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Teenage pregnancies in Bapong schools, Madibeng local municipality: Teachers' views.

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Art. #1646, 8 pages, <https://doi.org/10.15700/saje.v41n2a1646>**Teenage pregnancies in Bapong schools, Madibeng local municipality: Teachers' views****Tshiamo N Ramalepa** , **Tendani S Ramukumba**  and **Mmajapi E Masala-Chokwe** Adelaide Tambo School of Nursing Science, Faculty of Science, Tshwane University of Technology, Pretoria, South Africa
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The South African Schools Act 84 of 1996 forbids discrimination against learners based on pregnancy, while the 2007 guideline document, *Measures for Prevention and Management of Learner Pregnancy*, stipulates teachers' role in preventing and managing learner pregnancy. Teachers are, therefore, responsible for pregnant learners in the school environment. In the study, which was conducted in primary and secondary schools in Bapong, we aimed to explore and describe the perceptions of teachers regarding pregnancy of school learners. A qualitative exploratory and descriptive approach with purposive sampling was used. In-depth interviews were used for data collection and content analysis was done through Tesch's approach using open coding. The findings suggest that, despite being against learner pregnancy, teachers are more concerned with the educational success of pregnant learners. They view learner pregnancy as a threat to teachers, other learners and the school environment because they are not trained to deal with pregnancy-related problems. The findings also indicate that the Departments of Health and Education should collaborate in order to initiate a partnership between teachers, school health nurses, and midwives regarding learner pregnancy in schools.

Keywords: impact; learner pregnancies; management policy perceptions; school pregnancy; teenage pregnancy

Background and Literature Review

In recent years, teenage pregnancy has worldwide been a major concern for religious leaders, the general public, and policymakers – from industrialised countries such as the United States of America to developing countries. This phenomenon has also been a source of concern for teachers, nurses, social workers and families due to its negative effects on the pregnant learners (Teenage pregnancy, 2013). De Wet (2013) reports that, in 2012, a total of 29,996 young girls were pregnant across South African schools. In support of this fact, Statistics South Africa (2013:18) indicates that approximately 4.9% of South African females between 13 and 19 years of age were pregnant in the same year. Teenage pregnancies have increased despite improved access to reproductive health services, contraceptives, and sexual and reproductive education (Maxwell, Radzilani-Makatu & Takalani, 2016:2).

In 2015, about 5.1% of females in the age group 14 to 19 years were pregnant, which was an increase of 0.2% compared to the 4.9% in the 2013 general household survey report (Statistics South Africa, 2013:18, 2016:26). The emotional, psychological, spiritual, and physical experiences that both male and female teenagers, particularly those who are of school-going age, go through during pregnancies are exclusive to them. Learner fathers usually come from low-income families, struggle with school performance and completion of schooling, and seldom have the financial resources to support the child and the mother (Panday, Makiwane, Ranchod & Letsoalo, 2009:13).

Teachers at schools usually address reproductive health and sex matters, which many parents fail to address at home. Nonetheless Bhana, Morrell, Shefer and Ngabaza (2010:876) point out that “many teachers regard the presence of pregnant teenagers and teenage mothers in their classrooms as a threat to the collective academic performance of the class and classroom harmony.” Panday et al. (2009:13) identify incomplete sexuality education as a significant risk factor for negative reproductive health outcomes, including early pregnancy and human immunodeficiency virus (HIV) infection. Incomplete sexuality education and negative reproductive health outcomes have a cause-effect relation, so the school curriculum ensures that teachers address reproductive health matters with learners through the compulsory subject, life orientation. Reproductive health matters are included in life orientation and policy as a means of supporting teachers.

Policy should not only address emotional and educational support to teachers and learners, but should also address physical support, which includes the health of learners. Mpanza and Nzima (2010:433) note that “having teenage pregnancy viewed as a problem in local schools, pregnant girls often have nowhere to run for support and care; they are made to feel like outcasts at school and home.” Pregnant learners can be effectively supported by empowering teachers through in-service training, workshops, and a supportive policy environment that is in accordance with their work description (Bhana et al., 2010:881). The 2007 *Measures for Prevention and Management of Learner Pregnancy* policy document affirms that schools should encourage pregnant learners to remain in and continue with schooling during pregnancy, and come back to school after delivery of the baby, while teachers should offer educational support to such learners (Department of Education, Republic of South Africa [RSA], 2007:6). While this policy is supportive of allowing learners to remain in school while pregnant and return after giving birth, implementation of the policy has proven to be difficult (Morrell, Bhana & Shefer, 2012:19). Implementation of policy is critical because it provides an overview of the effectiveness of the policy. Poor implementation strategies and a lack of resources to carry out a policy will result in that policy

ultimately failing. A country should provide a policy which is practical, implementable, and interpretable; furthermore, necessary resources to carry out the policy should be provided.

The South African Schools Act 84 of 1996 (RSA, 1996a:2) was implemented on 1 January 1997 and serves “to provide a uniform system for the organisation, governance and funding of schools, to amend and repeal certain laws relating to schools, and to provide for matters connected therewith.” The South African Schools Act 84 of 1996 (RSA, 1996a) forbids discrimination based on pregnancy, and since the Act provides guidelines and provisions for teachers to practise teaching in a lawful and acceptable manner, teachers must be aware of the contents of the Act. This applies to the guidelines for the managing of teenage pregnancies in schools. The guidelines spelled out in the South African Schools Act 84 of 1996 (RSA, 1996a) were drafted by the Department of Education. In 2007, the Department of Education published a document called *Measures for the Prevention and Management of Learner Pregnancy*, which supports the principle that pregnant learners cannot be expelled from school for being pregnant (Veriava, 2013). This, however, is not always the case in every South African school, because there are cases where pregnant learners are still advised by teachers and principals to leave school and come back after they have given birth.

However, authors have observed that the South African Schools Act 84 of 1996 (RSA, 1996a) and the National Education Policy Act 27 of 1996 (RSA, 1996b) provide a policy environment which is against discrimination of learners based on pregnancy. Furthermore, the *Measures for the Prevention and Management of Learner Pregnancy* acknowledges and stipulates the role of the teacher in preventing and managing learner pregnancy. Teachers are expected to deal with pregnant learners in the same way as other learners in the school environment, although pregnant learners come with health risks and pregnancy-related issues.

Purpose of the Study

The purpose of the study was to explore and describe the perceptions of teachers regarding learners’ pregnancies in schools of Bapong, Madibeng local municipality, in order to make recommendations towards learner pregnancy prevention and management.

Theoretical Foundation

The theory that guided this study was a framework for safe and successful schools by the National Association of School Psychologists (Cowan, Vaillancourt, Rossen & Pollitt, 2013). The theory explains the “best practices for safe and successful schools”, which emphasises employing practices

which make schools safe for learners (Cowan et al., 2013:1). The theory is suited to this study because its comprehensive integrated model for safe and successful schools ensures that learner pregnancy in schools is addressed by integrating support systems, facilitating learner pregnancy, addressing barriers to learning and teaching, and involving management, policy, and other stakeholders. An active governance team with operational resources can facilitate these actions. According to the theoretical framework, the following are the best practices for creating safe and successful schools (Cowan et al., 2013:1).

- 1) Integrate services through collaboration. Safe and successful schools are nurtured through association of schools, clinics and communities, as well as the integration of school initiatives. Effective schools and learning environments should provide resources and support curriculum that incorporates learner pregnancy management. Management components include shared governance, accountability, teacher training, and budget decisions. Learning support encompasses strengthening components of life orientation and providing school health services.
- 2) Implement multi-tiered systems that provide prevention of learner pregnancy, promote wellness and provide interventions based on pregnant learners’ needs. Multi-tiered systems of support also incorporate universal screening for the academic and health condition of pregnant learners in schools; behavioural and emotional barriers to learning, and implementation of learner pregnancy interventions as needed. Furthermore, to encourage monitoring of learner progress in response to implemented interventions, and to integrate a systematic data-based decision-making about services needed for pregnant teenagers.
- 3) Access to school-based teenage pregnancy support is enhanced by providing adequate school health nursing services with trained nurses who will be able to integrate prevention and intervention services into the learning process, and to help integrate services provided through schools and community partnerships. Access to school-based health services and support directly improves pregnant learners’ physical and psychological safety, academic performance, and social and emotional learning, which prevents pregnancy-related complications. This requires health professionals such as school health nurses, counsellors, psychologists, and social workers to ensure that services are of high quality, effective, and appropriate to the school environment. Teachers are trained in collaboration with the health team, and with regard to learner pregnancy, the school system functions in partnership with family systems. This training ensures that integration of school health services is effectively infused into the learning environment, which supports teachers’ ability to provide safety in schools and optimise teaching and learning in the presence of pregnant learners.
- 4) Integrate school safety and crisis/emergency preparedness in response to learner pregnancy crises to ensure that training and plans are relevant to the school environment. This will reinforce learning

using existing resources and enabling consistent review and practice of the process. Schools must be supported to develop an effective school safety team that focuses on the overall school emergency preparedness, including learner pregnancy emergencies. School crisis management occurs on a continuous basis, and must be linked to health services. School crisis and emergency preparedness training should encompass prevention, early intervention, immediate response and intervention, and long-term recovery. The process should be aided by availability of resources. Resources can include obstetric equipment, which will assist during a delivery or obstetric emergency at school.

- 5) Employ positive, effective school policy to address school safety for both teachers and learners; policy which is not simply punitive, but is clear, consistent and equitable, and reinforces positive behaviour; policy that is available and practised by teachers of all schools. School policies are the responsibility of the school management, however, all teachers play a role in the development and implementation of policies. Policy practices should function in concert with efforts to address learner pregnancy. The Department of Education should ensure that all schools adhere to the national policy and practices effectively.
- 6) Consideration of the context of each school, the community and district, and provide services that are most needed, appropriate and culturally sensitive to a school's unique learner population and learning community. There is no one-size-fits-all approach when creating safety in schools. To be most effective, schools should monitor their current structures and resources and determine what additional resources are needed.

Research Methods

Research Methodology

The study was conducted in three schools of the Bapong village in the Madibeng local municipality located approximately 21 kilometres from Brits in the Bojanala platinum district of the North West province of South Africa. The district is best known for its mineral wealth, which has resulted in many mines in the area. Three schools, two primary and one secondary school were included in the study. The research methods are defined as the steps, procedures, and strategies for gathering and analysing data in a study (Polit & Beck, 2008:758). The nature of the study was qualitative, exploratory and narrative. A qualitative research approach is defined as a thorough investigation of the phenomenon in an in-depth and holistic manner through the collection and analysis of rich narrative materials using a flexible research design (Polit & Beck, 2008:763). The research strategy allowed us to understand the views and lived experiences of teachers regarding learner pregnancy and obstetrics management in schools of Bapong. The research strategy used in the study was explorative and descriptive in nature. Botma, Greeff, Mulaudzi and Wright (2010:185) state that if little or no previous research is known about the phenomenon under

investigation, the researcher will collect new data through an exploratory study, and if the study has a descriptive aim, the data are more factual, based on stories and provide truthful descriptions of a phenomenon.

Population

The target population for the study was teachers at primary and secondary schools in Bapong. The target population is the aggregate of cases about which the researcher would like to generalise in the study (Polit & Beck, 2008:338). The population from which the sample was taken included all the teachers working at the 14 schools in Bapong who had a minimum of 5 years' teaching experience. Purposive sampling was used and the sample size was determined by data saturation, when no new information emerged during data analysis (Grove, Burns & Gray, 2013:371). As in purposive sampling, these teachers were chosen to participate in the study because they demonstrated some feature that was of interest to us – they were involved in learner pregnancy in schools and we regarded them as being knowledgeable about learner pregnancy (Botma et al., 2010:201). Five teachers from three schools were interviewed, bringing the sample size to five.

Data Gathering

Data were collected by using in-depth interviews. The interviews took place in the schools' boardrooms, which allowed minimal disturbance. The interviews were carried out during working days, at a time when teachers were not busy with learners. English and Setswana were used for interviews, depending on the preference of each participant. The interview guide contained one central question, which was followed by probing questions. The central question was: "Please tell me what are your views and experiences as a teacher towards pregnant learners in your school?" Some of the probing questions were the following:

- How does having a pregnant teenager in class influence teaching?
- How do you deal with a pregnancy-related emergency at the school?
- Does the school have equipment necessary to deal with emergencies which involve pregnant teenagers?
- How do you handle a pregnant teenager who goes into labour while at school?
- Are you aware of any policy related to pregnant teenagers in schools and what are your views regarding the teenage pregnancy policy?
- How does the policy support you in managing pregnant teenagers in schools?

Data Analysis

Content analysis, the process of organising and incorporating narrative, qualitative information according to themes and concepts arising from the data collected using an analytical style (Polit &

Beck, 2012:281) was used for data analysis. Data were transcribed verbatim and categorised into themes, categories and subcategories. Data were analysed according to Tesch's approach in Creswell (2003:192). This approach included carefully reading all transcriptions and writing down ideas that come to mind, choosing a transcript, reading it carefully to make meaning and using different colours to write notes in the transcript, thus clustering similar topics together. The list of topics was then abbreviated as codes which were written next to the appropriate segments of the text to find the most descriptive wording, and turning the codes into categories. The total list of categories was reduced by grouping topics that relate to each other into sub-categories. The final decision was made on the abbreviation for each category and alphabetising the codes. Lastly, the data belonging together were assembled in one place and a preliminary analysis was performed. An independent coder was identified and all the notes and transcripts were sent to the coder for analysis. Data were analysed until saturation was reached.

Ethical Considerations

An information leaflet and a consent form were given to participants and written consent was obtained from each participant. Teachers had the right to terminate participation despite having signed the consent form. Data were kept confidential and participants' anonymity and privacy were guaranteed. Teachers' names were not included in the transcripts and will not be published in any official report. All the records were kept by the Adelaide Tambo School of Nursing Science, Tshwane University of Technology. The Ethics Committee of the Tshwane University of Technology approved the study (Ref: FCRE 2015/04/001 (2) (SCI)) and permission to conduct the study was obtained from the North West Department of Education, Brits office.

Results

Five participants from three schools agreed to participate in this study. Two themes are discussed in this article, namely, the impact of learner pregnancy on learning and teaching, and the impact of learner pregnancy on teachers.

Theme 1: The Impact of Learner Pregnancy on Learning and Teaching

Teachers were of the view that learner pregnancy causes disruption of learning. School dropout and absenteeism were some of the factors mentioned as evidence for disruption of learning. One teacher indicated that some learners never come back to school once they had given birth. Pregnant learners become distracted as other learners jokes about them, resulting in poor attention in class. During emergencies, teachers had to leave class to

accompany learners to the clinic while teaching was supposed to take place. Teachers responded as follows.

... because they [pregnant learners] disrupt the school and teaching, when you have a learner like that in your class you will experience problems such as noise in class, disturbances and then this influences girls of that age because they are usually influenced by negative things. (Teacher 1)
It affects me in a sense that these learners drop out of school at a very young age, and after they give birth they never come to school (Teacher 3).

From the teachers' perspective, disruption of learning can lead to poor educational attainment among learners. In a study conducted in South Africa, Grant and Hallman (2008:370) found that not all teenage learners returned to school after pregnancy and childbirth, although the highest return rate was noted among those in Grade 12. Furthermore, Marteleto, Lam and Ranchhod (2008:353) indicate that South African school learners commonly continue their education after giving birth, which is not the case in other African countries and in some rural South African areas. Some participants responded as follows.

... in one of my classes, Grade 12 B, I had a learner who was pregnant and last week, the whole of last week when we re-opened she was not here ... the problem is that most of the time they are absent from school. (Teacher 4)
... all the learners that I said were pregnant at my former school just dropped out of school ... (Teacher 5).

Willan (2013:5) revealed that in South Africa the return of learners to school after pregnancy depended on socioeconomic factors such as family support to assist with childcare responsibilities or the ability to afford childcare services. Participants expressed that socio-economic factors had an influence on learner pregnancy. The socio-economic factors mentioned included living with grandparents and living in child-headed families. Teachers also said that teenage pregnancy in school negatively influences teaching and other learners.

When you have a learner like that in your class you will experience problems such as noise in class, disturbances and then this influences girls of that age because they are usually influenced by negative things (Teacher 1).
It [teenage pregnancy] influences teaching negatively because we are not empowered as teachers, we are not work-shopped, and we have never been trained to deal with this situation ... (Teacher 5).

Theme 2: The Impact of Learner Pregnancy on Teachers

Teachers spend 5 days of the week and an average of 8 hours a day at school. During these 8 hours they are in constant contact with learners. In essence, teachers spend more time of the day with learners than parents do. Given the time teachers spend with learners, it can be argued that when a

learner falls pregnant, it can have an effect on the teachers in the school environment, although the effect on teachers would not have the same bearing as it would on the learners' parents and family members. Participants were of the view that the effect of learner pregnancy is a threat to teachers and to teaching. Some were reluctant to teach pregnant learners because, once the learner was in class, she became the responsibility of the teacher. They felt that they were not nurses and they did not have the required training or experience to have pregnant learners in class.

I really don't want to teach a pregnant girl because she becomes my full responsibility... (Teacher 3).

That was a threat to us ... when she is here in school with us she is our responsibility. That girl attended school with us until the 9th month and for 2 weeks of the 9th month we were with her ... as a teacher what could you have done? (Teacher 1)

Teachers felt that it was difficult for them to teach while there was a pregnant learner in class because pregnant learners could deliver at any time during the last months of pregnancy and, in a situation like that, the clinic might not be reached in time. In the event that a learner delivers in class, teachers will not know what to do because they have never been trained to deal with situations of that nature. Another concerning matter mentioned was that some pregnant learners gave false information about their gestation, which led to school attendance until labour was imminent.

... teaching pregnant learners has got a lot of problems, you will never know whether the learner is due [to deliver] or still has many months to go before giving birth you know and whenever you ask them, most of them won't tell you the truth because only the clinic can do that for us if you communicate with them but in their own most of the time they don't tell us the truth, so our experience is that sometimes the learners will give you wrong information about duration of the pregnancy, because they are afraid that they will not be allowed to come to school. (Teacher 4)

... we don't know how to handle the situation. I think it is very much cumbersome because you don't know what will happen during your imparting or presentation of your lesson because pregnancy has its own complications, we don't know what to expect, she is there and you have to teach her. ... It influences teaching negatively because we are not empowered as teachers, we are not workshopped, we have never been trained to deal with this situation [clears throat] because our policy in schools states that those learners should come to school. (Teacher 5)

Participants were of the view that learner pregnancy has been a problem to teachers since the start of democracy in South Africa. They expressed the notion that the law pre-1994 was strict compared to the current law and that learners responded positively to the strictness of the law.

... it was during the time of former BOB [Bophuthatswana] and then you know during that time the law was very strict, so we were not

experiencing cases of teenage pregnancy (Teacher 1).

As I said I have been in the service for most 23 years, things became worse actually concerning learner pregnancy in schools since 1994, before then we knew that when a learner becomes pregnant she has to stay at home until she delivers, but now things have changed. Learners are allowed to come to school being pregnant and we have seen that in my former school. (Teacher 5)

Prior to 1994 learner pregnancy cases were rare in schools because, according to the participants, the law was strict regarding learner pregnancy. Learners also dropped out of school as soon as they became aware of their pregnancy. Ngabaza and Shefer (2013:106) state that before 1994 and the adoption of new policies regarding pregnant learners' education, exclusion practices related to learner pregnancy were common in schools. The current policy forbids discrimination based on pregnancy and teachers may not prevent pregnant learners from attending school.

Discussion

South African data indicate that, nationally, one in five 18-year-old girls has given birth at some point in her life, and more than 40% have become mothers by the age of 20 (Grant & Hallman, 2008:369). This is not only an issue in South Africa, but also globally. Even though the birth rate among learners has increased after dropping gradually for years, the estimate of learner pregnancy cases in developed countries falls into millions, and about 30% of female teenagers in South Africa reported being pregnant at some point in their lives, with the majority being unplanned pregnancies (Ramulumo & Pitsoe, 2013:755; Willan, 2013:4). Pregnancies among school learners are still predominantly unplanned, even though learners in South Africa are provided with adequate information and options regarding pregnancy prevention. When exploring knowledge, awareness, and access to contraceptives, Willan (2013:4) found that many learners were informed about family planning services, protection from unplanned pregnancies, sexually transmitted infections and HIV and AIDS, which are generally covered within the life orientation syllabus.

This findings of our study suggest that, despite being reserved about teaching pregnant learners, teachers are more concerned about the educational success of pregnant learners. Becoming pregnant while in school poses an increased risk to educational success (Grant & Hallman, 2008). Educational success is construed as a key to future success. Pregnant learners have uncontrollable challenges pertaining to education and health in childbearing – more than adult mothers – and many learners becoming pregnant experience financial difficulties because of incomplete education (Ogori, Shitu & Yunusa, 2013:12). Pregnancy and

raising a new-born baby require a great deal of responsibility, which usually challenges school attendance and completion of schoolwork, resulting in disruption of learning. When pregnant learners remain in school and return after having given birth, it increases the opportunity for young women to complete school and have better future employment prospects (Grant & Hallman, 2008).

The South African Schools Act 84 of 1996 (RSA, 1996a) forbids discrimination based on pregnancy. Nonetheless, Bhana, Clowes, Morrell and Shefer (2008:80) found that some principals and teachers were not welcoming of learner-parents. A principal of a school in the Western Cape emphasised that he focused on getting pregnant learners back into the school system, indicating that pregnant learners who attend his school must leave, but must also return soon after having giving birth, when they were “healthy” (Bhana et al., 2008:83). Between 2002 and 2006, an estimated 66,000 to 86,000 learner girls reported pregnancy as the core reason for interrupting their schooling (Jewkes, Morrell & Christofides, 2009). Furthermore, a newspaper article by Parker (2013) indicated that there were 25 cases of pregnancy in a certain school between 2007 and 2010, which resulted in suspension of the pregnant learners, with almost half of them leaving school permanently after their suspension. Prior to the learners leaving school permanently, they were suspended from school based on being pregnant, which was unlawful according to the South African Schools Act 84 of 1996 (RSA, 1996a).

The school environment is expected to be a place of safety for both teachers and learners. With that said, there are still threats that pose significant dangers to the careers and general work environment of teachers. Teachers in this study viewed having pregnant learners in school as a threat because teachers are not trained to deal with learner pregnancy. They are confronted with unfamiliar situations associated with learner pregnancy – in an event where a teacher is required to take action, the teacher will not know what to do. Teachers are also faced with contradicting situations, as Mpanza and Nzima (2010:437) allude that when teachers try to help pregnant learners in school, they may cause complications as they are not trained in assisting in obstetric emergencies, and when they do not help, they may be held accountable and charged with negligence by the employer.

Teachers must be acknowledged for the significant role they play in schools and must be provided with more professional development regarding policy and guidelines to assist pregnant learners and learner mothers (Chigona & Chetty, 2008). They can then exercise their role in a safe and guided manner without negative outcomes for them. Strengthening school health services may

reinforce the combination of resources from the health sector and the education sector to ensure a more enabling environment for teachers to assist pregnant learners (Bhana et al., 2010:881). Since school health nurses are not school based, there is no one to carry out their responsibility and the responsibility involuntarily becomes that of teachers. Without the assistance of school health nurses, learners and teachers experience trauma when a pregnant learner gives birth at school. The traumatising events affect teachers and other learners because pregnant learners in schools are assisted by teachers who are not trained, and in the process they are both exposed to unhygienic conditions and practices that could negatively affect the health of the teacher, the learner-mother and her child (Mapumulo, 2007; Matlala, Nolte & Temane, 2014).

Many pregnant learners are disadvantaged by social structures, as teachers suggested that pregnant learners are not affected by pregnancy alone but by social structures that prevent young women in social and economic disadvantaged communities from managing schooling, pregnancy and parenting (Bhana et al., 2010:877). In essence, social problems give rise to other social problems. Unplanned learner pregnancies may lead to impulsive decision-making by learners, and pressure from parents, peers, culture, society and school may well have a significant impact on the decisions learners make. When a learner drops out of school, disrupts her learning because of pregnancy, and never returns to complete her studies, it can have detrimental effects on the course of her life. Pregnancy and parenting among learners are construed as social problems because of their impact on the educational attainment and missed career opportunities that can result from becoming pregnant and being a young mother (Cherrington & Breheny, 2005). Education has become the cornerstone of success; thus, educational attainment is vital in securing a successful future for pregnant learners.

Conclusion

The South African government has made pregnancy prevention measures readily available and free throughout the country, but the measures have proven to be futile in eradicating learner pregnancy. While learner pregnancy increases in schools, it inevitably has a significant impact on the educational outcome of affected learners, due to disruption of learning. The study findings suggest that the Departments of Health and Education need to collaborate in order to initiate a partnership between teachers, school health nurses and midwives regarding learner pregnancy in schools. In this manner, complications related to learner pregnancy will be avoided in schools, learners will have a better experience during pregnancy and

teachers will be comfortable in their working environment. Lastly, teachers in this study revealed that learner pregnancy has been a problem post-democracy, but Panday et al. (2009:9) argue that “while current political and media depictions imply that South Africa is confronted with an escalating epidemic of learner pregnancies, available data suggest that it is an area in which substantial progress has been made since democracy.”

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Authors' Contributions

TNR wrote the manuscript, conducted the participant interviews, and analysed the data. TSR participated in the manuscript preparation, conducted data analysis, and supervised the study. MEM-C conducted data coding in data analysis and co-supervised the study. All authors reviewed the final manuscript.

Notes

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- ii. Published under a Creative Commons Attribution Licence.
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