

**THE PERCEPTION OF THE EFFECTIVENESS OF SEXUAL EDUCATION AS A
MEANS OF REDUCING PREGNANCIES IN THE BLUE CRANE ROUTE
MUNICIPALITY**

by

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DECLARATION

This is to declare that "THE PERCEPTION OF THE EFFECTIVENESS OF SEXUAL EDUCATION AS A MEANS OF REDUCING PREGNANCIES IN THE BLUE CRANE ROUTE MUNICIPALITY" is my original work and all works that have been cited have been duly acknowledged. The dissertation has not been submitted in part or as a whole to any other institution for the award of a degree, diploma or certificate.

Signature: EA Hendricks

November 2013

Eleanor Alvira HENDRICKS.



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ABSTRACT

Adolescent pregnancy among students across South Africa is a growing concern. The high incidence of dropping out of school results in greatly diminished chances of success and independence for many. Sex education forms part of the life orientation curriculum, and it has been put in place by the Department of Education as a measure to reduce the prevalence of adolescent pregnancy. Parents of adolescents play a vital role in educating their children on sexual matters, secondary to that is community educations on sexual matters in aid of uplifting communities. The aim of the study was to explore the perception of how effective sex education could be a means of reducing pregnancies in the Blue Crane Route Municipality. To achieve this aim, three objectives and three research questions were articulated. The objectives were to explore the course content of life orientation provided to adolescents, to investigate by questioning adolescents concerning the importance of life orientation in their lives and to examine the factors responsible for the escalation of adolescent pregnancies in the municipality. The research questions were:

How adequate was the course content of life orientation in helping adolescents in their sexual lives?

How useful was life orientation to adolescent girls?


What are the factors that increase the incidence of adolescent pregnancies in the municipality?



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Qualitative data was obtained through semi-structured interviews; focus group discussions were conducted with students, social workers and life orientation educators and observations made by them were recorded. Data was analysed thematically and was supported by relevant literature. The findings revealed that sex education is not effective in reducing pregnancies in the Blue Crane Route Municipality. The figures for adolescent pregnancy in schools have increased since 2007, when sex education was introduced as part of the life orientation curriculum. Accordingly, it is recommended that the Department of Education should re-evaluate the curriculum and appoint educators who are sufficiently trained in life orientation to make learners properly aware of the consequences of unwanted pregnancies.

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CHAPTER ONE

GENERAL ORIENTATION FOR THE STUDY

1.1 Introduction

For adolescents early childbearing has negative socio-economic and socio-cultural consequences. For this reason adolescent girls need sex education at schools to make them aware of reproductive health hazards, contraception, and the physical changes that their bodies undergo. These girls also need support from parents, social workers; educators and health care practitioners in order to reach their full potential.

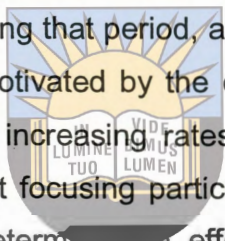


1.2 Background to the study

Teenage pregnancy is an international phenomenon, with many girls as young as 13 years of age falling pregnant (Kaiser, 2000). Puberty and adolescence are the periods during which there is a great surge of genital development. The secondary sexual characteristics appear which increases sexual tension for adolescent girls, becoming at once aware of their own sexuality and of becoming sexually attractive to the opposite sex. The sex drive is triggered by certain androgens such as testosterone, which are at a higher level during adolescence than at any other time of life (Marlow and Redding, 2001). Children entering adolescence are not completely sexually mature, yet they are capable of reproduction. The undesirable consequences that can follow indulging in sexual activity at an early age include adolescent pregnancies, unsafe abortions, sexually transmitted diseases (STDs), HIV/AIDS (Reproductive and Child Health Section [RCHS] 2004). Oja, Aay, Garba and Ngoran (2004) have emphasised that the optimal child-bearing years are between 18 and 35 years. This age range is recommended because the woman's body is physiologically mature and she should be psychologically ready for childbearing and its consequences.

1.3 Problem statement

According to Boulton and Cunningham (1992:36), early child bearing has negative socio-economic and socio-cultural consequences for adolescents and life orientation studies can promote awareness of this. Life orientation forms part of the new curriculum at schools and is a compulsory subject for learners until Grade 12. Sex education is an important component of life orientation and it was included with the aim of decreasing the number of adolescent pregnancies nationwide (Kirby, 2002). Adolescents within the Blue Crane Route Municipality have been taught this subject since the year 2000, but adolescent pregnancies are still on the rise. The annual report of 2008/2009 revealed that there had been a 7% increase during that period, and that this percentage increase is rising each year. This study was motivated by the escalating incidence of teenage pregnancies and the correspondingly increasing rates of dropping out of secondary school in South Africa as a whole, but focusing particularly on the Blue Crane Route Municipality. This study sought to determine the effectiveness of sex education in schools as a means of reducing the number of adolescent pregnancies in the Blue Crane Route Municipality.



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1.4 Aim and objectives of the study

The aim of the study was to assess the perception of the effectiveness of sex education in schools as a means of reducing the number of adolescent pregnancies in the Blue Crane Route Municipality.

The specific objectives of the study were:

1. To examine the course content of life orientation provided to adolescents.
2. To determine, by questioning adolescents, the importance of life orientation in their lives.
3. To examine the factors responsible for the escalation of adolescent pregnancies in the municipality.

1.5 Research Questions

This study was guided by the following research questions:

1. How adequate is the course content of life orientation as a guide for adolescents in their sexual lives?
2. How useful is life orientation to adolescent girls?
3. Which factors are responsible for the increasing numbers of adolescent pregnancies in the municipality?

1.6 Study area

The study was conducted in the Blue Crane Route Municipality. This Municipality consists of a number of settlements: Somerset East, including Aeroville, Mnandi, New Brighton, Westview and Clevedon; Cookhouse, including Bongweni and Newtown; and Pearston, including Nelsig and Khanyiso. There are five secondary schools in this municipality, of which four are public schools and one is a private school. The schools are multi-racial and most of the coloured and black learners come from poor socio-economic backgrounds and attend public schools. Adolescent pregnancies constitute a major problem for the schools as they contribute, to a very large extent, to the high rate of dropping out of school.

1.7 Significance of the study

This study could be beneficial to life orientation educators, as it should make them aware of the factors influencing the rates of adolescent pregnancies and enable them to deal more effectively with the problem in life orientation teaching. Parents could also benefit from this study, as sex education at school should assist parents to broach the subject of sexuality with their children and life orientation should help to create an atmosphere at home in which sexual matters can be discussed frankly and openly. Life orientation should open up the channels of communication between adolescents and their peers, educators and parents. By identifying the factors that influence the incidence of teenage pregnancies, the effectiveness of life orientation as a means of

reducing their effect will be evaluated. This should enable education authorities to determine where improvement in the present curriculum is needed if the problem of teenage pregnancy in the municipality is to be adequately combated. Accordingly, the findings of this study should lead to a better understanding of the nature of the problem and help to develop the means to reduce the numbers of adolescent pregnancies in the municipality.

1.8 CONCLUSION

This chapter presented an overview of the study, in which the aim, the objectives, the statement of the problem, the study area, the research questions, the theoretical framework and the significance were introduced and detailed.



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CHAPTER TWO

THE PERCEPTION AMONG FEMALE STUDENTS OF THE EFFECTIVENESS OF SEX EDUCATION IN SCHOOLS AS A MEANS OF REDUCING PREGNANCIES

2.1 Introduction

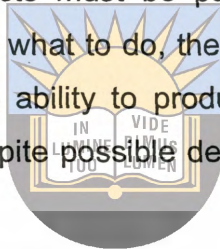
Adolescence is a period of transition, growth and opportunities for exploration and experimentation. It is a period when young people have a greatly increased interest in sex, which of necessity entails the attendant risks of unintended pregnancies (Ehiri, 2010). This chapter presents the theoretical framework for the study, followed by the legislative framework. The rest of the chapter reviews pertinent literature on the subjects of adolescent pregnancy and sex education.

2.2 Theoretical frameworks

This study adopted Bandura's social cognitive theory, which emphasises the social origins of behaviour in addition to the cognitive thought processes that influence human behaviour and functioning. Bandura's social-cognitive approach represents a break from traditional theories by proposing that cognitive factors are central to human functioning, and that learning can occur in the absence of direct reinforcement. For Bandura, learning can occur simply through the observation of behavioural models and in the absence of reinforcement (Bandura, 1997). Sex education in the Blue Crane Route Municipality aims to assist adolescents to identify the factors and behaviours that contribute to and can result in pregnancy through literature and observation, and to teach them methods to avoid pregnancy in order to reduce the number of adolescent pregnancies. Bandura (1997:56) stressed that reinforcement from the external environment was not the only factor influencing learning and behaviour. He described intrinsic reinforcement as a form of internal reward, which could be manifested in feelings such as pride, a sense of ability, strength, and satisfaction or of accomplishment. For the purposes of this study this means that sex education should equip adolescents with the knowledge needed to make independent decisions. Sex education provides adolescents with the means to develop their knowledge concerning the various aspects of sex. Adolescents have the capacity for independent thought, and

if this is encouraged to develop sufficiently they should not simply fall into the lifestyles of their peers and accept anything that may happen as being inevitable. The approach of this study focuses on the positive abilities of adolescents to deal with the problem identified, which is the escalation of teenage pregnancies. The emphasis on internal thoughts and cognition helps connect learning theories to cognitive developmental theories (Bandura, 1997).

However, the social cognitive theory also maintains that not all observed behaviours will in fact be mimicked. There are four conditions that must be met: attention, retention, production and motivation. The subjects must be paying sufficient attention to the message or intended behavior to know what to do, they must be able to recall it at the point of decision, they must have the ability to produce it and finally they must be sufficiently motivated to perform it, despite possible deterrents (Parekh and de la Rey, 1997).

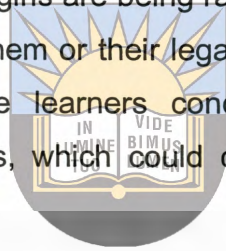


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According to Patel (2005), developmental theories, which analyse individuals as they progress through distinct stages of growth, form part of social cognitive theory. Students are separated according to their grade level, which makes it possible to administer age appropriate sex information (Patel, 2005). As adolescents progress through the various stages, they develop cognitively and acquire better decision-making skills which make it easier to set goals. Sex education programmes that take into account the developmental stages have been found to be more effective in the long term. Many state laws concerning sex education require information about sexuality to be age appropriate. Research by Patel (2005) shows that sex education programmes for children are introduced at an early age.

2.3 Legislative framework to protect children against sexual abuse

The Children's Act, the Sexual Offences Act and the Child Justice Act form the legislative framework which protects children under the age of 18 from sexual offences. The Sexual Offences Act, No. 32 of 2007, serves to protect adolescent girls under the age of 16 who fall pregnant. In a great many cases young girls are impregnated by older men who refuse to take responsibility for their actions. The Sexual Offences Act states that participating in sexual intercourse with a girl under the age of 16 is an offense, and the perpetrator can be incarcerated for his action. In addition, it also ensures that the males concerned take financial responsibility for the care and rearing of any babies born as a result of their actions. At present, girls are being raped without being aware that an offense has been committed against them or their legal rights. It is the responsibility of life orientation educators to educate learners concerning statutory rape and to encourage them to report rape cases, which could contribute to a reduction in the incidence of adolescent pregnancies.



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The Sexual Offences Act No 32(15) of 2007, rules that it is an offence to engage in sexual intercourse with a child under the age of 16 years, male or female, regardless of whether the act is consensual or non-consensual. The Act aims to protect children against rape and indecent assault, and, by establishing a national register of sex offenders comprising offenders convicted of sexual offences against children under the age of sixteen years, to make them known to society it aims to reduce the number of sexual offences, the incidence of HIV infection and adolescent pregnancies (Sexual Offences Act, 2007 (15)). Suspected perpetrators are required by law to be tested after the crime has been reported.

The Children's Act 38 of 2005 clearly details the rights of and responsibilities towards children. Owing to the stigma attached to children using contraceptives, many children are afraid to visit their local clinics to obtain contraceptives. These children are not aware of their right to use contraceptives from the age of 12 years. According to the Act, "Children are sexually active from the early age of 7 years" (Children's Act 38 of 2005 (135)). Children's rights, particularly with respect to their right to contraception, should

be included in the life orientation curriculum, as the use of contraceptives could contribute to a reduction in the number of adolescent pregnancies in the municipality.

The right of children to contraceptives is stated unequivocally in the Children's Act 38 of 2005(135): "No person may refuse to sell condoms to a child over the age of 12 years or to provide a child over the age of 12 years with condoms on request where such condoms are provided or distributed free of charge. Contraceptives other than condoms may be provided to a child on request by the child and without the consent of the parent or care-giver of the child if the child is at least 12 years of age; proper medical advice is given to the child and a medical examination is carried out on the child to determine whether there are any medical reasons why a specific contraceptive should not be provided to the child. A child who obtains condoms, contraceptives or advice about contraceptives in terms of this Act is entitled to confidentiality in this respect, subject to section 105".



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The Child Justice Act 75 of 2008 states that any person contravening the law will be punished, even if the perpetrator is a child. In the case of rape where the accused is a minor, the crime will not go unpunished. The punishment will take the form of detention, incarceration or community service, depending upon the age of the perpetrator and the severity of the crime. Under the present justice system, a crime such as rape committed by a minor results in a charge of juvenile delinquency and, if convicted, the child is incarcerated with other minors until the age of eighteen years and then given a prison sentence.

2.4 Adolescent sexual behaviour

According to Clark, Poulin and Kohler (2009), sexual activity among women before marriage is becoming increasingly common. A study that they conducted in Kenya revealed that young people are experiencing fundamental changes in their society as a result of their accelerating adoption of Western-style individualism. This includes exposure to popular culture, widespread access to the mass media, the internet and mobile telephones. They pointed out that the lives of these young people were being transformed by a newly acquired mobility, particularly with respect to gender relations and marital aspirations, and that this was owing to their access to a wide array of venues including community facilities, schools, and nightclubs. These venues provide adolescents with numerous opportunities for interaction with the opposite sex. The genital development that takes place during adolescence, with its hormone-driven awakening of sexual desire, whose manifestations often include masturbation and sexual fantasy, can result in a great deal of confusion for young adolescents. The hazards to which young people are exposed during this period of sexual flux include experimentation in sexual behaviours considered indecent or even perverted, by the prevailing culture, pregnancy, life-threatening sexually-transmitted diseases and promiscuity.

2.5 Sex education

Although providing adolescents with sex education seems to be in the realm of a debate from previous generations, the reality is that not only for parents, but also for the community at large, it is still a highly controversial issue (Effective sex education, 2008). It is believed that the incidence of school-aged children engaging in sexual practices is increasing, as the media continually report that the ages of these children are becoming progressively lower. The numbers of children becoming infected with sexually-transmitted diseases, becoming pregnant or even suffering fatal consequences of engaging in sexual behaviour, are now on the rise. Parents may not be educating their children sufficiently well concerning sex, and withholding information in this way often results in children looking for other sources of information, which, in turn, often results in the children being misinformed. Those parents who are against teaching young children

about sex do not realize the degree to which they are compromising the futures of their children, or the dangers to which they could be, unwittingly, exposing them. Sex education needs to be provided in all schools, despite the religious or personal beliefs of parents and educators, if adolescent pregnancies are to be reduced, the spread of sexually-transmitted diseases is to be halted and adolescents are to be allowed to understand the consequences of engaging in sex early (Effective sex education, 2008).

2.5.1 Universal implementation of sex education

The international evidence for the effectiveness of sex education programmes is substantial. Although the South African evaluation studies are less convincing, sex education should be a crucial component of a comprehensive strategy aimed at reducing adolescent pregnancy. However, a number of steps need to be taken to improve the focus, quality and level of implementation of programmes in South African schools (Kirby, 2002). Kirby (2002:54) identifies these as follows:

- Ensuring that programmes meet most of the 17 criteria identified for effective sex education programmes in developed and developing countries. These criteria focus on the process of developing the curriculum, the context of the curriculum and implementation of the curriculum (Kirby, 2002).
- Including a definitive focus on pregnancy rather than on HIV only, by addressing knowledge and beliefs about contraception, conception and pregnancy and focusing on the responsibilities of parenthood, the knowledge and skills required for successful parenthood, together with an understanding of the importance of planning for, and timing of, parenthood (Kirby, 2002).
- Adopting a comprehensive approach that addresses both abstinence and safe-sex practices, rather than an abstinence-only focus. The focus of the programme (abstinence or safe-sex) should be dependent on the stage of development or age of the learner, rather than on the grade. This would ensure that learners who are old for their grade owing to having repeated several grades, an acknowledged factor increasing the risk of both dropping out of school and pregnancy, would receive the message in a form appropriate to their stage of development (Kirby, 2002).

using on both the biological and social risk factors, such as gender power ns, poverty and dropping out of school early, which influence the rates of early pregnancy (Kirby, Laris and Rolleni, 2007).

- Addressing the barriers to the full implementation of programmes in schools, including raising the level of priority it has within the education system, addressing community perceptions and stigmas and improving the willingness and readiness of teachers to deliver the programme (Kirby, Laris and Rolleni, 2007).
- Engaging peer educators or youth and community organizations to support teachers, in and outside of the classroom. While the benefits of peer education may be greatest to the peer educators themselves, this could result in the emergence of a new cadre of leaders within the community who could promote, through education and by personal example, the acceptance of positive sexuality and equitable gender relations.

Conducting a number of rigorously evaluated studies that focus on pregnancy as a likely outcome, using factors such as family reproductive history to determine how likely certain girls are to fall pregnant at the time of first intercourse, as opposed to others using contraceptives. As a support to comprehensive sex education in schools, an assessment of the availability of condoms in the community should be conducted. In cases where young people in the community have little access to condoms, consideration should be given to making condoms available through the school system (Kirby, Laris and Rolleni, 2007). To achieve universal sex education and to curb the rates of pregnancy among adolescents, the following players have important roles to play:

2.5.1.1 Communities

There is ample empirical evidence to suggest that when young people are excluded from the systems that regulate society, such as education, there is a greatly increased likelihood that they will engage in high risk behaviour. This is clearly evident in South Africa, where the link between the incidences of dropping out of school and the risk of pregnancy and HIV has been established. While measures have been taken to prevent adolescents from being marginalized by the school system, concomitant efforts are

required, from within the community, to support young people for whom the risk of pregnancy is high. However, participation in communities is very low among young people in South Africa, and the reach of large-scale interventions in the community, such as Love Life, is not great. Increasing participation in community-based interventions could certainly provide a response to the needs of adolescent sexual and reproductive health in South Africa, although more rigorous evaluation studies would be required to assess their efficacy. In addition, as the stigma attached to adolescent sexuality and imbalanced gender relations are often the result of the beliefs and perceptions of the older people in the community and are likely to prevail in homes and health institutions, measures aimed at shifting community norms could provide an effective means of opening up channels of communication concerning sex, in order to improve young people's access to health services and to foster equitable gender relations. As adolescent motherhood is almost always accompanied by poverty and socio-economic disadvantage, efforts to empower young women, through the development of skills and creating opportunities for developing sustainable livelihoods, could help to remove the predicament created by having to choose between health and economic security. A cluster randomised trial, which tested the impact of a microfinance structural intervention on economic security, empowerment of women and intimate partner violence, revealed, after two years, that the risk of physical and sexual violence had been halved. Interventions of this sort, which bring health and development goals together, could provide promising strategies for reducing pregnancy and the risk of HIV. (Chavez and Wickerman, 2013).

2.5.1.2 Health

Despite significant advancements in terms of both policy and programmes to improve the availability and accessibility of sexual health services to young people, taking advantage of them is compromised by aspects of the services which tend to deter young people. Even with the roll-out of the Adolescent Friendly Clinic Initiative in South Africa, young people are still confronted by the negative and stigmatising attitudes of health staff. As a result, young women would often rather not use contraception, tend to delay obtaining antenatal care when they are pregnant, or resort to illegal means for

termination of pregnancy. A much more determined effort is required to roll out adolescent-friendly services, and to make healthcare staff aware of the pressing need to provide these services to young people. In addition, the full range of options for preventing pregnancy needs to be made available and accessible to young people. In particular, types of emergency contraception that are considered safe and effective, without encouraging sexual activity among young people, need to be deregulated in order to increase their availability and usage. Until the standards of healthcare services for young people can be raised to the level where they would be truly effective, consideration should be given to making health services available from outside of the health system. For example, mobile services are proving to be an effective means of providing voluntary counseling and testing services to young people, in particular to young men who do not normally avail themselves of health services (Panday, Makiwane, Ranchod, and Letsoalo, 2009).

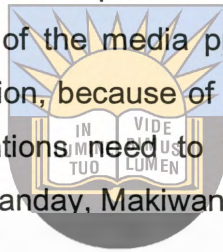


2.5.1.3 Parents

As the primary socialising agents of children, parents should be a trusted source of information concerning sexuality for young people. Unfortunately this opportunity for real and effective communication between parents and children is frequently lost, owing to the fact that many parents lack both knowledge and the ability to talk openly about sex, and feel disempowered raising their children in an environment that now places emphasis on a culture of children's rights. In addition, the generational knowledge gap between the generations, fuelled by the educational gap between parents and their children, also contributes to the sense of disempowerment felt by parents. However, trials by interventions focusing on family life in South Africa have shown that programmes can promote open communication concerning sensitive subjects, and foster strong bonds between parents and their children on one hand, and teach parents how to set and enforce rules on the other. In order to give the sex education provided in schools greater relevance, consideration should be given to the wide scale implementation programmes of this sort (Panday, Makiwan, Ranchod, and Letsoalo, 2009).

2.5.1.4 Mass media

Mass media campaigns in South Africa have contributed greatly towards improving knowledge of sexual behaviour and particularly of HIV. Three multi-media campaigns, namely Love Life, Soul City and Khomanani, have achieved high levels of coverage among young people, the first two named above the 80% mark required for high intensity and high frequency coverage. Evidence for the cumulative effect of a range of mass media programmes suggests that they have been effective in bringing about a number of changes in sexual behaviour and attitudes towards sexuality, including condom use, self-discipline in the use of condoms, communication with partners and peers about HIV testing and faithfulness to partners. While there is support for the increased coverage and the intensity of the media programmes, a distinct focus on teenage pregnancy is needed. In addition, because of the threshold effect of exposure to media programmes, such interventions need to form part of a comprehensive strategy towards teenage pregnancy (Panday, Makiwan, Ranchod, and Letsoalo, 2009).



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2.5.3 The different types of sex education

The types of sex education may be broken down into the following five broad categories:

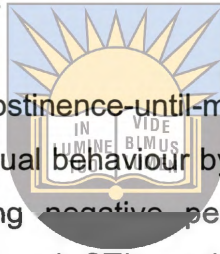
Comprehensive Sex Education: Sex education programmes that start in pre-school classes and continue through to Grade 12. These programmes offer medically accurate information on a broad set of topics related to sexuality, including human development, relationships, decision-making, abstinence, contraception and disease prevention, and this information is presented in a manner that is appropriate to the age and developmental stage of the learners to whom it is given. These programmes provide students with opportunities for acquiring and sharing accurate information with peers (Chavez and Wickerman, 2013).

Abstinence-based: Programmes that emphasise the benefits of abstinence. These programmes also include information about sexual behaviour, including intercourse, masturbation and methods of contraception and prevention of disease (Chavez and Wickerman, 2013).

Abstinence-only: Most abstinence-only programmes provide inaccurate and negative information regarding the use of contraceptives and sexual behavior (Chavez and Wickerman, 2013).

Abstinence-until-marriage: Programmes that emphasise the practice of mutually sexual monogamy in marriage between two partners. If contraception or disease-prevention methods are discussed, these programmes typically emphasise failure rates. In addition, they often present marriage as the only morally correct context for sexual activity (Chavez and Wickerman, 2013).

Fear-based: Abstinence-only and abstinence-until-marriage programmes that are designed to control young people's sexual behaviour by instilling fear, shame and guilt. These programmes rely on promoting negative perceptions of sexuality, provide distorted information about condoms and STIs and encourage biases concerning gender, sexual orientation, marriage, family structure, and pregnancy options (Chavez and Wickerman, 2013).



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2.6 Causes and implications of adolescent pregnancy

Chavez and Wickerman (2013) list a number of risk factors that contribute to conception before the age of 18. These factors include unsafe sexual activity, insufficient use of contraception, multiple sexual partners, substance and drug abuse, insufficient access to accurate information, poor attendance and bad performance at school, dropping out of school, low family income and single parent families. Adolescent pregnancy is a most important concern for every health care system, for the simple reason that an early pregnancy can have harmful implications for girls' physical and psychological conditions and economic and social status. It has been found that adolescent mothers often receive poor antenatal care as they tend not to keep their antenatal appointments (Planned Parenthood Association of South Africa, 2008). They tend to deliver low birth-weight babies, premature babies and babies who die within the first year of their lives. In addition, the infant mortality and morbidity rates are higher for infants delivered by

adolescent mothers than those for infants delivered by older women (Planned Parent Association of South Africa, 2008). It is also more likely that these children will be raised in single-parent families and live in poverty with a high probability of these living conditions being aggravated by the mother repeatedly falling pregnant (Hoffman; 2006). Studies have shown (Chavez and Wickerman, 2013) that early motherhood is associated with low educational achievement, long term dependence on grants and benefits, low or no income, low occupational status or unemployment, a terminally disastrous state of affairs for the adolescent girl falling victim to these circumstances.

In addition to the physical toll on an adolescent mother and her child, there are also costs to society. Public sector costs are paid by the state, local and national governments from taxes exacted from tax payers (Hoffman, 2006). High rates of adolescent pregnancy exacerbate this drain on public funds. An analysis of data by Hoffman (2006) showed that adolescent mothers were twice as likely to have a child placed in foster care during the first five years after birth compared with mothers who first gave birth between the ages of 20 and 21 years. For adolescent mothers and their children the prospects of escaping from the poverty trap by acquiring the educational qualifications needed to find remunerative employment are bleak. Adolescent mothers are far less likely to complete secondary school compared with women who delay giving birth to their first child until their early twenties. By completing fewer years of secondary school, adolescent mothers miss out on opportunities for social growth and development. The sons of adolescent mothers aged 19 years and younger are more likely to spend time in prison (Hoffman, 2006). Just as adolescent mothers are less likely to complete secondary school, children born to adolescent mothers 19 years of age or younger are more likely to drop out of secondary school as well (Hoffman, 2006).

2.7 Consequences of childbearing for young women

While some young women seek and obtain termination of pregnancy in order to avoid an unwanted and unplanned pregnancy, many other young women carry their pregnancies to term. Popular opinion attaches a range of negative consequences to adolescent child bearing. According to Klein (2008), these include:

- The disruption of schooling and potential socio-economic disadvantages
- The health implications of pregnancy
- Educational problems
- Psycho-social problems
- Possible implications for the child as a result of early reproduction

2.7.1 The disruption of schooling and socio-economic disadvantages

The interruption of schooling that is likely to accompany adolescent pregnancy is universally acknowledged as a great disadvantage, as in all probability it will limit the young mother's future career prospects and in so doing condemn her and her child to a life characterised and defined by low socio-economic status. While South African legislation forbids discrimination against young mothers in school, there is nevertheless significant evidence to suggest that pregnant school-goers are often asked to leave school during their pregnancies. This is possible because pregnant young women are perceived as a bad example for other young women. In addition, the Department of Education's 'Measures for the Prevention and Management of Learner Pregnancy' make it possible for educators to 'request' that learners who are pregnant take a leave of absence for up to two years. Klein (2008) provides data from the Cape Area Panel Study in which the rates of school leaving are broken down into racial categories. It was found that by the age of 18 years 30% of Coloured, 18% of African and less than 8% of White learners had left school before completing Grade 12. The investigation by Klein (2008) of the transition into adulthood through the significant events in young people's lives, which include the first sexual experience, leaving school, pregnancy, birth and marriage, provides a glimpse into the complexity of the sequencing of these events. The researchers concluded that adolescence is not a 'very solid period of life' in terms of young people experiencing the five events of transition into adulthood, and that there is 'more disorder than order in terms of the variety of combinations and chronological sequences of important social and family formation transitions'.

2.7.2 Early reproduction and health

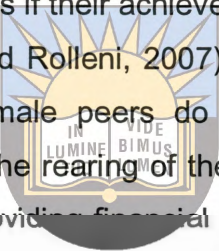
Some studies have shown that there are increased health risks associated with teen-aged pregnancy and child-bearing. However, there is some debate whether these are associated with the age of the young women or the socio-economic circumstances in which many young women who bear children find themselves. Concerns have also been expressed regarding the antenatal care received by these young women. The World Health Organisation (2004) review of literature and programmes indicates that teenage pregnancy may contribute to a range of complications, including pregnancy-induced hypertension, anemia, obstructed and prolonged labour, vesico-vaginal fistulae, infections, malaria, low birth weight, preterm labour and delivery, prenatal and infant mortality and maternal mortality. These complications have been attributed to the physical immaturity of teenage mothers and also to a limited access to health care. It is hypothesised that many of these complications arise because the development of the foetus is compromised by a lack of nutrients and the fact that the young mother is physically undersized while her body is still developing. It has also been suggested that these complications can be compounded if the young woman's body is placed under further stress by substance abuse and other factors associated with low socio-economic circumstances.

Geronimus (2008:104) argues that "for young women who live in conditions of poverty, having children early in life represents an adaptive health response owing to the shortened healthy life expectancy that these women and their partners enjoy. These women can expect to spend more of their lives ill and to die earlier than women from the middle classes. The possibility of being widowed, of their children being orphaned, or of illness interfering with child-care, increases with age".

2.7.3 Educational problems associated with adolescent pregnancies

In addition to the health risks associated with teen pregnancy, educational problems also impede the young mother's progress through life. Teen parents inevitably do not receive the education to which they are entitled and drop out of school at a far higher rate than their peers (Kirby, 2002). The children of teens also tend to suffer

academically (Kirby, Laris and Rolleni, 2007). The potential for educational achievements is severely compromised by early childbearing for both the teen parent and the child. Children born to teen mothers are also more likely to have lower test scores in mathematics and reading, and are more likely to be required to repeat grades at school (Kirby, 2002). Unfortunately it has also been found that the low level of education achieved by the mother is correlated positively with the tendency to engage in negative and destructive behaviours, such as involvement in gangs and drug use (Kirby, 2002). Although it is possible to ensure that teen mothers continue their education after childbearing in order to reduce these tendencies, research shows that adolescent parents do not achieve educational goals if their achievements are compared with those of their childless peers (Kirby, Laris and Rolleni, 2007). Teen fathers drop out of high school at a greater rate than their male peers do (Klein, 2008). Although some adolescent fathers are not involved in the rearing of their children, many do attempt to play an active role in parenting and providing financial support for their children, which may constitute part of the reason for fathers having similar rates of dropping out of school to those of the mothers (Kirby, 2002).



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2.7.4 Psycho-social problems associated with adolescent pregnancy

It has been found that for the children of adolescents the risk of being victims of child abuse is higher than it is for other children (Hallman, Quisumbing, Ruel and de la Briere, 2009). For these children there is also the increased risk of other undesirable experiences, such as poverty and incarceration as a result of juvenile delinquency. Children born to adolescent mothers are more likely to live in poverty than children born to adults, resulting in their beginning life in deprived circumstances which are very difficult to escape (Harrison, 2008). When compared with boys born to adult mothers, boys born to adolescent mothers have a higher tendency towards drug use and membership of gangs, and are more likely to become fathers at a young age (Hallman, Quisumbing, Ruel and de la Briere, 2009). Moreover, research data suggests that if adolescents were to delay the timing of their first born until they were in their 20s, the chances of their sons being incarcerated would be reduced, and it is estimated that this would in turn result in the prison population being reduced by four percent (World Health

Organisation, 2004). Teenage girls born to teenage mothers are more likely to have children at a younger age compared with their peers born to adult mothers (Harrison, 2008). Children of adolescents are also more likely to engage in behaviours which have negative connotations for society, such as truancy, engaging in fights at school and at work and an earlier sexual debut compared with children of older parents (Harrison, 2008). Adolescent parents have also been found to be more likely to maltreat their children than other parents (Hallman, Quisumbing, Ruel and de la Briere, 2009). This is borne out by the fact that adolescent parents are involved in a disproportionately high percentage of child abuse and child neglect cases.

2.7.5 Early reproduction and implications for the child

Motherhood during the years of adolescence is often associated with grave consequences for the child. The South African Department of Health (2007) Policy guidelines for Youth and Adolescent Health reports that in general levels of child mortality are decreasing throughout Sub-Saharan Africa. However, in countries such as South Africa, where the effects of the HIV/AIDS pandemic are being felt, it is possible that these trends may be reversed. Either directly through the transmission of the disease from mother to child, or indirectly through the increased mortality among orphans, the disease results in higher child mortality rates. As a result of all the factors mitigating against young women having access to antenatal clinics, HIV testing and counseling, antiretrovirals and interventions that reduce the transmission of HIV through delivery or breastfeeding, young women who conceive may be even more susceptible to transmitting HIV to their children. Apart from the compromising of the health of the child that results from the mother's lack of physical development, the mother's psychological immaturity can also further compromise the child's well-being. Researchers in America have linked adolescent childbearing to child abuse and neglect and to a lack of cognitive development. High incidences of delinquency and crime have also been found among the children of young mothers. Research in South Africa also made these correlations (Geronimus, 2008).

2.8 Factors that contribute towards high rates of adolescent pregnancies:

- Gender dynamics, violent and coercive sexual relationships.
- Early sexual initiation and non-use of contraceptives.
- Family instability.
- The cultural value ascribed to motherhood.
- Early reproduction and child grant.

2.8.1 Gender dynamics, violent and coercive sexual relationships

The Department of Health's Policy Guidelines for Youth and Adolescent Health (2007) identifies gender considerations as fundamental to the health of young people. In the Policy Guidelines, the vulnerability of young women where sexual health is concerned is recognised and sexual exploitation, sexual abuse, gender-based violence and coercive sex and gang rapes are areas of great concern. It was concluded that gender-based violence is a key health risk factor for women across the age range (Klein, 2008). Varga (2009) contends that gender ideology and gender roles enforce double standards in behaviour and inhibit the ability of adolescents to negotiate with a partner. Such asymmetry of gender roles creates a disproportionate impact on and violence against female adolescents. Constructions of masculinity in part rely on sexual performance, particularly the construction of "isoka", a dominant and sexually vigorous version of masculinity. Salo's (2010:136) ethnographic research in Post-Apartheid Planned Parents Association of South Africa (2008:54) "illustrates how young men and women in that context see themselves as free to choose between two sets of sexual norms, each of which is associated with oppositional notions of gendered personhood. These norms are 'sex for procreation' and 'sex for pleasure and consumption' for men and 'desirability' for women. Playing to the expectations of both sets of sexual norms leads to contradictory, unsafe sexual behavior".

Statistic SA (2006:5) indicates that "in South Africa adolescent pregnancies have been on the increase". Almost invariably adolescent pregnancies have negative consequences, such as those where adolescent girls drop out of school early and

minimise their future employment prospects in so doing, condemning them and their children to lives of poverty. In some cases adolescent pregnancy creates serious conflicts in families. Boulton and Cunningham (1992: 36) explain how “the family suffers from embarrassment and disappointment and the effects of these experiences can be manifested in outrage on the part of the parents towards the pregnant adolescent, resulting in non-communication with her and ultimately rejection.” As a consequence of falling pregnant in these circumstances, some girls marry at a very young age. Ravichandran (2012) confirms that early marriages could have negative consequences for both the women and their children.

Some of the effects identified by Ravichandran (2012:67) are health risks related to early child bearing, such as HIV, STDs and obstetric fistula, all of which are ultimately the result of insufficient use of, or not using condoms at all. These young women are dominated by husbands and in-laws and face gender inequality leading to domestic violence and both physical and emotional abuse. Early pregnancies result in high rates of child and maternal mortality, complicated pregnancies, low birth weight leading to low immunity, resulting in infections such as pneumonia. In addition, young motherhood is often accompanied by difficulty in caring for the children, and this in turn can have adverse consequences for the population as a whole and for any programmes attempting to alleviate the effects of escalating adolescent pregnancy (Ravichandran, 2012:68).

The physical and emotional abuse meted out to young women can have many dimensions. According to the World Health Organisation (2004) 3.2% of women aged 15-17 years had engaged in transactional sex or sleeping with ‘sugar-daddies’, older men who reimbursed them in exchange for sex. Hallman, Quisumbing, Ruel and de la Briere (2009) report that in a study conducted by them 17.7% of the male participants aged 15 to 26 reported having given material goods or money in exchange for casual sex, and 6.6% of the sample reported having received goods. Their analysis indicated that transactional sex with a male partner was associated with gender-based abuse, and that, regardless of whether he gave or was given money or material goods in the

exchange, a male partner was more likely to perpetrate gender-based violence within the context of a transactional sexual relationship. Accordingly, transactional sex of the type identified in this section can be associated with the coercion and abuse of female partners.

2.8.2 Timing of first sexual intercourse and age of sexual partner

Engaging in sexual intercourse at a young age inevitably carries great risks of unwanted pregnancies for young women. The potential for unequal power relations in the sexual relationship and the potential for gender-based violence to be present would certainly be contributing factors, but an early sexual debut also entails a potentially longer period of sexual activity while still young and possibly at school. The level of education is a key factor influencing the age at which first sexual intercourse occurs among young women, but if the provincial regions are studied individually other factors include education, the specific provincial area, race, and orphan status. According to the World Health Organisation (2004), there is a difference of 1 to 3 years in age at the time of first intercourse between the groups having the lowest and the highest levels of education. The highest percentage of women reporting having had sexual intercourse for the first time at or before the age of 15 years occurs among those with a level of education between Grades 1 and 5. There is a steady decrease in the percentages reporting an early sexual debut with increased education, with less than 4% of women with an education higher than secondary school reporting their first sexual intercourse as having occurred at or before 15 years of age. The provinces where the lowest ages for first sexual intercourse were found were the Eastern Cape and Mpumalanga. 10.9% of women in the Eastern Cape reported having had sexual intercourse for the first time by the age of 15 years and 54.1% by the age of 18 years, while in Mpumalanga these figures were 8.55% and 47.2% respectively, compared with the national average of 6.5% and 42% respectively. It is hypothesised that the reasons for this difference may include having to leave school to work, taking part in transactional sex, or sexual exploitation owing to their vulnerable position.

2.8.3.1 Contraception and adolescent pregnancy

Improving reproductive health is central to achieving the Millennium Development Goals concerning the improvement of maternal health, the reduction of child mortality and the eradication of extreme poverty. To achieve this end, women need to have access to safe and effective methods of fertility control. To enable women to avoid unwanted pregnancies, family planning needs to be promoted. (Williamson, Parkers, Wight, Petticrew and Hart, 2009). In the following sections, young people's knowledge and use of contraceptives and their access to contraceptives will be discussed, as will the factors affecting the use of contraceptives.



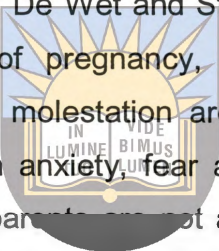
2.8.3.2 Knowledge of contraceptives

In developing countries, maternal mortality is high, with 400 deaths per 100,000 live births. In Sub-Saharan Africa, this figure reaches 920. One in three women give birth before the age of 20 years, and pregnancy-related morbidity and mortality rates are particularly high in this group. One quarter of the estimated 20 million unsafe abortions and 70,000 abortion-related deaths each year occur among women aged between 15 and 19 years, and women in this age group are twice as likely to die in childbirth as women aged 20 and over. It is estimated that 90% of abortion-related and 20% of pregnancy-related morbidity and mortality, along with 32% of maternal deaths, could be prevented by use of effective contraception. In Sub-Saharan Africa, it is estimated that 14 million unintended pregnancies occur every year, with almost half occurring among women aged between 15 and 24 years (Williamson, Parkers, Wight, Petticrew, and Hart, 2009).

2.8.3.3 Sources of knowledge

Young men and women are exposed to messages regarding sexuality and contraception from a variety of sources. These include elders, peers, the mass media, and formal institutional sources such as life skills programmes and family planning services.

Parents are encouraged by a variety of sources to speak openly to their children about sexuality and to provide sex education. However, this may be an unrealistic expectation. Research indicates that it is generally difficult for parents to engage in this kind of interaction with their children. Kaufman, De Wet and Stadler (2009) argue that various health issues, including termination of pregnancy, premarital sexual intercourse, contraception, sexual harassment and molestation are taboo subjects in families in Limpopo. They add that this results in anxiety, fear and misconceptions concerning these matters. It is also possible that parents are not aware of the age at which their children begin sexual activity and that they assume that their first sexual intercourse is later than it is in fact.

The logo of the University of Fort Hare, featuring a shield with a sunburst at the top, a book in the center, and the motto 'IN LUMINE VERITAS' below it. The shield is surrounded by a circular border with the text 'UNIVERSITY OF FORT HARE' and 'TOGETHER IN EXCELLENCE' at the bottom.
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2.8.3.4 Use of contraceptives

Researchers have pointed out that there is no one-to-one correspondence between knowledge of contraceptives and the use of them. Ehlers' (2003) survey suggests that young women in Tshwane know about contraceptives, but that this knowledge is not necessarily associated with effective usage: 45.9% of the sample of pregnant young women knew of contraceptive methods but had still conceived before the age of 18. It was also evident that in this sample a high level of knowledge concerning condoms did not translate to high levels of condom usage, with only 41.8% reporting using a condom in every sexual interaction. 18.2% of the female respondents reported that their male partners refused to use condoms. Although the use of contraception appears to be increasing, usage varies considerably according to a number of factors, including location and the level of education. According to the World Health Organisation (2004), the use of condoms in the most recent sexual encounters of young women aged

between 15 and 24 years was lowest in the Eastern Cape, Limpopo and Mpumalanga, and reported condom use during the first sexual encounter was lowest in the Eastern Cape and Mpumalanga. Differences were also found between rural and urban women, with 48% of young women in urban areas reporting having used condoms in their first sexual encounters and 34% in non-urban areas. Hubacher, Mavranezouli and McGinn (2008) confirmed in a comparative study between rural and urban public health facility users that more urban-based young women reported using contraceptives than rurally-based young women did.

2.8.3.5 Availability of contraception

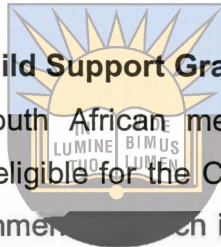
In South Africa the Department of Health provides free condoms and a social marketing programme provides Lovers Plus condoms at a highly subsidised rate. However, dedicated condom distribution vans that used to dispense outside of clinics have been discontinued, and it is possible that this has lowered access to condoms for many people. Oral and injected contraceptives are also available, as are emergency contraceptives, free of charge, at government-run family planning clinics. Female condoms are not widely available (Brindis, 1993).

2.8.3.6 Factors affecting contraceptive use and risky sexual behaviour

There are factors that contribute towards, and those that mitigate against the use of contraceptives and safe sex practices among young people. These factors are complex and interweaving, and they exert their influence at the personal, interpersonal and structural or cultural levels.

Myer and Harrison (2006) researched the multiple pathways to risky sexual behaviour among young people by studying the relationship between what they call the proximal factors (personality, emotional state and behavioural tendencies), intermediate factors (parent-adolescent relationships and peer influence) and distal factors (socio-economic conditions). Their conclusion is complex, but it illustrates the important role that poverty plays in sexual behavior. Hallman, Quisumbing, Ruel and de la Briere (2009) found a gender difference in the psycho-social correlates of intention to use condoms. Among the males in their sample the attitude towards condoms and the subjective norms (their

perception of the normative beliefs of their significant others, and their motivation to comply with these norms) were associated with intended condom use, while for the females, their attitude towards condoms and their self-reliance determined their intentions concerning condom use. The researchers related this difference to the gender power imbalances prevalent in many young people's lives, stressing that young women need to have a great deal of self-reliance in order to negotiate condom use within a sexual relationship. Similarly, Myer and Harrison (2006) found that respondents exhibiting high degrees of self-reliance engaged in fewer sexual behaviours involving risk.



2.8.4 Early reproduction and the Child Support Grant

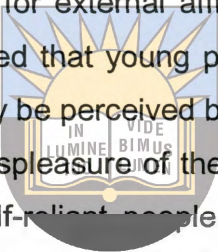
A popular concern raised in the South African media is that young women are deliberately conceiving in order to be eligible for the Child Support Grants (CSG). This concern could be supported by government research in which it was found that 12.1% of pregnant young women, who had deliberately conceived, cited the CSG as the reason. In response to these concerns with respect to the 'perverse incentive' of the CSG, the Department of Social Development commissioned research to investigate the matter. Hoffman (2006), however, argues that as the CSG has increased in value, so fertility rates have decreased. Another popular belief is that young mothers apply for and receive the grant, and then leave the child in another's care. It is also believed that they use the grant to buy luxury items, such as clothes, for themselves and their partners. These perceptions are to some extent undermined by the findings of Geronimus (2008), who showed that in KwaZulu-Natal, children with a mother who resides with them are more likely to receive and benefit from the CSG. Indeed, the fact that many young women who are eligible for the grant do not receive it should be of concern. In general, the CSG has been shown to increase school attendance and to improve the health and nutrition of children, which in turn contributes to children being ready for school, and to the provision of extra money to be spent on recreation. The CSG provides positive changes in the lives of children with older parents, while the children of adolescent parents tend to suffer, owing to the fact that younger parents tend

to spend the grant money on themselves rather than using it for improving the wellbeing of their children.

2.9 Factors that perpetuate unsafe sexual behavior

2.9.1 Self esteem

Research has shown that low self-esteem is associated with an earlier commencement of sexual activity and having more sexual partners. It has been suggested that people having low self-esteem and females in particular, may rely on others for affirmation, which may encourage them to search for external affirmation through multiple sexual encounters. Research has also indicated that young people with low self-esteem may be more concerned about how they may be perceived by their partners, and more prone to anxieties concerning incurring the displeasure of their partners, or being rejected by them than more self-confident and self-reliant people might be. Females having low self-esteem are more likely to think condoms may be offensive to their partners and that their partners may perceive them as dirty (Varga, 2009).

The logo of the University of Fort Hare, featuring a sunburst design with the motto 'IN LUCE VIDE LUMEN' and 'BIMUS'.
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2.9.2 Peer pressure

Most of the research into the issue of peer pressure conducted in South Africa has taken the form of studies made among young black people. This research shows that both girls and boys experience a considerable amount of pressure from peers of their own sex to be sexually active (Grant and Hallman, 2008). For boys, this pressure concerns proving manliness, and having many sexual partners wins status and admiration for a young man. Young men often encounter negative peer attitudes towards condoms. For girls, pressure sometimes comes from sexually experienced peers who exclude inexperienced girls from group discussions because they are still young (Varga, 2009). Peer pressure does not always exert the same degree of influence on all young people, as individuals differ in their susceptibility to it, and young men seem to be influenced to a greater extent than young women are. Peer pressure need not necessarily be negative in its influence, though: positive examples can be set

by friends and safer sexual behavior can be encouraged, particularly to promote abstinence among girls for longer periods of time (Varga, 2009).

2.9.3 Culture

Geronimus (2008) defines culture as “anything humanly created, culture is a set of guidelines, which individuals inherit as a member of a particular society, and which tells them how to view the world, how to experience it emotionally, and how to behave in relation to other people”. “It has been observed that traditional African cultures are frequently patriarchal towards women” (Geronimus, 2008). Research into the discourse that surrounds the subordination of women reveals two main themes relating to male sexuality: biologically determined “need” and sexually determined “right”. For example, in a discussion on the topic of monogamy some men may claim that they “need” variety. Both themes are developed by Geronimus (2008:76), who offers that “young people also justify impulsive, unprotected sex through a discourse of biology and desire. The discourse of rights appears in the way young men claim ‘ownership’ of their sexual partners. The behaviour is supported by the social norm that a man has a right to sexual intercourse within a romantic relationship and that therefore he has a right to use force if necessary to obtain it”.

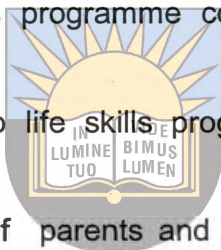
2.10 The role of the Department of Education in targeted interventions for high risk groups

For a great many adolescents the risk of teenage pregnancy is elevated by the social conditions in which they live. Among the learners at the greatest risk are included those repeating grades, those frequently absent from school, those with a history of childhood sexual or physical abuse, those engaging in substance abuse and those living under conditions of extreme poverty. An early warning system needs to be established to enable teachers to identify those at great risk and to refer them to systems either within the school or else in the community for intensive individual attention (Panday, Makiwane, Ranchod, and Letsoalo, 2009).

2.10.1 Department of education's measures for assisting high risk groups

In the Measures for the Prevention and Management of Learner Pregnancy (2007), a range of both prevention and management procedures is laid out. The prevention measures include:

- Educating learners about the likely outcomes of sexual activity and assisting them to make choices concerning their health and educational opportunities.
Support and guidance to vulnerable or troubled learners.
- An emphasis on the life skills programme contained in the life orientation curriculum.
- Allocating suitable educators to life skills programmes and introducing peer education programmes.
- Encouraging the involvement of parents and guardians through the school's governing channels and developing the school's code of conduct, and educating parents and guardians through newsletters, circulars and meetings, workshops and community activities.



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The principles guiding the management of cases of pregnancy include:

1. Dealing with cases confidentially.
2. Adopting an inclusive approach to education.
3. Safeguarding the educational interests of the learner.

The procedures recommended when pregnancy occurs are:

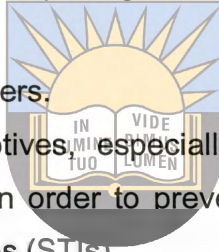
1. A learner should inform a designated educator immediately if she falls pregnant.
2. The learner should be referred to a health clinic or centre, and the learner should furnish the school with a record of showing regular attendance.
3. Learners should be made aware that medical staff cannot handle the delivery of babies at school. Learners may be required to take leave of absence from school to attend to pre- or post-natal health concerns and to carry out initial child-care duties. No pre-determined time is given, but it is suggested that a period of absence of up to two years may be necessary. No learner may be re-admitted in the same year that she left

school owing to a pregnancy (Measures for the Prevention and Management of Learner Pregnancy, 2007).

2.10.2 The implementation of sex education programmes aims to reduce the numbers of people in high risk groups in society

As is the case with other youth development programmes, sex education aims to achieve a range of results. Some of these apply to sexually active young people and others to those not yet sexually active. These objectives include (Hallman, Quisumbing, Ruel and de la Briere, 2009):

- To reduce sexual activity, including postponing the age at which the first intercourse occurs and promoting abstinence.
- To reduce the number of sexual partners.
- To increase the use of contraceptives, especially the use of condoms among adolescents who are sexually active in order to prevent both pregnancy and HIV/AIDS and other sexually transmitted infections (STIs).
- To decrease the incidence of child marriage.
- To lower rates of early unwanted pregnancies and the abortion that often follows.
- To lower rates of infection by HIV/AIDS and other STIs.
- To improve nutrition.



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Sex education programmes are part of a suite of proven interventions that include activities and players such as peer education, mass media, social marketing, youth-friendly services, and the development of policy. School and livelihood opportunities complement and reinforce these approaches (Hallman, Quisumbing, Ruel and de la Briere, 2009).

2.10.3 The key elements of successful sex education programmes are the following:

The most basic requirement for effectiveness is a curriculum that has proved to make a difference to the knowledge and sexual behaviour of students.

According to Macleod and Durrheim (2002) an effective school-based sex education programme

- Recognises the child as a learner who already knows, feels, and can do well in relation to healthy development and the prevention of HIV/AIDS.
- Focuses on risks that are most common to the learning group and supplies responses that are appropriate to the targeted age group.
- Includes not only knowledge but also attitudes and skills needed for prevention.
- Understands the impact of relationships on changing behaviour and reinforces positive social values.
- Is based on an analysis of learners' needs and a broader assessment of their situation.
- Has training and the continuous support of teachers and other service providers.
- Uses multiple and participatory learning activities and strategies.
- Involves the wider community.
- Ensures the sequence, progression, and continuity of messages.
- Is placed in an appropriate context in the school curriculum.
- Lasts a sufficient time to meet the goals and objectives of the programme.
- Is coordinated with a wider programme promoting school health.
- Contains factually correct and consistent messages.
- Has established political support through intense advocacy in order to overcome barriers and achieve the proportions and coverage needed in order to be effective.
- Portrays human sexuality as a healthy and normal part of life and is not derogatory towards gender, race, ethnicity, or sexual orientation.
- Includes monitoring and evaluation (Macleod and Durrheim, 2002).



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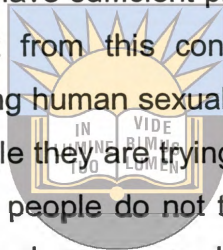
2.11 The role of social workers in the prevention of adolescent pregnancies

Social workers can assist parents in providing their adolescents with sex education. Social workers who practise family therapy can play an important role in sex education by facilitating discussions about sex between parents and adolescents (Kirby, 2002). Social workers are more familiar with legislation than educators and are better equipped to educate adolescents concerning their rights in terms of the Children's Act 38 of 2005. The influential role played by social workers in health care services enables them to campaign actively in the advocacy of reproductive rights, including the right to sex

education and access to birth control (Alzate, 2009). By providing adolescents with accurate knowledge about sex and empowering them to make healthy choices for themselves, social workers also promote the Code of Ethics by helping adolescents in underserved communities who need accurate information concerning health care facilities (Alzate, 2009).

Social workers work in collaboration with the state as agents of change to improve social development and to enhance the wellbeing of the vulnerable groups in society such as children, woman and the elderly. If the social work profession is to be assessed from the point of view of development, social workers should be the most central focus in social development as agents of social change, in that their brief is to facilitate positive change and bring growth to the lives of the vulnerable population who have somehow been excluded from the system. Social workers need to contribute to social development by implementing appropriate intervention strategies in response to people's problems. Patel (2005:45) describes social development as "a process which results in the transformation of social structures in a manner which improves the capacity of the society and encompasses a commitment to individual wellbeing and volunteerism, and the opportunity for citizens to determine their own needs and to influence decisions which affect them. Social development incorporates public concerns in developing social policy and economic initiatives". In the context of this study social workers aim to equip teenagers with life skills and also to inform and educate them concerning problems such as teenage pregnancy and how to avoid having their lives adversely affected by falling prey to problems of this sort. Midgely (1995) maintains that social work interventions are employed to reduce harm, to stabilise situations, to empower people to make use of resources and to develop social policy and social planning in order to provide better services. According to Lombard (2007) and Patel (2005), social workers contribute to social development by acting as brokers and facilitators, and through advocacy, education, information sharing, counseling, empowering and encouraging. Social workers act to help individuals, families and the community by rendering services in order to overcome social problems and to alleviate undesirable situations. Although social workers are aware of the problems associated

with adolescent pregnancy, inadequate funding tends to demoralise them and to hinder their efforts. The social work profession has always been committed to ensuring that each individual has an opportunity to develop his or her full potential. This goal makes it imperative for social workers to include human sexuality in the broad context of the work that they do to improve the lot of those whom society has neglected. Marule (2008) asserts that the social work profession is in a state of radical change and that social workers need to become sex educators in order to tackle the problem of teenage pregnancy. This literature should be recognised for the positive ideas that it advances concerning this subject. However, it needs to be criticised for failing to take into account that social workers do not necessarily have sufficient professional training in disciplines pertaining to human sexuality. Apart from this consideration is the fact that the perceptions of social workers concerning human sexuality are just as much the result of social conditioning as those of the people they are trying to help, and social workers are just as likely to be victims of the 'nice people do not talk about sex' taboo as anyone else. If one were to examine the actual processes by means of which information concerning human sexuality is obtained, it would be difficult to contend that it is obtained solely from formalised educational programmes, and it would be evident that perceptions are also formed by exposure to advertising and so on. A further obstacle connecting social work with sex education is the fact that social work often functions in agencies that have a problem-solving focus only and not a preventative focus (Marule, 2008).



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2.12 Conclusion

Teenage pregnancies have become one of South Africa's most urgent and challenging social problems. Teenage pregnancy is strongly linked to social ills such as dropping out of school, unemployment, chronic poverty and the disruption of families. The children of teenage parents also fall into a high risk group in which medical problems, failure at school, child abuse and pregnancy are all more likely than they might be for children living in other circumstances. This chapter has identified several causes and consequences of teenage pregnancy. It has also been revealed by the literature that some of the legislation implemented by the government in fact encourages the high rate of teenage pregnancy rather than mitigating against it.



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CHAPTER THREE

METHODOLOGY

3.1. Introduction

Research methodology is the means by which the research problem is systematically solved. It may be understood as the science that enables research to be done scientifically. It comprises the various steps that are adopted by a researcher studying the research problem and the logic behind them. It is necessary for the researcher to know not only the research methods and techniques that are being used, but also to be aware of all of the implications of the methodology for the research being conducted. For this reason it is necessary for the researcher to design methodology in order to investigate a specific research problem, as each problem will have its own optimal methodology. In research the scientist needs to expose the research decisions to evaluation before they are implemented (Greeff, 2009). Research methodology has many dimensions and research methods constitute a part of research methodology. The scope of research methodology is wider than that of research methods, and consequently a discussion of research methodology would not be confined to the research methods being employed but would also entail an evaluation of the logic behind the methods being used in a particular research study and explain why a particular method or technique has been chosen, which would make it possible for the research results to be evaluated either by the researcher or by other researchers. A discussion of the methodology employed to investigate a particular research problem or in a specific research study would include answers to questions concerning why a research study has been undertaken, how the research problem has been defined, how the hypothesis was formulated, which method of collecting data was used, why a particular technique for analysing data has been used and so on. This chapter focuses on the methodology used in the study on which this thesis is based. It gives an outline of the research design, the procedure that was followed and the process by which data was collected and analysed.

3.2 Research paradigm: the interpretivist paradigm

Research paradigms express the philosophical dimensions of the social sciences. A research paradigm is a set of fundamental assumptions and beliefs regarding how the world is perceived, which serves as a thinking framework to guide the behaviour of the researcher (Jonker and Pennink, 2010). The interpretivist paradigm was adopted for this study, which enabled participants to share their individual experiences and views in relation to the topic. The views shared by the participants expressed their beliefs concerning the effectiveness of sex education as a means of reducing adolescent pregnancies, which afforded the researcher insights into the way in which they thought and their understanding of the topic.



The adoption of the interpretivist paradigm or hermeneutic approach reflects the recognition by social scientists of the fact that the objects and phenomena investigated by the natural sciences are of a different order from those examined by the social sciences. In the case of the social sciences human beings who are able to interpret their environment and themselves are studied, as opposed to inanimate objects. In contemporary research practice it is acknowledged that facts and values cannot be separated and that all understanding is inevitably subjective because it is experienced by individual human beings (Elliott and Lukes, 2009). Each participant in this study was given the opportunity to share their thoughts, feelings and experiences as individuals without any prejudice from the researcher's side. Researchers recognise that all the participants involved in this process, the researcher included, bring their own unique interpretations of the world or constructions of the situation to the research and that the researcher needs to be receptive towards the attitudes and values expressed by the participants or, to give the researcher an active function, to suspend all prior cultural assumptions. These principles are particularly important in ethnographic methodology (Elliott and Lukes, 2009). Some interpretivist researchers also take a social constructivist approach and focus on the social, collaborative process of bringing about meaning and knowledge. The participants in this study were from diverse backgrounds

with different values and beliefs, which brought to the study a variety of opinions and a broad spectrum of insights concerning the topic. Interpretivist research methods include focus groups, interviews and research diaries, and favour methods that allow as many variables as possible to be recorded.

3.3 Research design

Owing to the nature of the problem that was investigated by this study, an exploratory research design was employed, which favoured using a qualitative method to collect data. A qualitative approach “is an inquiry process of understanding based on distinct and methodological traditions of inquiry that explore a social or human problem where the researcher builds a complex, holistic picture, analyses words, reports detailed views of informants and conducts the study in a natural setting” (Srivastava and Thomson, 2009). When a qualitative approach is used participants are allowed to share their experiences and points of view without the researcher being seen as a judge. Researchers do not include any information that could be seen as changing the meaning of anything expressed by a participant. A qualitative approach allows the researcher an opportunity to learn and to understand different social and cultural contexts. Qualitative data can take the form of in-depth descriptions of circumstances, people, interactions, observed behaviours, events, attitudes, thoughts, beliefs and direct quotes from people who have experienced or are experiencing the phenomenon being investigated in the study. At this point it is important to note that qualitative data is usually presented in the form of text, which could include interview transcripts or organisational documentation, but it may also include non-textual data such as tables, pictures, audio and video recordings (Denzin and Lincoln, 2012). Over the past three decades qualitative research methods have been recognised as a valuable tool in social science and particularly in management studies. The qualitative data that is used in framework analysis is usually gathered in the form of observations of and by participants, focus groups and interviews.

Shank (2008:5) defines qualitative research as “a form of systematic empirical inquiry into meaning”, with “systematic” being defined as “planned, ordered and public”, and

following rules agreed upon by members of the qualitative research community. “Empirical” in this sense implies that this type of inquiry is grounded in the world of experience, while “inquiry into meaning” refers to the attempts by researchers to understand how others make sense of their experiences. Denzin and Lincoln (2012:3) maintain that qualitative research involves an interpretation and a naturalistic approach: “this means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings that people bring to them”.

The advantages of adopting a qualitative approach to research include:

- Flexibility to follow unexpected ideas during research and explore processes effectively.
- Sensitivity to contextual factors.
- Ability to study symbolic dimensions and social meaning.
- increased opportunities for:
 - developing empirically supported new ideas and theories.
 - in-depth and longitudinal explorations of leadership phenomena.
 - more relevance and interest for practitioners (Shank, 2008).



According to Denzin and Lincoln (2012), reasons motivating the use of qualitative research include:

- To explore a phenomenon that has not been studied before and for which quantitative methods of research may be developed subsequently.
- To add rich detail and nuance that illustrates or documents existing knowledge of a phenomenon studied quantitatively.
- To advance a novel perspective of a phenomenon well studied quantitatively but not well understood owing to the narrow research perspectives used previously.
- To understand a social phenomenon from the perspective of the participants involved rather than attempting unsuccessfully to provide an explanation based on objective fact.
- To understand complex phenomena that is difficult or impossible to approach or to capture quantitatively.
- To understand any phenomenon in all of its complexity

Qualitative research may be viewed as an inductive approach used to develop theories that can then be tested deductively via quantitative models.

3.4 Research population, sample and sampling strategy

The research population, sample and sampling strategy form a vital part of the study, as the participants need to be conversant with the topic concerning which their views, attitudes and perceptions are being sought in order to provide usable information.

3.4.1 Research population

The population was made up of all the adolescent girls attending secondary schools from grade 8 to grade 12, the social workers from Child Welfare Somerset East and all the life orientation educators in the Blue Crane Route Municipality. Neuman (2011) defines a population as a set of entities in which all the measurements of interest to the practitioner or researcher are represented. The entities may be people, such as all the clients comprising a particular worker's caseload, or things, such as all the research books housed in specific a specific library. In either case, the study of a population in this sense would be exhaustive, in that it includes an investigation of every entity under consideration, a study of a population being a study of the whole. There are two types of research populations: target populations and accessible populations. The target population refers to the entire group of individuals or objects from which researchers are interested in generalising their conclusions. The target population usually has varying characteristics and it is also known as the theoretical population (Babbie, 2009). The accessible population is the population in research to which the researchers can apply their conclusions. This population is a subset of the target population and is also known as the study population. It is from the accessible population that researchers draw their samples. In this study the population targeted was knowledgeable participants, who were carefully selected to provide their views on the topic, which would clarify on whether or not sex education was seen to be an effective means of reducing adolescent pregnancies in the Blue Crane Route Municipality (Bryman, 2006).

3.4.2 Research sample

Strydom (2005) defines a sample as a small portion of the total set of objects, events or persons which together comprise the subject of a study. A sample is simply a subset of the whole population. The concept of a sample arises from the acceptance by researchers of the impracticability of attempting to test all the individuals in a given population. The sample must be representative of the population from which it was drawn and it must have sufficient size to warrant statistical analysis. The main function of the sample is to allow the researchers to conduct the study using individuals from the population so that the results of their study can be used to arrive at conclusions that will apply to the entire population. It is much like a give-and-take process. The population “gives” the sample, and then it “takes” conclusions from the results obtained from the sample. Denzin and Lincoln (2012:234) provide a more scientific description of sampling: “A research population is generally a large collection of individuals or objects that is the main focus of a scientific inquiry that is for the benefit of the population that research is done. However, owing to the large sizes of populations, researchers often cannot test every individual in the population because it is too expensive and time-consuming to do so. This is why researchers rely on sampling techniques. A research sample may also be characterised as a well-defined collection of individuals or objects known to have similar characteristics. All individuals or objects within a certain population usually have a common, binding characteristic or trait”. Although adolescents probably account for a larger portion of the world’s population than any other age group, it would be difficult to poll the views of every adolescent concerning the issues of sex education and adolescent pregnancy, for example. The sample of this study consisted of 25 female Grade 11 students, the 5 life orientation educators from the various schools and the social workers from Child Welfare in Somerset East. The social workers were included in the sample owing to the fact that they present the sex education programmes in the schools. The specific group of adolescent participants was chosen as the sample because they were the best educated concerning the topic that forms the focus of this study and they could provide responses to questions that could be beneficial to the whole population.

Responses from Grade 11 female students were considered most relevant for this study as the Blue Crane Route Municipality Annual Report (2008/2009) revealed that of the large number of students between Grades 8 to 12 the group of Grade 11 students had the highest rate of pregnancy in the secondary schools in the municipality. The figures given by the report indicated that in 2008 45% of the pregnant girls were Grade 11 students and that this figure rose to 47% in 2009.

3.4.3 Sampling strategy

“Purposive sampling is choosing participants who reflect most of the characteristics of the general population” (Punch, 2005:28). In this study, a sample of Grade 11 adolescent girls was taken from four schools. Participants were selected with the help of educators to ensure that knowledgeable and informed students were chosen. The Grade 11 life orientation educators from all schools within the municipality were selected as the educators providing education to adolescents in the schools and the social workers from Child Welfare in Somerset East were selected because they are responsible for the presentation and implementation of programmes related to sex education in schools within the municipality. Sampling is described by Strydom (2005:155) as “a procedure which allows the researcher to select people from a large group”. Purposive sampling was best suited for this study because it was less time-consuming and the chosen participants could be well selected out of the large population as the best suited candidates who were knowledgeable concerning the topic. The purposive sampling technique, which is also called judgment sampling, is the deliberate choice of an informant on the basis of the qualities or capabilities that the informant possesses. It is a non-random technique that does not need underlying theories or a set number of informants. The researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience (Kumar, 2008). It is a form of non-probability sampling in which decisions concerning the individuals to be included in the sample are taken by the researcher, based upon a variety of criteria which may include specialist knowledge of the research issue, or capacity and willingness to participate in the

research. Some types of research design necessitate researchers taking decisions concerning individual participants who would be most likely to contribute appropriate data in terms of both relevance and depth. The participants were chosen based on the fact that they had first-hand experience of sex education and could explain whether or not it was effective in reducing adolescent pregnancies.

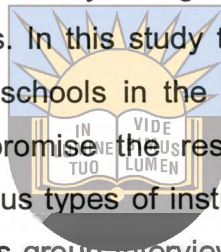
3.5 Instruments for collecting data

The collecting of data is an important aspect of any type of research study. The instruments that were used to collect data were semi-structured interviews, observation by the researcher and focus group discussions. The methods of collecting data need to comply with the ethical principles of research. In collecting data Punch (2005: 161) identified a number different methods of collecting data, including interviews or “talking to participants in person”, focus group discussions and interviews or “discussing issues with multiple research participants at the same time in a small-group setting” and observation or “examining how research participants act in natural and structured environments”. Qualitative methods of collecting data play an important role in impact evaluation by providing information useful to understanding the processes behind observed results and assessing changes in people’s perceptions of their well-being. Qualitative methods can also be used to improve the quality of survey-based quantitative evaluations by helping to generate an evaluation hypothesis, by strengthening the design of survey questionnaires and by expanding or clarifying quantitative evaluation findings. These methods are characterised by the following attributes (Onwuegbuzie, Leech and Collins, 2010):

- They tend to be open-ended and have fewer structured protocols and researchers may change the strategy for collecting data by adding, refining or dropping techniques or informants.
- They rely heavily on inter-active interviews. Respondents may be interviewed several times to follow up on a particular issue, clarify concepts or check the reliability of data.

- They use triangulation to increase the credibility of their findings. Researchers rely on several methods of collecting data to check the accuracy of their results.
- In general their findings are not generalized for any specific population, but instead each case study may produce a single piece of evidence that can be used to seek general patterns among different studies of the same issue or phenomenon.

Whatever the kinds of data that may be involved, the collection of data in a qualitative study takes a great deal of time. The researcher needs to record any potentially useful data thoroughly, accurately and systematically, using field notes, sketches, audiotapes, photographs and other suitable means. In this study the research sample of teenage girls was taken from four secondary schools in the Blue Crane Route Municipality. Collecting inaccurate data can compromise the results of a study and ultimately invalidate the results. Among the various types of instruments used for collecting data qualitative research often favours focus group interviews and either semi-structured or structured interviews. For the purposes of this study the focus group interviews and semi-structured interviews were used.



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3.5.1 Focus Group Interviews

Focus group interviews were used with the educators and social workers and these took the form of an in-depth discussion. Strydom, (2005: 178) defined focus group discussions as a method of collecting data in which an interviewer asks questions of an interviewee or interviewees. As these interviews are interpersonal encounters, it is important to establish a relationship of trust between the interviewer and the interviewees. De Vos (2005:300) describes focus group interviews as a type of group interview in which a moderator, the researcher, leads a discussion with a small group of individuals to examine in detail how the group members think and feel about a topic. In the case of the study this group comprised teachers and social workers. It is called a focus group because the researcher keeps the individuals in the group focused on the topic under discussion. The researcher generates group discussions through the use of open-ended questions, and he or she acts as a facilitator of the interactions within

thegroup. Kumar (2008: 185) maintains that the purposes of using focus group interviews are the following:

- ◆ To obtain general background information about a topic of interest.
- ◆ To generate research hypotheses that can be submitted to further research and testing using more quantitative approaches.
- ◆ To stimulate new ideas and creative concepts.
- ◆ To generate impressions of products, programmes, services, institutions or other objects of interest.
- ◆ To learn how the participants express their feelings about the topic of interest, which may in turn facilitate the design of questionnaires, survey instruments or other research tools that might be employed in more quantitative research. According to Kumar(2008:7), the purpose of focus group interviews is to promote self-disclosure among the participants and to know what people think and feel. In this study focus group interviews using a group consisting of 5 educators and 4 social workers were conducted. De Vos (2005:18) advised that deciding on the right number of participants meant striking a balance between having enough people to generate a discussion but not having too many people, which could cause some to feel crowded out. During the interviews participants responded to one open-ended question at a time, which focused on the causes, consequences and solutions pertaining to the subject under discussion, as advised by Greeff (2009). The reason for not using structured interviews at this stage was to avoid leading participants in a specific direction. The intention was to allow themes, topics and patterns to emerge from the interview transcripts. The study strove to avoid simply confirming the researcher's own ideas and opinions. The focus group interviews were repeated until the information became saturated (Cresswell, 2009).

3.5.2 Semi- Structured Interviews

The second instrument for collecting data to be used was the semi-structured interview, which formed part of the in-depth face-to-face interviews recorded on tape (Cresswell, 2009). These interviews were conducted with learners. Emerging from the interviews was a variety of perspectives concerning the factors that influence the incidence of adolescent pregnancy. For De Vos (2005: 297) a semi-structured interview is “a

combination of the structured and unstructured interviews, which can last for a considerable amount of time and can become intense and involved, depending on the particular topic at hand". Also stressed is the need for participants to be made to feel comfortable and at ease. Struwig and Stead (2007: 98), point out that in this type of interview "predetermined questions are posed to each participant in a systematic and consistent manner, but participants are also given an opportunity to discuss issues beyond the questions". Noting these recommendations the researcher allowed participants to talk at length about their own experiences with reference to the topic at hand. The interviews provided the girls with an opportunity to explain in detail how effective they perceived sex education to be as a means of reducing the number of adolescent pregnancies, what they felt the causes for the high rates of pregnancy might be and how the escalating numbers of pregnancies affected the economy of the municipality and the country as whole. As the participants were all asked the same questions in the semi-structured interview, the interviews had the added advantage of providing a clear distinction between the levels of understanding among the various participants, which made it easy to analyse the data.

3.5.3 Observations

Another means of collecting data that is often used in qualitative research studies is observation. Onwuegbuzie, Leech and Collins (2010:79) define observation as "the systematic description of events, behaviours, and artifacts in the social setting chosen for the study". For Denzin and Lincoln (2012) it is the process that enables researchers to learn about the activities of the people being studied in a natural setting through observation. It provides the context for the development of sampling guidelines and interview guides. Observation of participants entails a process of collecting data in which the researcher observes the reactions of participants to a particular phenomenon. The reactions of the participants were observed during the interviews, which identified the questions that were not understood by the participants, and which gave the researcher an indication of which questions needed to be explained to the participants.

3.6 The administration of instruments for collecting data

A discussion of the administration of the instruments for collecting data details how the data was collected. The administration of the data determines both the policy and the procedure for obtaining information and the order in which it is organised, managed, secured, defined and interpreted. It also ensures the quality of the data and its secure storage (Cresswell, 2009). In this study data was collected solely by the researcher. Life orientation educators assisted by selecting participants for the study according to the following criteria provided to the educators by the researcher:

- Grade 11 girls
- Active participation in class
- Well-spoken in either English or Afrikaans
- Between the ages of 16-19
- Obtain good marks in life orientation
- Have been exposed to the phenomenon of adolescent pregnancy either by friends or by family members
- Do not have babies and are not pregnant



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Gathering data from the focus group discussions was simpler than it was from the semi-structured interviews, as there was no need for the participants to be identified. The five life orientation educators from the five schools in the area attended the discussion at a central point, which was the Aeroville Secondary School. A focus group discussion with the social workers at Child Welfare in Somerset East was held at their offices. In all the discussions the researcher introduced herself as a masters student from the University of Fort Hare conducting research into the perception of female students of the effectiveness of sex education as a means of reducing adolescent pregnancy in the Blue Crane Route Municipality, and who had received ethical clearance from the university to conduct the study. The aim of the study was to examine the perception of the effectiveness of sexual education as a means of reducing pregnancies in the Blue Crane Route Municipality. The objectives of the study were explained to the participants.

The participants were informed of the ethical standards that applied to the study and assured that their names would not be revealed. Their privacy would not be violated and that they could withdraw at any time they felt threatened or uncomfortable. They signed consent forms to confirm that they had agreed to participate in the study and that they understood that the interviews may be recorded. The focus group discussions were interactive and each educator and social worker was given an opportunity to answer questions, to debate concerning certain questions and to learn about the constraints experienced by their colleagues. Throughout the discussions notes were made by the researcher. In the case of the interviews with the adolescent girls the researcher asked them to be calm, not to be alarmed by the tape recorder and simply to answer the questions to the best of their ability. The participants did not understand some of the questions, which necessitated explanations from the researcher, which extended the duration of the interviews. Each interview took approximately 15 minutes.

3.7 Validity and reliability

Validity and reliability need to be established for all studies. If these two criteria are not satisfied the accuracy, dependability and credibility of the study remains in question. It is more common in qualitative studies for the terms quality, rigour or trustworthiness to be used instead of validity, and for dependability to be substituted for reliability (Denzin and Lincoln, 2012). There are various approaches in qualitative studies that a researcher can use to ensure validity or quality, rigour or trustworthiness on one hand and reliability or dependability on the other. The most commonly used include triangulation of information from various sources of data, receiving feedback from participants or member checking, and expert review. Member checking is the process of verifying information with the targeted group. It allows the researcher and the participants the opportunity to correct both factual errors and errors of interpretation. Member checks give added validity to a researcher's interpretation of qualitative observations.

Expert reviews constitute one of the primary evaluation strategies used in both formative and summative evaluations. The question asked in a formative evaluation would be "How can this study be improved?", and in a summative evaluation it would be

“Has the data helped to answer the research questions?” Both the quality and the validity of an expert review can be greatly enhanced by providing the expert reviewer with an instrument or a guide to ensure that they evaluate all of the important aspects of the study to be reviewed. In an expert review of a study such as this one the reviewer would be provided with the interview questions (Babbie, 2009).

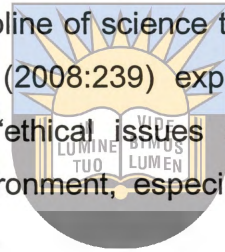
3.8 Methods of analysing data

The thematic approach as described by Rubin and Rubin (2012) was followed when analysing the interviews. This process involved reading the interview transcripts after transcribing the recordings and coding the descriptive concepts that emerged from the focus group interviews that were conducted. The researcher organised individual ideas into categories that shared similar concepts. This was accomplished by reading through all the interviews and identifying individual ideas that expressed similar meanings and using quotations from participants to confirm the themes identified. These ideas were grouped together into themes that were then formulated on the basis of the concepts that emerged from the interviews. Much qualitative data exists in the form of narrative scripts, usually gathered from interviews, survey questions, journals, recordings, observations, existing documents and so on. Words combine to give meanings and these meanings need to be sorted, interpretations considered, and conclusions reached. Researchers begin with a sharp but flexible focus, recognising that refocusing may be required to extract the greatest meaning and most trustworthy conclusions from the data gathered. As noted previously, the sample selected was purposive, in that the participants were selected to serve a specific purpose. The purpose of the sampling plan is to minimise the value of data for the development of theories by gathering data rich enough to uncover conceptual relationships. Participants were selected because they had characteristics in common. In the case of this study the sample was made up of adolescent females in Grade 11 and life orientation educators and social workers presenting sex education programmes in the schools. Qualitative analysis of texts is often supplemented with other sources of information to satisfy the principle of triangulation and increase the trustworthiness and dependability of the study's conclusions. It would not be uncommon to use more than one method of collecting data

in the interests of corroborating data from multiple sources and obtaining converging evidence. Qualitative researchers often keep journals describing their approaches to the analysis of data. The ability to retrace lines of thinking could contribute to the emergence of new ideas, an interpretive path not yet taken, or possibly a connection between early ideas and a newer developing theme that explains previously noted inconsistencies. The recording of ideas and decisions also enables another researcher to evaluate the conclusions reached based on their logical consistency (Rubin and Rubin, 2012). Retracing thinking can produce beneficial results. For example, noting the reasons for which initial coding was done using pre-established categories can be useful for building an argument to explain why a conclusion is based on categories that emerged only after older theories or models did not fit the data. This is why qualitative researchers rely on memoranda, or written ideas, as they help to sort data into categories, to define the properties of data, and to make sense of the data by discovering the relationships between the various categories. With the aid of the various methods described for analysing data multiple methods of collecting data were used in order to obtain a clear indication on whether or not sex education is perceived to be an effective means of reducing adolescent pregnancies in the Blue Crane Route Municipality. Several common steps in the process of analysing data in qualitative research have been suggested by researchers. These include the identification of themes, verifying the selected themes by reflecting on the data and by discussion with other researchers or experts in the area, categorising the themes and recording supporting data for the categories (Denzin and Lincoln, 2012). The ethical issues taken into consideration during the collection of the data collection process have also been discussed, as have been the reasons for choosing certain methods of gathering data and not others.

3.9 ETHICAL CONSIDERATIONS

According to Punch (2005: 238), “The ethics of science concern what is wrong and what is right in the conduct of research. Because scientific research is a form of human conduct, it follows that such conduct has to conform to generally accepted norms and values”. Babbie (2009: 470) maintains that “Anyone involved in research needs to be aware of the general agreement about what is proper and improper in scientific research”. In accordance with Babbie’s advice a letter of request was written to the schools. For Punch (2005:60) “researchers have two basic categories of ethical responsibility: responsibility to those, both human and nonhuman, who participate in a project, and responsibility to the discipline of science to be accurate and honest in the reporting of their research”. Kumar (2008:239) explains the importance of ethical considerations by maintaining that “ethical issues arise from an interaction of a researcher with people and the environment, especially at the point where there is potential or actual conflict of interests”.



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3.9.1 Letters

Letters requesting consent to conduct the study were written to the following parties:

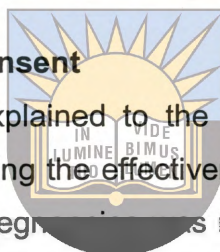
1. The principals of all five secondary schools. (See Appendix A)
2. Denzin and Lincoln (2012) define ethical clearance by saying that the “involvement of human subjects in your research should be sought prior to any research work being undertaken, including pilot studies or focus groups”. The University of Fort Hare Ethics Committee approved the topic for research and granted the researcher with an ethical clearance certificate giving permission to go into the community and gather data from the participants. (See Appendix B)

3.9.2 Provision of information and avoidance of harm

All participants were informed of the reason for conducting the study and told that they were under no obligation to participate or answer any questions which might cause them to feel uncomfortable. De Vos (2005:57) explains that subjects can be harmed either physically or emotionally, and for this reason all the participants in this study were informed comprehensively beforehand concerning the potential impact of the investigation. All proposed research needs to consider the ethical implications both while planning research studies and while conducting the research.

3.9.3 Reassurance and informed consent

The researcher introduced herself, explained to the participants that a study of the perception of female students concerning the effectiveness of sex education in schools as a means of reducing adolescent pregnancy was being conducted. All participants were reassured that their names would not be divulged under any circumstances and that all information would be dealt with in a confidential manner. In addition, the participants were informed that they need not be afraid to answer questions and were handed participant consent forms to sign. (See Annexure C). Neuman (2011:124) emphasises the importance of informing participants in advance by saying “nobody should ever be coerced into participating in a research project, because participation must always be voluntary”. Babbie (2009:470) calls informed consent “voluntary participation”. Although providing participants with correct information concerning the research topic might cause them to act unnaturally, which in turn could influence the results of the research, the ethical standards concerning research need to be applied rigorously. Bryman (2006:113) contends that “whatever the results may be, when subjects are involved without their consent, their right to self-determination is impaired”, which in turn results in a conflict between the researcher’s aim to broaden knowledge and the ethical responsibility to protect the participants.



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3.9.4 Violation of privacy/anonymity and confidentiality

De Vos (2005:61), defines privacy as “that which normally is not intended for others to observe or analyse and it’s the individual’s right to decide when, where, to whom, and to what extent his or her attitudes, beliefs, and behaviour will be revealed”. To maintain this principle the researcher needed to safeguard the privacy and identities of the participants and to exercise sensitivity appropriate to the topic.



3.10 Concluding remarks

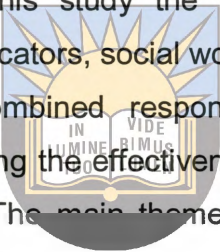
In this chapter the researcher discussed the methodology that was used to conduct the study. The rationale for the use of triangulation of methods in the study was that doing so would allow the phenomenon to be examined in detail. Focus group interviews were conducted to add depth to the results obtained from qualitative analysis. The next chapter will focus on the analysis and interpretation of the data.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

4.1 Introduction

In this chapter the data collected from the participants will be presented, analysed and interpreted. The data was collected from life orientation educators, female Grade 11 students and social workers who present sex education programmes in the schools. Owing to the qualitative nature of this study the findings have been presented thematically. Questions were put to educators, social workers and adolescents, and the themes identified were from the combined responses received, expressing the perception of female students concerning the effectiveness of sex education in schools as a means of reducing pregnancies. The main themes that will be discussed in this chapter are:

- 
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- The type of sex education provided to adolescents.
 - The role that social workers play in sex education.
 - The consequences of having a large number of adolescent pregnancies for the Blue Crane Route Municipality and its economy.
 - The socio-economic causes of adolescent pregnancies
 - The benefits of sex education programmes provided to adolescents.
 - Referrals of vulnerable children to social workers.
 - Measures that have been put in place to reduce the number of adolescent pregnancies.
 - The regularity with which programmes are presented at schools.
 - The effectiveness of the types of sex education currently used to reduce pregnancies.
 - The regularity with which sex education programmes are evaluated as a means of reducing adolescent pregnancies.
 - The adequacy of the sex education received in schools.
 - The importance of sex education to young people in a relationship.

- The meaning of contraception and the types of contraceptives available.
- The health risks associated with adolescent pregnancy.
- What students have learned from sex education programmes presented by social workers.
- The prospects of adolescent mothers finding employment.
- The implications of the escalation of pregnancies on the economy for the households of adolescents.
- How adolescents can reduce the escalating figures of adolescent pregnancies.

4.2 Types of sex education provided to adolescents

Sex education forms a very important part of life orientation studies. It aims at assisting students to make positive decisions involving sexuality. There are various types of sex education provided in the schools. In the Blue Crane Route Municipality comprehensive sex education is provided to students. Students are taught about all aspects of human sexuality, but in spite of this, the figures for adolescent pregnancies are still on the rise, which may indicate that the content of sex education might not be adequate.

4.2.1 Comprehensive sex education

According to the social workers and the educators in the research sample, adolescents receive comprehensive sex education from social workers. Students are advised to have only one sexual partner, to use contraceptives, and they are educated concerning all the consequences of sexual activity. All the adolescent participants maintained that the content of sex education covers all aspects of sex, from which it can be concluded that they feel that it is comprehensive. Participant J offered that “sex education is instruction on issues relating to human sexuality, sexual intercourse and reproductive health”. Another adolescent participant, Participant L, said:

“Comprehensive sex education is the process of acquiring information and forming attitudes and beliefs. Sex education is also about developing young people to make informed choices about sex in their lives.”

The sex education given in schools is comprehensive in accordance with the requirements of the syllabus. It focuses on both abstinence and practising safe sex. The findings of the study corroborate those in the literature review that concluded that comprehensive sex education was the best type of sex education to be used in schools. Kirby (2009) maintained that sex education provides young people with the information that they need to understand sexuality. This supports Patel's developmental theory, which suggests that comprehensive information leads to improved cognitive development. Comprehensive sex education enhances our understanding of our humanity, our reproductive development and rights, menopause and ageing and all the phases of our reproductive lives, and even the extent to which the media influence the lives of young people. If properly comprehended, sex education should teach young people self-appreciation, self-esteem and that the changes they are experiencing, or will experience, are normal.



4.2.2 The course content of sex education has not been sufficiently effective as a means of reducing pregnancy

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Four of the life orientation educators were of the opinion that sex education has not been effective in helping to reduce adolescent pregnancies, because girls still fall pregnant deliberately in order to obtain the child support grant. In the opinion of Educator 1,

“Students learn about the different diseases, the consequences of sexuality, the negative impact of sexual engagement at an early age on the development of a woman, yet the figures are still escalating and hence it is safe to say that sex education is not effective.”

The findings of this study do not corroborate the findings of other studies such as that of Morake (2011). The findings of other studies confirm that the course content of sex education is effective in assisting adolescents to make positive decisions in their lives. As has already been noted, this study could only conclude, when confronted by the fact that the numbers of adolescent pregnancies in schools escalate annually, that the course content of sex education had not been effective. However, sex education has a

very broad scope and is multi-faceted. When measuring the actual effectiveness of sex education, a number of factors need to be considered. Ermisch (2008:98) wrote that by providing students with information and skills, sex education complements other efforts to provide quality reproductive health information and services, and to create an enabling context that allows young people to practice positive behaviours. Educator 4 maintained that:

Sex education is a process whereby information is given or imparted to a group of young ones, and which takes into account the development, growth, anatomy and physiology of the human reproductive system and the changes that occur from youth through all the stages of adulthood.

Sex education imparts knowledge concerning human sexuality. It entails instruction for the development of an understanding of the physical, mental, emotional, social, economic and psychological aspects of human relations as they are affected by sex. Sex education aims to provide children with the knowledge and understanding that will enable them to make informed and responsible decisions concerning sexual behaviour at all stages of their lives (Morafe, 2011).



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4.3 The role that social workers play in sex education

Social workers play an important role in sex education. However, there are constraints which can prevent social workers from achieving the aims of the sex education programmes. During the discussion of the role of social workers in sex education, the following themes emerged: the importance of the peer education programme, the social workers' role in attempting to reduce adolescent pregnancies is being curbed by the Children's Act; social workers play an important role in sex education; and lack of involvement from social workers.

4.3.1 The peer education programme

All five educators and all the social workers indicated that a peer education programme to work with students falling into a high risk group to educate them concerning sexuality and its consequences had been introduced. Peer educators refer vulnerable students to

social workers to enable them to provide them with in-depth explanations of the consequences of early sexual engagement. Social worker 1 explained that:

“Peer education is an approach which empowers young people to work with peers, and which draws on the positive strengths of the peer group. By means of appropriate training and support from a mentor, the young people become active players in the educational process rather than passive recipients of set messages. The mentors in this peer education programme are the 2 educators in the Blue Crane Route Municipality who have been trained in sex education and various social ills such as alcohol and substance abuse by social workers.”

The task of the mentor in the Blue Crane Route Municipality is to support adolescents who are at risk with resources in order to assist them to make positive decisions. The programme is being implemented in the entire Cacadu district, including the area between Graaff-Reinet and Grahamstown. The findings of this study concur with those of Hallman (2008:58), who explains that “peer programmes generally recruit and train a core group of young people, who in turn serve as role models and sources of information and skills development concerning adolescent sexuality. Peer educators participate in a number of multi-component programmes to augment the roles that they play as educators in school-based programmes, to distribute condoms independently of the health services, to create a demand for health services in the communities and they also participate in a number of mass media interventions (Hallman, 2008).

4.3.2 The social workers’ role in attempting to reduce adolescent pregnancies is being curbed by the Children’s Act

The four social workers from Child Welfare in Somerset East unanimously concurred that they felt that their efforts were undermined by the Children’s Act no. 38 of 2005, which makes it legal to marry from the age of 16 and allows abortions from the age of 12. This makes it difficult for social workers to convince students to abstain from intercourse, as they are aware of their rights, but, in the opinion of the social workers, they are abusing their rights. Social worker 1 expressed the opinion that

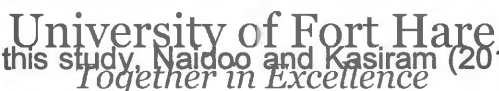
“Students are overtly aware of their rights, they go into danger with their eyes open, falling pregnant at young ages then they go for termination of pregnancy and fall pregnant again the next year.”

These findings agree with the literature review, in which it was found that the Children’s Act no 38 of 2005 states “children are allowed to obtain and use contraceptives from the age of 12.”

4.3.3 Social workers play an important role in sex education

Seven adolescent participants indicated that social workers play an important role. Participant C stated “they teach people to make the right decision, they play an important role”. Participant E maintained that:

“Social workers play a role in programmes that teach prevention of adolescent pregnancy, making the right decisions to abstain so that we can further our studies and be independent when we start families.”



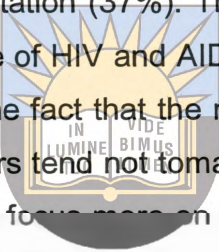
Corroborating the findings of this study, Naidoo and Kasiram (2011) maintain that social workers who implement programmes in schools are instrumental in furthering the aims of the schools: to provide a setting for teaching, learning and the attainment of competence and confidence. Social workers are hired by the government to enhance the district's ability to meet its academic mission, especially where collaboration between the home and the school, and between the school and the community, provide the key to achieving that mission. Social workers play a unique role in the schools, as they work with school staff, students, families, and community agencies to remove barriers to education.

4.3.4 Lack of involvement from social workers

A total of eight adolescent participants stated that social workers did not play any role in sex education. Participant 1 revealed that:

“Social workers do not play an important role, as they are not involved. They hardly visit our schools and when they do it is to speak to children in foster homes who are causing problems at school.”

Social problems include the HIV/AIDS pandemic, child abuse, exploitation and neglect, unemployment, poverty, domestic violence, child trafficking and children being made orphans and vulnerable by HIV and AIDS and other diseases. Confirming the findings of this study the Sowetan (2011) found that it can undoubtedly be stated that South Africa is facing a national child protection crisis. According to the Sowetan (2011), statistical data reflects an alarming increase in the incidence of child sexual abuse (34%), physical abuse (64%), neglect (51%) and exploitation (37%). This crisis is further compounded by the continually increasing prevalence of HIV and AIDS in South Africa, which results in children being orphaned. Owing to the fact that the majority of learners do not know where social workers are based, learners tend not to make use of the services that they offer. In addition, social workers tend to focus more on statutory cases than local cases in schools and in communities. (Sowetan, 2011).

The logo of the University of Fort Hare, featuring a sunburst design with the motto 'IN LUMINE VERITAS' and 'BIMUS' below it.
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4.4 The consequences of having a large number of adolescent pregnancies for the Blue Crane Route Municipality and its economy

Although the consequences of the annual escalation of adolescent pregnancies are experienced worldwide, they are particularly acute for a small municipality such as the Blue Crane Route Municipality. The high incidence of teenage pregnancies is of great concern to the citizens of the municipality, and when discussing their consequences, the following two themes emerged: financial constraints for health care services and dropping out of school by pregnant adolescents.

4.4.1 Financial constraints for health care services

According to three social workers and five educators, the high rates of pregnancy result in a financial deficit, as more money needs to be spent on health care clinics, while rates of unemployment escalate daily. Ten adolescent participants were of the opinion

that the main consequence was financial constraints for health care services. Participant P said that:

“Financial constraints arise for health care service providers because of overpopulated households and illnesses spreading easily amongst families.”

Health care in South Africa varies from the most basic primary health care, provided free by the government, to highly specialised, hi-tech health services, available in both the public and private sectors. In agreement with the findings of this study, the Department of Health (2009) found that certain sections of the public sector are stretched and lack resources. While the government contributes about 40% of all the expenditure on health, the public health sector is under pressure to deliver health services to about 80% of the population (Department of Health, 2009). The private sector, on the other hand, is run to a great extent on commercial lines and caters to middle and high-income earners, who tend to be members of medical schemes. It also attracts most of the country's best health professionals. This two-tiered system is not only inequitable and inaccessible to a large portion of the South African population, but the problem has been compounded by the fact that institutions in the public sector have suffered from poor management, underfunding and a deteriorating infrastructure (Department of Health, 2009).

4.4.2 Dropping out of school by pregnant adolescents

The dropping out of school was identified as a major concern in the Blue Crane Route Municipality by all of the social workers and educators who took part in the study. The figures for dropping out of school were mentioned as a major cause for concern by seven adolescent participants. Participant E expressed the problem as follows:

“Dropping out of school is the main consequence in our municipality. More and more children are falling pregnant by the day and as a result of that they are forced to leave school because there is no one to care for the baby.”

Raising a child is a challenge for all women, but more so for adolescents, as it entails great sacrifices. The disruption of schooling is one of the most adverse consequences of adolescent pregnancy, which is confirmed by Ermisch (2009:32) who confirms that

“when dealing with a newborn baby it can be extremely difficult, time-consuming and exhausting”. The crying and the need to understand why the baby is crying, the many nappy changes and around the clock feeding that a baby requires are the realities of becoming a parent. Dealing with pregnancy, in the majority of cases, means that education will take a back seat, as the requirements of pregnancy will almost certainly result in poor academic performance, absences from school and, in all likelihood, eventually dropping out school. These girls very rarely return to school after they have given birth, which means that their education remains at a low level (Ermisch, 2009).

4.5 The socio-economic causes of adolescent pregnancies

The identification of the socio-economic causes of adolescent pregnancies formed a vital part of this study. The identification of the causes could enable the Blue Crane Route Municipality to become aware of the factors that need to be overcome if the high figures for adolescent pregnancy are to be reduced. While discussing the socio-economic causes of adolescent pregnancies, the following themes emerged: Adolescent parents and their children are at an increased risk of poverty, lack of knowledge, alcohol and drug abuse, absence of biological parents, low self-esteem, peer pressure, children raising children, the child support grant, poverty and crime, sexual assault and exposure to sex via the media at an early age.

4.5.1 Adolescent parents and their children are at an increased risk of poverty

All social workers and educators were of the opinion that the main cause for the escalation in adolescent pregnancies is poverty. Social worker 3 gave this explanation of the problem:

“Poverty is a complex issue in child-headed households, with a diverse range of factors affecting family circumstances, including capacity to work, health, caring responsibilities and deprivation.”

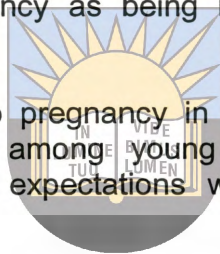
In agreement with other studies Mawaba (2009) found that families headed by parents who are children, by their nature have at least one parent under the age of 20 with the

responsibility for a dependent child, who is likely to be under the age of 5 years. These families are at an increased risk of the biggest causes of poverty: unemployment and low pay, while children under five years of age make up 44% of all the children living in poverty. As a result, children of adolescent mothers have a 63% greater risk of being born into poverty, compared with babies born to mothers in their twenties (Ermisch, Francesconi, and Pevalin, 2009).

4.5.2 Lack of knowledge

Unanimously, all the social workers and all the educators identified the second factor contributing to high rates of pregnancy as being lack of knowledge. Educator 3 explained that

“Adolescent pregnancy refers to pregnancy in a woman of less than 19 years. It is found commonly among young people who have been disadvantaged and have poor expectations with regard to either their education or the job market.”



The findings of this study are in agreement with those of Van Eijk (2007), as adolescents may lack knowledge of obtaining access to conventional methods of preventing pregnancy owing to being afraid to seek such information. Despite the extensive attention given to adolescent sexuality and adolescent pregnancy in the past 30 years, many adolescents were still falling pregnant (Van Eijk 2007). Most adolescents lack information on sexuality and contraception, as most of the education that is presented on this matter is limited (Arai, 2008).

4.5.3 Alcohol and drug abuse.

The five life orientation educators in the Blue Crane Route Municipality identified another cause of adolescent pregnancy as alcohol and drug abuse. Educator 4 mentioned that

“Community members were complaining about the numbers of students going to taverns and behaving recklessly over weekends in a sense of fighting in the streets and getting into any car that they are not even familiar with.”

Corroborating the findings of this study Johnston, O'Malle, Bachman and Schulenberg (2007) found that risky adolescent sexual behaviour often escalates as a result of using drugs, and delinquency occurs among the same groups of adolescents. As a consequence, adolescents who drink or use drugs are often more sexually active and less likely to use contraception when they have sex than adolescents who take fewer risks (Johnston, O'Malle, Bachman and Schulenberg, 2007). They also tend to have more sexual partners and often start having sex at younger ages.

4.5.4 Absence of biological parents

All social workers maintained that the absence of biological parents contributes greatly to the problems that the children of adolescents face, as these children do not receive proper guidance from foster parents. The social workers were saddened by the plight of these children. Social worker 4 explained a common scenario by saying

“Biological parents move out of the municipality shortly after giving birth to go and seek for work, as there are not many opportunities for employment within the municipality. They seldom return home, or when they do it is to come and drop another child.”

Citing other studies Davies, DiClemente, Wingood, Person, Dix, Harrington, Crosby and Oh (2008) indicated that early pregnancy and parenthood are directly related to problems concerning child welfare, including abuse, neglect and foster care. Adolescents in foster care, many of whom would have suffered abuse and neglect before leaving their homes, are more likely to fall pregnant than adolescents not in the foster care system, and children born to adolescent parents are more likely to enter the foster care system than children born to older mothers.

4.5.5 Low self-esteem

Four social workers and three educators identified low self-esteem in adolescents as a big factor contributing to conception at an early age. Educator 3 said:

“Adolescents do not stand up for themselves when it comes to making decisions. They just do whatever their friends do. Whether it is acceptable or unacceptable they will do it just to have some form of identity as a cool kid.”

The findings of this study agree with those of Hallman (2008), who found that among adolescents having sex before age 20 is often not only considered socially acceptable, but also socially desirable. There are many negative consequences for sexual relationships among adolescents without the provision of comprehensive information about sex. Low self-esteem is a significant factor increasing the risk of adolescents engaging in risky sexual behavior which may lead to pregnancy. In other cases, low self-esteem comes as a result of early pregnancy. There is a close relationship between adolescent pregnancy and self-esteem (Hallman, 2008).

4.5.6 Peer pressure

Peer pressure was identified by all the social workers as a key factor increasing the incidence of adolescent pregnancies. Social worker 2 described peer pressure as being



“Rife among adolescents and they would do anything for acknowledgement from their peers. Even if it is wrong they will still do it because when they get into trouble they receive even more recognition from peers and are seen as cool.”

Supporting of the findings of this study, Okonofua (2010:419) maintained that “adolescent peer pressure is real. Many adolescents engage in unhealthy activities just so that their peers will notice them or so that they may fit in. Peer pressure to engage in sexual activity is so common, a variety of terms refer to the behavior, such as ‘hooking up’, ‘booty calls’ or referring to someone as ‘a friend with benefits’. When it comes to feeling the pressure to have sex, gender does make a difference” (Okonofua, 2010:419). Okonofua (2010) reports that 30 percent of boys admitted that they felt pressure from their peers to engage in sexual activity. Among girls, 23 percent reported feeling the same pressure, and girls are the most directly affected by adolescent pregnancy.

4.5.7 Children raising children

According to all the social workers, children raising children is a phenomenon proliferating across the African continent, and the children who are left as providers would do just about anything in order to survive. Social worker 2 described their situation by saying

“Life is not easy for girls anywhere in the world, but some have it even harder than others because they have children of their own or children that they have become responsible for.”

Confirming this assessment Davies, DiClemente, Wingood, Person, Dix, Harrington, Crosby and Oh (2008) add that girls become mothers while they are still children for several different reasons, for example when the death of a girl’s parents forces her to step in and care for her younger brothers and sisters. Social worker 4 explained that

“Extreme poverty, disease and armed conflict have resulted in increased numbers of child-headed households in many parts of the world, including many households headed by girls. Armed conflict and HIV/AIDS have left thousands of girls responsible for caring for their younger brothers and sisters after the death of their parents.”

A girl who acts as the head of a household must serve as a parent, a home-keeper, a breadwinner and the protector of her younger siblings. As a result, she has little time or resources for her own education, or to live and develop as a young person. These girls are more likely to drop out of school to start working, and as a result may have less protection from human trafficking and pregnancy at their young ages (Davies et al, 2008).

4.5.8 Child Support Grant

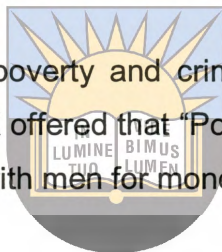
Many people across South Africa are of the opinion that the figures of adolescent pregnancies have escalated since the Child Support Grant was introduced. All the social workers and secondary school life orientation educators from the Blue Crane Route Municipality maintained that the figures for adolescent pregnancy had escalated since the Child Support Grant was introduced. Educator 5 maintained that:

“The Child Support Grant definitely has an impact on the escalation of pregnancies in the municipality because of the high poverty rate. Children fall pregnant to receive the Grant to purchase clothes and luxury items for themselves.”

The findings of this study corroborated those of Naidoo and Kasiram (2011), who maintained that adolescents were falling pregnant in order to receive social grants to alleviate poverty.

4.5.9 Poverty and crime

A total of eleven students identified poverty and crime as the main reasons for the escalation of pregnancies. Participant K offered that “Poverty and crime is a major cause of pregnancy because children sleep with men for money”. Participant B felt that



“In order to obtain a higher level of socioeconomic status, crime is seen as the only option. Crime exists everywhere in the world – in rural and urban areas in many countries, in the East and West, and among all types of people.”

Ermisch (2009) found that many government officials, especially those in urban areas, tend to focus largely on the reduction of crime in their respective constituencies and this has led others to speculate on the factors that influence the levels of crime and how they may be controlled. Crime is as old as man, and no doubt there will continue to be crime until a perfect world is achieved. There are many factors contributing to the levels of crime. These include permanent unemployment, marital disruption, female-headed households, adolescent pregnancy, poverty and delinquency (Ermisch, 2009).

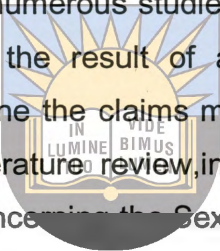
4.5.10 Sexual assault

Five participants mentioned alcohol and drug abuse leading to rape as a major cause of the escalation of adolescent pregnancies. Participant U contended that “Alcohol abuse leads to rape because men buy drinks and later they force themselves on the girls

expecting returns”. Alcohol and substance abuse were also cited by four participants, one of whom, Participant Q, said:

“Adolescents who participate in one form of risk behaviour often also partake in other risk behaviours, like some girls would drink, smoke marijuana and on top of all that get into the cars of strangers who bought them the substances.”

These findings corroborate those of many other studies which have shown a distinct correlation between substance use and sexual activity. The use of alcohol and drugs increases an adolescent’s chances of unprotected sexual intercourse and, in turn, pregnancy (Kirby, 2009). While the association between alcohol and sexual risk behaviour has long been established, numerous studies in the US have reported that a third of adolescent pregnancies are the result of alcohol use leading to forceful intercourse. The findings also undermine the claims made for the effectiveness of sex education in life orientation in the literature review, in which it is suggested that life orientation should educate students concerning the Sexual Offences Act 32 of 2007 that states it is an offence to have intercourse with a child under the age of sixteen years.

The logo of the University of Fort Hare, featuring a sunburst design with the motto 'IN LUMINE VERE BIVMUS' and the year '1917'.
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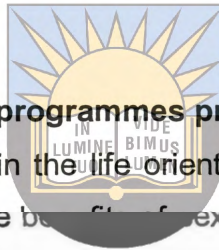
4.5.11 Early exposure to sex via the media

Exposure to the media at an early age was identified by four students as a cause of adolescent pregnancy. Participant O expressed her feelings as follows:

“Exposure to sex at an early age through the media: although sexual content in the media can affect any age group, adolescents are particularly vulnerable. Adolescents may be exposed to sexual content in the media during a developmental period when gender roles, sexual attitudes, and sexual behaviours are being shaped.”

Confirming these findings, Morake(2011) indicated that adolescents may be particularly at risk because the cognitive skills that allow them to analyse material presented by the media critically, and enable them to make decisions concerning their own possible future behaviour, are not fully developed. Analyses of broadcast media content indicate that on average, adolescent viewers see 143 incidents of sexual behavior on network

television at prime time each week, with portrayals of three to four times as many sexual activities occurring between unmarried partners as between spouses. As much as 80% of all the films shown on network or cable television stations have sexual content. An analysis of music videos has shown that 60% portray sexual feelings and impulses, and that a significant portion of them show provocative clothing and sexually suggestive body movements. Analyses of media content also show that sexual activity shown on television is almost always presented in a positive light, with little discussion of the potential risks of unprotected sexual intercourse, and few portrayals of adverse consequences (Morake, 2011).



4.6 The benefits of sex education programmes provided to adolescents

Although sex education was included in the life orientation curriculum with the aim of producing beneficial results, of what the benefits of sex education are tend to vary. The main theme identified was that sex education provides holistic information concerning human sexuality and sexual health.

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4.6.1 Holistic information concerning human sexuality and sexual health

The curriculum taught in schools aims to provide comprehensive sex education. All the social workers and four of the educators were of the opinion that comprehensive sex education provides learners with a comprehensive knowledge of all aspects of sexuality, including contraception, abstinence and the health risks associated with sexual activity. All twenty-five of the adolescent participants were of the opinion that sex education benefited them positively. Participant H offered that

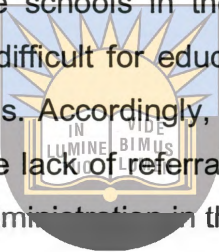
“HIV, diseases and everything else related to sex is learned and it helps the scholars who listen to make positive decisions in their lives, which leads to stability.”

Comprehensive sex education covers a wide range of topics concerning sexuality and sexual health. In agreement with the findings of this study Bankole, Ahmed, Ouedraogo,

Neema and Konyani (2007:210) maintained that holistic information on sexuality is grounded in evidence-based, peer-reviewed science. Its goal is to promote health and well-being in a way that is developmentally appropriate. It includes information and communication skills, being as well as an examination of values. It promotes abstinence from sexual behaviour, and of other important topics such as birth control, safer sex, sexual orientation and the effectiveness of condoms.

4.7 Referrals of vulnerable children to social workers

There is a shortage of staff in the schools in the municipality, which results in administrative problems, making it difficult for educators who work in co-operation with social workers to make referrals. Accordingly, the theme that was identified in the discussions at this point was the lack of referrals being made to social workers as a result of problems of internal administration in the schools.


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4.7.1 Lack of referrals made to social workers as a result of problems of internal administration in the schools

All five of the educators interviewed had experienced problems with internal administration. Educator 2 explained that

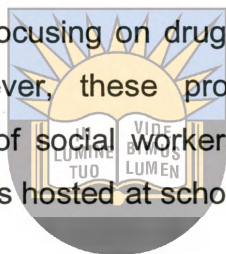
“Apart from the referrals made by peer educators, there are no referrals made to social workers because it causes havoc for the reporters at school. In support, on occasion, school personnel indicate that school administrators create obstacles to reporting.”

This theme corroborates the findings of Hallman (2008:89), who states that educators may fail to make an official report of suspected maltreatment once an instance has been brought to their attention, or they may make it difficult for other school personnel to report it by trying to solve the problem internally. This may be done because the administrator does not want to "make waves." Such actions may be more than obstructive: they may also be illegal (Hallman, 2008:89). Administrators who refuse to

report, or who make it difficult to report, instances of this sort cause several problems for other adults on their staff. In so doing, they place the educator in the untenable position either of being vulnerable to legal sanction, or else having to bypass the administrator. The lack of referrals hampers the development of students because learning cannot take place in the type of environment that stimulates cognitive development, in a manner conducive to its development, as detailed by Bandura in his social cognitive theory.

4.8 The regularity with which programmes are presented at schools

Social workers present programmes focusing on drug abuse, adolescent pregnancies and foster care at schools. However, these programmes are presented very seldom, owing to the high caseloads of social workers, which were identified as one theme, with the foster care programmes hosted at schools as a second one.



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4.8.1 High caseloads of social workers

The four social workers from Child Welfare in Somerset East present programmes focusing on sex education and child abuse during the course of Child Protection Week every year. In addition, programmes are presented on request in the schools, which makes for a total of two or three programmes per school per annum, owing to the high caseloads of the social workers. Social worker 1 explained that

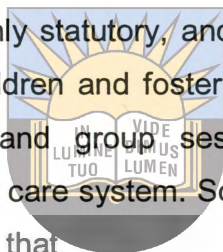
“The current tight economic times are affecting many health and human service organisations. Budgets are being cut and agencies must make difficult choices that result in increased caseloads and workloads for social workers. This further exacerbates already strained workplace conditions, potentially affecting worker performance, worker retention, and the well-being of the children, young people and families being served.”

A report in *The Sowetan* (2011) concurs with the findings of this study, noting that the concern about high caseloads, especially in child welfare agencies, is a longstanding one. Several recent studies could provide insights concerning how high caseloads might adversely affect the retention of workers. While it is understood that retention of workers

is affected by a combination of personal factors, among which would be education, self-reliance, professional commitment to children and families, previous work experience and job satisfaction, burn-out, emotional exhaustion and stress on one hand, and organisational factors such as salary, workload, support from co-workers and supervisors, opportunities for advancement, appreciation of effort from the organisation on the other, high caseloads specifically affect staff turnover and service delivery (Sowetan, 2011).

4.8.2 Foster care programmes

The work of all social workers is mainly statutory, and as a result it tends to focus on foster care programmes for foster children and foster parents, community awareness campaigns concerning foster care and group sessions with young mothers to encourage them not to enter the foster care system. Social worker 1, the coordinator of the foster care programme, maintained that



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“The task of teachers is to teach, but many factors conspire to make it difficult for young people in foster care to make it through school, among them, poverty, substance abuse, community violence, early sexual activity and family conflicts.”

These findings are at variance with those from other studies, as social workers in the Blue Crane focus mainly on foster children and not as much on other children not in the foster care system. The South African Institute of Race Relations (2012) found that social workers pick up where teachers leave off. They are perhaps the professionals best equipped to address the social and psychological issues that can block academic progress. Through counselling, crisis intervention and prevention programmes, they help young people overcome the difficulties in their lives, and as a result, give them a better chance at succeeding in school and in life (South African Institute of Race Relations, 2012).

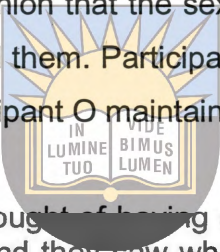
4.9 The effectiveness of the sex education methods put in place to reduce pregnancies

When discussing the effectiveness of sex education, there were diverse responses, and the themes that were identified were the effectiveness of life orientation as a subject, the ineffectiveness of sex education, the adequacy of sex education and the inadequacy of teaching methods to reduce adolescent pregnancies.

4.9.1 The effectiveness of life orientation as a subject

A total of four students were of the opinion that the sex education that they received in schools was effective and that it helped them. Participant D stated that “It works. We get clarity on sexual issues in class”. Participant O maintained that it was

“effective because friends who thought of having sex before time stopped as they were exposed to literature and they saw what happened to others who did have sex at an early age.”



The logo of the University of Fort Hare is a circular emblem. It features a central sun with rays emanating from it. Below the sun is an open book with the Latin motto 'IN LUMINE TUO DOMINE BIVUS LUMEN' written on its pages. The entire emblem is set against a dark background.

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Corroborating the findings of this study, Jansen (2013), Gavin George did research on life orientation in schools in Pietermaritzburg, and found that “some of the schools surveyed employed specialist life orientation teachers who demonstrated passion and commitment and gave academic and emotional support” (Jansen, 2013:1). It is also worth noting that life orientation is a subject in which examinations are written, and marks count towards the university admission marks of students, as is the case for any other subject. The content and focus of life orientation are more practical than those of many other subjects. Life orientation deals with everyday life and should help to make learners aware of the realities of our lives.

4.9.2 The ineffectiveness of sex education

All the social workers were unanimous in their assertion that sex education programmes are not effective because there are not enough educators, the classes have large numbers of students, educators do not make referrals, and certain schools, notably the Roman Catholic schools, do not allow sex education in their schools. Eleven adolescent

participants did not think that the sex education they receive in school was effective. Participant H maintained that

“It does not work. There are large numbers of pregnancies and the life orientation classes teach the same things each year, which makes it very boring and as a result of that, most of the students do not listen in class.”

In a study similar to this one Gavin George conducted research interviews with Grade 9 and Grade 11 life orientation educators in schools in KwaZulu-Natal. In his view, “the aim of school life orientation lessons was to equip pupils to solve problems and make informed decisions and choices” (Jansen, 2013). However, in many classes not enough time was devoted to life orientation, which was regarded as a “filler” subject. Teachers were inadequately trained and the poorest schools had only photocopied notes as study material (Jansen, 2013).



4.9.3 The adequacy of sex education

Eight adolescent of the students felt that sex education was adequate for them. Participant H stated “We learn to not have sex at an early age as it will ruin your future in the long run”. Participant J said that sex education was “useful because it teaches not to have sex while in school as you could get infected with HIV or fall pregnant”. Participant U felt that it was

“Sex education is adequate because most things that are taught in school is what happens outside that makes it easy to relate to what teachers are explaining and to participate in class discussions.”

Kirby (2009) suggests that a growing body of research is being done in support of a comprehensive approach to sex education. This research confirms that abstinence-only-until-marriage programmes are not effective in changing young people’s sexual behaviour, or preventing undesirable consequences such as adolescent pregnancy. More importantly, however, it confirms that programmes that teach young people about abstinence, contraception and disease prevention are in fact effective in reducing pregnancies, and that young people find the information useful (Kirby, 2009).

4.9.4 Teaching methods inadequate to reduce adolescent pregnancies

Contrasting with the views of the eight adolescent participants who felt that the sex education received in school was adequate, the responses from seven others were not nearly as positive. Participant T felt that “it is not adequate, as students do not listen to what is said in class”. Participant N maintained that

“It does not help because most of the children still fall pregnant. Every year there are more and more children falling pregnant, and the worst part is some children have two children before they complete Grade 12.”

Mulkeen (2009) maintains that an educated population remains the fundamental platform for meeting most of the other Millennium Developmental Goals (MDGs), and that a well-oiled education system is important for many reasons. It is a means to encourage a knowledge movement which reflects the traditional heritage of South Africa and develops it into a living force for the future. A good education system is crucial, not only for ensuring that the citizens are well educated, but also for human development and for the maintenance of socially responsive economic and political systems. Despite the fact that South Africa has reached MDG2 and spends 18,5% of its annual budget on education, the education system remains, to a large degree, in a poor state. The quality of education remains very poor, and the output rate has not improved. In addition, classrooms are still overcrowded and the ratio of teachers to learners is 1:32 in South African public schools (Mulkeen, 2009).

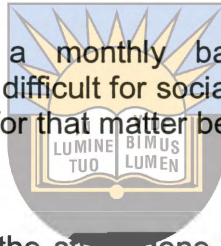
4.10 The regularity with which sex education programmes are evaluated as a means of reducing adolescent pregnancies

There are severe shortages of educators and social workers in South Africa, which makes it difficult to evaluate the sex education programmes presented at schools.

4.10.1 The shortage of social workers and educators in South Africa

All the social workers were of the opinion that there are not enough educators and social workers in the municipality, which made it difficult to evaluate the effectiveness of sex education programmes regularly. Social worker 1 maintained that

“The caseloads increase on a monthly basis and we are short-staffed already. This makes it very difficult for social workers to get out and do programmes or even workshops for that matter because the statutory reports are too many.”



Confirming the findings of this study, the study done by the South African Institute of Race Relations (2012) revealed that the national population to social worker ratio is 4 903:1, with the provincial ratio in the Eastern Cape being 5 446:1. The report states that in a population of more than six million people in the Eastern Cape, the province is unable to meet the 4 903 national average and the international norm of 5 000 people to be served by social workers. These findings also undermine the conditions for cognitive development described by Bandura in the literature review. A shortage of educators and social workers hampers learning and curtails cognitive development in students. According to the Department of Social Development, the current international norm for population to social worker ratio is 5 000 to one. Eastern Cape Black Sash regional manager, Alexa Lane, says the shortage of social workers has contributed to high case loads and which, coupled with how the courts interpret what is meant by "visible means of support", has had a negative impact on the number of foster care cases being finalised. It has also resulted in significant backlogs across the country (South African Institute of Race Relations, 2012:124).

4.11 The importance of sex education in a relationship

During the interviews, the importance of sex education in a relationship was discussed. The responses from the adolescent participants were mixed. Some felt that it was important, and some felt that it was not at all important in relationships at all. Two major themes were identified: Sex education plays a vital role in adolescent relationships and Dominance of male partners.

4.11.1 Sex education plays a vital role in adolescent relationships

Eight adolescent participants thought that sex education played a vital role in relationships. Participant I maintained that “it plays an important role as it educates on the biological aspects of reproduction”. Participant O said that

“Sex education plays a big role, as it can help avoid stumbling blocks in relationships and it helps partners to share important information with each other and make decisions together.”



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Mawaba (2009) found that there is a correlation between levels of educational attainment and social and sexual networks. The level of education that an individual has attained can have a great bearing on the kinds of people which that individual is likely to meet, and is likely to influence the behaviour of the people in a particular social or sexual network. The greater social status or wealth associated with higher levels of education, acting as a type of social filter determining the types of people with whom an individual is likely to interact socially and sexually and also influencing the behaviour of the individuals in a given network, could increase the effectiveness of those individuals in negotiations concerning sexual behaviour. The suggestion that more educated individuals have different sexual networks from those of poorly educated individuals has an implied impact on an individual's risk, which depends to a large degree on the incidence of HIV in the individual's country and region. The tendency for sexual mixing to be influenced by the level of education attained is likely to reinforce the relationship between education, pregnancy and HIV (Mawaba, 2009).

4.11.2 Dominance of male partners

Countering those adolescent participants who felt that sex education was important in relationships; seventeen participants reported that they did not find that sex education played an important role in their relationships. Participant U maintained that “It does not help. A lot of girls fall pregnant to keep their boyfriends happy”. Participant W said that

“Sex education does not help because children still have unsafe sex contracting all types of diseases and in the end they fall pregnant and they have to drop out of school and work as domestic workers. Basically sex education does not prevent adolescents from destroying their lives at an early age.”

Every year in South Africa, many young female learners end their school days for good, not because they have completed their studies, but because they have fallen pregnant. Many of these girls have sex with older men for money. In agreement with these findings Dr. David Harrison, the former CEO of the South African HIV-prevention organisation, Love Life, investigated this problem. He explained that young girls can be “unemployed and insecure, therefore acquire a sense of immediate economic pressures and social expectations seems to be rational and for her own good. This compliance is very likely to take the form of sexual partnership with a man who can provide physical and material ‘protection’, but the protection is often in exchange for unprotected sex. Despite the general expression of optimism about their long-term future, the social and individual sexual behaviour of young people is shaped by the constraints of day-to-day reality” (Harrison, Phipps, Rosengard, Weitzen, Meers and Billikoff, 2008:13).

4.12 The meaning of contraception and the types of contraceptives

Contraception is an important component of sex education. It focuses on the use of contraceptives, and it informs students concerning where to obtain contraceptives and the different types of contraceptives that are available. The main theme to emerge from this part of the interviews was the importance of knowledge of contraception.

4.12.1 Knowledge of contraception

One of the participants did not know what the word contraception means, or the types of contraceptives that are available. The remaining twenty-four participants described

contraception as prevention. Participant I suggested “being capable of preventing conception” and participant N offered “prevention methods to not fall pregnant”. Participant O described contraceptives as

“Prevention methods that can be used by both males and females to prevent pregnancy and diseases and to have a bright future. The different types of contraceptives are the pill, injection, condoms, and abstinence.”

Family planning has proven to be an effective means of controlling fertility and spacing births. Contraception plays an important role in reducing pregnancies, which is one of the Millennium Development Goals. Mestad, Secura, Allsworth, Madden, Zhao and Pelpert (2011) suggested that the best way to reduce the risk of unintended pregnancy among women who are sexually active is for them to use effective birth control correctly and consistently. Among the reversible methods of birth control, intrauterine contraception and the contraceptive implant are highly effective for years, once correctly inserted or implanted. The effectiveness of the contraceptive injection, pills, patch and ring, and barrier and fertility awareness-based methods depends on correct and consistent use, and these methods are all effective if correctly used (Mestad et al, 2011).

4.13 The health risks associated with adolescent pregnancy

Adolescents are educated concerning the health risks associated with early pregnancy. The themes that emerged from the discussions were low birth weight, malnutrition leading to poor development of children, HIV, womb infections, miscarriages and hypertension.

4.13.1 Low birth weight

Five adolescent participants gave responses concerning low birth weight. Participant D held that

“Adolescent mothers are much more likely to have low birth weight babies, which can result in serious medical problems, including underdeveloped organs leading to lung infections, vision impairment, intestinal and other problems which could result in death.”

Manlove, Terry, Gitelson, Pappilo and Russel (2009) give an extensive overview of how adolescent pregnancies often result in babies having a low birth weight. Smoking during pregnancy is the most common cause of low birth weight and is one of several habits that need to be controlled if the baby is to be born healthy. Other factors contributing to adolescent mothers delivering low birth weight babies include bad eating habits, not gaining sufficient weight and not taking multivitamins regularly. Drinking alcohol and drug abuse during pregnancy can also result in low birth weight babies.

4.13.2 Malnutrition leading to poor development of children

There were seven responses from the adolescent participants citing malnutrition leading to poor development of children. Participant D maintained that “Poor nutrition is a big problem because as teenagers we eat anything whether it is healthy or not and that causes harm to the unborn child”. In agreement with this assessment, Brink (2006) found that the problem of malnutrition in poor societies may be best viewed as a syndrome of developmental impairment, which includes growth failure delayed motor, cognitive, and behavioural development, diminished immune competence and increased morbidity and mortality. Growth retardation is often found in association with other problems, such as vitamin A deficiency and anaemia. These clusters of nutritional problems assert themselves during periods of vulnerability, namely in the womb and during the first three years of life, and affect at least a third of all young children in developing countries. Participant C maintained that

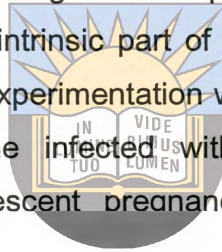
“Survivors of malnutrition in early childhood suffer functional disadvantages as adults, including diminished intellectual performance, low work capacity, and increased risk of delivery complications.”

4.13.3 HIV

A total of 15 adolescent participants identified HIV as a health risk associated with adolescent pregnancy. Participant G was of the opinion that

“Adolescent pregnancy, sexually transmitted infections and HIV/AIDS are all important issues during adolescence. Adolescence is the time of experimentation and curiosity, making it easy to contract these diseases.”

The importance of combating HIV/AIDS and STIs among adolescents cannot be overemphasised. This study supports findings from other studies that have found that young people are especially vulnerable to STIs and HIV/AIDS. Adolescence and youth are times of discovery, emerging feelings and exploration of new behaviours and relationships. Sexual behaviour is an intrinsic part of this developmental process and can involve risk. The same holds for experimentation with drugs, legal and illegal. Some young people will inevitably become infected with STIs or fall pregnant. The same behaviour that results in adolescent pregnancies and STIs also results in HIV/AIDS (Morake, 2011).



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4.13.4 Womb infections

All 25 adolescent participants identified womb infections as a health risk. Participant E confirmed that

“Womb infections are easily contracted, especially by adolescents. Many of my friends contracted it and some of them even lost their babies because they searched for medical assistance when it was already too late.”

As other studies had done, Kaufman, De Wet and Stadler (2011) found a prevalence of pelvic inflammatory disease (PID), which is an infection of the fallopian tubes, uterus, or ovaries. Most girls develop PID as a result of sexually transmitted diseases (STDs), such as chlamydia or gonorrhoea. More than 750,000 women per annum develop PID. Most of those infected will be adolescents and young women. Girls with multiple partners and those who don't use condoms are most likely to contract STDs, and are at risk of contracting PID. If PID goes untreated, it can lead to internal scarring, that can result in chronic pelvic pain, infertility or an ectopic pregnancy

4.13.5 Miscarriages

Five adolescent participants identified miscarriages as a risk. Participant J contended that

“When it comes to adolescent pregnancy and miscarriages, it is important to know that about 15 to 25 percent of adolescent pregnancies may result in a miscarriage. There are several reasons for adolescent pregnancy and miscarriage, which adolescents are not aware of.”

In agreement with the opinions voiced in this study Van Eijk (2007) found that pregnancy and miscarriage statistics show about 900,000 adolescent girls get pregnant each year in the United States. Out of this number, about 15% of these adolescents miscarry the pregnancy. Owing to a lack of certain nutrients and a lack of physical growth and development, some adolescent mothers struggle to maintain a healthy pregnancy, and many adolescent pregnancies result in miscarriages.

4.13.6 Hypertension

Four participants volunteered that they had friends who had experienced “hypertension” during pregnancy. Participant U elaborated by saying

“One of my friends suffered from hypertension. She started bleeding to the extent that she lost the baby. She has never fully recovered because she is always suffering from abdomen pains and randomly bleeds.”

The literature review, along with many health-related studies, corroborates these findings relating early reproduction and hypertension. Onkonofua (2010) identified preeclampsia, which is also known as toxemia or pregnancy-related hypertension, as the development of swelling, high blood pressure and protein in the urine during pregnancy. Pregnant adolescents have a greater chance of developing preeclampsia during their pregnancy

4.14 What students have learned from programmes hosted by social workers

Social workers serve to educate communities concerning matters such as drug abuse, HIV, and adolescent pregnancy. However, social workers use different educating methods from those used by educators. Sex education is provided using a strengths-based approach as a method to enhance learning.

4.14.1 Strengths-based approach used as a method to enhance learning

Seven adolescent participants reported having had positive learning experiences from programmes presented by social workers. Participant D said that “It teaches about various abuses, HIV, and prevention of pregnancy, also to use willpower”. Participant F felt that



“It teaches us to not have a baby at a young age as it curbs your chances of success’ and to set goals and honesty with our partner and communication about future plans and support for each other.”

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Concurring with these sentiments Saleebey (2008:75) characterises the strengths-based approach by saying that “everything you do as a helper will be based on facilitating the discovery and embellishment, exploration, and use of clients’ strengths and resources in the service of helping them achieve their goals and to realise their dreams”. In addition, using the strengths of a client is central to the type of cognitive development detailed in Patel’s developmental theory in chapter 2, which is expressed in this context as the belief that clients will be most successful in achieving their goals when they identify and make use of their own strengths, abilities, and assets. The strengths-based approach helps clients to recognise and make use of the strengths and resources they may not recognise within themselves, in so doing helping them to regain control of their own lives and to make decisions that will be beneficial to them.

4.15 The prospects of finding employment for an adolescent mother

Most people are aware that finding employment is usually very difficult, and that it is even more so when one is uneducated. The high levels of poverty to be found are

eloquent testimony to this sad reality. The students that participated in this study made it very clear that the only type of employment that one will find when one is uneducated will be blue-collar jobs.

4.15.1 Blue-collar jobs for school leavers

When analysing this question, it was very evident that participants were aware that education is essential to finding employment. Seven adolescent participants stated that there are no chances for an adolescent mother to find employment. For participant J, the prospects for uneducated women were particularly bleak.

“There are no jobs available for young girls without grade 12 because they are not qualified with any kind of skill. The only jobs they will find are those paying low wages like street cleaners and domestic workers.”

Kaufman, De Wet and Stadler (2011) confirmed that blue-collar workers perform labouring jobs and typically work with their hands. The skills necessary for blue-collar work vary by occupation. Some blue-collar occupations require highly skilled personnel who are formally trained and certified. These workers include aircraft mechanics, plumbers, electricians and structural workers. Most employers of blue-collar workers hire unskilled and low-skilled workers to perform simple tasks such as cleaning, maintenance and assembly line work.

4.16 The implications of the escalation in pregnancies for the economies of the households of pregnant adolescents

Pregnancy will inevitably have many implications for any household, whether wealthy or underprivileged. The households of pregnant adolescents are more prone than most to suffer, as the girls are too young to fend for themselves and place additional financial strain on their parents. The theme that emerged when discussing these implications was one of financial constraints leading to overcrowding.

4.16.1 Financial constraints leading to overcrowding

Fourteen adolescent participants identified financial problems and overpopulated households as a theme. Participant U said

“We live in RDP houses, and with our sibling having babies the house is so crowded. They are not working and that places strain on our mother because she is the only one working and she has to feed five of us plus two babies.”

As was found in this study, Manlove et al. (2009) found that when adolescents fall pregnant, some are forced to drop out of school, which lowers their chances of finding employment later. This, in turn, lowers the family's income and leads to a higher dependency ratio as they are forced to depend on parents or grandparents to provide for the newly born. This situation further exacerbates the poverty cycle already prevalent within rural communities and in this way, the cycles of poverty are passed from one generation to the next. It results in overpopulation and a very high proportion of young population live in overpopulated households, because they are not in a financial position to be independent, owing to their lack of education (Manlove et al, 2009).

4.17 How adolescents can reduce the escalating figures for adolescent pregnancies

Education generally offers the best course for correcting any social ill. The schools in the Blue Crane Route Municipality use drama as a method of sharing information, which adolescents find very educational and fun at the same time, which tends to reinforce the import of the messages.

4.17.1 Sharing information through drama

One theme identified by twenty-four participants were teaching others by communicating through drama. Participant A expressed the initiative as one aiming to “Teach others

that are less educated on sex and condom use through means of a play."Participant E was of the opinion that this meant

"Taking an adult role and teaching others values and sharing information, like consequences of adolescent pregnancy, through a drama performance, by applying information learned in class to others through active communication. Drama provides an excellent platform for exploring theoretical and practical aspects of life. "

This perception of the potential for drama to be used in this way was echoed by Arai (2008), who maintained that by allowing students to improvise role-playing in imagined real-life situations, they were given opportunities to develop their communicative skills in authentic and dynamic situations. Using drama in creative and useful ways in the classroom can benefit students, both intellectually and practically. This assertion also finds resonance in Bandura's social cognitive theory, which was discussed in chapter 2, with particular reference to the belief that learning can occur simply through the observation of models and in the absence of reinforcement. Drama has the potential of making the learning experience fun, and even memorable, for the students because it is interactive and visual, and no reinforcement is used. The drama group work builds social awareness and understanding as we walk in the 'shoes of another'. Drama provides an excellent means for studying human nature, sharing information and working together. Play-acting also provides an opportunity for the healthy release of emotion in a safe setting, which can help to relieve the tension built up as a result of learning in a structured situation.

4.18 Conclusions

The primary aim of this chapter was to present, analyse and interpret qualitatively the data collected during the course of the study. The results were confirmed by the researcher, using existing literature from the fields of adolescent pregnancy and sex education. From the views of the participants in the study it was found that sex

education has not been effective as a means of reducing adolescent pregnancies in the Blue Crane Route Municipality, because the figures are escalating. It was also found that there is a shortage of both educators and social workers in the municipality, making it difficult to evaluate and to curb the problem. In addition, educators who teach life orientation do not have specialised training in the subject in most of the schools, which further limits the potential for sex education to reach its goals. Students are generally of the opinion that sex education educates them concerning human sexuality, but that it has not instilled in adolescents the need to practise safe sex when they are in relationships.



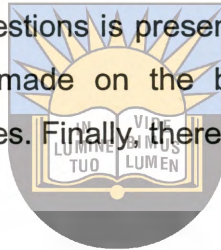
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CHAPTER FIVE

SUMMARY OF FINDINGS: CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This study focused on the perception of female students concerning the effectiveness of sex education in schools as a means of reducing adolescent pregnancies in the Blue Crane Route Municipality. The researcher conducted semi-structured interviews with adolescents and focus group discussions with life orientation educators and social workers, with the purpose of gathering qualitative data. In this chapter a summary of findings in relation to the research questions is presented, conclusions are drawn from the findings, recommendations are made on the basis of these conclusions and suggestions are made for further studies. Finally, there is a discussion of the factors that impeded the conducting of the study.



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5.2 Summary of important findings

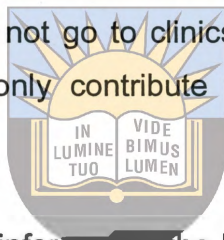
The important findings of the study from the research questions are summarised as follows:

5.2.1 How adequate is the course content of sex education as a means of helping adolescents in their sexual lives?

Comprehensive sex education provides holistic information concerning human sexuality and sexual health, which is very helpful to adolescents, as it assists them to deal with the phase of developing from childhood to adulthood. In addition, sex education informs students not only concerning pregnancy, but it also provides them with the means to understand issues in everyday life that could help them to avoid inequality in relationships. The adolescent participants explained that when they discuss sexuality with their peers everyone participates in the conversation, some of which is based on experience and some is based on theory. Debates concerning sexual issues are held at the schools in the Graaff-Reinet district, and the schools from the Blue Crane Route

Municipality often participate, which gives them an opportunity to share their knowledge with students from another district municipality.

Contraception is a very effective means of reducing pregnancies. A comprehensive knowledge of contraception is provided by comprehensive sex education and this is very helpful to students. All but one of the adolescent participants knew what was meant by contraception, the purpose for which contraception is used and where they could obtain contraceptives. However, most of the participants reported that the encounters with health care practitioners when they tried to obtain contraceptives had been unpleasant. The study also established that as a result of the negative attitudes of the health care practitioners, students did not go to clinics owing to their fear of the staff members. This state of affairs can only contribute to the high rate of adolescent pregnancies in the municipality.



The adolescent participants were well informed of the health risks that come with early pregnancies, which confirms that the concise content of sex education is appropriate to the circumstances of the learners. The participants identified a list of health risks, were able to explain the implications of these risks and were able to explain how diseases and infections are contracted. In addition, students use the information obtained in the life orientation class and share it with their peers, through the medium of drama, which also gives them an opportunity to express themselves. The drama group encourages students to participate actively in class, and the stimulation afforded by this activity shows in a very positive way that learning need not be a completely passive process. Drama has been used as a teaching technique in the municipality for a few years, and the response of students has always been enthusiastic. It allows them to act out scenes that are similar ones that they see on television, and while acting, they are able to acquire and develop decision-making skills which could help them when they encounter similar situations in real life.

5.2.2 How involved are social workers in the prevention of pregnancies in the municipalities?

A peer education programme is conducted in all five of the secondary schools in the Blue Crane Route Municipality. Social workers are directly linked to the schools through peer educators in order to assist the vulnerable students who are identified. Two educators who have been trained to deal with various problems including substance abuse, peer pressure, adolescent pregnancy and so on, give extra classes to vulnerable students, twice a week, in which these topics are discussed, and in cases where further assistance is required, social workers are approached to intervene.

Owing to the great number of foster care cases that they have to handle, social workers are not able to visit the schools in the area as often as they should. Their high caseloads are partly owing to the fact that many social workers have been emigrating from South Africa. The work of the social workers who participated in this study is mainly statutory. Foster care programmes are presented regularly by social workers in an endeavor to prevent children in foster care from falling pregnant and having children before they attain independence and financial stability.

Social workers play an important role in the lives of students. They provide students not only with sex education, but also with guidance to help them to avoid falling prey to a great many ills that they will inevitably encounter as they grow to maturity, such as substance abuse. Decision-making is one of the most vital lessons taught to students by social workers. In addition, social workers teach students to identify their strengths and assist them to develop those strengths to help them to attain a better future.

5.2.3 What are the socio-economic causes of adolescent pregnancies?

The adolescent participants were well informed concerning the socio-economic causes of adolescent pregnancy because it is rife within the Blue Crane Route Municipality and the causes confront them every day of their lives. The social workers and educators were of the opinion that the socio-economic factors influencing the number of pregnancies needed to be addressed before there could be a reduction in the number of pregnancies. The socio-economic factors identified were: the increased risk of poverty

for adolescent parents and their children, lack of knowledge, alcohol and drug abuse, the absence of biological parents, low self-esteem, peer pressure, children raising children, the Child Support Grant, poverty and crime, sexual assault and early exposure to sex through the media.

5.2.4 How effective is the sex education provided to female students?

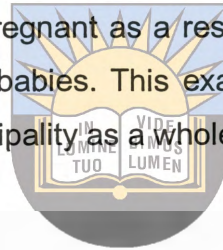
The social workers felt that in the Blue Crane Route Municipality, children tended to be excessively insistent on their rights, even when availing themselves of these rights had very undesirable consequences for them. For example, it is common for young girls to fall pregnant with the knowledge that they may terminate from the age of 12 years. These girls are not educated concerning the long-term consequences of termination of pregnancy are concerned, as life orientation focuses instead on the health risks associated with early pregnancy. From the high numbers of girls in the municipality dropping out of school as a result of pregnancy, it is evident that the information provided in schools is not effective as a means of preventing adolescent pregnancies.

Shortages of both educators and social workers limit the effectiveness of sex education in the municipality. The educators and social workers that are available have so much work that they do not have the time needed in which to re-evaluate the sex education programmes. In addition, many of the life orientation educators are inadequately trained to teach the subject and are not able to put the information across properly, and they are also often unable to answer questions posed by students. As a result, students tend to find sex education classes to be repetitive and boring. A further difficulty is created by the fact that classrooms are large, which makes it difficult to give each student individual attention, which in turn makes vulnerable those students who need the attention most. All these factors limit the effectiveness of the sex education given in the schools.

All the educators and social workers who participated in the study, along with a significant number of the adolescent participants, felt that sex education was not effective in view of the fact that the rates of adolescent pregnancy in the area continue to escalate each year, in spite of the information being provided in the schools. Finally, it needs to be noted that the effectiveness of the help that social workers can give is

hampered by the fact that problems of internal administration in the schools and life orientation educators who are ill equipped through lack of proper training to assist, preclude students who display signs of being prone to sexual activity from being referred to social workers.

The adolescent participants revealed that their male partners still dominate their relationships and place sexual pressure on their female partners. Some of the adolescent girls in the municipality date older men. These men buy clothing and food for the girls and some provide them with money. This creates dependence on the men for these girls and makes them susceptible to exposure to risky sexual behaviour. In many cases, girls who date older men fall pregnant as a result of forced intercourse, only to have the men disappear or deny the babies. This exacerbates poverty in the lives of these adolescent girls and in the municipality as a whole.



5.3 Main conclusions

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The following conclusions have been drawn from the findings of this study:

When analysing the causes of adolescent pregnancies it becomes very obvious that poverty is one of the main contributing factors, and the subsequent dropping out of school by pregnant adolescent girls who, as a result, do not complete their education, sets a vicious circle of self-perpetuating poverty in motion. Students need to be encouraged and supported by social workers, educators and the community to pursue ambitious goals in their lives and to become independent. Until students are convinced to work hard to obtain a good education, they will not be able to break free from the poverty trap and people will continue to be confined to low-wage employment. More essential is for students to understand curriculum development as a dynamic, ever changing series of planned experiences that enables students to enter into the professional world.

There is a great shortage of skilled and trained personnel in the Blue Crane Route Municipality, which makes it difficult for the social workers with their heavy case loads

and the life orientation educators, many of whom lack vital training, to play an active part in the prevention of adolescent pregnancy. In addition, there have not been enough awareness campaigns highlighting the problem of adolescent pregnancy conducted in the schools in the Blue Crane Route Municipality. There are still great inequalities between the situations of students in private schools and those in government schools. In the government schools the number of students in a class often exceeds fifty, as opposed to a maximum of thirty per class in the private schools. In the private schools the administration is well organised, but it is chaotic and hamstrung by a chronic shortage of educators in the government schools. However, life orientation in both private and public schools aim at enhancing the personal, social, intellectual, emotional and physical growth and development of students and the way in which these dimensions relate to each other. The proper understanding of life orientation by both students and educators should decrease the pregnancy rates in the Blue Crane Route Municipality. Apart from students in foster care programmes and those who are referred by peer educators; most students do not have access to social workers to assist them with their problems. This leaves students who do not have proper guidance at home to their own devices, often with very undesirable consequences. Some of the adolescents who fall pregnant while at school are pressured into doing so by their partners, in some instances, and by their parents in others, in order to receive the Child Support Grant. Other causes of adolescent pregnancies include substance abuse, peer pressure, lack of knowledge and incorrect use of contraceptives. Adolescents need constant guidance to help them to make decisions that will aid, rather than hinder, their progress.

The peer education programme is a sound initiative to assist troubled adolescents to make decisions that will help them in their lives. Peer educators answer questions that adolescents have, and, in those instances where peer educators do not have sufficient knowledge to help, they refer students to social workers. This serves as a form of support to adolescents who participate in the peer education programme, assisting them with positive development.

Sexual assault is a very common cause of adolescent pregnancy, but instances of sexual assault are seldom reported because, although it is an offence to have sexual intercourse with a child under the age of 16 years, girls do not often report sexual assault owing to the fact that the perpetrators are seldom punished by the criminal justice system, and the victims are often interrogated by police officials instead. The adolescent participants explained that when some of their peers had reported instances of sexual assault, the police officials swore at them and accused them of trying to extort money and no case was opened, or document for investigation filed. This has been the experience of many girls in the various schools, and they have lost faith in the criminal justice system, as it seems to give the perpetrators the freedom to do as they please, without being punished for their deeds.

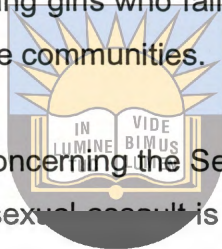
With the escalation in the number of pregnancies, the crime rates will continue to increase in tandem. Most students in the public schools live in poverty, and their parents do not have enough money to care for their children. As a result, some parents give their children up to be raised in foster care. These children do not participate in extramural activities such as music classes and swimming lessons because they cannot afford to pay for these activities. In some households there very little food, and with the addition of an extra mouth to feed, crime is sometimes seen as the only way out.

5.4 Recommendations

The following recommendations have been made based on the findings and conclusions of the study:

- Social workers (school social workers) should be employed in the schools to work directly with students who are experiencing social problems.
- The Department of Social Development, in conjunction with the Department of Education, needs to consider employing more educators who are trained to teach life orientation and more social workers.

- As substance abuse is a big factor contributing to the incidence of adolescent pregnancy, owners of taverns should be reminded that it is an offence to sell alcohol to persons under the age of eighteen years, and the police need to play an active role in monitoring and controlling the sale of alcohol to minors. If parents were to play their part, by visiting taverns to ensure that no under-age patrons were being served this would make the monitoring and controlling of the sale of alcohol to minors even more effective.
- Awareness campaigns, focusing on adolescent pregnancy and the adverse consequences that it has for young girls who fall pregnant, need to be presented regularly in the schools and in the communities.
- Students need to be educated concerning the Sexual Offences Act 32 of 2007, in order to make them aware that sexual assault is both wrong and against the law, and that all instances of sexual assault need to be reported.
- Sex education is, at present, inadequate as most of the adolescent participants felt that although it did provide useful information, it did not contribute to reducing the numbers of adolescent pregnancies.
- Health care practitioners need to be reminded of the need for them to keep an open mind and not to let personal prejudices prevent them from carrying out their legal and moral obligations to provide adolescents with contraceptives on request, bearing in mind the acknowledge needed to decrease the numbers of adolescent pregnancies.
- The curriculum of life orientation needs to be re-evaluated and adjusted by the Department of Education, to make it more effective, in view of the fact that, so far, it has not been successful in realising one of its most important aims, namely, the reduction of adolescent pregnancies by providing comprehensive educational information.



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- Educators need to revise and change their methods of teaching, in order to keep the attention of students in class. At present, the import of sex education is largely lost owing to the fact that students find it boring and repetitive, which makes it difficult for them to concentrate.
- Peer education programmes need to be extended and more educators recruited.

5.5 Obstacles experienced while conducting this study

- Language was a barrier because some of the Afrikaans and IsiXhosa-speaking students did not understand the questions, which necessitated repeating and explaining the questions, which was extremely time-consuming.
- As the schools in which the interviews were conducted are located in different towns, a great deal of travelling was involved, which placed pressure on the amount of time available in which to conduct the study.
- The administration at the schools hindered the conducting of the study in two cases. A letter requesting students to participate had been sent to the schools, and this was followed by a telephone call to ensure that the letter had been received and understood. However, when the researcher arrived at two of the schools, no learners had been selected for the study and the researcher was asked to return the following day.

5.6 Suggestions for further studies

- Future studies could be done to assess the value of life orientation as it is being taught in the schools at present, and to determine the positive improvements and benefits that it brings to the lives of students.

- Future studies could focus on the role of health care practitioners in the reduction of adolescent pregnancies.
- Future studies could focus on what students expect to learn from life orientation, as opposed to what they learn in other school subjects.

5.7 Concluding statement

The sex education received in schools needs to be developed and upgraded if it is to be effective in combating the problems identified in this study. If sex education is to play an important role in the reduction of adolescent pregnancies, it is going to need the active participation of educators, social workers, health care practitioners, community members and students. Students will need the support of all of these if the problem of adolescent pregnancy is to be tackled effectively and eventually minimised.



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Editor's Note:

The text of this thesis has been edited by David Masters. Should anyone require any clarification of any points of grammar, I may be reached via e-mail at gailfrank@nahoonreef.co.za and by telephone at (043) 726-4829.

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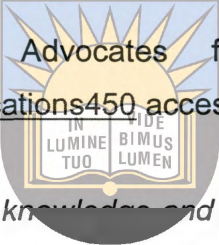
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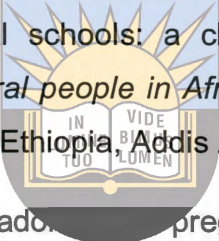
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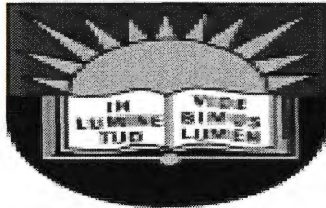
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APPENDIX: A



University of Fort Hare
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DEPARTMENT OF SOCIAL WORK/ SOCIAL DEVELOPMENT



University of Fort Hare
Together in Excellence

Alice Campus
1 King Williams Town Road
Private Bag X1314
Alice 5700
Tel: +27 (0)40 602 2011
Fax: +27 (0)40 653 1554

To: The School PRINCIPAL

Subject: Request to conduct a research study at school.

Dear Sir/Madam

I am a student at the University of Fort Hare presently perusing a degree in Masters of Social Work. I am obligated to undertake a research project in fulfilment of this degree, the title of my study is: **THE PERCEPTION OF THE EFFECTIVENESS OF SEXUAL EDUCATION IN REDUCING PREGNANCIES IN THE BLUE CRANE ROUTE MUNICIPALITY** with Prof P. Tangwe Tanga as my supervisor.

I hereby request 5 grade 11 students and the grade 11 life orientation educator from your school to participate in my study. The life orientation educators will participate in a focus group discussion along with life orientation educators from surrounding secondary schools in the Blue Crane Route Municipality. The educators are requested to identify 5

female grade 11 students who are active and well-spoken in class to participate in interviews with the researcher.

Participants will be requested to sign a consent form in agreement of participation. The study will be conducted after school hours. The study is strictly for academic purposes. For more information please contact: Eleanor Hendricks 084 720 2783.

Your cooperation will be greatly appreciated.

Thanking you in anticipation



.....
.....
ELEANOR ALVIRA HENDRICKS

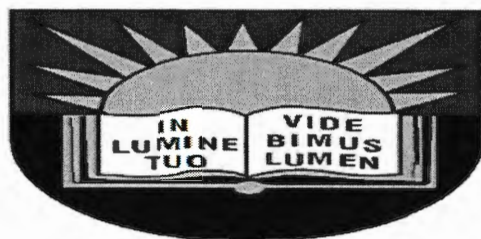
DATE

University of Fort Hare

M. SOCIAL WORK CANDIDATE *Together in Excellence*

UNIVERSITY OF FORT HARE- MAIN CAMPUS

APPENDIX: B



University of Fort Hare

Together in Excellence

ETHICAL CLEARANCE CERTIFICATE

Certificate Reference Number: TAN05 1SHEN01

Project title: **The perception of female students on the effectiveness of sex education in schools in reducing pregnancies in the Blue Crane Route Municipality.**

Nature of Project: Masters

Principal Researcher: Eleanor Hendricks

Supervisor: Prof PT Tanga

Co-supervisor:

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

The Principal Research must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

The UREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
 - o Any unethical principal or practices are revealed or suspected
 - o Relevant information has been withheld or misrepresented
 - o Regulatory changes of whatsoever nature so require
 - o The conditions contained in the Certificate have not been adhered to

- Request access to any information or data at any time during the course or after completion of the project.



The Ethics Committee wished you well in your research.

Yours sincerely

Professor Gideon de Wet
Dean of Research

University of Fort Hare
Together in Excellence

19 April 2013

APPENDIX: C



University of Fort Hare
Together in Excellence

Ethics Research Confidentiality and Informed Consent Form

Please note:

This form is to be completed by the researcher(s) as well as by the interviewee before the commencement of the research. Copies of the signed form must be filed and kept on record

(To be adapted for individual circumstances/needs)

Our University of Fort Hare / Department is asking people from your community / sample / group to answer some questions, which we hope will benefit your community and possibly other communities in the future.

The University of Fort Hare / Department/ organization is conducting research regarding THE PERCEPTION OF FEMALE STUDENTS ON THE EFFECTIVENESS OF SEX EDUCATION IN SCHOOLS IN REDUCING PREGNANCIES IN THE BLUE CRANE ROUTE MUNICIPALITY. We are interested in finding out more about the perception of female students on how effective they receive sex education to be in reduction of adolescent pregnancies. We are carrying out this research to help alter individual perceptions about sex education in such a way that it benefits each student's individual need and reduce the figures of adolescent pregnancies in the Blue Crane Route Municipality.

Please understand that you are not being forced to take part in this study and the choice whether to participate or not is yours alone. However, we would really appreciate it if you do share your thoughts with us. If you choose not take part in answering these questions, you will not be affected in any way. If you agree to participate, you may stop me at any time and tell me that you don't want to go on with the interview. If you do this there will also be no penalties and you will NOT be prejudiced in ANY way. Confidentiality will be observed professionally.

I will not be recording your name anywhere on the questionnaire and no one will be able to link you to the answers you give. Only the researchers will have access to the unlinked information. The information will remain confidential and there will be no "come-backs" from the answers you give.

The interview will last around 10 minutes (*this is to be tested through a pilot*). I will be asking you a questions and ask that you are as open and honest as possible in answering these questions. Some questions may be of a personal and/or sensitive nature. I will be asking some

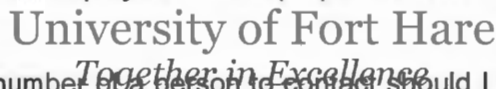
questions that you may not have thought about before, and which also involve thinking about the past or the future. We know that you cannot be absolutely certain about the answers to these questions but we ask that you try to think about these questions. When it comes to answering questions there are no right and wrong answers. When we ask questions about the future we are not interested in what you think the best thing would be to do, but what you think would actually happen. (*adapt for individual circumstances*)

If possible, our organisation would like to come back to this area once we have completed our study to inform you and your community of what the results are and discuss our findings and proposals around the research and what this means for people in this area.

INFORMED CONSENT

I hereby agree to participate in research regarding THE PERCEPTION OF FEMALE STUDENTS ON THE EFFECTIVENESS OF SEX EDUCATION IN SCHOOLS IN REDUCING PREGNANCIES IN THE BLUE CRANE ROUTE MUNICIPALITY I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop this interview at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.



I have received the telephone number of a person to contact should I need to speak about any issues which may arise in this interview.

I understand that this consent form will not be linked to the questionnaire, and that my answers will remain confidential.

I understand that if at all possible, feedback will be given to my community on the results of the completed research.

.....
Signature of participant **Date:**.....

I hereby agree to the tape recording of my participation in the study

.....
Signature of participant **Date:**.....

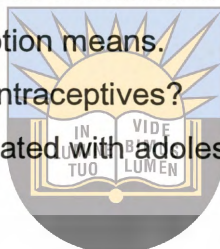
APPENDIX: D

INTERVIEW SCHEDULE FOR ADOLESCENTS

Objective 1:

To explore the course content of sex education provided to female students

1. In your own words explain the meaning of sex education?
2. How adequate is the sex education received in school?
3. How important do you perceive sex education to be in a relationship/sexual life?
4. Explain what the word contraception means.
5. Mention the different types of contraceptives?
6. What health risks may be associated with adolescent pregnancy?



Objective 2:

To examine the extent to which social workers are involved in the prevention of adolescent pregnancies in the municipality.

1. What role do social workers play in sex education?
2. What have you learned from programmes hosted by social workers on education to you?

Objective 3:

To investigate the socio economic causes of adolescent pregnancy in the municipality.

1. What are the consequences of having such a large number of adolescent pregnancies in the Blue Crane Route Municipality?
2. What are the prospects for a teen mother to find a job or financial security?
3. What are the socio economic causes of adolescent pregnancies?
4. What implications does the escalation of adolescent pregnancies have on the economy of a household?

Objective 4:

To examine the effectiveness of sex education provided to female students.

1. How effective is sexual education to you?
2. What are the benefits of comprehensive sex education?
3. How can you as an adolescent reduce the figures of adolescent pregnancies?



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APPENDIX: E

Focus group discussion with educators

Objective 1:

To explore the course content of sex education provided to female students

1. What type of sex education is provided to adolescents?
2. How effective is the course content of sex education provided to adolescents?

Objective 2:

To examine the extent to which social workers are involved in the prevention of adolescent pregnancies in the municipality.

3. What role do social workers play in sex education?

Objective 3:

To investigate the socio economic causes of adolescent pregnancy in the municipality.

5. What implications does the escalation of adolescent pregnancies have on the economy of the municipality?
6. What are the socio-economic causes of adolescent pregnancies?

Objective 4:

To examine the effectiveness of sex education provided to female students.

4. How effective is sexual education provided to adolescents?
5. What are the benefits of comprehensive sex education?
6. Are vulnerable children being identified and referred to social workers

APPENDIX: F

Interview schedule for social worker

Objective 1:

To explore the course content of sex education provided to female students

1. What type of sex education is provided to adolescents?
2. What methods have been put in place to reduce adolescent pregnancies?

Objective 2:

To examine the extent to which social workers are involved in the prevention of adolescent pregnancies in the municipality

1. How significant is the role of a social worker in reducing adolescent pregnancies?
2. How regular are programmes hosted at schools?
3. What additional involvement do social workers have apart from hosting programmes in reducing pregnancies in schools?

Objective 3:

To investigate the socio economic causes of adolescent pregnancy in the municipality.

7. What are the consequences of having such a large number of adolescent pregnancies in the Blue Crane Route Municipality?
8. What are the socio economic causes of adolescent pregnancies?
9. What implications does the escalation of adolescent pregnancies have on the economy of the municipality?

Objective 4:

To examine the effectiveness of sex education provided to female students.

7. What are the benefits of programmes hosted to adolescents?
8. How effective are the methods put in place to reduce pregnancies?
9. How regularly do these structures get evaluated?



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