4	Female	2	2
3. Seshane Primary	4	Male	2	2
4. Ramotšhabi High	4	Female	3	1
5. Kgerepi High	4	2 female, 2 male	3	1
Percentage			70%	30%

Table 4.2.7 above indicates the minority group, 30%, of educators who cannot observe deeply the behaviour of the teenagers who have started having love affairs. Both teenage boys and girls cannot respect both their educators and other learners. They only realise that after a long period. On the other hand, the majority group, 70%, can realise the difference between the teenagers who are in love and those who are not. Those who are not already in love show more respect, do their classworks, homeworks and pass their classworks, homeworks and pass their tests. They are also active in class. The activities included here are netball, soccer, athletic sports and art and cultural activities.

QUESTION 8: Do you see the necessity of guiding the learners who engage themselves in love affairs?

TABLE 4.2.8

	No. of respondents	Sex	Yes	No
1. Schoongezicht High	4	Male	4	-
2. Mmaratha Primary	4	Female	2	2
3. Seshane Primary	4	Male	2	2
4. Ramotšhabi High	4	Female	3	1
5. Kgerepi High	4	2 female, 2 male	3	1
Percentage			70%	30%

It is evident from Table 4.2.8 above, that the majority group, 70%, does see the necessity of guiding the learners who engage themselves in love affairs. The educators have foreseen the danger of learners being in two fold. Their education part usually deteriorates and the active part falls into sexual activities. The future of such teenagers becomes bleak in as far as education is concerned. They eventually turn stubborn to almost everyone. To them, the whole world is heaven together with their lovers. The only disappointment is their school results at the end of the year. They always wish that the year could start afresh. Most of the teenagers blame themselves. That is, they realise their mistakes very late, as they shall already have fallen pregnant.

QUESTION 9: Do you sometimes guide those learners you think are involved in love affairs? Substantiate your answer.

TABLE 4.2.9

	No. of respondents	Sex	Yes	No
1. Schoongezicht High	4	Boys	4	-
2. Mmaratha Primary	4	Girls	2	2
3. Seshane Primary	4	Boys	2	2
4. Ramotšhabi High	4	Girls	3	1
5. Kgerepi High	4	2 boys, 2 girls	3	1
Percentage			70%	30%

The above table shows that the majority group, 70%, does see the necessity of guiding the learners who engage themselves in love affairs. The educators have foreseen the danger of learners being twofold. Their education part usually deteriorates and the active part becomes their sexual activities. The future of such teenagers becomes bleak in as much as education is concerned. They eventually turn stubborn to everyone. In the end, this has dire consequences as they fail in school and become parents at an early age. They often realise their mistakes when it is already too late.

QUESTION 10: Do you think the government is doing the right thing by giving teenagers social grants? Substantiate.

TABLE 4.2.10

	No. of respondents	Sex	Yes	No
1. Schoongezicht High	4	Boys	-	4
2. Mmaratha Primary	4	Girls	2	2
3. Seshane Primary	4	Boys	2	2
4. Ramotšhabi High	4	Girls	-	4
5. Kgerepi High	4	2 boys, 2 girls	-	4
Percentage			20%	80%

In respect of the table 4.2.10 mentioned above, the majority group, 80%, disapproves of the government's idea of giving the teenage mothers the social grants. They argue that promotes a high rate of teenage pregnancy, just to get money without prioritising the education. Instead of using it for food, clothes and medical expenses, they buy themselves cellphones, clothes and jewelery. That is happening in Bochum West to most teenage mothers. The children who are supposed to be supported by social grants come to school without uniform and stationery. The health of such children is also deteriorating because of lack of healthy food. The minority group, 20%, prefers the social grants given by the government. Some teenagers in Bochum West even fall pregnant at 13 years of age. They envy their elders getting social grants. To their disappointment, government only allows social grants to teenage mothers older than 18 years. Lack of communication on social grants has landed many teenagers in a dark pit. There is less communication in as far as sexual matters and social grants are concerned in Bochum West.

QUESTION 11: Do you think the learners are aware of STIs? Substantiate.

TABLE 4.2.11

	No. of respondents	Sex	Yes	No
1. Schoongezicht High	4	Boys	4	-
2. Mmaratha Primary	4	Girls	2	2
3. Seshane Primary	4	Boys	2	2
4. Ramotšhabi High	4	Girls	4	-
5. Kgerepi High	4	2 boys, 2 girls	3	1
Percentage			75%	25%

Data analysed mentioned in Table 4.2.11 above, shows the majority group, 75%, is knowledgeable about STIs. They have already learned of STIs from Grade 7 onwards. Many teenagers play around with sexual activities at an early age in Bochum West. They just learn through experiencing. Most of them change partners like clothes. In Bochum West, most teenagers just realise their STIs when it is already too late. They do not know that many teenage boys with STIs are ignorant of such diseases. They do

not even get to the clinics or doctors for medication. The next step, they are HIV positive, hence AIDS. What lies now is the bad state of life that they experience.

The minority group, 25%, is not aware of the STIs. The only time they realise they are infected with the STIs it is too late. It is believed that when many of the teenagers in Bochum West are diagnosed HIV positive, they cannot believe their ears. Some have already committed suicide. When the educators teach them about STIs, they disregard that as the mishap of other learners.

QUESTION 12: What do you teach the teenagers about pregnancy?

TABLE 4.2.12

	No. of respondents	Sex	No	Yes
1. Schoongezicht High	4	Boys	2	2
2. Mmaratha Primary	4	Girls	2	2
3. Seshane Primary	4	Boys	2	2
4. Ramotšhabi High	4	Girls	4	-
5. Kgerepi High	4	2 boys, 2 girls	-	4
Percentage			50%	50%

The above-given table indicates that both groups, 50% each, teach the learners about sex and how reproduction takes place. Most teenagers do not know how pregnancy starts. Most educators in Bochum West are trained on how conception takes place. The sperm cell from the male partner joins with the egg cell from the female partner. The two cells form a zygote, a fertilised egg cell. The educators confirm that the baby grows in the woman's womb for nine months. Finally, the baby is born through the vagina. But, if the birth is not natural, then a caesarean operation will follow.

QUESTION 13: How do they react when you communicate with them about sex education?

TABLE 4.2.13

	No. of respondents	Sex	Yes	No
1. Schoongezicht High	4	Boys	2	2
2. Mmaratha Primary	4	Girls	1	3
3. Seshane Primary	4	Boys	2	2
4. Ramotshabi High	4	Girls	3	1
5. Kgerepi High	4	2 boys, 2 girls	3	1
Percentage			55%	45%

Studies revealed that the majority group, 55%, does accept communication about sex education. They see the necessity of the knowledge about sex education. They really enjoy sex matters like pregnancy, abstinence and the delaying tactics. They regard communication about sex education as interesting and enjoyable. The minority group, 45%, is not enjoying communication with their educators. The few learners feel scared when their educators communicate with them about sex education. In Bochum West, the learners feel ashamed as if the educators are revealing their secret of their sexual activities.

QUESTION 14: What do you teach them about STIs?

TABLE 4.2.14

	No. of respondents	Sex	No	Yes
1. Schoongezicht High	4	Male	3	1
2. Mmaratha Primary	4	Female	4	-
3. Seshane Primary	4	Male	4	-
4. Ramotshabi High	4	Female	2	2
5. Kgerepi High	4	2 male, 2 female	2	2
Percentage			75%	25%

The majority of respondents, 75%, has seen the necessity of alerting the teenagers about the signs of STIs. The educators in Bochum West laid too much emphasis on STIs by stressing that prevention is better than cure. Some of the symptoms they are taught about are the swelling of the private parts, warts oozing puss, pain when urinating and a discharge with unusual smell. They are strongly advised to visit a clinic, doctor and hospital upon realising the above-mentioned signs or symptoms. The minority group, 25%, does not lay much stress on the danger of the symptoms of STIs. Few educators in Bochum West lay emphasis on the prevention of STIs. This has led to most teenagers being HIV positive. They cannot abstain or condomise. Most of them get engaged in sexual activities during drug abuse.

QUESTION 15: What do you teach them about contraceptives?

TABLE 4.2.15

	No. of respondents	Sex	No	Yes
1. Schoongezicht High	4	Male	3	1
2. Mmaratha Primary	4	Female	4	-
3. Seshane Primary	4	Male	4	-
4. Ramotšhabi High	4	Female	3	1
5. Kgerepi High	4	2 male, 2 female	2	2
Percentage			80%	20%

Data collected revealed that most educators in Bochum West, 80%, lay emphasis on the types of contraceptives. They do not know the best useful contraceptives. The contraceptives are just tabulated as pills, injection, women's condoms, men's condoms, and an emergency pill. Their functions are not deeply discussed. The educator's knowledge in Bochum West is not deep enough as far as contraceptives are concerned. Assistance is asked from the social workers in as far as communication on contraceptives is concerned. The minority group, 20%, is few educators who know how various contraceptives are used. So, in this case, the learners will use contraceptives with more information.

QUESTION 16: How do you tell them about unsafe unprotected sex?

TABLE 4.2.16

	No. of respondents	Sex	Using condoms	Disadvantages
1. Schoongezicht High	4	Boys	3	1
2. Mmaratha Primary	4	Girls	2	2-
3. Seshane Primary	4	Boys	2	2
4. Ramotšhabi High	4	Girls	4	-
5. Kgerepi High	4	2 boys, 2 girls	3	1
Percentage			70%	30%

The data in Table 4.2.16 above, indicated that the majority group, 70%, stresses the use of condoms. The value of condoms will be clearly defined to the teenagers. Condoms are almost always safe and free. No skin contact is possible. Again, the educators will explain safe sex. There is also protection against infection and little risk of contracting HIV/AIDS. The minority group, 30%, in Bochum West, lays emphasis on the disadvantages of unsafe and unprotected sex. The educators in Bochum West stress the results of unsafe unprotected sex leading to HIV/AIDS positive status. They also discourage drug abuse.

QUESTION 17: How many teenagers fell pregnant since 2003 when sex education was taught at school?

TABLE 4.2.17

	No. of respondents	Sex	0-20%	20-100%
1. Schoongezicht High	4	Boys	-	4
2. Mmaratha Primary	4	Girls	1	3
3. Seshane Primary	4	Boys	2	2
4. Ramotshabi High	4	Girls	-	4
5. Kgerepi High	4	2 Boys, 2 Girls	1	3
Percentage			20%	80%

Data collected revealed that the majority group, 80%, fell pregnant since 2003. According to the respondents, many teenagers fell pregnant because they wanted to earn social grants. Many teenagers in Bochum West also fell pregnant under the influence of peer pressure. They also boasted to one another about teenage pregnancy. This is also a great surprise as most teenagers were guided by their educators on sex matters. They took sex education as paving the way of playing around with sexual activities. The minority group, 20%, in Bochum West fell pregnant due to the following reasons, they misunderstood sex education at school, especially at primary level; they regarded sex education as a motivation to play around, and experimenting with sexual activities.

4.3 RESPONSES BY THE DOCTORS AND NURSES

QUESTION 1: When you started your career, how old was the youngest teenage mother?

TABLE 4.3.1

	No. of respondents	Sex	13-19	20-23	24-27
1. Schoongezicht Clinic	2	Female	8	8	8
2. Giedetrou Clinic	3	1 Male 2 Female	6	7	7
3. Bochum Plaza	2	Boys	6	8	8
Percentage			40%	30%	30%

Table 4.3.1 given above shows that the majority group, 40%, fell pregnant at the ages between 13-19. This is too early for them to be teenage mothers. Most of them do not give normal birth, but rather caesarean birth. Even their babies are underweight at birth, most of their babies die at a high rate. The minority group, 30%, has few teenage mothers attending their clinics. The other minority group, 30%, of the mothers visits surgeries at those ages.

QUESTION 2: What do you think are the causes of teenage pregnancy?

TABLE 4.3.2

	No. of respondents	Sex	% on lack of communication on sex education	% on lack of knowledge on contraceptives
1. Schoongezicht Clinic	9	Female	45%	-
2. Giedetrou Clinic	5	Female		25
3. Bochum Plaza	6	Male	30%	-
Percentage			75%	25%

The study in Table 4.3.2 given above, revealed that the majority group, 75%, is the clinic sisters who have a full belief that the causes of teenage is lack of communication on teenage pregnancy. The minority group, 25%, stresses the fact that lack of knowledge on contraceptives causes a high rate of teenage pregnancy.

QUESTION 3: What are your statistics figures on pregnant teenagers in your clinics?

TABLE 4.3.3

	No. of respondents	20-50%	60-70%	80-100%
1. Schoongezicht Clinic	10	-	-	10
2. Giedetrou Clinic	5	5	-	-
3. Bochum Plaza	5	-	5	
Percentage		25%	25%	50%

Table 4.3.3 as stated above, indicates that the majority group, 50%, shows the highest rate of pregnant teenagers as being in the Bochum West area. They prefer the clinic than the medical practitioners, where they pay a lot of money, although the clinic pre-natal treatment is free of charge. The minority group, 25%, can manage to attend pre-natal treatment at the surgeries. They are only a few pregnant teenagers who can afford to pay for their pre-natal treatment at the surgeries.

QUESTION 4: Are these teenagers aware of contraceptives? Why do you say so?

TABLE 4.3.4

	No. of respondents	Sex	Yes	No
1. Schoongezicht Clinic	9	Female	45%	-
2. Giedetrou Clinic	5	Female	-	25%
3. Bochum Plaza	6	Female	30%	
Percentage			75%	25%

The above-given table indicates that the majority, 75%, is aware of contraceptives and how they are used. Their main mistake is that they sometimes forget to take the pill one day and the result is pregnancy. That is carelessness that may result in a high rate of teenage pregnancy. The minority group, 25%, is aware of contraceptives. They do not know the proper way of using them. They are even reluctant to ask clinic nursing sisters how contraceptives should be used. They still prefer unprotected sex on top of that. That is why there is a high presence of teenage pregnancy in the Bochum West area.

QUESTION 5: How do you communicate with the teenagers about unwanted pregnancy?

TABLE 4.3.5

	No. of respondents	Abstain or condomise	Disadvantage of teenage pregnancy
1. Schoongezicht Clinic	11	8	3
2. Giedetrou Clinic	5	3	2
3. Bochum Plaza	5	3	2
Percentage		75%	25%

The study revealed that the majority group, 75%, stresses the fact of abstaining from sex or condomising. Many teenagers fell pregnant despite several warnings from the doctors and nurses. Less time is spent on such advice by the minority group, i.e., 25%.

QUESTION 6: How can teenage pregnancy be reduced?

TABLE 4.3.6

	No. of respondents	Sex	Abstaining, condomise, one partner at a time	Contraceptives	Public programme on sex education
Schoongezicht Clinic	7	Female	5	1	1
Goedetrou Clinic	6	Female	3	2	1
Bochum Plaza	7	Male	1	1	5
Percentage			45%	20%	35%

From these data, the majority group, 45%, stresses the fact that teenage pregnancy can be reduced by abstaining, condomising, or by having one partner at a time. Since it is difficult for teenagers to abstain from sexual activities, some churches, such as Apostolic Faith Mission, True Church of God and International Pentecostal Church, stress having one partner for life as this is what the Bible recommends. Although some teenagers try to condomise, they are unsuccessful on this due to the use of drugs. Drugs lead them to have unsafe unprotected sex. The next group, that is, 35%, pleads for public programmes on sex education. These programmes have been largely inducted in urban areas while many rural areas, such as Bochum, have hardly been targeted. This is one of the contributory factors towards high teenage pregnancy rate in Bochum West.

QUESTION 7: Are most parents around your medical practice able to communicate with their children about sexual relationships? Substantiate your answer.

TABLE 4.3.7

	No. of respondents	Sex	Yes	No
1. Schoongezicht Clinic	10	Female	4	6
2. Goedetrou Clinic	5	Male	2	3
3. Bochum Plaza	5	3 Female 2 Male	3	2
Percentage			45%	55%

The above-mentioned statistics show that the majority of parents, 55%, is not able to communicate with its children about sexual relationships. They are not closer to their teenagers. Most parents in Bochum West do not give themselves chance to talk with their teenagers about sexual relationships. They only reprimand teenagers when they are already pregnant or have preganated their girlfriends. This is a crucial time when the teenager has already gained enough information on sexual relationships from peer groups. The closer the parents are to their teenagers, the less occurrence of teenage pregnancy. The minority group, 45%, is the chosen few parents who give themselves the chance to talk to their teenagers about sexual relationships. There is a low rate of teenage pregnancy because of effective communication of those parents and their teenagers.

QUESTION 8: Are your teenage patients aware of STIs?

TABLE 4.3.8

	No. of respondents	Sex	Yes	No
1. Schoongezicht Clinic	4	Male	3	1
2. Goedetrou Clinic	6	Female	4	2
3. Bochum Plaza	10	5 Male & 5 Female	5	5
Percentage			60%	40%

Investigations revealed that the majority group, 60%, is aware of STIs. The only problem with the teenagers in Bochum West is drug abuse and envying the social grants. Some parents in the Bochum West area pressurize their teenage girls to have babies as other teenage girls of their ages have. The minority group, 40%, is not aware of STIs. They play around and have unsafe unprotected sex, hence some end up contracting HIV/AIDS. This is one of the causes of a high death rate in the Bochum West area.

QUESTION 9: Do you think social grants encourage or discourage teenage pregnancy? Substantiate your answer.

TABLE 4.3.9

	No. of respondents	Sex	Yes	No
1. Schoongezicht Clinic	10	Female	6	4
2. Goedetrou Clinic	8	Female	5	3
3. Bochum Plaza	2	Female	1	1
Percentage			45%	40%

The table given above shows that the majority group, 45%, indicates that social grants in the Bochum West area encourage teenage pregnancy. Some teenagers in our area go to an extent of having more than three babies within three years. They have developed the philosophy of having more babies so that they can earn more money from social grants. Many of them misuse the money from social grants. Their kids will even go to school without proper school uniforms. Some use the money to buy cellphones. The minority group, 40%, disagrees with the fact that social grants encourage teenage pregnancy. They stress the fact that there is no proper communication about teenage pregnancy.

QUESTION 10: How do they know about contraceptives?

TABLE 4.3.10

	No. of respondents	Sex	Yes	No
1. Schoongezicht Clinic	9	Male	8	1
2. Goedetrou Clinic	5	Female	3	2
3. Bochum Plaza	6	3 Male, 3 Female	4	2
Percentage			75%	25%

The above-given table shows that the minority group, 25%, does not adequately know about contraceptives. Teenage boys use condoms without checking their expiry dates. They are baffled when their girlfriends report unwanted pregnancy. They do not realise that very old condoms are likely to burst. The teenage girls in this instance just use contraceptive pills without knowing their disadvantages. One of the disadvantages is that contraceptive pills can sterilize the womb, which may result in no conception for life. That will be a great disappointment to the married couple. On the other hand, the majority group, 75%, knows about contraceptions. They ask the doctors and the clinic sisters about them. They are less likely to fall pregnant. There is also less rate of teenage pregnancy.

QUESTION 11: How do they communicate to their colleagues about the Advantages of contraceptives and pre-natal treatment?

TABLE 4.3.11

	No. of respondents	Sex	Yes	No
1. Schoongezicht Clinic	4	Male	2	2
2. Goedetrou Clinic	10	Female	8	2
3. Bochum Plaza	6	Male	3	3
Percentage			65%	35%

The data indicates that the majority group, 65%, appreciated contraceptives on the basis of career orientatedness. Teenagers in this instance get pregnant when married. This shows a brighter future in their life. This group sees the pre-natal treatment as a necessary medical support for the unborn baby. For this group, the baby is born fit and healthy. The minority group, 35%, regards the use of contraceptives as paving a way for a barren life. They also regard pre-natal treatment as not important. The medication given is not taken timeously, and is sometimes not used at all.

QUESTION 12: Do you have large number of pregnant teenagers coming to the clinic?

TABLE 4.3.12

	No. of respondents	Sex	Yes	No
1. Schoongezicht Clinic	12	Female	8	4
2. Goedetrou Clinic	4	Female	3	1
3. Bochum Plaza	4	Female	4	-
Percentage			75%	25%

The main aim of asking this question was to know the estimated number of pregnant teenagers coming to the clinic on a monthly basis. The majority group, 75%, of the pregnant teenagers come in numbers due to unsafe unprotected sex practices in the Bochum West area. This has led to a high death rate. The minority group, 25%, does not come to the clinic regularly. They are able to afford the medical expenses at the surgeries.

QUESTION 13: Which is the best contraceptive for teenage boys and girls?
Substantiate.

TABLE 4.3.13

	No. of respondents	Sex	Pill	Injection	Condoms
1. Schoongezicht Clinic	8	Female	3	4	1
2. Goedetrou Clinic	6	Male	2	3	1
3. Bochum Plaza	6	Female	2	3	1
Percentage			35%	50%	15%

The research findings give us the majority group, 50%, as preferring the use of the injection as the best contraceptive. The injection lasts for three months. It gives them enough chance to do away with other contraceptives. The teenagers go about practising sexual activities without falling pregnant. The middle group, 35%, regards the pill as the best contraceptive. Its disadvantage is sterility after long term usage. The last

group, the minority, 15%, regards condom usage as the best. They get them free from clinics, government buildings, public toilets and schools.

QUESTION 14: What sort of information do you often give to teenagers in forms of pamphlets?

TABLE 4.3.14

	No. of respondents	Sex	Pill	Injection	Condoms
1. Schoongezicht Clinic	6	Female	2	2	2
2. Goedetrou Clinic	6	Male	3	1	2
3. Bochum Plaza	8	Female	4	2	2
Percentage			45%	25%	30%

Studies reveal that 45% of the majority group gets pill information on teenage pregnancy from booklets. The booklets are given free of charge. The average group, 30%, gets injection information on posters at clinics, public posts and bill boards. The last group, the minority, i.e., 25%, gets condoms information by reading magazines such as Jet Club, Bona, Drum, and True Love. These are the new materials that communicate with the teenagers about teenage pregnancy. These do not have enough information on the prevalence of teenage pregnancy.

QUESTION 15: Write in short about the definition of STDs.

TABLE 4.3.15

	No. of respondents	Sex	Definition
1. Schoongezicht Clinic	7	Male	35%
2. Goedetrou Clinic	3	Female	15%
3. Bochum Plaza	10	5 Male, 5 Female	50%
Percentage			100%

The above-mentioned respondents correctly got the definition of STDs as Sexually Transmitted Diseases.

4.4 RESPONSES BY THE LEARNERS (BOYS AND GIRLS)

QUESTION 1: What was your first sign of your girlfriend's pregnancy?

TABLE 4.4.1

	No. of respondents	Sex	Breast enlarge	No. periods	Big tummy
1. Schoongezicht High	4	Male	1	2	1
2. Mmaratha Primary	4	Male	2	-	2
3. Seshane Primary	4	Male	2	-	2
4. Ramotšhabi High	4	Male	1	2	1
5. Kgerepi High	4	Male	2	1	1
Percentage	20		40%	25%	35%

The above-given table shows the majority group, 40%, being able to see the first sign of their girlfriend's pregnancy being big breasts. The boy will even go to an extent of asking his girlfriend of such a change. The girl will eventually tell the truth. The middle group, 35%, sees the big tummy of their girlfriends as a sign of pregnancy. Many boys change their attitude upon realising the signs of pregnancy on their girlfriends. Their attitude becomes negative and unsupportive to their girlfriends. The minority group, 25%, does not realise any sign of pregnancy on their girlfriends. They only lose temper when their girlfriends report of their missing periods. They always ask their girlfriends for an illegal abortion. This has often led to a high death rate of teenage girls.

QUESTION 2: How were your feelings when you realised that you were expecting your baby?

TABLE 4.4.2

	No. of respondents	Sex	Depressed	Suicide	Illegal abortion
1. Schoongezicht High	4	Female	2	1	1
2. Mmaratha Primary	4	Female	1	2	1
3. Seshane Primary	4	Female	1	2	1
4. Ramotšhabi High	4	Female	3	-	1
5. Kgerepi High	4	Female	2	1	1
Percentage			45%	30%	25%

Table 4.4.2 given above reveals that the majority group, 45%, was very much depressed after realising its pregnancy status. Many depressed pregnant teenagers even got involved in drug and alcohol abuse. Some realised they were followed by continued poverty. The average group, 30%, thought of ending its life after realising its pregnancy. The minority group, 25%, thought of unsafe, illegal abortion after it realised its pregnancy status.

QUESTION 3: Which measures of preventatives were you using when you were in a sexual relationship?

TABLE 4.4.3

	No. of respondents	Sex	Condom	Pill
1. Schoongezicht High	4	Male	3	1
2. Mmaratha Primary	4	Female	3	1
3. Seshane Primary	4	Male	1	3
4. Ramotšhabi High	4	Female	1	3
5. Kgerepi High	4	2 Male, 2 Female	3	1
Percentage			45%	55%

The data analysed reveal that the majority group, 55%, was using pills. The only mistake is that they did not check the expiry date of the pills.

Sometimes the pill is forgotten and there lies the mistake. Another pregnancy resulted as both partners were at a party under the influence of alcohol. They then had unsafe and unprotected sex. The minority group, 45%, was using the condoms as a contraceptive.

QUESTION 4: What was your parents' reaction towards your girlfriend's parents when they realised that she was pregnant?

TABLE 4.4.4

	No. of respondents	Sex	Unhappy	Happy
1. Schoongezicht High	4	Male	1	3
2. Mmaratha Primary	4	Male	3	1
3. Seshane Primary	4	Male	3	1
4. Ramotšhabi High	4	Male	2	2
5. Kgerepi High	4	Male	1	3
Percentage			40%	60%

The data given above show that the majority group, 60%, felt very happy when they realised that their teenagers were pregnant. Such parents envy other teenagers who are already pregnant and some already having babies. Such parents in Bochum West even pressurize their teenagers to have boyfriends to father their babies. This is a risky situation in the Bochum West area as most teenagers die of HIV/AIDS. Some of such parents pressurise their teenagers to have babies to ensure the alleviation of poverty through social grants. The minority group, 40%, was so sorry to learn that now their boy is the father of the child. Such parents know very well that teenage mothers lack parenting skills and that their sons may likely turn to crime.

QUESTION 5: How do your friends communicate with you about pregnancy?

TABLE 4.4.5

	No. of respondents	Sex	Good	Bad
1. Schoongezicht High	4	Male	3	1
2. Mmaratha Primary	4	Female	1	3
3. Seshane Primary	4	Male	1	3
4. Ramotšhabi High	4	Female	3	1
5. Kgerepi High	4	2 Male, 2 Female	4	-
Percentage			60%	40%

Investigations revealed that the majority group, 60%, regarded pregnancy as a good step to its future life. They regarded it as a test for manhood or womanhood. Others regarded it as a preparation for getting financial assistance in the form of social grants.

Meanwhile, the minority group, 40%, sees pregnancy as a bad thing. They already know that a pregnant teenager cannot always carry the baby safely until birth. They also know about complications from pregnancies, such as hypertension, anaemia and uterine.

QUESTION 6: What did your parents say to you about your pregnancy?

TABLE 4.4.6

	No. of respondents	Sex	Good Performance	Poor Performance
1. Schoongezicht High	4	Male	3	1
2. Mmaratha Primary	4	Female	1	3
3. Seshane Primary	4	Male	3	1
4. Ramotšhabi High	4	Female	1	3
5. Kgerepi High	4	Male,	3	1
Percentage			55%	45%

The above-given table shows that the majority of the respondents, 55%, regarded pregnancy as good performance. Such parents looked at it from their side only. They only accepted gifts such as money to alleviate their poverty. They forgot of risky consequences on their teenagers' lives, such as STIs, and HIV/AIDS status.

The minority group, 45%, views its teenagers' pregnancy as bad. They do not like to see their daughters dropping out of school, lacking job skills, living in continued poverty, and suffering from depression as a result of unwanted pregnancy.

QUESTION 7: Is it safe to have unprotected sex?

TABLE 4.4.7

	No. of respondents	Sex	Yes	No
1. Schoongezicht High	4	Male	1	3
2. Mmaratha Primary	4	Female	1	3
3. Seshane Primary	4	Male	1	3
4. Ramotšhabi High	4	Female	2	2
5. Kgerepi High	4	2 Male, 2 Female	2	2
Percentage			35%	65%

The above-mentioned statistics shows that the majority of the respondents, 65%, disapproves of unprotected sex. Many teenagers in the Bochum West area do not use contraceptives. They believe that their first sexual encounter just happened and that their plan was not to have sex. The minority group, 35%, says it is not good to have unprotected sex. They know the risks of acquiring HIV/AIDS and STIs.

QUESTION 8: What would you do if you realise that you/your girlfriend is pregnant? Will you tell someone?

TABLE 4.4.8

	No. of respondents	Sex	Yes	No
1. Schoongezicht High	4	Male	1	3
2. Mmaratha Primary	4	Male	1	3
3. Seshane Primary	4	Male	1	3
4. Ramotšhabi High	4	Male	2	2
5. Kgerepi High	4	Male	2	2
Percentage			35%	65%

Investigations reveal that the majority group, 65%, will not tell anyone if their girlfriend is pregnant. They feel very much ashamed and would keep it a secret. The pregnancy will only be when if there are changes on the girlfriend's body, like enlarged abdomen and breasts. Parents of a pregnant teenager will also be alerted by those changes. They will cross-question her until she tells the truth. The minority group, 35%, only tells the few people they trust, such as their teachers, moms and trustworthy friends.

QUESTION 9: Do you know anything about STIs?

TABLE 4.4.9

	No. of respondents	Sex	Yes	No
1. Schoongezicht High	4	Male	1	1
2. Mmaratha Primary	4	Female	2	2
3. Seshane Primary	4	Male	2	2
4. Ramotšhabi High	4	Female	3	1
5. Kgerepi High	4	Male	4	-
Percentage			70%	30%

The above-given table shows that the majority of learners, 70%, know of various STIs like hepatitis, genital warts, genital ulcers and syphilis. They also know their symptoms. Their educators gave them full information that they must visit clinics and medical practitioners on realising any of such symptoms. The minority group, 30%, is very careless teenagers. Even if they hear the correct information about STIs, they continue to have unprotected sex. They only realise that when they are in an HIV/AIDS status.

QUESTION 10: At what age do you think one must fall pregnant?

TABLE 4.4.10

	No. of respondents	Sex	12 yrs	18 yrs	22 yrs
1. Schoongezicht High	4	Male	1	3	1
2. Mmaratha Primary	4	Female	3	1	-
3. Seshane Primary	4	Male	3	1	-
4. Ramotšhabi High	4	Female	2	1	1
5. Kgerepi High	4	2 Male, 2 Female	1	2	2
Percentage			40%	40%	20%

Studies have revealed that the average and majority group teenagers must fall pregnant between the ages of 12 and 18 years. That is why we find a high rate of teenage pregnancy in the Bochum West area. The competition is too high as far as teenage pregnancy is concerned. Only the minority group, 20%, disagrees that those ages are too early. According to them, twenty-two years of age is the right age of the teenager's body to carry a child for nine months.

QUESTION 11: Do you think that sex education is necessary? Why do you say so?

TABLE 4.4.11

	No. of respondents	Sex	Yes	No
1. Schoongezicht High	4	Male	4	-
2. Mmaratha Primary	4	Female	2	2
3. Seshane Primary	4	Male	2	2
4. Ramotšhabi High	4	Female	3	1
5. Kgerepi High	4	2 Male, 2 Female	3	1
Percentage			70%	30%

Data collected revealed that the majority group, 70%, sees the necessity of sex education at school. They do not prefer peer group information. Some of the information from the peer group has already led the teenagers astray. Some of the teenagers in this group have undermined the educators' sex education and fell pregnant. The minority group, 30%, does not see the need of sex education at school. They already have poor information from their peers. That is why there is high teenage pregnancy in the Bochum West area.

QUESTION 12: Are contraceptives safe to prevent pregnancy? Give reasons for your answer.

TABLE 4.4.12

	No. of respondents	Sex	Yes	No
1. Schoongezicht High	4	Male	3	1
2. Mmaratha Primary	4	Female	2	2
3. Seshane Primary	4	Male	3	1
4. Ramotšhabi High	4	Female	4	-
5. Kgerepi High	4	Male	3	1
Percentage			75%	25%

Studies revealed that most teenagers value the use of the contraceptives, as seen from the majority group, i.e., 75%. Many teenagers in this group have value for education in general. This is the safest method of not becoming teenage parents. On the other hand, the minority group, 25%, of the teenagers disregard the use of contraceptives. They practise unprotected sex and are later diagnosed as having STIs and HIV/AIDS.

QUESTION 13: Is it appropriate to communicate with your friends about sex education at school?

TABLE 4.4.13

	No. of respondents	Sex	Yes	No
1. Schoongezicht High	4	Male	2	2
2. Mmaratha Primary	4	Female	2	2
3. Seshane Primary	4	Male	2	2
4. Ramotšhabi High	4	Female	2	1
5. Kgerepi High	4	Male	2	2
Percentage			55%	45%

The above-given table shows that the majority group, 55%, sees it as necessary to talk about sex education. Their discussions in sex education will help to dispel misunderstanding about sexual issues. The minority group, 45%, does not accept or trust the discussions about sex education at school. They highly believe in the information about sex education from their peer groups. Some have gone astray because of such information. This has led to a high rate in teenage pregnancy in the Bochum West area.

QUESTION 14: Do social grants play a role regarding teenage pregnancy?
Substantiate.

TABLE 4.4.14

	No. of respondents	Sex	Yes	No
1. Schoongezicht High	4	Male	3	1
2. Mmaratha Primary	4	Female	2	2
3. Seshane Primary	4	Male	1	3
4. Ramotšhabi High	4	Female	3	2
5. Kgerepi High	4	2 Male, 2 Female	3	1
Percentage			65%	25%

The above-mentioned table shows that the majority group, 65%, does believe that social grants play a leading role in the high rate of teenage pregnancy. Many teenagers envy the social grants of other teenagers for their babies. The money is misused to buy cellphones, watches, fancy dresses and shoes. The minority group, 35%, does not regard the social grants as causing a high rate in teenage pregnancy. They prefer unsafe unprotected sex. The next problem is unwanted pregnancy. Most of them go for illegal abortion, hence a high death rate among such teenagers.

4.5 RESPONSES BY PARENTS

QUESTION 1: How many children do you have?

TABLE 4.5.1

	No. of respondents	Sex	1-5	6-10
1. Schoongezicht	2	Female	2	-
2. Goedetrou	2	Female	1	1
3. Earlydawn	1	Female	2	
Percentage			60%	40%

The above-given table indicates that the majority group, 60%, has less than six children. Most of the parents are the average group. Their motto is that the cost of living is too high. They believe in having few children. It is expensive to have more children as they will need fees for education and money for clothes and food. They are also economically inclined. The minority group, 40%, has children, from one to ten in number. There is a difference of one to two years between each of them. No contraceptives are used here. There is no family planning used by such parents. There is an increase of population explosion, hence more teenage pregnancies.

QUESTION 2: How many children would you like each of your children to have?

TABLE 4.5.2

	No. of respondents	Sex	1-5	6-10
1. Schoongezicht Clinic	2	Male	1	1
2. Goedetrou Clinic	2	Female	2	-
3. Bochum Plaza	1	Male	1	1
Percentage			60%	40%

Studies revealed that the majority group, 60%, would like their children to have less than six children. They have already realized that the cost of living is very high. They would like their grandchildren to be looked after satisfactorily. 40% wants its children to live an old type of life. Their grandchildren turn to crime due to poverty.

QUESTION 3: Are contraceptives good for teenagers? Substantiate.

TABLE 4.5.3

	No. of respondents	Sex	Yes	No
1. Schoongezich Clinic	2	Male	1	1
2. Goedetrou Clinic	2	Female	2	-
3. Bochum Plaza	1	Male	1	1
Percentage			60%	40%

The data given above indicate that 60%, the majority group, favours contraceptives to be used by their teenagers. They realised that as preventative measures. According to them, contraceptives will give the teenagers good chance to have education and good job creation skills. The minority group, 40%, does not appreciate contraceptives. They prefer teenagers to sell their bodies for poverty alleviation. They do not consider the dangers of Sexual Transmitted Diseases and HIV/AIDS.

QUESTION 4: When would you like your child to have a baby?

TABLE 4.5.4

	No. of respondents	Sex	16-18 yrs	19-22 yrs
1. Schoongezich Clinic	2	Female	2	-
2. Goedetrou Clinic	2	Female	1	1
3. Bochum Plaza	1	Female	2	
Percentage			60%	40%

The above-mentioned table indicates that most parents, 60%, prefer their teenagers to have children at ages between sixteen and eighteen years. They disregard the underage of their teenagers. They regard teenage pregnancy as a competition among other teenagers who already had children. The other group, 20%, has few parents who prefer their teenagers to have children at the age of nineteen to twenty-two years. They encourage the use of contraceptives to their teenagers. The use of contraceptives will give the teenagers enough time for education and jobs skill training.

QUESTION 5: Do you sometimes talk about sex with your children?

Substantiate your answer.

TABLE 4.5.5

	No. of respondents	Sex	Yes	No
1. Schoongezich Clinic	2	Male	1	2
2. Goedetrou Clinic	2	Female	2	-
3. Bochum Plaza	1	Male	-	1
Percentage			40%	60%

Studies reveal that most parents, 60%, do not talk to their teenagers about teenage pregnancy. Most of these parents are illiterate. Their teenagers do as they wish as far as sexual activities are concerned. The only information they get is from their peers. The minority group, 40%, is very close to their teenagers. Most of them are literate. They communicate more often with their teenagers about teenage pregnancy. There is more decrease on teenage pregnancy under this group. The closer the parents are on communication with their teenagers, the less number there is one teenage pregnancy. The parents play an important role in communication about sex matters to their teenagers.

QUESTION 6: Do you allow your child to have a boyfriend/girlfriend?
Substantiate.

TABLE 4.5.6

	No. of respondents	Sex	Yes	No
1. Schoongezich Clinic	2	Female	1	1
2. Goedetrou Clinic	2	Male	2	-
3. Early Dawn	1	Female	1	-
Percentage			80%	20%

The data given above reveal that the majority group, 80%, allows its children to have a boyfriend or girlfriend. Such parents do not see the need for education first. They even give their boyfriend or girlfriend enough chance and room to be together. That type of behaviour encourages the high rate in teenage pregnancy. The minority group, 20%, discourages its teenagers from having a boyfriend or girlfriend. Such parents communicate deeply with their teenagers about the danger of such a friendship. Both partners often engage in sexual activities, hence the prevalence of teenage pregnancy.

QUESTION 7: Should your child continue to attend school when pregnant?

TABLE 4.5.7

	No. of respondents	Sex	Yes	No
1. Schoongezich Clinic	2	Female	2	-
2. Goedetrou Clinic	2	Female	1	1
3. Bochum Plaza	1	Female	-	1
Percentage			60%	40%

This study has revealed that most parents, 60%, prefer their teenagers to attend school even if pregnant. They forget that the educators were never trained in the nursing profession. These parents never communicate with their teenagers about teenage pregnancy. Their teenagers practise unsafe and unprotected sex. When they fall pregnant, they do not wish to stay at home until delivery time. They convince their mothers to remain looking after their babies and the teenagers continue schooling. The Department of Education has drawn up a rule for the pregnant teenagers to stay away from school until delivery time. Then, they can continue schooling the following year. This will serve as a punishment to the pregnant teenagers. The minority group, 40%, disagrees with the fact that pregnant teenagers should continue schooling until they delivered their babies. They say that this will disturb other learners.

QUESTION 8: In your opinion, how can one prevent teenage pregnancy?

TABLE 4.5.8

	No. of respondents	Sex	Abstain	Condomise	Exercising Care
1. Schoongezich Clinic	2	Female	1	-	-
2. Goedetrou Clinic	2	Male	-	1	1
3. Earlydawn	1	Female	1		-
Percentage			40%	40%	20%

The majority and the average groups, 80%, stress the fact that pregnancy can be prevented by condomising and abstaining from sexual activities. Both groups believe that contraceptives can prevent the high rate of teenage pregnancy, STIs and HIV/AIDS. Most teenagers fall pregnant due to alcohol and drug abuse. In such instances, they forget about using contraceptives. Many parents communicate with their teenagers to abstain and to condomise but to no avail. The minority group, 20%, has a strong belief that exercising care in sexual matters may cause a decrease in teenage pregnancies. This is not possible as most teenagers do not go to parties, nightclubs and festivals with their parents. These are places where havoc happens due to being under the influence of alcohol or drugs.

4.6 CONCLUSION

The chapter has presented analysis and the interpretation of data. Findings have indicated that various stakeholders like educators, doctors, nurses, and parents regarding the causes and consequences of teenage pregnancy must seek more communication strategies about teenage pregnancy. Sex education at schools, clinics and surgeries does not erase the issue of teenage pregnancy. More of public communication is needed to help achieve the issue of reducing teenage pregnancy, which is at a high rate. Teenagers must be encouraged to abstain, condomise and be careful about sex matters. They must crave for education and job skills and not pregnancy.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The researcher has already presented, analysed and interpreted data in the previous chapter. The main focus in this chapter is writing a summary on research findings, showing overview of the study, major conclusions and making recommendations in connection with the study.

5.2 RESTATEMENT OF MOTIVATION OF THE STUDY

The researcher was interested in studying the lack of communication among teenagers as it results in high rate of teenage pregnancy. This problem has already affected many communities worldwide. There is a limitation on various strategies to minimize teenage pregnancy in as far as communication is concerned.

5.3 RESTATEMENT OF AIMS OF THE STUDY

The main aim of taking this study was to research the role played by lack of communication towards teenage pregnancy. The following issues were highlighted:

- (i) researching on the language used by health workers and patients in reducing teenage pregnancy;
- (ii) finding the language used by the educators in life skills education; and
- (iii) trying to find out about more programmes to be used to eradicate the high rate of teenage pregnancy.

5.4 HOW THE STUDY WAS UNDERTAKEN

The researcher used random and purposive sampling to interview teenagers, teachers, nurses, mothers and doctors. The interviews were based on structured questions to find

out how communication about teenage pregnancy takes place between them. Various materials like magazines, pamphlets, newspapers, the Internet and textbooks were used. Their views on teenage pregnancy were outlined.

5.5 SUMMARY OF FINDINGS

The following were findings concerning communication about teenage pregnancy. Most teenagers do not use contraceptives as they prefer unsafe unprotected sex. Many teenagers fall pregnant because of peer pressure. There are parents who force their teenagers to fall pregnant for the sake of alleviating their poverty through child support grants. Parents who are more close to their teenagers on sex matters help in the prevention of teenage pregnancy.

Too much emphasis is laid on teenage girls, whereas teenage boys are also involved. These teenage boys are too young to father their babies. Some run away from their pregnant teenage girlfriends. Few teenagers use contraceptives, so that they can finalise their job skills. Other teenagers do not know about contraceptives. That is why there is high teenage pregnancy in the Bochum West area.

Only a few teenagers visit surgeries when pregnant. Most teenagers choose to visit the clinics when pregnant. They get free medication from the clinics. Most babies born of teenage mothers have a low birth weight. Some babies born of teenagers die at an early age. The bodies of the teenage mothers are not yet ready to carry the baby for nine months.

The teenagers also fall pregnant due to drug and alcohol abuse. As they forget to use contraceptives while under the influence of liquor, unplanned pregnancy follows. Some teenagers resort to illegal abortion. This has led to high death rate.

Many teenagers are envying the social grants for personal gain. They misuse the money from social grants to buy themselves cellphones, jewellery, and clothes. As such, their babies suffer from malnutrition and eventually die. There is also a high competition in

delivering many babies. The more babies they have the more money they will gain through child grants.

Health professionals and educators do not call for public hearings about teenage pregnancy. There is still a lack of enough communication on teenage pregnancy. Most teenagers prefer peer information. Pamphlets use unfamiliar language, namely, English, to address teenagers. Although English is taught at schools, many learners still find it difficult to read and understand it. Translation in all the seven official language is needed.

5.6 MAJOR CONCLUSIONS

According to the research findings, the following conclusions are made:

- Many teenagers become sexually active at an early age. They know little about contraceptives. That is why they eventually fall pregnant at an early age;
- Even if sex education were taught at school, the teenagers would still undermine such lessons as they prefer unsafe and unprotected sex. Some are not even aware of sexually transmitted infections;
- Churches also play their role in communication on issues of preventing pregnancy by stressing abstinence, the use of condoms and being careful about sex matters. Yet, most teenagers (95%) still undermine such advice and end up with unwanted pregnancy;
- Parents pay less attention in communicating with their teenagers about sex matters. The teenagers depend on their peers, brothers, sisters, magazines, books and cousins on sex information;
- Most teenagers resort to illegal abortion due to unplanned pregnancy. This results in high death rate among teenagers due to corrosive bad chemicals used; and

- The social grants encourage many teenagers to fall pregnant. They need free money to spend as they wish. They misuse the money for personal gain rather than for the needs of the baby.

5.7 RECOMMENDATIONS

In accordance with the above-mentioned research findings and major conclusions, the following suggestions are made:

1. Sex education lessons should be given more classroom periods so as to have more time for understanding sex education. Teenagers must be given the chance to ask questions where they do not understand. Clinic sisters and doctors must be allowed at schools for topics on teenage pregnancy;
2. Parents are the ones to start earlier in teaching their learners about sexuality. They must also tell their children about STIs and their bad consequences. The closer the parents are to their children on teenage pregnancy, the less unwanted pregnancy occurs. Parents should be the ones to start telling their children about the facts of life. The health professionals are the ones to help parents understand and gain knowledge on sex matters;
3. Parents must be ready to address their children's behaviours that are against their values. In-service training is also needed for parents and the educators regarding sex matters;
4. Counseling by clinic sisters will be necessary to help pregnant teenagers to cope up with life. This will help the teenagers to lessen the strain, and depression caused by such a situation;
5. Supportive and educational groups must be formed to address the issue of teenage pregnancy;

6. Parents-support groups, especially of the pregnant teenagers, must be formed to update and solve the problems of teenage pregnancy;
7. The clinic sisters must be approachable to teenagers, so as for the latter to get more information on contraceptives. They must also discuss with the teenagers the safe methods of using contraceptives and their side effects;
8. Parents must supervise their teenagers in risky behaviours such as involvement in sex activities and the abuse of alcohol and drugs. Teenagers must be encouraged to have long-term career goals to avoid chances of unnecessary dating and playing around with sex;
9. National campaigns to reduce teenage pregnancy should be undertaken;
10. There must be a Resource Centre for adolescent pregnancy prevention in the Bochum West area;
11. Strategies for involving males in the prevention of teenage pregnancy programmes should also be introduced. This is necessary as boys are partly to blame for this state of affairs; and
12. Further research must be undertaken to try the new strategies on communicating with teenagers about teenage pregnancy. This may, eventually, reduce the high rate of teenage pregnancy.

5.8 CONCLUSION

The issue of communication cannot be emphasised enough to address the prevalence of teenage pregnancy. The Department of Education must liaise with the Department of Health on the issues of new communication strategies on teenage pregnancy. Parents, doctors, nurses, and educators need to cooperate in order to prevent or reduce teenage pregnancies. Sex education at school and home should thus be given more attention.

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LEARNERS QUESTIONNAIRE: BOYS AND GIRLS

Please feel free to complete this questionnaire. It is for the research on "Communication on Teenage Pregnancy: A Case Study in Bochum West". The information will be handled anonymously.

1. What was your first sign of your girlfriend's being pregnant?
.....
.....

2. How were your feelings when you realised that you were expecting your baby?
.....
.....

3. Which measure of preventatives were you using when you were in a sexual relationship?
.....
.....

4. What do you know about STI's (Sexual Transmitted Infections)?
.....
.....

5. What was your parents' reaction towards your boyfriend's parent when they realized that you were pregnant?
.....
.....

6. How do your friends communicate with you about your pregnancy?
.....
.....

7. What did your parents say to you about your pregnancy?

.....
.....

8. Is it safe to have unprotected sex?

Yes

No

9. What would you do if you realise that you/your girlfriend is pregnant? Will you tell someone?

Yes

No

Substantiate

.....
.....

10. Do you know anything about STI's?

Yes

No

11. At what age do you think one must fall pregnant?

12

18

22 years and above

12. Do you think that sex education is necessary? Why do you say so?

.....
.....

13. Are contraceptives safe to prevent pregnancy? Give reasons for your answer?

.....
.....

14. Is it appropriate to communicate with your friends about sex education at school?

.....
.....

15. Do social grants play a role in teenage pregnancy: Substantiate.

.....
.....

EDUCATOR'S QUESTIONNAIRE

Please feel free to complete this questionnaire. It is for research on "Communication on Teenage Pregnancy: A Case Study in Bochum West". The information will be kept as confidential as possible.

1. Should learners be taught about sex education?

Yes

No

Substantiate your answer.

.....
.....

2. What is the rate of teenage pregnancy at your school?

Low

High

Substantiate your answer

.....
.....

3. What do you think are the causes of teenage pregnancy?

.....
.....

4. Do you sometimes talk about sex matter with your learners?

Yes

No

Substantiate your answer.

.....
.....

5. Can a learner approach you if she unexpectedly experience menstruation in class? What will you do?

Yes

No

.....
.....

6. Should a learner continue to attend school if she is pregnant? Why do you say so?

Yes

No

.....
.....

7. Is there a difference in school performance between learners who started having love affairs early and those who did not?

Yes

No

Substantiate your answer.

.....
.....

8. Do you sometimes guide those learners whom you think are involved in love affairs?

Yes

No

.....
.....

9. Do you think the government is doing the right thing by giving teenagers social grant?

Yes

No

Substantiate your answer.

.....
.....

10. Do you think the learners are aware of the STI's?

Yes

No

11. What do you teach the teenagers about pregnancy?

.....
.....

12. How do they react when you communicate with them about sex education?

.....
.....

13. What do you teach them about STI?

.....
.....

14. What do you teach them about contraceptives?

.....
.....

15. What do you tell them about unsafe/unprotected sex?

.....
.....

16. How many teenagers fell pregnant since 2003 when sex education was introduced in schools?

.....
.....

17. How is sex education of value to the teenagers at school?

.....
.....

DOCTOR AND NURSE'S QUESTIONNAIRE

Please feel free to complete the questionnaire. It is for research on "Communication on Teenage Pregnancy: A Case Study in Bochum West". The information will be kept as confidential as possible.

1. Do you have a large number of pregnant teenagers coming to the clinic?

Yes

No

2. What are your statistics (**figures**) on pregnant teenagers in your clinic/medical practice?

.....
.....

3. How do you communicate with the teenagers about unwanted pregnancy?

.....
.....

4. What do they know about STI's?

.....
.....

5. How do they know about contraceptives?

.....
.....

6. How do they communicate with their colleagues about the advantages of contraceptives and pre-natal treatment?

.....
.....

7. When you started your career, how old was the youngest teenager that you worked with?

.....
.....

8. What do you think are the causes of teenage pregnancy?

.....
.....

9. Are these teenagers aware of contraceptives? Why do you say so?

.....
.....

10. How do you communicate with the teenagers about unwanted pregnancy?

.....
.....

11. How can teenage pregnancy be reduced?

.....
.....

12. Are most parents around your clinic/medical practice able to communicate with their children about sexual relationships?

.....
.....

13. Are your teenage patients aware of STI's?

Yes

No

14. Do you think social grant encourage or discourage teenage pregnancy?

Yes

No

.....
.....

15. How many pregnant teenagers come to your surgery for check up?

.....
.....

PARENT'S QUESTIONNAIRE

1. How many children do you have?

.....
.....

2. How many children would you like each of your children to have?

.....
.....

3. Are contraceptives good for teenagers? Substantiate.

.....
.....

4. When would you like your child to have a baby?

.....
.....

5. Do you sometimes talk about sex with your children? Substantiate your answer.

.....
.....

6. Do you allow your child to have a boyfriend/girlfriend? Substantiate.

.....
.....

7. Should your child continue to go to school when pregnant? Why do you say so?

.....
.....

8. In your opinion, how can one prevent teenage pregnancy?

.....
.....