

THE INFLUENCE OF TEENAGE PREGNANCY ON EDUCATION: PERCEPTIONS OF EDUCATORS AT A SECONDARY SCHOOL IN TEMBISA, GAUTENG

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Globally teenage pregnancy has been a major interference to the educational achievement of female learners. Teenage pregnancies among school-going learners have grown at an alarming rate and is a serious concern in South African society. Based on a qualitative study with 12 educators at a high school in Tembisa, Gauteng, South Africa, this article considers their perceptions to gain in-depth insight about the influence of teenage pregnancy on the educational achievement of high school learners. The findings revealed that teenage pregnancy negatively affects the learner, other learners, the school, the family, the community and society as a whole.

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## **THE INFLUENCE OF TEENAGE PREGNANCY ON EDUCATION: PERCEPTIONS OF EDUCATORS AT A SECONDARY SCHOOL IN TEMBISA, GAUTENG**

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### **INTRODUCTION**

Teenage pregnancy is a universal social and educational concern in developed, developing and underdeveloped countries. It is not a new phenomenon, but it is surprising that in the era of sexual literacy and availability of contraception, teenage pregnancy is still a major problem throughout the world (Frank, 2005). Many countries continue to experience a high prevalence of teenage pregnancy regardless of the implementation of intervention strategies to reduce teenage pregnancy, such as sex education in schools and community awareness programmes (Panday, Makiwane, Ranchod & Letsoalo, 2009). In South Africa approximately 30% of teenagers have been pregnant and the majority of the pregnancies were unplanned (Jewkes, Morrell & Christofides, 2009; Lince, 2011). In addition, the Department of Basic Education (DoE) recorded 20 000 learners who were pregnant in 2014. Primary school girls are adding to the problem of pregnancy among school girls, with the Ministry saying 223 of pregnant girls came from primary schools (Mashaba, 2015). The highest numbers of pregnancies were in Gauteng, with more than 5 000, and the Eastern Cape, at over 3 000. A secondary school in Mpumalanga had the highest number of pregnancies, namely 77, while a secondary school in the Eastern Cape reported 74 teenage pregnancies. The primary school with the highest number of pregnancies is located in Mpumalanga, recording 13 pregnancies (Mashaba, 2015). The high incidence of teenage pregnancy has become a major societal and educational concern, as it seems to perpetuate poverty and low levels of education (Panday *et al.*, 2009). Based on the statistics highlighted above, the Department alone cannot solve the issue; there is a great need for collaboration from different role players; this should include, but not be limited to, parental involvement and a mind-set change in communities to voice concerns and take a stand against teenage pregnancy (Mashaba, 2015). The legislative response to teenage pregnancy and motherhood in South Africa, appears to be rather broadminded (Bhana, Clowes, Morrell & Shefer, 2008). The South African Constitution (1996) protects the rights of all citizens, including children, to make decisions regarding reproduction and the right to access health care services, including reproductive healthcare. Pieces of legislation in South Africa that are particularly relevant are the Choice on Termination of Pregnancy (CToP) Act (No. 92 of 1996), the South African Children's Act (2005) (as amended by the Children's Amendment Act, No. 41 of 2007) and the Criminal Law (Sexual Offences and Related Matters) Amended Act (No. 32 of 2007) (Hoffman-Wanderer, Carmody, Chai & Rohrs, 2013). The Department of Basic Education (DoE) and National Department of Health (NDoH) released a variety of policies, guidelines and booklets, i.e. Measures for the Prevention and Management of Learner Pregnancy (MPMLP) in 2007, Integrated School Health Policy (ISHP) in 2012, National Contraception Policy Guidelines and a booklet on Preventing Teenage Pregnancy in 2012 and put in place a range of interventions. However, despite the emphasis on education, care and support for learners who are pregnant, there are concerns about the conflicting government policies, and the contradictions and confusion that arose when counselling and provision of information and services are rendered by different role players. In addition, Morrell, Bhana and Shefer (2012:19) argue that "The legislative environment is not an automatic driver of gender equality in schools".

One of the interventions is a radical strategy to make condoms available to children and their educators. School children as young as 10 years of age could be offered condoms. This is part of the government's attempt to teach sex education in schools (Govender, 2015). The proposal involves offering male and female pupils condoms from Grades 7 to 12, and younger children in Grades 4 to 6, who would be aged 9 to 12 years, would be given condoms where required (Govender, 2015). In addition, it is proposed that sexual education for primary and high school pupils be mandatory; mobile clinics will visit schools so that educators and pupils can be tested voluntarily for the human immunodeficiency virus (HIV), sexually transmitted diseases (STDs) and tuberculosis (TB) (Govender, 2015). The proposed strategy is

likely to create a heated debate among churches, parents, schools and children's rights activists, who have not yet responded (Govender, 2015). The above intervention raises a moral dilemma about sex and age and can be captured as:

- 1) At what age should one be exposed to sex education or start engaging in sexual intercourse?
- 2) Does sex education lead to promiscuity?
- 3) Does exposure to prevention programmes taint the 'innocence' of young pupils?
- 4) Shouldn't society encourage sexual abstinence rather than prevention?

Despite many efforts to reduce teenage pregnancies amongst school-going children, the rate of teenage pregnancy is still rising. As a result, the purpose of this study was to get an in-depth understanding of the perceptions of educators about the general influence of teenage pregnancy on education, but with a specific focus on school performance, school attendance and the emotional behaviour of pregnant teenage girls.

### **THE AIM AND OBJECTIVES OF THE STUDY**

The primary aim of the study was to obtain in-depth information from educators and gain insight into their perspectives on the influence of teenage pregnancy on the education of learners in a secondary school context. The study had four secondary objectives. Firstly, the study explored the views of educators about teenage pregnancy and how it affects school attendance. Secondly, the study sought to gain insight into the influence of teenage pregnancy on school performance. Thirdly, the study explored educators' views about the emotional experiences of pregnant teenage girls. Lastly, the study ascertained educators' opinions on factors contributing to teenage pregnancy.

### **RESEARCH METHODOLOGY**

This research study used a qualitative research methodology to explore and describe educators' perspectives on teenage pregnancy in a secondary school in Tembisa, Gauteng. The population of the study consisted of educators from the school and the 12 participants (six male and six female educators) were purposively sampled. The only selection criterion was that participants had to be a member of staff at the school for a minimum of five years. It was assumed that they would have relatively good knowledge of the trends and influences of teenage pregnancy within the specific school.

A semi-structured interview schedule with open-ended questions facilitated the face-to-face in-depth interviews that were tape-recorded during data collection. Informed consent was obtained from each participant before the start of the data-collection process. Thematic analysis (Braun & Clarke, 2006; Creswell, 2014) was used to process the collected data. Different themes emerged during the process and these were coded, organised and interpreted to generate meaning from the collected data.

### **DISCUSSION OF THE RESEARCH FINDINGS**

The findings are presented and discussed in relation to the objectives of the study. The first objective was to explore the views of educators on teenage pregnancy and how it affects school attendance. The following were identified as the main themes in relation to this objective.

#### **Educators' views on the growing rate of teenage pregnancy among learners**

The educators described that much had changed since they were young and perceived teenagers as lacking respect and self-control, and refused to listen to their elders. Westernised culture, cellular telephones, sexualised media, the desire for money and social status, sugar daddies and lack of family communication about sex were all factors blamed for the decreasing age of sexual debut, which often resulted in teenage pregnancy. The early exposure to sexual activities because of the crowded living conditions of many families, abuse of alcohol and other substances in communities and violence in families also contributed to young children's heightened interest in sexual activities. Many educators revealed worrisome concerns about the growing rate of teenage pregnancy not only in the secondary

school, but in the education system as a whole. Some educators were also of the opinion that the Department should do something about teenage pregnancy, which is increasing at a disconcerting rate.

*“The problem is ... children are taught everyday about sexual intercourse and I am not against that, but they get to know more before they start experimenting, but then they are too inquisitive and they end up listening to their friends more than an elderly person. This is because we never grew up in such an environment, but nowadays it is all about the Western culture, status, money, lack of discipline and not wanting to listen to their parents.”* (Participant 3)

The introduction of condom distribution in schools at the beginning of 2015 by the Department of Education to learners in disadvantaged communities and schools, where the prevalence of teenage pregnancies is high, was probed and the educator replied with the following comment:

*“That strategy has been tried a long time ago and it will not work; parents are still of the opinion that their children are still young to be talking about sexual intercourse and yet the rate of teenage pregnancy is increasing, so there is a need for a much stronger intervention from the department.”* (Participant 9)

### **The influence of teenage pregnancy on learners’ school attendance**

Educators perceived school attendance as largely affected by teenage pregnancy. Educators also stated that school attendance is also disturbed by babysitting arrangements and the health of the child. This is because in most cases the teenagers have no one to look after their babies, so they have to juggle being at school and also having to take care of the child at the same time, which is overwhelming for them.

*“Most of the teenagers their attendance is inconsistent because they usually have to take their children to the crèche or the clinic, and in those circumstances they do not come to school because they perform those activities during school time. It is not only school attendance that is affected, but life itself is also affected.”* (Participant 3)

On the other hand, it should be noted that although the young mothers’ education is interrupted by the pregnancy, they need to be aware of the fact that there are still opportunities for them. Those who would go back to school after giving birth are sometimes more likely to become successful in their career paths because *“they grow from being a teenager ... into being a responsible young mother who sacrifices for their child because they want their child to have something”* (Participant 7).

In relation to schooling and learners’ rights, the South African Schools Act (1996) legislates that learners are allowed to attend school during the course of their pregnancy and return to school after giving birth. Although the policy’s focus is actually on prevention of teenage pregnancies, it also creates opportunities for young mothers to continue their schooling (Jewkes, Morrell & Christofides, 2009). Application of this right depends on the attitudes of the school principals and educators. People filter implementation of policies and application of guidelines through their own values and morals. Bhana *et al.* (2010: 880) found *“How teachers construct the policy and practice of permitting pregnant pupils and mothers to attend school varies in schools and across schools”*. Lince (2011) notes that the Promotion of Equality and Prevention of Unfair Discrimination Act (No 4 of 2000) specifies that unfair discrimination against school-going learners who become pregnant is not allowed. In this particular school it was evident that the school was being accommodative of pregnant learners and they were allowed to continue their schooling. However, the literature confirms that in many instances, policies and guidelines fail many teenagers from both genders and do not empower them to be in charge of decisions about their own sexuality (Chigona & Chetty, 2008; Panday, *et al.*, 2009; Morrell *et al.*, 2012).

### **Teenage pregnancy and learners’ academic performance**

The second objective was to gain insight into the influence of teenage pregnancy on school performance. The following influences were identified during the study.

Across Africa teenage pregnancy appears to result in teenage mothers ending their schooling. In South Africa, unlike in most other African countries, girls usually continue their education after giving birth (Chigona & Chetty, 2008; Marteleto, Lam & Ranchod, 2008) and they delay completing their schooling rather than dropping out (Morrell *et al.*, 2012). Unfortunately, only approximately one third of teenage mothers return to school. Panday *et al.* (2009) noted that a delay in returning to school could reduce the likelihood of ever pursuing further education and also reduce level of school performance. Equally the likelihood of failing a grade increases with pregnancy. The educators were of the opinion that pregnancy and motherhood do not necessarily end a teenager's schooling; nonetheless for those who remain in school or return following childbirth, it does impact on their grades and at times their progress in school.

*"They miss out on schoolwork, and missing out on schoolwork makes them not to perform well."* (Participant 1)

*"They struggle with the school syllabus, they do not finish their school work, homework and assignments; they feel sleepy; they hardly concentrate in class."* (Participant 8)

*"Teenage pregnancy adversely affects school performance. Once a learner falls pregnant, the performance will drop, definitely it will drop because the learner will spend time at home and in hospital ... they miss tasks, [and] in that way they usually underperform."* (Participant 5)

Shefer, Bhana, Morrell, Manzini & Masuku, (2012) argue that when teenage mothers return to school, their performance was frequently affected, and many shifted from performing well academically to becoming average or become underachievers, because they have to balance motherhood and schooling. Although returning to school is critical, research shows that learners have to return as soon as possible following the birth of the baby, because even relatively short interruptions impacts on the education process (Panday *et al.*, 2009; Morrell *et al.*, 2012).

### **Educators' perceptions on pregnant learners' emotional experiences**

The third objective was to explore educators' perceptions about the emotional experiences of pregnant teenage girls. It was observed that their emotional experiences are often affected by the guidance and support they get from educators and family.

Educators were of the opinion that the pregnant teenager usually finds it difficult to reveal their pregnancy to parents and they sometimes resort to educators to talk to the parents on their behalf. As a result they experience psychological stress from negotiations with parents, disclosure to the unborn child's biological father, peer rejection and isolation, having to leave school, stigmatisation and fear. The anticipated perceptions and experiences of insensitivity of health professionals towards teenage pregnancy also contribute to the stress experienced by learners (Naidoo, 2005). Masuku (1998) argues that pregnant teenagers experience significant stress that could negatively impact on their physical state if it goes unmanaged. All the educators interviewed expressed concerns about the emotional experiences of pregnant teenage girls and they feel ill-equipped to counsel learners who are pregnant.

*"One should be very careful [when engaging] with a pregnant teenager, they may react otherwise ... may have mixed emotions. Their emotions always overpower their minds and behaviour."* (Participant 5)

*"I think most of them need counselling following childbirth ... we tend to observe their behaviour when they come back ... they are usually still shocked, and not yet over the traumatic experience they went through ... not having adequate support [from family members] is also a problem for learners."* (Participant 9)

However, educators do attempt to provide support and are often important motivators and enablers for pregnant teenagers to stay at school during pregnancy and return to school following the childbirth. Morrell *et al.* (2012) argue that it is critical for girls to return to school as soon as possible following childbirth, because even short interruptions in education do impact on the girls' futures.

*“We want to help, but it is difficult, we do not know where to begin.”* (Participant 6)

*“I sometimes organise and give them baby clothes, especially in winter because I know that is the most difficult time for them.”* (Participant 8)

Although educator (physical) support is noticeable, it appears that they are also unsure about and not equipped with appropriate counselling skills to support learners emotionally. They might revert to more practical assistance and support from their personal experiences as mothers.

One male educator stated that sometimes they fail to relate to the pregnant teenager because they are male.

*“I think that female educators are the ones who identifying as mothers themselves, hence we see them providing care and support to the young mothers often empathising with the pain, difficulty, challenges and responsibility associated with pregnancy and parenting.”* (Participant 12)

It was confirmed by Bhana *et al.* (2008) that often the female teachers, who can identify with being a mother, reach out and support young mothers, with the different challenges, uncertainties and responsibilities associated with pregnancy and parenting. Caring and nurturing attitudes of educators are important for learners, because pregnancy and early motherhood are often demanding and scary times (Malahlela, 2012) and additional support and care are needed to manage the already challenging circumstances.

Apart from support in the school environment, pregnant teenagers also need family support and parental assistance in terms of caring for the new-born baby. According to Willan (2013), the most important determining factor for a teenage mother to continue with her schooling is family support, and in particular the support of her mother to assist with childcare or the financial means to pay for childcare services. Lack of family support affects the emotional wellbeing of the pregnant teenager and the unborn or new-born baby. Furthermore, it hampers the teenage mother from going back to school or to complete her education. Balancing childcare with the demands of schooling emerged as the most challenging aspects of being a teenage mother. Although many members of extended families can and do assist teenage mothers with childcare, research studies show that specifically the maternal grandmother fulfils a vital role in supporting the learner to return to and remain in school (Grant & Hallman, 2008; Panday *et al.*, 2009; Morrell *et al.*, 2012).

Unfortunately, support from the family is not always evident. Some comments from participants bear this out.

*“Not all parents are involved in terms of support, some would want to punish the child by excluding themselves from the whole pregnancy process.”* (Participant 1)

*“The parent would be angry, blaming the learner for falling pregnant; they would tell the learner in front of us educators that the learner will see what she will do with the pregnancy but she is not getting involved.”* (Participant 3)

Taking care of a new-born baby with hardly any parenting skills and limited or no support adds to the pressure and stress experienced by teenage mothers (Genobaga, 2004).

### **Educators’ opinions on factors contributing to teenage pregnancy**

The last objective explored educators’ opinions on factors contributing to teenage pregnancy. The participants identified a number of factors.

Participants were of the opinion that the misinterpretation of children’s rights is a contributing factor to teenage pregnancy. It appears that there is a lack of awareness and insight regarding the consequences of behaviour and the notion of children’s rights is not understood in context. Children are aware only of the rights and not the responsibilities that go with the children’s rights.

*“I personally blame the children’s rights ... as educators we cannot talk to a girl child who we feel is at risk of becoming pregnant, because all they do is tell you they have rights and can do whatever they want with their bodies.”* (Participant 11)

*“The children’s’ rights are also a contributing factor, I mean ... our learners are not behaving very well, even the parents are unable to control them.”* (Participant 1)

Early exposure to sexual activities was another factor identified by participants during the study. Children become familiar with sexual activities because their parents do not have sufficient privacy in the limited living space shared by the whole family.

*“The environment in which the children reside, the insufficient spaces ... where parents are sharing a room or a shack with their children ... expose children to early sexual activities.”* (Participant 6)

In addition to the limited and probably overcrowded living space, the role of substance use and abuse by parents was also highlighted.

*“Most children grow up in households where parents are constantly under the influence of alcohol ... they tend to have sexual intercourse unaware that children are listening or looking at whatever is happening ... we hear [learners] sharing with friends at school and discussing what they heard or saw.”* (Participant 7)

The area where the community is located is also likely to contribute to teenage pregnancy.

*“Tembisa is a poverty-stricken community, HIV/Aids has an impact in our community ... most of the children who are orphans or part of child-headed households do not have support and guidance of an older person ... they are on their own ... they end up seeking for love in the wrong places resulting in teenage pregnancy.”* (Participant 10)

Panday *et al.* (2009:58) argue that “when young children grow up in residential areas where poverty is entrenched, they are at risk of experiencing an early pregnancy.” In addition, child-headed families and orphans are faced with difficulties in meeting their needs when both parents are deceased and this might result in their resorting to sexual activities in an endeavour to earn money, and this often results in pregnancy (Panday *et al.*, 2009).

A lack of parental involvement in communicating with children about dating, contraceptives and intimacy, and limited or no information about sexual reproductive health, are also contributing to teenage pregnancies. Sex is not a common topic discussed within families, and especially not in families in black African cultures.

*“I think that cultural values and beliefs make it difficult for parents to talk to their children about sensitive issues. As Africans, we never give ourselves the time to talk to our children especially when they start to grow up and become teenagers.”* (Participant 12)

*“If parents had open and honest communication about sex with their children, that would contribute largely to the decisions that teenagers make with regards to sexual intercourse and there would be a reduction in teenage pregnancy.”* (Participant 7)

In turn, teenagers consult with peers, read magazine articles and use social media and video material to obtain information. Although there are health clinics where information can be obtained, teenagers do not use these facilities, because they fear to be identified as sexually active and stigmatised.

Lastly, it appears that health clinics and the employees at the facilities create barriers to teenage girls making use of the services.

*“ Some girls fall pregnant because they are afraid of visiting clinics ... they are afraid of the nurses’ attitudes ... and [experience] services rendered as highly judgmental and unhelpful.”* (Participant 7)



*Most of the nurses do not provide what the teenager wants, but they provide what they think is best for the teenager ... teenagers end up leaving the clinic without getting assistance ... and engage in sexual activities without appropriate knowledge ... because of unjust treatment they receive from nurses.” (Participant 12)*

Research studies (Naidoo, 2005; Panday *et al.*, 2009) confirm that the operating hours of clinics, waiting time at clinics, matters of confidentiality, the judgemental attitudes of nursing staff, their limited knowledge and poor training as well as limited contraceptive options all contribute to the fact that teenagers do not make use of the clinic services.

## **CONCLUSIONS**

The study has shown that teenage pregnancy is a growing concern in South African schools and it has detrimental effects on the education and future plans of secondary school learners. Having to balance motherhood and education simultaneously appears to be an overwhelming experience for teenage mothers. As a result, irregular school attendance and poor school performance during and after pregnancy often lead to the girls dropping out of school. This inevitably influences future work opportunities and careers negatively, and contributes to unemployment among the youth.

It was evident from the research study that teenage pregnancy has far-reaching consequences, and specifically affects the emotional behaviour of the pregnant teenager and/or young mother. They are largely faced with stigmatisation in the school and community, and are often subject to limited or no support from families and healthcare facilities. The participants firmly expressed the need for social workers in schools to create awareness and implement preventative programmes, to provide the much-needed counselling and psychosocial support for pregnant learners and their family systems, and to network with other important role players, e.g. healthcare facilities, in terms of service delivery.

## **RECOMMENDATIONS**

Participants were convinced that teenage pregnancy cannot be prevented and has reached alarming proportions. However, strategies can be developed and implemented to reduce the alarming numbers of pregnancies among school-going children. Willan (2013) argues that because of the multiple and complex factors contributing to teenage pregnancy, it is vital that in South Africa this phenomenon be addressed on individual, community and structural levels. There are various ways of reducing or preventing teenage pregnancy, as suggested by the participants.

One suggestion was the implementation of the ABC rule, where A stands for “abstinence”, B for “being faithful to oneself”, and C meaning, “character formation”. Using the ABC rule with reference to HIV/Aids showed that this strategy might work in certain contexts, but not in all. However, it might be a strategy to explore and implement where appropriate.

Addressing teenage pregnancy should be focused on a number of aspects, i.e. sensitising parents and communities to the importance of appropriate open communication about sexuality and reproductive healthcare services; gender equality programmes in communities, schools and work places; comprehensive sexual and reproductive healthcare services with adequately trained health care workers specifically on the range of contemporary contraceptives available; the importance of dual protection and developing less moralising attitudes (Willan, 2013); and accessible and appropriate family planning initiatives.

Parental involvement and support of school-going children are very important factors during the development of children and especially during adolescence. Parents should be actively engaged in partnership with the school, educators and social workers. They can work in partnership to combat the problem and find solutions to address issues affecting teenagers such as teenage pregnancy, substance abuse and bullying, to name a few.

Young mothers should be active participants in sex education so that they can learn and empower those not involved in young motherhood. This can also be done outside the school context, e.g. in community groups, churches and amongst their peers.

Collaboration among different departments, i.e. the Department of Basic Education, the Department of Social Development and the Department of Health, has to be enhanced. It is evident that better coordination of programmes about sex education and psychosocial and healthcare services to adequately support learners is imperative to address the issue of teenage pregnancy.

The Departments of Education, Social Development and Health have a responsibility to ensure that public awareness programmes and workshops are introduced to educate teenagers about the consequences of teenage pregnancy. Sex education as part of life skills training and the introduction of appropriate sex education at different levels in schools in an attempt to create awareness and prevent teenage pregnancy should be a definite part of the school syllabus.

The programmes that are being implemented by the Department of Education to retain teenage mothers in schools should be revised and expanded to create more opportunities for support in terms of the learners' education, training and employment opportunities to reduce their risk of being excluded from contributing to the economy of the country. In addition, much advocacy work will need to be done to ensure that the gatekeepers of education – principals, teachers and fellow learners – buy into the policy to reduce the stigma that often turns young mothers away from the doors of learning (Chigona & Chetty, 2008). Although South Africa has instituted an enabling policy environment for young mothers in the school environment, it needs to be supported by a programmatic focus that addresses the barriers to learning. According to Panday *et al.* (2009), these include catch-up programmes with respect to the academic curriculum and, in particular, remedial education to prevent dropping out. Strong referral networks are also required with relevant government departments and other community structures that can support learners and their families.

Educators are not trained to counsel learners in relation to psychosocial issues, as they are supposed to focus on the education of learners. Therefore, resources like school social workers should be available and accessible in schools to provide the much-needed psychosocial support to the majority of learners in schools.

The Department of Basic Education should employ school social workers in schools everywhere in the country. School social workers can render integrated social work services engaging all the sub-systems, namely learners, educators, parents/guardians and the community. The nature of services should be preventative, remedial and restorative, which might influence and curb the growing phenomenon of teenage pregnancy.

## REFERENCES

- BHANA, D., CLOWES, L., MORRELL, R. & SHEFER, T. 2008. Pregnant Girls and Young Parents in South Africa. *Agenda*, 76: 78-89.
- BRAUN, V. & CLARKE, V. 2006. Using thematic analysis in Psychology. *Qualitative Research in Psychology*, 3(2): 77-101.
- CHIGONA, A. & CHETTY, R. 2008. Teen mothers and schooling: Lacunae and challenges. *South African Journal of Education*, 28: 261-281.
- CRESWELL, J. W. 2014. **Research design: Qualitative, quantitative and mixed methods approaches.** (4<sup>th</sup> ed). Thousand Oaks, CA: Sage.
- GENOBAGA, J. 2004. **Teen Girl: What I want to know without asking.** (2<sup>nd</sup> ed). Victoria, Australia: Signs Publishing Company.
- FRANK, J. 2005. **Pregnancy, poverty and unemployment.** New York: Oxford University Press.
- GOVENDER, P. 2015. Government plans to give condoms to 10-year-olds. *Sunday Times*, 10 May, 1.
- GRANT, M. J., & HALLMAN, K.K. 2008. Pregnancy-related School Dropout and Prior School performance in KwaZulu-Natal, South Africa. *Studies in Family Planning*, 39(4): 369-382.

- HOFFMAN-WANDERER, Y., CARMODY, L., CHAI, J. & ROHRS, S. 2013. Condoms? Yes! Sex? No! Conflicting Responsibilities for Health Care for Professionals under South Africa's Framework on Reproductive Rights. **Ibis Reproductive Health: Young Women's Reproductive Health Brief Series**. Cape Town: The Gender, Health and Justice Unit, University of Cape Town.
- JEWKES, R., MORRELL, R. & CHRISTOFIDES, N. 2009. Empowering Teenagers to Prevent pregnancy: Lessons from South Africa. **Culture, Health and Sexuality**, 11(7): 675-688.
- LINCE, N. 2011. Early marriage and teenage pregnancy in South Africa. PowerPoint presentation. **Ibis Reproductive Health Conference**, 26 July, Johannesburg.
- MARTELETO, L., LAM, D. & RANCHOD, V. 2008. Sexual behaviour, pregnancy and schooling among young people in urban South Africa. **Studies in Family Planning**, 39(4): 351-368.
- MASHABA, S. 2015. Pregnancy now affects primary school girls. *Sowetan*, 27 March, 14.
- MASUKU, N. 1998. **Pregnancy among school girls at KwaMgaga high school Umlazi. Pupils perceptions and the school's response**. Durban: University of Natal. (M Ed dissertation)
- MALAHLELA, M. K. 2012. **The effects of teenage pregnancy on the behaviour of learners at secondary schools in the Mankweng area, Limpopo**. Pretoria: University of South Africa. (M Ed dissertation)
- MORRELL, R., BHANA, D. & SHEFER, T. 2012. Pregnancy and parenthood in South African schools. In MORRELL, R., BHANA, D. & SHEFER, T (eds) **Books and Babies: Pregnancy and Young Parents in Schools**. Cape Town: HSRC Press, 1-30.
- NAIDOO, H.A. 2005. **Factors affecting contraceptive use among young people in KwaZulu-Natal**. Durban: University of KwaZulu-Natal. (M in Population Studies dissertation)
- PANDAY, S., MAKIWANE, M., RANCHOD, C. & LETSOALO, T. 2009. **Teenage pregnancy in South Africa with a specific focus on school-going learners**. Child, Youth, Family and Social Development, Human Sciences Research Council. Pretoria: Department of Basic Education.
- REPUBLIC OF SOUTH AFRICA 1996. Choice on Termination of Pregnancy Act No. 92 of 1996. **Government Gazette**, Vol. 377, No. 17602 (22 November). Pretoria: Government Printer.
- REPUBLIC OF SOUTH AFRICA 2007. Children's Amendment Act No. 41 of 2007. **Government Gazette**, Vol. 513, No. 30884 (18 March). Pretoria: Government Printer.
- REPUBLIC OF SOUTH AFRICA 2007. Criminal Law (Sexual Offences and Related matters) Amendment Act No. 32 of 2007. **Government Gazette**, Vol. 510, No. 30599 (14 December). Pretoria: Government Printer.
- SHEFER T., BHANA D., MORRELL R., MANZINI, N. & MASUKU, N. 2012. 'It isn't easy': Young parents talk of their school experiences. In MORRELL, R., BHANA, D & SHEFER, T (eds), **Books and Babies: Pregnancy and young parents in school**. Cape Town: HSRC Press, 127-148.
- WILLAN, S. 2013. A review of teenage pregnancy in South Africa - Experiences of schooling, and knowledge and access to sexual and reproductive Health Services. **Partners (PSH) in Sexual Health (PSH)**.

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