

**The Effectiveness of Intervention Strategies of Teenage Pregnancy: The case
of Learners in Mawa Circuit, Limpopo Province.**

by

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DISSERTATION

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DECLARATION

I, Mpya Ngoako Johanna, solemnly declare that the dissertation hereby submitted to the University of Limpopo for the degree of Master of Education in Curriculum Studies has never been submitted by me or any other person at this or any other University, that this is my own work in design and execution, that I am aware of the implications of plagiarism as academic dishonesty, and that all sources of reference used have been duly acknowledged.

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DATE

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I thank God – my Creator – for the strength He gave me to keep working on this study until fruition – because of Him, I made it.

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God bless you all!

DEDICATION

This research is dedicated to all my teachers from Nhlahle Pre-School, Witlig Lower, Boselakgaka Higher and Modumela Secondary School, as well as all my lecturers in the School of Education at the University of Limpopo, for the great work they have done in helping me become who I am today.

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ABSTRACT

The aim of this study was to explore perceptions of learners on the effectiveness of socio-economic intervention strategies in Mawa area, Mopani District in Limpopo Province. The study sought to investigate the effectiveness of socio-economic intervention strategies and to find out from learners other ways that can help in reducing teenage pregnancy. Six learners from three secondary schools between the ages of 14 and 19 were sampled. Data was collected using in-depth interviews to allow the researcher a platform to ask open-response questions and to explore learners' perceptions of the effectiveness of socio-economic intervention strategies. The data was analysed thematically by carefully identifying and expanding significant themes that emerged from the participants' perceptions of the effectiveness of socio-economic intervention strategies for teenage pregnancy. The study revealed that socio-economic intervention strategies for teenage pregnancy are not effective in rural areas of Mawa, Mopani District in Limpopo Province and as such, there is a greater need for parenting education in the province. The study recommends that priority be given to employment as well as women empowerment in the province; and that religious organisations, community leaders and teachers should work together and harder to educate their children about sex and teenage pregnancy. The study further recommends that government should fund researchers to be placed in rural areas so that they can study the culture and socio dynamics (economic structures) in different rural communities. In this way, they will be able to recommend intervention strategies and solutions that are in line with the challenges faced by teenagers in those communities.

Key terms: *perception, teenager, teenage pregnancy, socio-economic, intervention strategy*

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List of acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CSG	Child Support Grant
DoE	Department of Education
DOH	Department of Health
GPCC	Gender and Poverty Collaborative Curriculum
HIV	Human Immunodeficiency Virus
HRSC	Human sciences research council
ICF	International Classification of Functioning
IRIN	Integrated Regional Information Networks
NDOH	National Department of Health
NGO	Non- Governmental Organisations
NSCL	National Superconducting Cyclotron Laboratory
REBT	Rational Emotive Behaviour Therapy
SACE	South African Council for Educators
SADH	South African Demographic and Health Surveys
SALDRU	South African Labour and Development Research Unit
SAMRC	South African Medical Research Council
SSA	State Security Agency
STI	Sexually Transmitted Infections
UNAIDS	United Nations Programmes on HIV and AIDS

WHO World Health Organization

CHPATER ONE

ORIENTATION TO THE STUDY

This chapter entails background and motivation of the study, statement of the problem, aim of the study, theoretical framework and delimitation of the study.

1.1 Motivation of the study

Teenage pregnancy has long been a global social and educational problem in developed, developing and underdeveloped countries (Malahlela, 2012). Teenage pregnancy might be conceptualised as a social problem because it is regarded as an outcome which is brought about by social forces, and which is harmful to women and children (Bonell, 2004). Numerous countries in the world continue to experience great figures of teenage pregnancy regardless of intervention strategies that have been put in place (WHO, 2018; Bonell, 2004). This includes many African countries. Africa is a vast continent with a variety of cultures, and explanations for risky sexual behaviours are as difficult and diverse as the regions and countries troubled (Rwenge, 2013). Sub-Saharan Africa (SSA) is a part of Africa and of the world that is mostly affected by the HIV pandemic (almost 69% of all cases worldwide), with most cases triggered by heterosexual transmission (UNAIDS, 2012). In South Africa, teenage pregnancy has become the topic of debate; it is predominately portrayed as a social problem (Macleod, 2002). About 30 percent of teenagers in South Africa report having been pregnant and the majority of these pregnancies are unintended (Ngubane, 2015).

The varied societal and individual reasons for unsafe sexual behaviour in SSA are interconnected, and a profound understanding is needed to bring about lasting variations in attitudes towards support for healthy sexual behaviour (Scheibe, Richter & Vearey 2016). The degree to which an individual practises safer sex or not, appears to be related with both low and high socio-economic status (Lusey, Sebastian, Christianson, Dahlgren & Edin, 2014). This means that young girls from poor family background may practise unsafe sex so that they can get money for their needs. Rich people may take risks of having numerous partners as an authoritative way of showing individuality, fortune (Zelizer, 2017) and sexual power (Lusey et al., 2014), while young women take risks because they need money or act of kindness (Green, 2013; Zembe,

2013). In this way, poverty not only prolongs women's subservience in close relationships, but also endorses their reliance on men (Dobash & Dobash, 2017).

Hope is generally related to notions such as the meaning and cost of life, the achievement of future goals and the preservation of healthy conduct (Lines, Crane, Ducker & Ntoumanis, 2019). As a concern, hope for the future is also linked with sexual adventure by, for example, positively swaying a person's drive for protection (Ssewamala, 2010; Abler, 2012). Optimism and sexual adventuresome can be additionally understood in terms of communal class and education (Ssewamala, 2010). Fortunate young people might have more optimism for the future, and may, therefore, evade sexual adventure while deprived young people can be more prone and to 'live in the moment' and less likely to protect themselves; protect against STIs (Sexually Transmitted Disease) and HIV (Human Immuno-deficiency Virus) as well as pregnancies (Smith & Mac, 2018).

The variation in rates of teenage pregnancy among racial and ethnic groups result from socio-economic influences (Sewamala, 2010). Teenage pregnancy is rampant in societies headed by poverty, low education, fewer job prospects and families headed by mothers who gave birth to their first children in youth (Sychareun, Vongxay, Houaboun, Thammavongsa, Phummavongsa, Chaleunvong & Durham, 2018). Moreover, teenage pregnancy is also linked with other behaviours such as alcohol and drug use, and early commencement to sexual activity, which has been recognised as predictors of pregnancy (Fleming, Eisenberg & Catalano, 2019). Leff (2018) disputes that danger is linked with poverty, vagrancy, joblessness, bad housing, disjointed family structures and traumatic life events. The youth imitate the conduct of their parents and of their society, thus communal, financial and cultural factors sway patterns of risk taking.

Early commencement of reproductive behaviour contrasts widely across countries and between subclasses in the same country. In some cultures, a woman's first sexual immersion often happens within a marriage, while in other cultures sexual activity outside marriage is allowed. In North Africa young women are less probable to start sexual matters before marriage, while in most sub-Saharan African countries most teenage girls have sexual associations, which occasionally lead to marriage (Viner-Brown, 2016). Predominant societal customs and morals as determined by social and

financial factors have an impact on the conduct of its teenagers (Viner-Brown, 2016). There is visible growth that adolescents are prejudiced by their surroundings, therefore reproductive conduct might be prejudiced by community features such as culture and traditions (Dolan, Boylan, Brady & Silke, 2019).

The prevention of unwelcomed pregnancy among school children is important worldwide as well as for national policy makers. This study is inspired by personal observation of young pregnant adolescent learners in secondary schools. It therefore, as pointed out previously, seeks to explore learners' perceptions of socio-economic intervention strategies to teenage pregnancy.

1.2. Research problem

Internationally teenage pregnancy has been mostly interfering with the educational accomplishment of female learners. Teenage pregnancies among school-going learners have grown at a frightening rate, and this is a grave worry in South African civilisation (Nkosi & Pretorius, 2019). More than 99 000 school girls fell pregnant in 2013 – a degree of about 271 for every day of that year. This is a sensational increase from 81 000 pupils who fell pregnant the previous year, and 68 000 in 2011 (Statistics South Africa, 2013). The latest facts, released by Stats SA as part of its General Household Study concentrating on schools, have caused something of a dread among education officials, who call it an “upsetting catastrophe” (Statistics South Africa, 2013). The SA Council for Educators (SACE), the Department of Basic Education and Gauteng Education MEC Panyaza Lesufi have branded the facts a “catastrophe” and “disregarded of” (News 24, 2017 8/16/2017 3:53:38 PM).

In order to address teenage pregnancy, several social intervention strategies have been introduced in SA. These include school-based sex education, peer education databases, adolescent-friendly clinic initiatives, bulk media involvements as well as community-level databases (Sekgobela, 2018). Most of these approaches have been gauged, and discrepant outcomes of these assessments put their competence to uncertainty. Moreover, as a teacher, the researcher has detected many young girls falling pregnant in neighbouring schools, including the one where the researcher is employed. Consequently, this has obligated the researcher to initiate the present study, which is intended to examine whether, from learners' point of view, the available socio-economic intervention strategies to teenage pregnancy are effective or not.

Furthermore, the study seeks to explore the efficacy or inefficacy of these socio-economic intervention strategies in averting rife teenage pregnancies.

1.3 Aim of the study

The study aimed to explore learners' perceptions of the effectiveness of socio-economic intervention strategies on teenage pregnancy in Mawa, Limpopo Province.

1.3.1 Objectives of the study

- to investigate the effectiveness of socio-economic intervention strategies from learners' perspective.
- to determine the extent to which the current strategies help in preventing possible teenage pregnancies.
- to explore alternative models for the prevention of teenage pregnancies in the area.

1.4. Research methodology

1.4.1. Research approach

Qualitative research involves research methods that concern itself with the systematic collection, ordering, description and interpretation of data that is generated from talks, observations or documentation (Kitto, Chesters & Grbich, 2008; Malterud, 2001). Qualitative research also focuses on seeking to understand phenomena from the perspectives of those involved in their setting, as experienced by them (Malterud, 2001; Robson & McCarthan, 2016). Therefore, this approach allowed the researcher to determine how participants understood, construed and experienced a particular wonder by focusing on their outlooks with regards to the efficiency of socio-economic intervention strategies to teenage pregnancy (Verwy, 2003). The qualitative research approach was, therefore, a suitable research approach for this study because it allowed for the investigation of subjective practices and opinions. Accordingly, the researcher also engaged this approach because it uses inductive style, an emphasis on individual denotation and the significance of rendering the intricacy of a condition (Creswell, 2013). Qualitative research approach allowed the researcher to apprehend and capture the perceptions of learners. The qualitative research approach, therefore,

provided detailed information about a small number of people which lead to an increase in the depth of understanding of individuals.

1.4.2. Research design

Phenomenology is the study of human experiences and of the way things present themselves to using and through such experiences (Gallagher, 2012) cited from Sokolowski, 2000). Phenomenology is known as an educational qualitative research design (Ponce, 2014; Creswell, 2013; Marshall & Rossman, 2010); it focuses on the commonality of a lived experience within a group. Thus, the researcher chose Eidetic (essence) or transcendental phenomenology because it analyses the essence perceived by consciousness regarding individual experiences. The research design is suitable for this study as the researcher attempted to understand learners' perceptions of the socio-economic intervention strategies for teenage pregnancy.

1.4.3. Sampling

The sample of this study was drawn through purposive sampling. The purposive sampling technique is one whereby participants are chosen based on the qualities they possess; it is not an unsystematic method (Creswell, 2018). In this regard, Kumar (2019) pronounces that in this type of sampling technique, the researcher chooses what needs to be known and sets out to find people who can and are willing to offer the data because of their knowledge or experience. This, therefore, helped the researcher to understand the perspectives from both teenage girls and boys as they were all involved in this matter. In this study six participants (3 male and 3 female learners) from the age of 14 to 19 years were selected purposefully from 3 different secondary schools. From each school males and females were selected. Learners were selected from grade 9 to grade 12. More than the required numbers of participants were introduced to the researcher. However, the researcher selected eight participants who were able to avail themselves for the study outside school hours as per their request. The participants were recorded, their inputs studied and used for analysis and report writing.

1.4.4. Data Collection

The detailed interview schedule (Appendix A or B) was used so as to raise particular themes during the progression of the interview but aided in answering the research questions (Welman, Kruger & Mitchel, 2002). The study used one-on-one semi-

structured interviews. This strategy allowed the researcher to ask open-response questions about teenage pregnancy so that the participants were able to explain or clarify matters regarding the research problem (De Vos, Strydom, Fouché & Delport, 2005).

Detailed mode of interviewing is supple and inspires the research participants to speak at length, and to familiarise and articulate their own insights (Boyce & Neale, 2006). A detailed interview is, according to Creswell (2013), a technique designed to provoke a vivid picture of the participant's outlook on the research topic, whereby the person being interviewed is considered an expert and the interviewer is considered the student, and the researcher's interviewing techniques are motivated by the desire to learn everything the participant can share about the research topic. As pointed out earlier, the researcher recorded interviews on tape and then later transcribed. Additionally, the researcher also took notes during the interviews, recording the participants' non-verbal communication.

1.4.5. Data analysis

Data was analysed thematically, that is, thematic data analysis was conducted along the line of endorsements by Hycn (2006) as follows:

Each transcript was carefully read and notes taken of any interesting or significant theme. The researcher further noted any potential theme that arose. A list of themes and response patterns were made in order to establish the connectedness of these elements in the data. For example, all the data that fitted a specific pattern were identified and placed with compatible and corresponding patterns. These came from direct quotes or paraphrasing common ideas that automatically allowed themes to expand, contrast, or change as the researcher analysed the interview transcripts. The purpose, therefore, was to end up with key themes that describe the crux of the study.

Themes that emerged from the participants' perceptions about teenage pregnancy were pieced together to form a comprehensive picture of their collective experience. This meant that I had to find out how different ideas or components fit together in a meaningful way when linked together. Lastly, a valid argument for choosing the themes was built by reading the related literature in order to gain information that would allow me to make inferences from the interview sessions. According to Buetow (2010),

when analysing data the researcher has to interlace together the literature and the results to come up with an established story line (Buetow, 2010). In the present study, the researcher traced and identified similar themes and patterns for propitious scholarly narrative.

1.5. Quality criteria

1.5.1. Credibility

Credibility is defined as the assurance that can be placed in the truth of the research results (Kumar, 2019). Credibility establishes whether or not the research results represent credible information drawn from the participants' original data and should be the correct clarification of their original views (Lincoln & Guba, 1985; Graneheim & Lundman, 2004). So, since this is a qualitative research, the rigour of the inquiry was established through the adoption of the following credibility strategies: prolonged and varied field experience, time sampling, reflexivity (field journal), triangulation, member checking, peer examination, interview technique, establishing the authority of the researcher and structural coherence.

1.5.2 Confirmability

Confirmability refers to the degree to which the results of an inquiry could be established or verified by other researchers (Baxter & Eyles, 1997). It is concerned with the establishment of the data and the clarifications of the results, which should not be creations of the inquirer's imagination, but should be clearly derived from the data (Tobin & Begley, 2004; Wallendorf & Belk, 1989). In the current study, it was helpful to keep instinctive documents in order to mirror on, cautiously interpret, and plan data collection. A reflexive journal, which included both events that happened in the field and personal reflections in relation to the study, was kept.

1.5.3 Transferability

Transferability refers to the degree to which the results of qualitative research can be relocated to other backgrounds with other respondents – it is the interpretive equal of generalisability (Tobin & Begley, 2004; Bitsch, 2005). The researcher used the transferability judgment to guide in conducting purposive sampling (Bitsch, 2005).

Therefore a detailed description of the enquiry and participants were selected purposively, and transferability of the inquiry was provided.

1.5.4 Dependability

According to Bitsch (2005), dependability refers to the steadiness of results over time. This comprises the explanation of the data collected and the assessment of the results stemming therefrom. It is also important to make endorsements that are supported by the data from the snitches of the study (Tobin & Begley, 2004; Cohen, 2011). The researcher established dependability by using an inspection path, a code-recode approach, stepwise duplication triangulation and peer inspection contrasts (Krefting, 1991; Chilisa & Preece, 2005; Schwandt, 2007; Ary, 2010).

1.6. Significance of the study

The study contributed to the existing knowledge of teenage pregnancy and other measures that can be taken to solve this problem. This study will assist different organisations, including governmental and non-governmental organisations that deal with issues of teenage pregnancy. Due to the limited scale of the present study, other scholars may use the findings to explore issues of teenage pregnancy in schools on a large-scale to find credible solutions and to provide alternative redress.

1.7. Ethical considerations

Many studies have several ethical and moral impasses which must be recognised and spoken prior to the study. Researchers must follow ethical principles in research (Babbie & Mouton, 2011). In this regard, the researcher started by submitting the research proposal of the current study to the Research Ethics Committee of the University of Limpopo and received permission to collect data. The researcher then obtained permission from the district in the form of a letter; the school principal in the form of a letter as well as the parents of the learners themselves. Parents and learners filled consent forms to show that they agree to take part in the research. The names of the participants were not disclosed. The participants' interviews were kept as proof (in a form of recordings) of reliability of the findings.

1.8. Delimitation of study

The study was restricted to Mokgwathi village situated in Mawa, Mopani West district, about 68.5 kilometres from Tzaneen in Limpopo Province. The villages are rural and surrounded by farms on which most of the people are employed as casual and farm labourers. Amongst other farmers, there is a well-known ZZ2 farm owner who employs the bulk of villagers. Most of the learners that attend local secondary schools in the area are from indigent families and many of their parents are working on the farms. Furthermore, some of the learners' parents work distances away from their homes. Some older children are left with siblings to look after and thus adding extra burden on them as heads of their families.

1.9 Conclusion

This chapter presented the introduction to the study, statement of the problem, aim of the study, theoretical framework as well as the delimitation of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents the review of appropriate sources such as journal articles, internet articles and papers to describe the existence of teenage pregnancy. Teenage pregnancy is a universal social and educational concern in developed, developing and underdeveloped countries (Frank, 2005). It is not a new phenomenon, but it is surprising that in the era of sexual literacy and availability of contraception, teenage pregnancy is still a major problem throughout the world (Frank, 2005). Many countries continue to experience high prevalence of teenage pregnancy regardless of the implementation of intervention strategies to reduce it, such as sex education in schools and community awareness programmes (Panday, Makiwane, Ranchod & Letsoalo, 2009). In South Africa, approximately 30% of teenagers have been pregnant and the majority of the pregnancies were unplanned (Jewkes, Morrell & Christofides, 2009; Lince, 2011). In addition, the Department of Basic Education (DoE) recorded 20 000 learners who were pregnant in 2014 only (Mashaba, 2015). The following chapter will discuss the theoretical framework, causes of teenage pregnancy, effects of teenage pregnancy, and statistics on teenage pregnancy, available intervention strategies on teenage pregnancy and policies on teenage pregnancy.

2.2. Theoretical framework

The theoretical framework of this research was drawn particularly on Sane Emotive Behaviour Therapy (REBT), which was established by Albert Ellis (1913-2007) early in 1955 (Corey, 2009). This theory is grounded on the supposition that cognitions, emotions and behaviours interrelate meaningfully and have a give-and-take cause-and-effect relationship. Ellis (1913) proposes that human beings are born with both rational (straight thinking) and irrational (crooked thinking). Since this study is aimed at finding perceptions of learners on the effectiveness of socio-economic intervention for teenage pregnancy, therefore, the researcher was able to notice several ways of thinking on the side of learners regarding the research problem.

The A-B-C framework which is vital to REBT theory and practice is closely related to this study because it provided a useful tool for understanding learners' feelings, thoughts and their views concerning the effectiveness of socio-economic intervention strategies for teenage pregnancy. With regard to this model of the REBT theory, "A" represents an event that happens in an environment, and elucidates the existence of a fact or activating event, which is "teenage pregnancy". 'B' represents the behaviour or an attitude of an individual, or the person's belief about "A", and in this case, it is the socio-economic intervention strategies which are there to reduce or lessen the impact of the prevailing condition, in this case being "teenage pregnancy". 'C' denotes the emotional consequence, which is mainly triggered by 'B' (the person's belief about 'A') (Corey, 2009). In this case, it relates to the perceptions of learners on the effectiveness of socio-economic intervention strategies for teenage pregnancy, that is, whether they are effective or not.

The theory is consequently appropriate in this study because the "A-B-C" model illustrates that it is not the event (A) that causes the emotional response, rather, it is the belief (B) about the event that causes the emotional response (C). Because people understand and respond differently to events, they do not always have the same emotional response (C) to a given event. In relation to this study, the preceding assertion suggests that teenage pregnancy (A) is an existing event, and perceptions of learners towards socio-economic intervention strategies (B) act as an attitude towards the prevailing event, which is teenage pregnancy; as it is assumed that socio-economic intervention strategies can reduce teenage pregnancy. The perceptions (C) of learners about socio-economic intervention strategies are different and they are reacted upon differently towards each socio-economic (intervention) strategy. The Rational Emotive Behaviour Therapy theory, therefore, guides and soundly addresses the aim and objectives of this study. Thus, the researcher could explore the aim of the study as well as find out from the other supplementary or additional strategies that can help in reducing teenage pregnancy.

2.3. Factors contributing to teenage pregnancy

Teenage pregnancy is a widespread socio-economic problem. Researchers have found many factors that contribute to teenage pregnancy. This section presents some of the findings that contribute to teenage pregnancy.

2.3.1. Ethnic influence

According to Bonell (2004) cited by Macleod and Feltham-King (2019), teenage pregnancy is a social problem which is brought about by social forces, and is harmful to women and children concerned. Culture has influence on how early girls should fall pregnant or get married. In a community where girls get married at a young age, all girls are obliged to follow suit. Because it is culturally expected that they should get married. The inability of involvement of women in decision-making on matters regarding reproductive health and the prevalence of female circumcision cause women to have unplanned babies (Lambani, 2015). Furthermore, forced marriages practised in certain cultures culminate in girls having babies at early years. In addition, some families put pressure on their children to get married when they are still too young. There are also cultural nuances such as children born of teenage parents choosing the same path as their parents or having a family member in prison (Brown, 1999; Whalen & Loper, 2014), and they can add to the concerns. More children in a family increase the chances of poverty, as they struggle for resources such as food, clothes, proper sanitation and enough room to live and sleep.

Family breakdown triggered by divorce or the migrant labour system results in children taking care of themselves due to the absence of a father figure (Lambani, 2015). When affection is not present at home, girls may be compelled to look for spaces where they will feel loved. Sometimes girls themselves feel the need to attest their womanhood due to lack of appropriate parental supervision (Wanjohi, 2010). Teenagers sometimes want to experiment with sex. In addition, spiritual leaders or churches sometimes contribute by teaching people to have decent morals and condemn teenage pregnancy as well (Prestonet, 1988; Wanjohi, 2010).

2.3.2. Financial insecurity

Poverty is one of the main factors that contribute to teen pregnancy among poverty-stricken girls (Ipanteco, 2014). Bruenig (2012) proclaims that high rates of teenage pregnancy are a sign of disparity and not a cause of it. He further emphasises that teenage pregnancy is an indication of poverty. Kamper (2013) adds that poverty origins teen pregnancy and not the other way round. Moreover, GPCC (Gender and Poverty Collaborative Curriculum) (2006) states that teenage girls in poverty have a teen pregnancy rate of five times the regular percentage. The poor socio-economic

conditions (poverty) seem to play a major role in the growing rates of teenage pregnancy. Teenage girls from low income families are falling pregnant at a higher rate than those from middle- and upper-income families. Posel (2013) points out that teenage pregnancy most frequently is instigated by lack of school attendance, occupation (employment), quality information and health care. Considering this, early pregnancy reveals powerlessness, poverty and burdens from partners, peers, relatives and communities.

The South African government provides all children with free education and health services. It can therefore be contended that private schools offer more improved education as compared to public schools (Muligwe, 2012). Also, the private health sectors offer enhanced health care services as compared to the public health care sector because most of the resources in the public health care sectors are burdened (Motswaledi, 2013). However, even if South Africa experiences great levels of poverty and unemployment, government policies promote poverty relief (Chitiga, Sekyere, & Tsoanamatsie, 2014). The Child Support Grant (CSG) is a cash grant targeted at reducing poverty in the lives of children. Solomon (2013) states that there is considerable proof that child support grants lessen risky behaviour among teenagers such as sexual doings and pregnancy. Therefore, it could be said that CSG serves to reduce teenage pregnancy over time rather than increase it. In light of the above view, Burdette (2012) argues that teenage pregnancy is a consequence of poverty. Therefore, the Child Support Grant should be seen as a remedy for poverty because women (teenage mothers) need the financial support for themselves as well as for their children. Yalesias (2012) confirms that women choose to become mothers because their economic position is empirically depressing. There is a need for financial security, and by dating affluent people who will financially provide for them, women attain this desire. As a result, they are demoralised by older men (Decker 2006). Sometimes, even if they were given money for transport to and from school, children tend to hitchhike and fall sexual victims of older men (eNCA, 2013 22 July 2013).

2.3.3. Lack of education and relationships

Education is one of the utmost way to decrease teenage pregnancy (Burdette, 2012). Burdette (2012) emphasises that pregnancy is more expected amongst teenagers from low income level and education than among their better off peers. Teenage

mothers are less probable to finish school and more likely to live in poverty, rest on public backing and be in poor health (NCSL, 2014). However, worrying statistics released by the South African Provincial Education Department indicate that teenage pregnancies have doubled since 2006, despite doubled efforts of spending on sex education and AIDS awareness (IRIN, 2007). Ipantenco (2014) concurs that access to quality sex education and health classes is essential during teen years because the classes educate children on how babies are conceived and ways to avoid pregnancy.

It appears that the type of education accessible in South African schools is not enough to stop learners from engaging in risky sexual behaviours. The reason may be that the economic necessities of the learners are not actually addressed practically; therefore they go for CSG (Nkawani, 2015). Mbeki (2010) argues that parents' lack of education about sex and relationships is a contributing factor of teenage pregnancy. Most parents lack both the knowledge and skills to talk openly about sex with their children. They feel disempowered to chat about sex to their children in an environment which emphasises a right-based culture for children. The common awareness gap filled by the educational gap between parents and children adds to the sense of disempowerment (HRSC, 2009). Most of the parents feel disempowered to communicate about topics like HIV and AIDS. Therefore, they leave everything in the hands of the government through schools and educators. As a result, they fail to prepare their children to face the realities of adult life. Consequently, peer pressure, alcohol abuse, loneliness and lack of belonging take control of teenagers because their parents and guardians do not have the skills to communicate with them regarding sexual issues. In most cases, these conditions end in unwanted teenage pregnancies (HRSC, 2009). The teenage mothers end up becoming poorer as the imagined recovery of the CSG corroborates as of no use.

2.3.4. Lack of awareness concerning contraceptives

Knowledge plays a significant role when making decisions that influences health and development of people (Shrestha, 2012). There is inadequate knowledge among teenagers regarding sex and family planning, and lack of skills to put that knowledge into practice because effective sexuality education is not enough in many countries (WHO, 2012). In both married and unmarried teenage girls, some pregnancy is unintentional and fallouts from experimenting with sexuality or lacking knowledge

about how to prevent conception (Rowbottom, 2007). To add to this, Adogu, Udigwe, Udigwe and Ubajaka (2014) claim that in Nigeria, out of all teenagers who engaged in sexual activities, only few of them used protection during sex – this includes even those with more than one partner.

Furthermore, it was also revealed that minimal condom usage during sex by adolescents is probably due to limited knowledge on safe sex, cultural norms and unfriendly environment for condom accessibility. This exposes them to the risk of contracting sexual transmitted infections, including HIV and unwanted pregnancies (Adogu et al., 2014). Similar findings were presented in a quantitative study carried out on adolescent pregnancy and associated factors in South Africa, which revealed that not only is lack of knowledge a cause of risky sexual behaviour, but also poor decision-making, which also results in unprotected sexual intercourse (Mchunu, Peltzer, Tutshana & Seutlwadi, 2012). On the other hand, a qualitative study conducted by Panday et al. (2009) found that in South Africa, while adolescents might have high levels of knowledge about contraceptive methods, gaps exist in the accuracy of their knowledge and skills regarding correct use of contraceptives.

2.3.5. Risky sexual behaviours

Adolescence is a time of swift physical, psychological and communal change (Kim, 2008). These numerous changes encourage revelation to some new health risk behaviours such as physical inactivity, smoking, drinking alcohol, illegal drug use and risky sexual activity (Kim, 2008). Sensation-seeking behaviour may uncover teenagers to sexual risk-taking or more yearning to have unprotected sex (Kirby & Lepore, 2007). A qualitative study that was conducted in London to find factors that form young people's sexual behaviour indicated that adolescent girls may regard assenting to have sex as a way of holding on to their boyfriends (Marston & King, 2006). In Nepal, it was established that even though some young people are conscious of the risks when practising unprotected sex, they still continue with the sexual activity (Shrestha, 2012). Findings of a quantitative study in Nepal conducted on adolescent pregnancy showed that adolescents do not think about the risks involved in engaging in unprotected sexual intercourse. A study carried out on factors prompting teenage pregnancy rate in Giyani, Limpopo Province in South Africa, discovered that 72.8% of the study participants reported that when they engage in sexual activities, they were

conscious of the risk of contracting STIs (Mushwana, Monareng & Richter, 2015). This suggests that adolescents are aware of consequences of unprotected sex and that sexual education is available for teenagers. According to the authors, a great percentage showed that these teenagers had information about the consequences of unsafe sex but continued with their chancy sexual behaviour (Mushwana et al., 2015).

A quantitative study conducted in the United States of America discovered that most teenage pregnancies are unintended and preconception substance use is a significant risk factor thereof. Both teenage pregnancy and substance use are national public health worries in the United States of America and are targeted for enhanced health results (Finer & Zolna, 2006). Furthermore, the outcomes of a qualitative study conducted in Cook Island in South Pacific targeting adolescents discovered that substance abuse was long documented as one of the greatest health and social problems that contribute to teenage pregnancies since teenagers engage in sexual intercourse without making planned decisions because of alcohol (Van Eijk, 2007). Likewise, in South Africa unsafe sex practice among other consequences is linked with high alcohol usage by youth (Seggie, 2012). For example, a Youth Risk Behaviour Survey (YRBS) conducted on Grade 8 to 11 learners in nine provinces exposed that from the 38% of learners who had stated ever having sex, 16% had sex after consuming alcohol and 14% after taking drugs (Reddy, Panday, Swart, Jinabhai, Amosun & James, 2010).

2.3.6. Parental values and communication with children

A study conducted in California, in USA, proposes that the values and behaviour validated by family members regarding sexual risk-taking and early childbearing affect a teenager's own attitudes and behaviour (Berglas, Brindis & Cohen, 2003). A report gathered in the United States by the policy analyst highlights that sexual discussions between parents and teenagers is helpful in suspending sexual commencement (Kim, 2008). A quantitative study carried out in Washington examining parental participation in teenagers' first sexual involvement exposed that teenagers with higher levels of parental guidance were less likely to participate in sexual intercourse. On the other hand, teenagers with lowest levels of parental supervision were more likely to have had sex before the age of 16 (Ikramullah, Manlove, Cui & Moore, 2009).

Fascinating outcomes arose from a quantitative study carried out to evaluate parental communication about sex and motherhood tendencies among students at the University of Limpopo. These outcomes revealed that parental communication about sex and associated matters is not a customary practice among many of the families in the population studied (Mafokane & Oyedimi, 2015). In addition, Mothiba and Maputle's (2012) study exposed that many young people regard it as a cultural taboo to discuss sex with their parents. Although sex matters were found to be a taboo by many participants, the conversation of the topic with parents was quoted as being significant in promoting the sexual behaviour of teenagers that could lead to unwanted pregnancy (Mothiba & Mutle, 2012). A qualitative study of peer pressure conducted in South Africa showed that negative peer pressure to take part in risky sexual behaviour can be prohibited by amplified parent-child communication about sex (Selikow, Ahmed, Flisher, Mathews & Mukoma, 2009).

2.3.7. Peer pressure

One of the most commanding psychosocial influences on an adolescent's sexual risk behaviour is their peers' opinion about the behaviour (Pettifor, Rees, Steffenson, Hlongwa-Madikizela & MacPhail, 2004). Moreover, as children make the changeover from childhood to adolescence and engage in sexual intercourse during identity formation, their dependence on parents and siblings as the solitary sources of influence and decision-making begins to change (Sieving, 2006). Adolescents spend more time with friends and peer groups than with their parents, which can affect their choices (Gouws, Burger & Kruger, 2008; Malisa, 2015). A quantitative study carried out to describe factors contributing to high rates of teenage pregnancy in Kinondoni municipality, Dar Es Salaam in Tanzania found that peer pressure does lead to teenage pregnancy (Philemon, 2007). These findings were confirmed by the respondents of a quantitative study carried out in Tanzania admitting that their involvement in sexual activities was encouraged by their peers in exchange for money, while others testified to engaging in sexual activities for them as a way not to look old-fashioned to their peers (Malisa, 2015). A quantitative study conducted to explore secondary school girls' awareness, attitudes and behaviour regarding emergency contraception, teenage pregnancy and sexuality among secondary schools, the girls

confirmed peer pressure as one of the aspects inducing teenage pregnancy (Ramathuba, 2013).

2.2.8. Access to of contraceptives

A reproductive health service is described as an organisational factor influencing teenage pregnancy (Shrestha, 2012). The World Health Organization (WHO, 2015) estimates that 225 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception. The reasons for this include reproductive health service issues such as limited choice and access to contraceptives, particularly among young people and inadequate quality of available services.

South Africa has the highest rate of married women using a modern form of contraceptives in Africa, which is reported to be at 59.8% (Department of Health, Medical Research Council & ORCMacro, 2007). However, the high rates can be misleading as they vary according to religion and educational levels and young women being largely left out of this statistics (Department of Health et al., 2007). It is also reported that in South Africa, adolescents (girls) aged 15 to 19 years have a higher prevalence of unmet need for contraception (17.7%) when compared to older women (Department of Health et al., 2007). A qualitative study conducted to assess the service availability and health care workers' opinions about young people's sexual and reproductive health in Soweto revealed that availability, accessibility and acceptability of health care services for young women significantly impact their use of prevention methods, which in turn influences their risk of becoming pregnant and contracting HIV (Holt, Lince, Hargey, Struthers, Nkala, McIntyre & Blanchard, 2012).

A quantitative study conducted in South Africa on contraception use and pregnancy among 15 to 24-year-old South African women identified barriers to accessing contraceptives and attitudes of health workers to be influencing teenage pregnancy (MacPhail, Pettifor, Pascoe & Rees, 2007). In addition, a qualitative study conducted to explore factors contributing to teenage pregnancy in Mpolokang High school, North West Province by Tsebe (2012) revealed that health care workers have not accepted that learners also should have access to reproductive health services so that they can make informed decisions. Tsebe (2012) concluded that the implication here is that this

attitude makes the health care system unfriendly to the learners, who then rather seek information from their peers which may sometimes be incorrect.

According to MacPhail and Campbell (2001), although parental permission is not required for adolescents to access sexual and reproductive services and use of contraception, nursing staff violate the privacy and confidentiality of teenagers by threatening to report them to their parents. Similarly, a study conducted by Lesch and Kruger (2005) among Coloured adolescents in the Western Cape revealed that adolescents do not have confidence in the local clinics and, as a result, they choose not to access contraceptive services.

2.3.9. Premature sexual presentation

Globally, adolescents have their sexual debut between age 15 and 19, with boys initiating sex earlier than girls (WHO, 2011). A qualitative study on sexual health, contraception and teenage pregnancy conducted in the United Kingdom revealed that having sex for the first time at an early age is often associated with unsafe sex, lack of knowledge, lack of access to contraception and lack of skills and self-efficacy to negotiate contraception (Tripp & Viner, 2005). In a study conducted in America, findings revealed that early sexual debut is a factor that is highly associated with teenage pregnancy (Domenico & Jones, 2007). A qualitative study conducted in Tunduru, Tanzania revealed that many teenagers become sexually active while very young, and this poses a risk to them because they become vulnerable to falling pregnant (Malisa, 2015). Similar findings emerged from a quantitative study carried out in Nigeria, which revealed that engagement in sexual intercourse by teenagers happens at a very early age (Ogori, Shitu & Yunusa, 2013). In addition, a quantitative study carried out on factors contributing to teenage pregnancy in Capricorn District in Limpopo Province revealed that 62% of the study respondents reported to have started engaging in sexual activities between the age of 13 and 15 years. And of this percentage, 54% percent of them reported to have engaged for the first time in sexual intercourse between the ages 16 and 19 years, whilst 4% started between the ages of 10 and 12 years (Mothiba & Maputle, 2012).

2.4. Effects of teenage pregnancy

From the literature review about teenage pregnancy presented in the above sections of this chapter, the evidence of the phenomenon has warranted the argument that teenage pregnancy is a dire socio-economic problem. This socio-economic malady has effects on the teenage mothers (girls in this case). There are numerous factors that young mothers face due to early childbearing. Generally, teenage mothers are more likely to face economic, personal and social hardships (Brace, 2008). Sodi (2009) argues that teenage pregnancy renders upon the child heavy psychological effects. The next section will discuss the physical, social and psychological consequences of early childbearing.

2.4.1 Physical effects

Pregnancy at an early age is risky. According to the World Health Organization (WHO), births among teenage mothers account for 11 percent of all births worldwide. However, they account for 23 percent of the overall burden of diseases. Complications of pregnancy and childbirth are the leading causes of death in women aged 15 to 19 years in low and middle-income countries (WHO, 2011). Furthermore, early unplanned pregnancies are associated with rising levels of abortions, and in most cases these abortions are carried out under unsafe conditions. This leads to severe health risks, including death. In the year 2008, there were an estimated 3 million unsafe abortions in developing countries among 15 to 19-year olds (WHO, 2011). Likewise, research indicates that teenage mothers have poor antenatal care as they do not keep their antenatal appointments. They are likely to give birth to low birth weight babies and premature babies; these babies are likely to die during the first year of their life (Sarantaki & Koutelekos, 2014).

2.4.2 Social effects

It is argued that women who become mothers during their teen years are more likely to experience poverty and become welfare recipients later in life as their ability to obtain employment and gain skills in their jobs is highly reduced; and they are likely to have dead-end jobs (Brace et al., 2008). Correspondingly, teenage mothers are more likely to be socio-economically disadvantaged in their later life compared to those who delayed pregnancy (Sodi, 2009).

Teenage mothers are unlikely to finish school and more likely to have children who are at greater risk of significant learning and developmental problems compared to those of older mothers (Brace et al., 2008). Furthermore, research from developed regions indicates that most teenage mothers' poor educational outcomes can be traced back to their socio-economic backgrounds rather than having had a child at a very early age. However, in South Africa research indicates that although socio-economic background may have an impact, most of the shortfall was because of early childbearing (Ardington et al., 2012). Furthermore, the overall data from the South African Labour and Development Research Unit (SALDRU) indicates that even after controlling for pre-birth characteristics, teenage mothers had poorer educational outcomes compared to those teenagers who did not give birth during their teen years (Ardington et al., 2012).

In most cases, teenage mothers are not able to go back to school after giving birth as they are normally forced to look after their children (Sodi, 2009). Furthermore, their physical health conditions do not favour their going back to school (Sodi, 2009). Likewise, the consequences of teenage pregnancy are likely to cause grade repetition and periods of temporary withdrawal from school among many sub-Saharan Africa women (Malahlela, 2012). Furthermore, teenage pregnancy is associated with school dropout and non-attendance as frequent absenteeism is sometimes a sign of pregnancy in many young women (Malahlela, 2012).

Similarly, a study that was conducted in Ghana by Gyan (2013) to explore the effects of teenage pregnancy on the educational attainment of the girl-child reports similar findings. Findings from this study reveal that 86 percent of participants reported that they were not in school while only 14 percent reported that they were still studying (Gyan, 2013). The concluding remarks from the above statistics were that teenage pregnancy can be a cause as well as an effect of school dropout (Gyan, 2013).

2.4.3 Psychological effects

A study that was conducted in the United States of America among teenage mothers aged 18 found that young mothers reported that they were feeling depressed after the birth (Sodi, 2009). Furthermore, some participants in the study reported that they were not equipped to deal with the sudden responsibility of being a mother; some felt that they were being abandoned and rejected by partners and peers (Sodi, 2009). Social

struggles such as school problems, relationships with peers and difficulties at home may cause depression and anxiety for teenage mothers (Malahlela, 2012). Similarly, psychological distress is a serious problem for many adolescents and is defined by feelings of anxiety, frustration, worry and sadness (Sodi, 2009; Walker, 2002). Logan et al. (2007) assert that unplanned birth can have negative results for the mental well-being of mothers. These mothers are likely to have lower levels of happiness compared to those who planned their pregnancy.

2.4.5. Teenage pregnancy and school performance

Falling pregnant while still at school or at an educational institution generates a set of problems for which the teenager has to find a solution (Bezuidenhout, 2004). Thus, she has to decide if she carries the unborn baby to full term or to have an abortion (Bezuidenhout, 2004). Further, should she decide to carry the unborn baby to full term, her studies are obviously going to be interrupted and she would immediately be placed in a disadvantaged position, especially when having to raise her own baby (Bezuidenhout, 2004). Poor academic performance leads to poor employment and financial prospects, which in turn may have detrimental effects on all the other aspects of the life of the mother and her baby (Enderbe, 2000). Conversely, several long-term follow-up studies indicate that most former adolescent mothers are not welfare-dependent; many have completed high school, have secured regular employment, and do not have large families, and that comprehensive adolescent pregnancy programmes seem to contribute to good outcomes (Klein, Barrat, Blythe, Diaz, Rosen & Wibbelsman, 2005). A study conducted in California among the Hispanic teens brings to the surface parents' views about teenage pregnancy which, according to them, is "a symbol of achieving womanhood or manhood". Even though the affected teenagers appear to be experiencing limited opportunities for academic and career advancement, the Africa-American families largely condone teen motherhood (Russels & Lee, 2004). The present study, however, did not focus on parents' views, but on the views of educators.

When pregnancy interrupts an adolescent's education, a history of poor academic performance usually exists (Jonathan, Klein, MPH & the Committee on Adolescence, 2005). Jonathan et al. (2005) further state that having repeat births before 18 years of age has a negative effect on high school performance and completion, and that factors

associated with school performance and increased high school completion for pregnant teenagers include race, being raised in a smaller family, presence of reading materials in the home, employment of the teenager's mother, and having parents with higher education. In the Daily News (23 July 2011) Allen quotes a statement by Thompson (2009) that "Teenage pregnancy is associated with poor high school performance and decreased earnings later on in life". Mpaza (2006) maintains that once the baby is born, the teenage mother needs more time to parent the baby, and much of the responsibility is carried out during the night, which leaves the teenager with less time to study and do homework – the ultimate consequence of this being a teenage mother failing to concentrate in the classroom because she would be feeling drowsy and exhausted, leading to poor performance in school subjects and failure.

According to Ashcraft and Lang (2006), teenage pregnancy can have a profound impact on young mothers and their children by placing limits on their educational achievements and economic stability, and predisposing them to single parenthood and marital instability in the future. Studies have shown that early motherhood is associated with low educational achievement, long-term benefit receipt, low or no income, low occupational status or unemployment, and this can affect the teenage girl's well-being (Tsai & Wong, 2003). Bridges and Alford (2010) maintain that though students who are involved in teenage pregnancy experience difficulties or challenges such as STIs or HIV as major obstacles to their academic success, schools can help students avoid these barriers to success. They further state that on the one hand, comprehensive sex education can help students protect their sexual health, promote academic performance and help them avoid negative outcomes while on the other hand, teenage pregnancy has a profound effect on school performance in that a higher percentage of teen mothers fail to complete school than teenagers who do not have children. For example, "less than one-third of teens who begin families before age 18 ever complete high school" (McManis & Sorensen, 2000).

Furthermore, teenagers who give birth tend to complete fewer years of schooling than those who delay parenthood and every additional year that passes without a live birth positively corresponds with an increase in educational achievement (Moore & White, 1977; Card & Wise, 1978; Carlora, 1998) cited in Natalie (2011). MacManis and Sorensen (2000) maintain that teen parents are likely to do more poorly in school and repeat grades more often than teens that are not parents, and that high-risk sexual

behaviour among teenagers, such as multiple partners and not using protection can also lead to HIV/AIDS, other STIs and impaired school performance. Agarwal (2006) supports this statement when he states that after giving birth, the young mother finds it difficult to keep up with her peers where academic performance is concerned, and she is forced to repeat classes and exhibit poor scoring in standardised tests.

Chigona and Chetty (2007) contend that teenage pregnancy has militated against the educational success of girls in South Africa, and that though the girls can return to school after becoming mothers, they face many challenges in trying to balance motherhood and the demands of school. According to the Alan Guttmacher Institute (1994) as well as Coley and Lansdale (1998) in O'Halloran (1998), adolescent mothers who stay in school are almost as likely to graduate (73 per cent) as women who do not become mothers while in high school (77 per cent), and children of teen parents perform worse in school than children of older parents. The National Campaign to Prevent Teen Pregnancy (March 2010) also reports that children of teen mothers do worse in school than those born to older parents, do not perform on measures of child development and school readiness such as cognition, language and communication, interpersonal skills and have lower performance on standardised tests. The National Campaign to Prevent Teen Pregnancy (March, 2010) further reports that children of teen mothers are less likely to read simple books independently and to demonstrate early writing ability compared to children of mothers aged 20 – 30, and that they are less likely to complete high school and have lower performance on standardised tests than children of older mothers.

Teenage pregnancy is part of the “cycle of poverty” in which very young mothers stay poor, and their children go on to experience teen pregnancy, poverty and lower academic outcomes (Brigdes & Alford, 2010). Most teenagers face years of regret for their decisions to have sex. Their potential as young adults is never realised, and they become a burden on their families and society because their poor performance at school placed a limit on their educational and economic stability (Gallop, 2004). According to Mpaza (2006), educators believe that when pregnant school girls absent themselves from school to attend ante-natal clinics, this occasional disruption of schooling may lead, in the long run, to underachievement, which will lower the school's pass rate. Mohase (2008) looked at pregnant and mothering teenagers' views on the effects of teenage pregnancy on school performance.

Children of teenage parents are at an elevated risk of courting problems ranging from lower intellectual and academic achievement to behavioural problems and are less likely to graduate from high school (Wirkus & Maxwell, 2012). O'Halloran (1998) states that early childbearing contributes to lower levels of educational attainment for the adolescent mother and her child, high rates of single parenthood, larger family size and increased reliance on public assistance. Mohase (2006) conducted his study about teenage pregnancy and school performance in Soshanguve secondary schools, Pretoria, where he found that learners who have children do not perform better in general terms than those who do not have children. Mohase (2006) used quantitative method. The present study used in-depth interviews to get more information on the phenomenon.

2.5. OVERVIEW OF INTERVENTION STRATEGIES ON TEENAGE PREGNANCY

Globally, responses or interventions addressing teenage pregnancy vary greatly and differ in terms of their effectiveness. Advocates who are engaged in efforts to prevent the prevalence of child marriage, a major contributor to teenage pregnancy, believe that the first-line response must be community engagement with local religious leaders and parents. Additionally, community members and law enforcement must help implement policies that do not permit marriage until adulthood. The Universal Declaration of Human Rights states that individuals must enter marriage “freely” at “full age” [over age 18] and with “full consent” (Nour, 2006). Considering teenage pregnancy specifically, many advocates promote structural interventions instead of interventions that focus on individuals because programmes focused on individual behaviour change (usually for adolescent girls), such as increasing contraceptive uptake, do not address the factors that adolescents cannot control. Many advocates suggest that teenage pregnancy prevention efforts should focus on: changing cultural norms to allow women more power in family planning decision-making; reducing socioeconomic disparities; improving opportunities for schooling; reducing gender inequality and violence; and enforcing comprehensive policy and programming with “zero tolerance” approaches to sexual coercion (Leclerc-Madlala, 2008; Underwood, Skinner, Osman & Schwandt, 2011).

2.5.1. Intervention strategies in Slovenia

Abortions and adolescent birth rates in Europe are key variables in indicating which family oriented planning programmes should be designed in order to meet the needs of people. Furthermore, these also articulate the issue of unmet needs in terms of adolescent contraception. Strategies to improve the use of effective contraceptive forms consist of comprehensive sexuality education programmes in local schools, communities, promoting open discussions on sexuality issues such as educational campaigns, mass media, but also safe abortion legislation, equal and easy accessibility contraception, youth friendly services and education (Albrecht et al., 2006). In this respect, the World Health Organization (WHO, 2005) states that: " Children are our investment in tomorrow's society. Their health and the way in which we nurture them through adolescence into adulthood will affect the prosperity and stability of countries in the European region over the coming decades". The quotation clearly denotes the fact that healthy lifestyles from prenatal life to adolescence serve as a resource for good economic and social development.

The Slovenian's health reform of 1992 structured the following five main goals: - co-payment for several health care services - emergence of social health insurance - introduction of health care private practice handling over governmental responsibility for planning and central functions to municipalities and professional associations and introducing licence and recertification for health professionals (Albrecht & Klazinga 2009).

Research indicates that it is the responsibility of Slovenian citizens and its inhabitants, employers and the state to contribute actively to incur the health care costs through a Care Health Insurance scheme based on social health insurance principles. The health insurance and health care system is a public, non-profit service which is compulsory legislatively and covers the whole population. Programmes of health service at all levels are determined through negotiation processes among partners that are equally represented (Leskošek, 2012). Based on this information, it is clear that the availability of health insurance and health care system is very significant in promoting a healthy life style among teenagers and the population at large.

The current South African plans and policy identify reproductive and sexual health as main priority issues for intervention based on health. Prevention of teenage pregnancies and support provision to pregnant teenagers and teenage mothers

contribute to the main aim of increasing reproductive health (Macleod & Tracey, 2001). This poses a challenge for policy makers to revise their strategic plans in line with the intersectionality of gender, values, norms and beliefs as well as engagement of the client perspective of these teenagers. The Department of Education Health's policy guidelines for youth and adolescent health strategies for interventions embrace the following issues: promotion of a supportive and safe environment; providing transformation on the health system; provision of counselling; developing of skills to have options for life and availability of health services.

The provision of services and education are key variables in accomplishing these intervention strategies. Implementation of these reproductive health services is hampered by staff turnover, and insufficient time to deal or counsel young teenagers on contraceptives. According to Mqhayi et al. (2004), 17% of young women who were interviewed at rural and urban health clinics indicated that they had heard about emergency contraception. More women from urban areas knew about emergency contraception as compared to rurally-based women (Smith, 2001). Studies on contraception also found that teenagers' knowledge varies, with misassumptions abounding (Ritcher & Mlambo 2005; Oni et al. 2005). For example, Rutenberg et al's (2001) survey indicates that only a few participants (8%) had knowledge about menstrual cycles and the period when a woman is at risk of becoming pregnant. Research on the dynamics of young people's education on sexuality and contraception in these communities found that young people's sexual relationships include poor communication, unequal decision-making, inadequate knowledge concerning reproductive health, sexual issues, and the legality and the cost of abortion. Although studies presented on sexuality and peer pressure were significant factors on the decisions young people make in relation to sexual behaviour and reproductive health (Arai, 2003; Bankole et al., 2007; Leclerc-Madlala, 2002; Varga & Makubalo, 1996; Varga, 1998, 2003; Vundule et al., 1998; Wood & Jewkes, 1997), there is still lack of literature on the effectiveness of the available socio-economic intervention strategies provided for teenage pregnancy.

That said, this leaves us with a question mark regarding the quality of the current intervention services and programmes in terms of whether are they designed in line with the life world of these teenagers. Furthermore, a lot of scholarship does not show whether service providers, trainers and counsellors that deal with reproductive health

services have received quality training that will benefit these teenagers and teenage mothers in terms of their different cultural and socio-economic backgrounds. In other words, even if these trainers are well equipped with valuable information, such information may not be productive for these teenagers as long as it does not incorporate their cultural existence (Lekganyane, 2014). This study therefore aims to explore perceptions of learners on the effectiveness of socio-economic intervention strategies.

In addition, Macleod (1999) discovered a serious gap between reproductive ignorance and adolescent pregnancy that is not fully addressed by a number of scholars, which deal with the reproductive ignorance hypothesis. His argument is also based on the fact that lack of sexual knowledge cannot be regarded as a valid reason for conception as there are various issues that are interrelated and further contributing to teenage pregnancy and its aftereffects. The main element of health care services include large distribution and development of educational materials that cover key issues such as emergency contraception, information on contraception, pregnancy signs, the importance of early presentation, young people's rights pertaining to termination of pregnancy act, early access to contraception, termination of pregnancy's benefits for early presentation, the solution of teenage pregnancy based on non-judgmental counselling, assisting those who opt for adoption after delivery and those who keep the baby to access appropriate services such as child support grant where necessary. Community health nurses are sometimes insensitive towards teenagers who want to do abortion, even though it has been legalised. Such practices have an influence on some pregnant teenagers not to commit abortion (Lekganyane, 2014). School Clinic Based Approaches Lot of clinics in rural areas of Limpopo province is integrated, applying a supermarket approach. The province has an average population of 5.404.868 ([www. citypopulation.de/php/South Africa-Limpopo](http://www.citypopulation.de/php/South Africa-Limpopo)).

Health care providers, especially nurses are rendering services to clients on a daily basis. Some clinics still have insufficient human power in terms of health care workers. This implies that clients should wait before they could receive help (Limpopo Department of Social Development 2011). Most of these programmes are operating mainly in Kwa Zulu-Natal. The evaluation of such programmes indicates that learners that are exposed to DramAide programmes had sufficient knowledge and attitudes towards HIV, and had increased condom usage as compared to programmes that

have information only (Macleod & Tracey 2009). (Lekganyane 2014) argued that extension of such programmes to areas that are still disadvantaged in Limpopo Province may bear positive prospects to teenagers, and that there is still a dearth of scientific evidence on the exploration and evaluation of intervention services and programmes for teenage pregnancies, and support for teenage mothers in deep rural areas of South Africa. The more such services and programmes are identified and evaluated scientifically, the more services will be in line with the life world of teenagers and teenage mothers. This study therefore sees a need to investigate the effectiveness of the available socio-economic intervention strategies, and to find out from learners other ways that they think can reduce teenage pregnancy. While relevant sections are rendering services to teenagers and teenage mothers, researchers indicate that emergency contraception knowledge is poor in general (Mqhayi, 2004).

Intervention strategies that are currently in place should be perused in terms of the life world of these teenagers and teenage mothers. In other words, a more holistic assessment should be done on these teenagers and teenage mothers to have a deeper understanding of who they are, how they survive, what their challenges are and how they think respective service providers should intervene to promote future healthy lifestyles. Such intervention strategies should be informed by social and sociological variables such as socio-economic and health related factors as well as the influence of culture in general and local characteristics in particular. Based on this, it looks like there is a need for adults and elderly people to receive thorough training on how to equip these teenagers with life skills. Such training may yield positive results on the client perspective of these teenagers if they are facilitated in collaboration with relevant affected departmental sections and non-governmental sections. The intervention strategies disclose a gap in the lifeworld of these teenagers and the manner in which the system world is dealing with the notion of teenage pregnancy and support for teenage mothers. A look at the South African perspective, especially in rural areas provides a clear picture of exclusion in certain rural areas regarding the mode of service delivery as validated by approximately 11% of service providers who reported that insufficient information on reproductive health and sexual issues lead to teenage pregnancy (Limpopo Provincial Government 2011). Such situations warrant

review of policies that impact teenage life and culture in order to deal with the past and the present situation of these teenagers.

A number of intervention programmes have been institutionalised in South Africa in keeping with many influential spheres on adolescent sexual behaviour. These include adolescent peer education programmes, life skills education programmes, school based sex education, mass media campaigns, adolescent friendly clinic initiatives as well as community programmes. A lot of interventions are also executed by non-governmental organisations that are not affiliates of governmental departments. For instance, Soul City is an awareness campaign programme that deals with health generally through a multi-media system. It reaches an estimated 12 million South Africans through health booklets, publicity awareness campaigns, radio drama played on a daily basis, a slot time programme on television as well as youth life skills programmes and adult education. Although the focus of these interventions has basically been dealing with the prevention of HIV, they also benefit teenagers on the issue of teenage pregnancy due to the programme's impact on sexual behaviour (Department of Basic Education (www.education.gov.za; Macleod, 1999). The quality of these programme interventions is governed by the scale, range, accessibility, and the manner of operation. And also some limitation on the impact of adolescent sexuality. It is useless to empower women in sexuality issues without involving men about gender relations that are equitable. The marginalisation of most young people across the country provides a platform for a focus on a systematic intervention that will address care, treatment and support (update report on teen pregnancy prevention www.beststart.org/resources/rep-health/pdf/teen-pregnancy.pdf).

2.6. Statistics on teenage pregnancy

Table 2.1: Percentage of adolescents who gave birth by population group and province, CS 2016.

Percentage of adolescents who gave birth

Population group	Percentage
Black African	12, 5
Coloured	11,1
Indian/Asian	2,4
White	1,8
Province	Percentage
Western Cape	9,6
Eastern Cape	14,2
Northern Cape	14,0
Free State	10,3
KwaZulu-Natal	12,6
North West	11,9
Gauteng	8,1
Mpumalanga	12,8
Limpopo	12,2
South Africa	11,6

Trends in adolescent birth rate, 1996–2016(Statistics South Africa, 2016).

Population group in South Africa indicates that black South African teenagers are the ones with a large pregnancy than all the groups with 12, 5% followed by coloureds with 11.5%. Indians and white South African teenagers are at the lowest with Indians standing on 2.4 % and whites at a low 1.8 percent.

National statistics indicate that Eastern Cape and Northern Cape are the highest with 14.2 and 14.0 % respectively, followed by Kwa Zulu Natal, Limpopo and Mpumalanga ranging from 12%. Gauteng is the lowest at about 8%.

Statistics of teenage pregnancy in Limpopo Province per district

Districts	Capricorn	20.6 %
	Mopani	29.0 %
	Sekhukhune	16.0 %
	Vhembe	26.7 %
	Waterberg	7.6 %

(Source, Limpopo Department of social Development, 2012)

Regional statistics in Limpopo Province indicate that teenage pregnancy is high in Mopani district with a percentage of 29%. This is where the current study took place, followed by Vhembe district with 26%, Capricorn district with 20%. Sekhukhune district has 16% whereas Waterberg is the lowest with a low percentage of 7.6%.

The above statistics show that teenage pregnancy is still a problem in South Africa. Limpopo Province is in the top three of provinces that have high rate of teenage pregnancy. Mopani district tops all the districts in Limpopo. This raises a question on the effectiveness of the available socio-economic intervention strategies.

2.7 Conclusion

The literature review as presented above reveals that there is sufficient research conducted on the phenomenon of teenage pregnancy. In addition, the literature review reveals that there is inadequate research conducted on the intervention strategies for teenage pregnancy. Research conducted on the topic focused on macro settings (i.e. provisional context) and not micro settings [local, village settings (rural areas)]. In the rural areas it is where the plight of teenage pregnancy is rampant. Not that the provincial settings are not important to conduct research on the effectiveness of socio-economic interventions strategies of teenage pregnancy. However, the rural areas have the issue of teenage pregnancy deeply rooted. This contributes to the social short-falls. Alternatively, it appears as if the rural areas have been neglected in terms of research done on the effectiveness of socio-economic intervention strategies of teenage pregnancy.

CHAPTER THREE

METHODOLOGY

3.1. Introduction

This chapter will outline the design of the study, the research approach used, and the process applied to carry this research. The study approach was designed to explore perceptions of learners on the effectiveness of socio-economic intervention strategies. The chapter draws on qualitative data which was collected through in-depth interviews with participants and describes the research methods applied. The chapter will start by describing the research paradigm as the study context and the study location. In addition, it will also provide the rationale for using teenage learners. Finally, a discussion of ethical clearance issues will be given.

3.2. Research paradigm

The research paradigm is a basic set of beliefs or assumptions adopted by a scientific community, which define the nature of the world and the place of individuals within it (O'reilly & kiyimba, 2015). This research is a qualitative study; it is therefore guided by the interpretivist research paradigm. Interpretive researchers believe that reality consists of people's subjective experiences of reality as a way of acquiring more complete explanations of social reality (Chen, Lucas & Bu, 2011). Hence in this study the reality is teenage pregnancy, which is a social issue. According to Willis (1995), interpretivists are anti-foundationalists, who believe there is no single correct route or particular method to knowledge. Walsham (1993) argues that in the interpretive tradition, there are no 'correct' or 'incorrect' theories. Instead, experiences should be judged per how 'interesting' they are to the researcher as well as those involved in the same areas. The researcher is a professional educator who is concerned with the unrelenting rate of teenage pregnancy in the school (where the researcher works as an educator) and surrounding schools. The researcher attempted to discover and understand whether socio-economic intervention strategies for teenage pregnancy are effective. Hence learners' perceptions are important because teenage pregnancy and intervention strategies directly affect them.

Interpretivists attempt to derive their constructs from the field through an in-depth examination of the phenomenon of interest. In this case, the phenomenon of interest is teenage pregnancy. Gephart (1999) argues that interpretivists assume that knowledge and meaning are acts of interpretation, hence there is no objective knowledge which is independent of thinking, reasoning humans. Myers (2009) argues that the premise of interpretive researchers is that access to reality (whether given or socially constructed) is only through social constructions such as language, consciousness and shared meanings. In this regard, learners are faced with a social phenomenon which is teenage pregnancy and will provide their perceptions of the effectiveness of intervention strategies.

The interpretive paradigm is underpinned by observation and interpretation. Thus to observe is to collect information about events, while to interpret is to make meaning of that information by drawing inferences or by judging the match between the information and some abstract patterns (Aikenhead, 1997). It attempts to understand phenomena through the meanings that people assign to them (Deetz, 1996). As such, this research approach is suitable for this study since I wanted to investigate the subjective perceptions of learners on the topic.

3.3. Research approach

3.3.1. Research method and research design

The study relied on the qualitative research approach using in-depth interviews with teenage learners in Mawa Circuit, Limpopo Province. For this study, the qualitative research approach was seen as the most suitable strategy. Bricki and Green (2007) argue that a qualitative approach aims to understand some aspects of social life, which is normally generated in words rather than numbers. Usually the main aim of the qualitative research method is to understand individuals' experiences, opinions and attitudes; in this case, learners' perceptions towards the effectiveness of socio-economic intervention strategies on teenage pregnancy (Bricki & Green, 2007). This type of research aims to answer questions such as the 'what', 'how' or 'why' of the particular problem rather than answering quantitative questions such as 'how many' or 'how much' (Bricki & Green, 2007).

Qualitative research has been defined as “multi-method in focus, involving an interpretive, naturalistic approach to its subject matter” (Creswell, 2013). Correspondingly, “qualitative research aims to help to understand the social issues in the world we live in and why things are the way they are and seeks to answer questions such as “why people behave the way they do?” “How opinions and attitudes are formed?” And “how people are affected by the events that go on around them” (Hancock, Ockleford & Windridge, 2009).

Similarly, in the qualitative study, data is collected in the form of written or spoken language or observations that are recorded (Blanche, 2006). This type of approach allows the researcher to study particular issues in depth and with openness in order to understand the information that has emerged from the data collected (Terre Blanche, 2006). Qualitative research can be characterised as interdisciplinary, multi-paradigmatic and multi-methodological (Struwing & Stead, 2001).

The interest in qualitative research is based on understanding the issues from the participants’ point of view. This approach does not treat participants as ‘subjects’ to avoid an inferior role in the research process (Struwing & Stead, 2001). This means that people’s ideas, beliefs and attitudes are taken into consideration (Struwing & Stead, 2001). This type of approach relies on open-ended questions that help the participants to avoid a programmed set of answers. Moreover, it also allows the participants to talk freely using their own words in order to provide as much information as they can (Ngubane, 2015). Furthermore, the approach can also allow the researcher to be flexible in probing questions in case new issues arise during interview sessions (Ngubane, 2015).

Like other approaches, the qualitative approach has its own limitations. One of the common criticisms of this approach is that the results may not be applied to a larger population due to a usually small sample, and the fact that participants are not normally chosen randomly (Hancock, Ockleford & Windridge, 2009). Collecting and analysing data when applying this study approach can be disorganised and time consuming. Similarly, there are no ‘quick fix’ methods in qualitative analysis as compared to quantitative data, which is why it can be time consuming (Lacey & Luff, 2009). The approach requires the researcher to develop trust with his or her participants, especially if the topic is a sensitive one.

The researcher used phenomenology as a research design. Phenomenology is the study of human experiences and of the way things present themselves through such experiences (Gallagher, 2012 cited from Sokolowski, 2000). This type of research design allowed the researcher to place herself within the qualitative approach where she set aside all preconceptions, judgements and prejudices towards the effectiveness of socio-economic strategies to teenage pregnancy in order to make an objective analysis of the information provided by the participants. Phenomenology further guided the researcher to construct the universal meaning of perceptions of learners on socio-economic intervention strategies in order to arrive at a more profound understanding of learners' perceptions.

3.3.2. Sampling and data collection

After the ethical clearance letter was obtained, participants had to be selected. There are different sampling methods in qualitative research on how to select the participants. For instance, to achieve the objectives of the study, participants had to be selected on the basis of their perspectives and experiences with regards to teenage pregnancy. As a result, purposive sampling was used to select participants (Ngubane, 2015). The purposive sampling instrument is one whereby participants are chosen based on the qualities they possess; it is not a random method (Tongo, 2007). Furthermore, Tongo (2007) asserts that in this type of sampling instrument, the researcher chooses what needs to be known and sets out to find people who can and are willing to offer data based on their knowledge or experience. This means that participants are selected because they are likely to give relevant information in the study. Six participants (3 males and 3 females) from the age of 14 to 19 years were selected purposefully. The participants were selected from three different secondary schools in Mawa circuit. In each school, the researcher selected a male and a female. Both male and female teenagers were selected because both are affected by socio-economic intervention strategies to teenage pregnancy. There are also teenage fathers; it is only fair that the research establishes perspectives from both sides.

The purposive sampling instrument becomes most effective when one needs to study a certain group of people. In this case, as the researcher mentioned in previous chapters, teenage pregnancy remains the focal point of the present study. The reason for choosing this sampling instrument is that it fits in with the case study method

because the focus is on individuals' points of view and experiences. The selection of participants was based on the knowledge of the researcher, since the researcher is a teacher concerned with the high rate of teenage pregnancy. In the opinion of the researcher, it is unfortunately becoming a norm in the area. In addition, during the course of interviews, some participants were identified through referrals by some of the participants already interviewed. A general case study approach uses small sample sizes, but interviews should be comprehensive.

Based on the nature of the study and sampling instrument used to select the participants, the researcher collected data by means of in-depth interviews. In-depth interview is defined as "a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program or situation" (Boyce & Neale, 2006: 3). Similarly, "in-depth interview is a technique designed to elicit a vivid picture of the participant's perspective on the research topic" (Milena, 2008: 127). Correspondingly, in-depth interviews are defined as excellent tools to use in planning and evaluating extension programmes because they mostly rely on open-ended questions. It is a discovery-oriented technique that allows the researcher to deeply explore the participant's feelings and perceptions of a subject (Guion, 2011). In-depth interviews become helpful when the researcher wants detailed information about a person's thoughts and behaviours or wants to explore contemporary issues in depth. In-depth interviews are normally used in place of focus groups as this technique allows the participants to talk freely in a private space rather than in a group (Boyce & Neale, 2006). During in-depth interviews, the participant becomes an expert with information and the researcher is considered a student receiving the information (Milena, 2008).

This type of interview was useful in qualitative research because it allowed participants to talk freely about their personal feelings, experiences and opinions; it also allows the researcher to gain insight into how people interpret and order the world (Milena, 2008). In-depth interviews provide much more detailed information than that which is available through other data collection techniques (Boyce & Neale, 2006). Furthermore, these types of interviews also provide a relaxed atmosphere, allowing the researcher to collect detailed information where the participants can feel comfortable having a one-on-one conversation with the researcher as opposed to a focus group (Boyce & Neale, 2006).

The limitation of in-depth interviews is that the answers from the participants may be biased (Boyce & Neale, 2006). For example, in the case of this study, participants may defend themselves against the idea that the available socio-economic intervention programmes are effective; they just do not take them seriously, and their responses maybe defensive. Another limitation is that it can be time-consuming because the researcher should make sure that detailed information is collected, and it might be hard to transcribe such detailed information in a short space of time.

To gain interest from the participants, the researcher used different interviewing skills. Creating rapport was one of the first skills used in this study; for example, the researcher had to introduce herself to her participants, where she was coming from and to explain her role in this study. The researcher also discussed general matters. When the researcher conducted this study, it was time for elections, it was cold. Therefore the researcher firstly discussed their views on elections before the interview process started. Creating rapport becomes important in gaining entrance to the participants. The researcher must put himself or herself in the role of the participants and attempt to see the situation from their point of view rather than impose the world of academia on them (Fontana & Frey, 1994). Other interview skills that were used are open-ended questions; these types of questions are in line with the in-depth interview technique because they give the participants the freedom to answer the questions using their own words, therefore in that sense detailed information from the participants might be obtained (Guion, 2011). Furthermore, open-ended questions avoid 'yes' or 'no' answers and instead 'why' or 'how' questions are used (Guion, 2011). Listening is another skill that was used in order to obtain information. According to Guion (2011), a good listener is one who listens actively so that he or she can use strategies such as paraphrasing; one can paraphrase to confirm to the speaker that he or she was listening. Paraphrasing can also act as an advantage forcing a speaker to focus wholly on the conversation.

According to Terre Blanche (2006), validity refers to the degree to which the research conclusions are sound. Validity represents the truthfulness of findings and reliability refers to the firmness of findings (Whittemore, 2001). Purposive sampling as a non-probability method is not free from bias. However, data collection by this method is likely to be valid if the reliability and competence of the informant has been ensured (Tongo, 2007). Furthermore, Tongo (2007) states that purposive sampling can offer

trustworthy and vigorous data. To ensure validity, the researcher made sure that she used different methods. To ensure validity, credibility tactics were applied in this research. Shenton (2004) argues that one of the most important factors in establishing trustworthiness is ensuring credibility. The strategies that were used to ensure honesty from participants were applied in this study. For example, participants were informed that their participation in the study was entirely voluntary; the participants were free to withdraw at any time. Based on the nature of the study, some participants were reluctant to believe that the researcher was not a government official so that identification in the form of a student card was produced during the course of the interviews.

3.3.3. Data analysis

Data were analysed thematically in keeping with data analysis experts (Creswell, 2008; Alholjailan, 2012; Govender, 2011), that is, thematic data analysis was conducted as follows:

Each transcript was carefully read and notes taken of any interesting or significant theme. The researcher noted any potential theme that arose.

A list of themes (or a list of patterns of responses) was made in order to look for a connection between them (that is, the identified patterns were expanded). For example, all of the talk that fitted under the specific pattern was identified and placed with the corresponding pattern. This came from direct quotes or paraphrasing common ideas that automatically allowed themes to expand, contrast, or change as the researcher analysed the interview transcripts. The main aim was to end up with key themes that describe the essence of the study.

The next step was to combine and catalogue related patterns into sub-themes. Themes that emerged from the informants' perceptions about teenage pregnancy were pieced together to form a comprehensive picture of their collective experience. This meant that the researcher had to find how different ideas or components fitted together in a meaningful way when linked together.

Lastly, a valid argument for choosing the themes was built by reading related literature in order to gain information that would allow the researcher to make inferences from

the interview sessions. This would then allow him/her (researcher) to interweave literature and findings in order to come up with a developed story line (Buetow, 2010).

3.3.4 Quality criteria

3.3.4.1. Credibility

Credibility in qualitative research is defined as the extent to which the data and data analysis are believable and trustworthy (Ritchie & Lewis, 2003). Credibility is analogous to internal validity, that is, how research findings match reality. However, according to the philosophy underlying qualitative research, reality is relative to meaning that people construct within social contexts (Smith & Ragan, 2005).

Qualitative research is valid to the researcher and not necessarily to others due to the possibility of multiple realities (Smith & Ragan, 2005). It is upon the reader to judge the extent of its credibility based on his/her understanding of the study. Most rationalists would propose that there is no single reality to be discovered, but that each individual constructs a personal reality (Smith & Ragan, 2005). Thus, from an interpretive perspective, understanding is co-created and there is no objective truth or reality to which the results of a study can be compared (Ritchie & Lewis, 2005). Since this is a qualitative research, the rigour of the inquiry was established through the adoption of the following credibility strategies: prolonged and varied field experience, time sampling, reflexivity (field journal), triangulation, member checking, peer examination, interview technique, establishing the authority of the researcher and structural coherence.

3.3.4.2. Transferability

Research findings are transferable or generalisable only if they fit into new contexts outside the actual study context (Maxwell, 2002). Transferability is analogous to external validity, that is, the extent to which findings can be generalised. Generalisability refers to the extent to which one can extend the account of a particular situation or population to other persons, times or settings than those directly studied (Maxwell, 2002).

Transferability is considered a major challenge in qualitative research due to the subjectivity from the researcher as the key instrument, and is a threat to valid inferences in its traditional thinking about research data. However, since this is a qualitative study, the researcher enhanced transferability by detailing the research methods, contexts and assumptions underlying the study. The researcher also provided a detailed, rich description of settings studied to provide the reader with sufficient information to be able to judge the applicability of the findings to other settings that they know (Seale, 1999).

Since this study adopts a single case study approach, the process of generalisation that apply matches its “inferential generalisation”, which is best explained as generalising from the context of the research study itself to other settings or contexts (Ritchie & Lewis, 2003). Therefore, it is a requirement that the researcher documents and justifies the methodological approach, and describes, in detail, critical processes and procedures that have helped him or her to construct, shape and connect meanings associated with those phenomena. Further, throughout the process of this study, the researcher was sensitive to possible biases by being conscious of the possibilities for multiple interpretations of reality.

3.3.4.3 Dependability

Dependability is analogous to reliability, that is, the consistency of observing the same findings under similar circumstances. According to Merriam (1998), dependability refers to the extent to which research findings can be replicated with similar subjects in a similar context. It emphasises the importance of the researcher accounting for or describing the changing contexts and circumstances that are fundamental to consistency of the research outcome.

According to Seale (1999), dependability can be achieved through auditing, which consists of the researcher's documentation of data, methods and decisions made during a thesis as well as its end products. Auditing for dependability requires that the data and descriptions of the research should be elaborate and rich. It may also be enhanced by altering the research design as new findings emerge during data collection.

3.3.4.4 Confirmability

Confirmability is the degree to which the research findings can be confirmed or corroborated by others (Seale, 1999). It is analogous to objectivity, that is, the extent to which a researcher is aware of or accounts for individual subjectivity or bias (Seale, 1999). The researcher audited the collected data to establish confirmability in which the researcher made the provision of a methodological self-critical account of how the research was done. To make auditing possible by other researchers, the researcher archived all collected data in a well-organised, retrievable form so that it can be made available to them if the findings are challenged Seale (1999).

3.4. Ethical consideration

Ethical issues were addressed in this study since this kind of study is more direct to the participants. Agreed-upon standards for research ethics helped ensure that the researcher explicitly considered the needs and concerns of the people they study; that appropriate oversight for the conduct of research took place; and that a basis for trust was established between the researcher and study participants (*Qualitative Research Methods: A Data Collector's Field Guide*, 2012).

This being a qualitative study, the researcher interacted deeply with the participants, thus entering their personal domains of values, weaknesses, individual learning disabilities and the like, to collect data. Silverman (2000) reminds researchers that they should always remember that while they are doing their research, they are in fact entering private spaces of their participants. Understandably, this raises several ethical issues that should be addressed during, and after the research had been conducted.

In this study, the researcher considered the following research ethics: permission, informed consent, confidentiality and anonymity.

3.4.1 Permission

The study was conducted at Mashooro Secondary School. The researcher wrote a letter to the principal and the district in order to get permission to conduct the study. In the letter, the purpose of the study was outlined and the letter explained that participation in the study was entirely voluntary and the participants could withdraw at any time if they wanted to do so. It was also explained that participants' information

would be kept anonymous all the time to maintain confidentiality. Accordingly, the researcher received a response in the form of a letter stating that the principal and the district director in Mopani West would allow them to conduct the study in the school. The letter from the district director that the researcher received was then taken to the University of Limpopo (where the researcher is enrolled as student) in order to obtain the ethical clearance letter that was used as proof to the participants that the researcher had the clearance to conduct the study.

3.4.2 Informed consent

In this regard (of informed consent), the researcher provided documents such as informed consent forms to be completed and signed by the informants before the commencement of the interview sessions. Informed consent is one of the most important tools for ensuring respect for persons during research, and written consent means that a person receives a written form that describes the research and then signs that form to document his or her consent to participate (*Qualitative Research Methods: A Data Collector's Field Guide*, 2012). The researcher went to the school where they are employed, as well as other schools in the same circuit to select participants. During the selection process, the aim of the study was explained to the participants and permission was obtained from the participants' parents and guardians for the participants who were minors (learners).

Participants were told about the purpose of research, how confidentiality would be observed, that they have the right to withdraw from the study at any time without negative repercussions and that participation is done voluntarily or willingly.

3.4.3 Confidentiality

The researcher explained to the participants that all personal information such as names will be kept confidential at all times. The ethical clearance letter obtained from the University of Limpopo was used as proof of permission to conduct the study. In cases where participants still lived with their parents, permission to conduct the study in that household was obtained from the head of the household as well as the participants. The participants were promised by the researcher that their responses will be kept anonymous always to maintain confidentiality. In cases where some questions evoked distress or raised concerns during the interview process, participants were promised that referrals would be made for them with the psychologist

located at the University of Limpopo to address their social problems or for counselling purposes.

3.4.4 Anonymity

Anonymity entails making use of pseudonyms instead of the participants' real names, ensuring that they are not identifiable in print (Leedy & Omrod, 2010). In this study, the researcher uses numbers to refer to various participants. For example, "Participant 8".

3.5. Significance of the study

The results of this study will, to a larger extent, be useful to the practitioners in the Department of Basic Education such as educators at secondary school level and the Department of Health and Social Welfare. Educators at secondary schools will acquire knowledge on how to handle the behavioural problems related to teenage pregnancy. Rural secondary schools and their communities will be educated and encouraged to prevent more incidences of teenage pregnancy.

The Department of Health and Social Welfare can use the information or the results of this study to assist the affected learners. The study is directed towards the knowledge base of the social work profession so as to create a better understanding of the issues confronting teenagers. Social workers would probably also gain more insight into the phenomenon (teenage pregnancy) which will enable them to respond positively and effectively towards extending a helping hand to learners who fall victim to teenage pregnancy.

Authorities and policy makers in the Department of Education may use information derived from this study to come up with policies to address teenage pregnancy as a problematic social phenomenon. The results of this study may also be used by the researchers as a baseline study for future studies in the area.

3.6. Conclusion

This chapter has presented the research design, sample, instrumentation, data analysis and ethical issues. The next chapter discusses data presentation and analysis.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents the data and discusses the findings of the study. Data is presented under the objectives of the study, which have been outlined considerably in chapter one and, as a reminder to the reader, include: establishing from learners whether the socio-economic intervention strategies are effective or not; and finding out from them other ways that can reduce teenage pregnancy. The following general themes or pre-determined descriptive categories have primarily emerged from the interview schedule and are substantiated by direct quotes from interview transcripts to verify their authenticity. The sub-themes are derived from the data after thorough reading of the interview transcripts.

4.1.1. Learners' understanding of teenage pregnancy

Learners showed a great understanding of what teenage pregnancy is and its causes. The following verbal quotes reflect the above idea.

Participant 1: *“Teenage pregnancy is when children under the age of 20 fall pregnant and they are still young to take care of children because they are also children themselves.”*

Participant 3: *“Teenage pregnancy is when young girls fall pregnant. Children fall into relationship and intimacy because they think intimacy makes everything to be alright. Some it is because they go through poverty.”*

Participant 5: *“teenage pregnancy is caused by sleeping with boys, not using a condom and seeing (experiencing) periods.”*

Participant 6: *“they talk of children who fall pregnant while they are kids and not ready.”*

The preceding remarks show that learners are aware of teenage pregnancy, and that they also understand some of the effects of teenage pregnancy as one learner above mentioned that these children are kids; they therefore, cannot take care of children. The learners further showed that they understand the causes of teenage pregnancy, because Participant 3 mentions learners thinking that if they become intimate with

males, it means that it is a good relationship or that they will feel better about themselves. The participant further remarks: *“It (teenage pregnancy) is caused by being convinced by boys and the girls who already have boyfriends.”*

4.2.2. Teenage pregnancy and financial background

Some learners showed that financial background plays a significant role when it comes to teenage pregnancy. They showed that most learners who fall pregnant want money from boys at school for lunch, while some sleep with older men so that they can give them money. But other learners said that financial background plays no role when it comes to teenage pregnancy. Another learner said that poverty or poor financial background affects teenage pregnancy in two ways. It either motivates them to work harder so that they can get out of the situation or pushes them to fall in relationships and end up being pregnant. Below are quotes from learners' interview in support of this statement.

Participant 2: *“Some (girls) want money from these older men, so they end up dating them and getting pregnant.”*

Participant 3: *“Poor financial background affects children too much because you cannot go to sleep without something and like you must have something to wear. And some children who have been dating for a long time attract these young children and tell them that they know ways they can get money and these children end up falling pregnant.”*

Participant 4: *“Sometimes children think that when their parents don't have money, they don't care, and end up sleeping with people so that they can give them money”.*

Participant 6: *“Most of the girls from poor families, do not have respect. They also date older people and these old people give them money and this money makes them to feel like they are like other kids who come from families with money. That is why here at school very young children get pregnant because they want money from boys and they don't use protection.”*

Participant 1: *“Ma'am, this situation has two ways, other children take poverty as a motivation; they work very hard in class so that they can better their family's situation, and other children sleep with older men in the community and get pregnant.”*

4.2.3. Learners' perceptions of the socio - economic intervention strategies

Some learners showed that the socio-economic intervention strategies are effective and really help them. They confirmed that they teach them about the things they did not know about teenage pregnancy, and that they also showed that they teach them about its effect. Furthermore, another learner mentioned that they help those who experienced teenage pregnancy and those who did not. On the other hand, some learners said that the socio-economic intervention strategies available in their area are not effective at all. To add, yet another learner even mentioned that since he arrived at school, the programmes on teenage pregnancy only came once. Even on the issue of social grants, learners indicated that it does not help. On the contrary, they believe the programmes encouraged pregnancy. Only one learner spoke in the affirmative regarding the programmes.

Below are the quotes where learners were expressing their own perceptions of the effectiveness of socio-economic intervention strategies. The researcher categorised the section into two themes, which are community outreach programmes and social grant.

4.2.3.1. Community outreach programmes

Participant 1: *“Yes, they help those programmes, because they teach us about the things we were not aware of relating to sex. They also teach us about the effects of teenage pregnancy. Those programmes help us.”*

Participant 4: *“Most of them are working because they are teaching many children, both who have experienced teenage pregnancy and those who did not.”*

Participant 5: *“Ya, these programmes' work is visible a little, but I still stand with the point that young girls who are already dating must be forced to use prevention needles, because we get pregnant at an early age”.*

Participant 2: *“No, not at all, these children do not listen, instead they just continue to do those bad things, plus since I came here these people only came once to teach us about teenage pregnancy.”*

Participant 3: *“In a village like this, they are not effective, because Mawa is surrounded by taverns and most children go there, and is not easy to convince someone to stop doing certain things while the person might be under the pressure of*

peers and other factors, plus I don't think there are enough programmes, no they are not enough."

PARTICIPANT 6: *"No, they are not working, they are not working because at school they do not tell them about what learners should do to prevent teenage pregnancy, they only tell them about the consequences of teenage pregnancy."*

4.2.3.2. Social grant

Of all learners, only one learner showed that social grant is a little effective in terms of being an economic intervention strategy. All learners showed that it is not effective. They said it is not enough where the other participants even mentioned that it is actually one of the reasons young children fall pregnant in the village as they want the money. The following are their responses:

Participant 1 *"Eei! No, no, most children here fall pregnant because they want that very money. And that money is not enough. It is only enough for someone who is working and having a baby. I mean it cannot buy everything a child needs."*

Participant 2: *"Yes, social grant does help a little, at least our parents are able to buy us uniform and other things."*

Participant 3: *"I don't think it does enough because most of children fall pregnant because they want this money. And this money does not even cover expenses like toiletries, food and clothes. Eei! This money is not enough to take care of children"*

Participant 4: *"Mhmm, I don't think it helps that much, because most parents do not use the money for the children's needs, they use it for their own purposes."*

Participant 5: *"No, you know why, because we get pregnant looking for that money. We want that free money, so that we can buy food at school. And others use the money for their own needs like buying lunch at school and that money is for the children."*

Participant 6: *"Yes because they get it for free, it's a lot of money because they are not working for it. And they also know that if you do so and so and so you will get pregnant. They are not responsible, so this money is enough."*

4.2.4. Learners' perceptions of the improvement of socio-economic intervention programmes

This theme shows that learners think that parents and teachers should work together to teach them about teenage pregnancy. One of the learners also suggested the opening of orphanage homes.

Participant 1: *“Teenagers should be taught about teenage pregnancy. Or they must encourage them that they should condomise if they want to have sex. And I also think that government, teachers and parents should be responsible for doing all these things.”*

Participant 2: *“Parents should meet together with teachers and teach their children so that they can stop these things they are doing. Parents must also monitor their children, like when they go out at night. This is because I see many children here in Block 11 coming home at night and their parents are not doing much.”*

Participant 3: *“Firstly they must bring many programmes that teach people about intimacy and diseases; and help children who are experiencing poverty at home, this can help in reducing these things that they are doing and they are not supposed to do them. Most importantly they could also open orphanages for children who do not have homes, this will also reduce issues where children sell themselves to men.”*

Participant 4: *“The best thing to do is to educate children with the background of teenage pregnancy. Government should also work harder with its programmes. They must take us serious because teenage pregnancy is something that destroys the future of young children.”*

Participant 5: *“They must call nurses and social workers to come at school and force us to use preventing needles every month. It was like this, it was going to be better. And those who are afraid will have to use the preventing pills. This was going to help because these are many of us who get pregnant and we get pregnant at an early age.”*

Participant 6: *“I think there must be some sort of school where they teach us about what causes this and this, because many learners see these things at home. Here many children stay with their sisters and they go to taverns, so children copy what they are doing. So, you must teach us and make us aware of the effects so that we can*

also be afraid of teenage pregnancy, and also understand that if we get pregnant our lives will change forever.”

4.3. Discussion of findings

4.3.1. Research question 1: What is your understanding of teenage pregnancy?

The study revealed that learners have a clear understanding of what teenage pregnancy is and showed that they understand its causes. All learners in the study were able to define teenage pregnancy. As defined in chapter 2, teenage pregnancy in this study entails falling pregnant and parenting of younger girls in secondary schools aged between 13 and 19 and enrolled in grades 8 to 12, which has various effects on one's educational progress and negative implications on one's future adjustment into life in general (Malahlela, 2012).

In the current study, participants were able to show understanding of the causes of teenage pregnancy in their villages. They mentioned mainly poor family background and peer pressure. A study conducted by Thobejane (2015) showed that about 100 percent of teenagers have friends who play an important part in their lives. About 80 percent of them indicated that their friends did influence them to have children. Peer pressure can therefore be seen as one of the main factors that influence teenage pregnancy because most of the teenagers have friends who may be sexually active. Gows (2008) argued that peer pressure is often seen as one of the most influential factors affecting the teenagers' sexual decision. Peers take a major and active role in each other's sex education followed by media. GPCC (2006) states that the youth living in poverty have a teen pregnancy rate of five times the average rate. Poor socio-economic circumstances seem to play a major role in increasing the rates of teenage pregnancy. Ipanteco (2014) argues that poverty is one major contributor to teen pregnancy among poverty-stricken girls. Teenage girls from low income families are falling pregnant at a higher rate than those from middle- and upper-income families.

These findings further correspond with that of Lambani (2015), who showed that the majority of teenagers stated that they knew that falling pregnant was a mistake. They knew the consequences, but in any case, they went ahead and practised unprotected sex then fell pregnant. He further concluded that teenagers are taught about the far-reaching consequences of teenage pregnancies; they are just not educated about the

relationship between pregnancies and poverty. The teenagers were not aware that poverty influenced them to have babies. They felt that they had made a mistake. He further concluded that they are ignorant of their plight of being poor. This shows that there is still more that needs to be done, especially in terms of educating young people about teenage pregnancy. Of six participants, only one participant agreed that they were taught about sex education at school. The finding revealed that lack of education was not the major cause of teenage pregnancy, but ignorance was. The results confirm IRIN's (2007) statement that South African teenage girls fall pregnant in high numbers despite the sex and AIDS awareness campaigns. However, Ipantenco (2014) made the assertion that quality sex education on how babies are made is essential. The type of education given to teenagers might not be sufficient to help them refrain from sexual activities. The finding contradicts the finding that lack of education by government and parents contributes towards teenage pregnancy (Mbeki, 2010). Government is doing its part, but learners are not.

4.3.2. Research question 2: Would you say that children from poor family background are at a high risk of teenage pregnancy? Please explain.

The study showed that poor family background does play a role in teenage pregnancy.

In South Africa, both economic and racial disparities are closely linked to teenage pregnancy. The poorest teens in the population are Black Africans (Jewkes, 2009), hence the study is about black teenagers and socio-economic intervention strategies. Teens who become pregnant are more likely to be poor, Black African and Coloured (Mkhwanazi, 2010). Poverty is both a contributor and a consequence of early pregnancy. Teenage pregnancy is strongly associated with the continuation of the "poverty cycle" (Mkhwanazi, 2010). According to focus-group discussions, narrative role-playing, questionnaires and in-depth interviews with rural and urban adolescents in KwaZulu-Natal, South Africa, teen parenthood is viewed as compromising financial ambitions by both sexes (Varga, 2003). However, research has shown that if girls and women are afforded educational and occupational opportunities to reduce their economic dependency on others, they are less likely to have early pregnancy.

The findings of this study support GPCC (2006), which states that the youth living in poverty have a teen pregnancy rate of five times the average rate. Ipantenco (2014)

argues that poverty is one major contributor to teen pregnancy among poverty-stricken girls. Bruenig (2012) also asserts that high rates of teenage pregnancy are a feature of inequality and not a cause of it. He emphasises that pregnancy is a symptom of poverty (Bruenig, 2012). Kamper (2013) adds that poverty causes teen parenting and not the other way round. The poor socio-economic circumstances seem to play a major role in increasing the rates of teenage pregnancy. Teenage girls from low income families are falling pregnant at a higher rate than those from middle and upper income families (Impanteco, 2014). This was said by some of the participant. Early pregnancy reflects powerlessness, poverty and pressures from partners, peers, families and communities. In South Africa, all children have access to free education and health services. Furthermore, Burdette (2012) argues that child pregnancy is an effect of poverty.

Most of the participants mentioned that young girls at school sleep with older men so that they can give them money. Yalesias (2012) confirms that women choose to become mothers because their economic outlook is objectively bleak. There is a desire for financial security, and by falling in love with affluent people, who will support them financially, women attain this desire (Decker, 2006). This is also confirmed by the participants of the study, where they said that young girls in their school date older men so that they can give them money for lunch. As a result, they are exploited by older men (Decker, 2006). One of the participants also concurred with this statement and further said that these young girls end up pregnant.

Teenage pregnancy can be a result of poverty because some are involved sexually with older men in relationships where gifts such as money, clothes and other goods are exchanged for sexual favours. Teenagers who are born and have grown up into the circle of poverty may end up into prostitution as a way of compensating the salaries of their parents (Thobejane, 2015). This statement supports what Participant 3 revealed, that some children experience poverty at home. They therefore go into prostitution so that they will have food. This, therefore may lead them to stay away from school and a decrease in employment opportunities. People who are mostly recognised in the labour force are those who are educated and having relevant skills. Poverty increases opportunities for sexual abuses where women and children may suffer sexual abuse and unequal power relations if a man is a breadwinner (Thobejane, 2015). Therefore, individuals may be forced to drop-out of school at a

young age to help the family with the income because of poverty. To earn an income, they consequently leave their homes to earn a living on the streets as prostitutes. This fuels the high rate of teenage pregnancies and STIs (Thobejane, 2015). The finding also confirms the declaration by Burdette (2012), Yalesias (2012) and NCSL (2014), that young girls fall pregnant because they want to improve their economic status. As a result, they become dependent on public assistance for the rest of their lives and perpetuate poverty; which is also in support of the claim that children from low income households are five times more likely to fall pregnant than those from stable income households (GPCC, 2006; Brueng, 2012; Kamper, 2013; Ipanteco, 2014). Therefore, the finding confirms that poverty is one of the major causes of teenage pregnancy.

On the other hand, **Participant 5** points out that “*sometimes teenage pregnancy is caused by our wants not our needs*”. This, therefore, shows that sometimes children have all the basic needs provided by their parents, but they still want to have more. This causes them to be involved in sexual activities so that they can get money; and that poverty is not the only contributing factor to teenage pregnancy. Sometimes, even if they were given money for transport to and from school, children tend to hitchhike and fall sexual victims of older men (eNCA news/report, 22 July 2013).

4.3.3. Research question 3: Do you think that programmes that educate children about teenage pregnancy are effective or not?

Delegates at the 1994 International Conference on Population and Development [ICPD] agreed that the global empowerment of women is a priority through individual, social and economic efforts. The ICPD asserted that women’s right to comprehensive reproductive health care and gender equality is central to women’s empowerment. Following on the ICPD, in 2000, national leaders from developed and developing countries met to agree on humanitarian objectives for the year 2015, i.e. the “Millennium Development Goals” [MDGs]. MGD 5 sets targets for improving maternal health through universal access to reproductive healthcare. The two indicators for measuring progress focus on countries’ adolescent birth rate and unmet need for contraception (United Nations Millennium Development Goals Indicators, 2008).

Some of the participants showed that the intervention programmes that are available in their area are effective. One of the participants (participant 1) showed that they are

being taught about sex and its effects. Ipantenco (2014) confirms that access to quality sex education and health classes are essential during teen years, because the classes teach children how babies are made and what action they can take to prevent pregnancy. However, it seems that the type of education offered at South African schools is not good enough to stop learners from engaging in dangerous sexual behaviours. Alarming figures released by the South African Provincial Education Department indicate that schoolgirl pregnancies have doubled since 2006 despite a doubled effort of spending on sex education and AIDS awareness (IRIN, 2007). With this being said, it also supports the findings revealed by some of the participants in the study that the programmes are not doing enough (Participant 3). Participant 2 also said that since he came to school, the people who taught them about teenage pregnancy only came once. This is further supported by Lekganyane (2014), who pointed out that intervention services in other provinces of South Africa yield positive results on the life of these teenagers. Although lack of staff members tend to hamper progress, especially in rural areas where resources are still scarce as compared to urban areas. however, the rate dropped from 5% to 4.9% between girls aged 13 to 19 between 2010 and 2012, according to the General Household Survey 2012 from Statistics South Africa.

There are a number of initiatives behind this drop, such as Love Life, South Africa's largest national Aids prevention, education and behaviour campaign for young people. One of its methods is the Born Free dialogues, at which parents and their children are encouraged to speak openly about sex. Thabang Chabalala, a groundbreaker or Love Life peer motivator, points out that teenage pregnancy is the biggest challenge to young people in South Africa. One of the reasons for the high number of pregnant teens, he argues, is that parents do not talk to their children about sex (Sowetan, 2013). Love Life works to empower parents and the youth to shape their behaviour. Pregnancy and becoming a parent is a life-changing event, and dialogues about sex are ways of teaching teens about the consequences of having unprotected sex, as well as about the responsibilities that come with parenthood. Love Life was founded in 1999 with the hope of alleviating HIV/Aids, sexually transmitted infections and teen pregnancies.

This is more or less similar to a statement by a participant who mentioned that all girls who are already sexually active should be forced to use contraceptive. The participant is convinced that this will help in reducing teenage pregnancy. This shows that there is still a need to educate both parents and professionals on better ways in which they can advise children about teenage pregnancy; as suggested that many health educators have agreed with a comprehensive sex education. If provided, the society would have effectively reduced the number of teenage pregnancies. However, opponents argue that such education encourages more and earlier sexual activity. Interventions combining education and contraceptives appear to reduce unplanned teenage pregnancy (Undiyaundeye, 2016). However, no intervention has stood out as the most effective. The Dutch approach to preventing teenage pregnancy has often been seen as a model by which so many countries have been used. The curriculum focuses on values, attitudes, communication and negotiation skills, as well as biological aspects of reproduction. The media has encouraged open dialogue and the health care system guarantees confidentiality and a non-judgmental approach (Undiyaundeye, 2016).

4.3.4. Research question 4: Do you think that social grant is doing enough in terms of helping reduce pregnancy? Please elaborate.

Generally, the child support grant (CSG) is improving nutrition and child health and has a positive impact in increasing teenagers' school attendance. Furthermore, CSG is regarded as the biggest social cash transfer system and the government's most successful protective intervention programme in South Africa, in terms of reaching out to a large number of participants, including teenage mothers (Department of Social Development, 2008). It also enables these teenagers to prepare their children for school readiness as well as helping with uniforms and school funds (Case, 2005). Even if South Africa experiences high levels of poverty and unemployment, and poverty among children is extremely high, government policies promote poverty alleviation (Chitiga et al., 2014), social grant being one of them. The CSG is a cash grant targeted at eradicating poverty from children. This statement is supported by some of the participants who mentioned that money from social grant assists their parents in buying them school uniform and money for lunch at school.

In this regard, Solomon (2013) states that there is substantial evidence that child support grants reduce risky behaviour among teens such as sexual activity and pregnancy. They serve to reduce teen pregnancy over time rather than increase it. Furthermore, findings by Ngubane (2015) suggest that the CSG is not associated with early childbearing because none of the participants agreed or firmly believed that young women bear children because they want to access the CSG. This makes it hard to believe that young mothers bear children because they want to receive the grant due to the challenges they face during childrearing. Participants from Ngubane's (2015) study revealed that there are various factors that contribute to early childbearing, such as lack of sex education, sexual risk behaviours and lack of contraceptive use. It is evident from the findings of this study, therefore, that social grants improve the quality of life. For example, the study revealed that CSG has a positive impact on child development such as paying school fees, buying food and clothes and future investments such as education (Ngubane, 2015).

However, some observers have suggested that the child support grant provided by the state was an incentive to young girls to fall pregnant (Irin, 2007). The study participants mentioned that social grant is the reason for other girls to fall pregnant in school because they want the money. The Human Science Research Council (HSRC, 2009) says that it has found no evidence that supports public perceptions that young girls are falling pregnant so that they can claim the child care grant. The researchers found that the number of pregnancies among girls between 15 and 19 years peaked in 1996, two years before the grant was introduced, and had been declining slightly since, although they remained high (Cape Times, 2007).

Some of the participants mentioned that there are girls who fall pregnant because they want the money and when they get the money (CSG), they do not use it on their children. Instead, they buy lunch at school during breaks and use the money for their own personal benefits. Goldblatt (2006) found that there had been rumours that young women spend the grant inappropriately by using it for their own expenses and not for their children. They are accused of receiving the grant while they do not take care of their children as it is believed that they dump their children with their grandmothers. There are a number of misconceptions about the mothers, that teenage mothers misuse the grant by using it as an income generating scheme (Mokomo, 2008). Furthermore, the misconceptions are that they misuse the grant by spending it on their

physical appearances. For example, buying clothes and lipsticks rather than spending it on the needs of their children (Mokomo, 2008).

A study on *poverty as the cause of teenage pregnancy* by Lambani (2015) showed that the majority (80%) of the participants indicated that they fell pregnant because they needed to receive the social grant money. Additionally, as revealed by HSRC (2009) that teenage girls got involved with elderly men, it stands to reason that money was the root cause for the girls to fall pregnant. As supported by some of the participants such as Participant 1, who totally disagreed, saying that most girls fall pregnant because they want the social grant money, as well as Participant 5, whose view is: *“No, no...you know why, because we get pregnant knowing that we will get the money. We want the free money and it is a lot of money so that we can buy food at lunch time at school. And others use the money for their own needs, not for children.”* This, therefore, illustrates that there is a need to educate people regarding the role of social grant as well as proper monitoring and parenting.

4.3.5. Research question 5: What else do you think can be done to make sure that the number of teenage pregnancy decreases?

Findings by Lambani (2015) show that 50 percent of children discuss sexual matters with their parents and the other 50 percent do not. The finding is incongruent with the claim that parents do not discuss issues of sex with their children (Mbeki, 2010; HRSC, 2009; Cause of Teenage Pregnancy, 2009; Deckert, 2010; Posel, 2013). It is of great concern that even if parents spoke to the girls about sex, the girls still went ahead and fell pregnant. The reason, therefore, might be that the education or talk about sex and falling pregnant given by parents is not enough (Lambani, 2015).

All the participants pointed out that they discussed matters relating to sex with their peers. Additionally, 90% agreed that their friends influence them to engage in sexual activities. The findings confirm the report by HRSC (2009), which reveals that the knowledge gap as well as the education gap between parents and children contributes toward parents' sense of helplessness in confidently talking about sex. Therefore, peer pressure seems to have contributed towards the participants' decision to engage in sexual behaviour. The participants understand and believe their peers more than their parents. The prime reason proved to be that there is no knowledge and education gap

among teenagers and peer control (Lambani, 2015). Their age group was between 17 and 18 years (Lambani, 2015).

Findings from the data collected by Lambani (2015) show that there is a correlation between contraceptive use and peer pressure. Teenagers are influenced by their peers and are likely to take advice and information about sex from their peers rather than from their parents. Furthermore, lack of parental guidance and family dysfunctionality also influence teenage pregnancy because most of the parents are reluctant to discuss sexual matters with their children as it is regarded as taboo to do so. Others are absent in the adolescent stage of their children to serve as role models. Some participants showed that the reason why other girls fall pregnant is because they are copying their sisters at home who go to taverns and sleep with men. Therefore, the children think it is a good activity, or a normal engagement.

Another revelation is that teenagers have too much knowledge about contraceptives and prevention methods. It is just that they are ignorant or have no one to encourage them to use contraceptives to prevent unplanned and unwanted pregnancies. This correlates with one of the learners' answers, who said that she thinks that nurses should come and force them to use contraceptives. In a nutshell, this shows that the learner and her peers are aware of contraceptives and how helpful they can be in terms of reducing teenage pregnancy. Perhaps the learners see the use of contraceptives as some sort of imprisonment, or something that curbs their desire. It could be said again that if teenagers knew and understood the gravity of the repercussions of unprotected sex, and consequently of early pregnancy, they would be proactive in using contraceptives since it is clear that they are aware of what contraceptives are and where to obtain them.

Participants revealed that there is a great need to educate teenagers about unprotected sex and early pregnancy. They also showed that the government, teachers, social workers, parents and nurses should work together in educating learners about teenage pregnancy. There was a participant who in the interview suggested that parents must monitor their children, especially that the participant is aware that where he stays young boys and girls come back very late at home and parents are not doing much to discourage this risky culture. Most of the parents feel disempowered to talk about such things as HIV and AIDS. They leave everything into

the hands of the government via schools and teachers. As a result, they fail to equip their children with the realities of adult life. Therefore, peer pressure, alcohol abuse, loneliness, inertia and lack of belonging take control of teenagers. In most cases, these situations result in unwanted teenage pregnancies (Cause of Teenage Pregnancy, 2009).

Parents do not guide and supervise their children on issues relating to sexuality. Parents' lack of education about schools and government and sex and relationships is a contributing factor to teenage pregnancy (Mbeki, 2010). Most parents lack both the knowledge and skills to talk openly about sex with their children. They feel disempowered to talk about sex to their children in an environment that emphasises a right based culture for children (HRSC, 2009). The general knowledge gap filled by the educational gap between parents and children contributes towards a sense of disempowerment (HRSC, 2009). Participant 5 suggested that there should be more programmes introduced to educate young people about teenage pregnancy. It is also suggested by Lekganyane (2015) that Limpopo Province is big and therefore may require additional human power for sectors that deal with teenage matters to render effective services and to avoid staff shortage. In this regard, the coordination of services with NGOs and other sectors that are dealing with the prevention of teenage pregnancy and support for teenage mothers will yield positive options for the future of teenagers. Several other MDGs that are not specifically related to maternal health will still have positive effects on adolescents' sexual health and wellbeing (Lekganyane, 2015). Goals toward working to end poverty and hunger and providing access to universal education will equip teens with more resources and empowerment to make informed choices regarding their sexual health and to negotiate safer sex (United Nations Millennium Development Goals Indicators, 2008).

Shaw (2009) emphasises the importance of providing comprehensive sexual and reproductive health services to prevent unintended pregnancy, unsafe abortion and maternal mortality (Shaw, 2009). In South Africa, improved access to and utilisation of comprehensive sexual and reproductive health care for adolescents would significantly improve a range of health outcomes. Specifically, there is an immediate need for more widespread funding for availability and use of implants and other longer term family planning methods to improve the country's contraceptive method mix and increase the prevention of unintended pregnancy among young women (MacPhail,

2007). The 2003 SADHS states that the DoH has a goal of increasing access to contraceptive access and use (Department of Health, 2007); however, having the goal is just the beginning. Additionally, young people also need accessible health care providers, teachers and peer educators who provide non-judgmental assistance on a range of sexuality and sexual health issues.

The negative health consequences of early pregnancy are 600 times higher in sub-Saharan Africa than in developed countries (Pettifor, 2005). South Africa's rate is not as high as other countries in the region, but it is a major concern. Inequalities in race, gender and socioeconomic status inhibit teenagers' ability to control their environment and to navigate access to resources when exploring their sexuality (Jewkes, 2009). Whether teen pregnancy is a social problem on its own or a symptom of many other social problems and disparities, what we do know is that the high incidence of teenage pregnancy places great strain on the individual, her child, her family and society (Cunningham & Boulton, 1996). Teenage pregnancy and early childbirth are concerning public health problems, and they deserve unbiased attention from health professionals, policy makers, educators and community members (Mngadi, 2002). Teenagers have too much knowledge on contraceptives. It is just that they are ignorant or have no one to encourage them to use contraceptives to prevent unplanned and unwanted pregnancies (Lambani, 2015).

Participants' suggestions are in line with Hofferth, Reid and Mott (2001), who suggested several levels to reduce teenage pregnancy and increase the social inclusion of teenage mothers and their families by:

- Joining action, making sure that both arms of government, health and education services work harmoniously or work together effectively on the issue of implementing policies about sex, health and education.
- Prevention of teenage pregnancy through better sex education and improving contraceptive and advice services for young people; involving young people in service design, supporting the parents of teenagers to talk to the teenagers about sex relationship and targeting high risk groups among teenagers.
- Better support for teenage mothers, including help to have them return to school to get an education; giving them advice and support; working with young fathers to advise them on how to take up challenges of being a parent; and

better child care and increasing the availability of supporting housing. Treff (2003) argues teenage pregnancies can be prevented by eliminating exposure to abuse, violence and family strife. Also, in readdressing teenage parenthood, there should also be provision of school-based day care and parenting centre for those teenagers who are already (or soon will be) parents. These strategies would provide viable and effective avenues for giving teenage girls a better chance to withstand their brighter life.

4.4. Conclusion

This chapter has presented the findings of the study and their analysis thereof. The findings established that available socio-economic intervention strategies to teenage pregnancy are not effective.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1. Introduction

The aim of this study was to explore learners' perceptions of the effectiveness of socio-economic intervention strategies on teenage pregnancy in Limpopo Province. This chapter summarises the findings and discussions made, gives conclusions about the effectiveness of socio-economic intervention strategies and the recommendations on other ways that can assist in making sure that the socio-economic intervention strategies are effective in reducing teenage pregnancy.

5.2 Summary

The findings of this study revealed that there is an understanding of what teenage pregnancy is amongst participants, but there is lack of knowledge in terms of how serious it is especially in a society at large. The findings also revealed that there is a need to review and improve socio-economic intervention strategies for teenage pregnancy in South African rural schools. These included:

5.2.1. Social grant

Learners in this study revealed that social grant is not a strategy to intervene on teenage pregnancy; they believe that it is a way in which learners from poor family backgrounds believe that is a way of escaping poverty. However, some learners believe that money from social grant helps as their parents can buy school uniform and lunch at school.

5.2.2. Sex education programmes

It emerged from this study that there is lack of sex education provided in schools. Learners suggested that there should be programmes where they are being taught about teenage pregnancy. This shows that the suggested intervention strategies to teenage pregnancy do not reach all rural schools. Another participant also mentioned that they only saw people who taught them about teenage pregnancy and sex related education once in their schools.

5.2.3. Parental education

When asked about ways in which they think that socio-economic intervention should be improved, all learners suggested that parents should also work together with the teachers to educate them about teenage pregnancy. This shows that parents in rural areas do not really discuss sexual matters with their children and that there is a need to train parents on ways they can communicate with their children about sex. Another participant went further to say that parents should also monitor their children's movements as he always sees other kids coming back home and parents are not doing anything about it. This also shows that there is a need to educate parents about good parenting.

5.2.4. Programmes provided by the department of health

It emerged from this study that nurses do visit schools, but they do not actually talk about teenage pregnancy and its effect. One of the participants mentioned that she feels they must be forced to use contraceptives. This shows that learners do know a lot about teenage pregnancy, but there is an element of ignorance as they are aware of ways they can employ to prevent being pregnant at an early age.

5.3. Conclusion

The following conclusions are drawn from findings of this study:

5.3.1. Learners understanding of teenage pregnancy

All participants showed a clear understanding of teenage pregnancy because all of them could define it. Some went as far as giving causes and effects. It can therefore, be stated in summation that teenage pregnancy is well understood by learners. However the learners (teenagers) are just not aware of how it affects their future as well as how serious it is as a social phenomenon. And also its effects on the community, the country, as well as the world at large.

5.3.2. Learners' perceptions of the effectiveness of social grant as an economic intervention to teenage pregnancy

Some learners, as they stated during the interview, believed that social grant is actually contributing to the increase of teenage pregnancy. However, some believed that the CSG actually helps at home, as their parents are able to provide school uniform and give them money for lunch at school. However, the government should

deploy relevant people to monitor whether the money is used for its purpose or not. Moreover, it can also be concluded that social grant should not be given to young girls even if they are parents, as some learners stated that some of the girls at school use the money to buy their own things, not that of the child. It can further be concluded that social grant as an economic intervention to teenage pregnancy does play a role in assisting teenagers financially, and that proper monitoring is needed in this regard.

5.3.3. Learners' perceptions of the effectiveness of social campaigns put in place to reduce teenage pregnancy

This study concludes that social intervention programmes available to reduce teenage pregnancy are not effective. Participants of this study mentioned that they hardly have visitors who come to school to talk to them about teenage pregnancy. In addition, the participants indicated that even if there are social campaigns that sometimes come and visit them at school, they do not educate enough about teenage pregnancy and its effects. This, therefore, shows that there is a need to review the available social intervention strategies available and to close the loopholes as teenage pregnancy in Limpopo Province is an alarming crisis, especially in Mopani District.

5.3.4. Views of learners on ways to improve socio-economical intervention strategies

Furthermore, it can be concluded that teenagers really need help with socio-economic intervention programmes. Learners are the ones who are experiencing teenage pregnancy. It is therefore vital that their opinions are taken seriously in order to solve this social problem – since they are the future of communities, the country and the world. Moreover, it can be concluded that learners need to be taught about responsibility and accountability. In addition, it can also be stated that most parents are neglectful of their parental duties, and ignorant of their power in collaboration with teachers in the grooming of teenagers. It is also observed the study that some parents do not monitor the movements of their children. Perhaps to shed light in the form of a solution of this problem, one participant pointed out that communities should work with churches to help and teach teenagers about teenage pregnancy. The participant further mentioned that religious organisations can play an important role by providing shelters and food for children who do not have parents so that they will not have to sleep with older men for these basic human benefits.

5.4. Recommendations

Given the findings of the study as presented in chapter four, that the programmes available as socio-economic strategies for teenage pregnancy are not effective, the researcher will make recommendation to redress this problem.

- The government, through the Department of Health and the Department of Education and institutions of higher learning, should put enough funding in place to inspire more research into the effectiveness of socio-economic intervention strategies for teenage pregnancy in rural areas.
- Moreover, since the available socio-economic intervention strategies are not effective, they need to be rethought, reevaluated, reshaped and recreated to meet the need and the nature of the problem of teenage pregnancy in rural areas. This calls for more research in relation to the rural areas.
- Unemployment is a major contribution to teenage pregnancy. It is therefore vital that the government provide employment, especially to women. This is to allow them to be financially independent in order to take care of their children.
- There is still a need to educate rural teenagers about teenage pregnancy, especially its impacts in future as they become older. Programmes that educate teenage pregnancy should be brought to the deep rural areas.
- It is also important that children are taught not only about rights; they should be taught that every action that one takes in life has consequences, that rights are accompanied by responsibility. Both male and female teenagers should be taught to be accountable for every action they take. This means that there should be workshops in rural areas about rights, responsibilities and consequences.
- It is important that parents and educators are trained and made aware of how powerful their unity is in terms of helping children to become better adults. There should be awareness campaigns that educate and train both parents and teachers on how they can work together, and most importantly, to teach parents about communicating with their teenage children about sex. Parents and teachers should also be taught about role modelling.
- Traditional ceremonies where children are tested for virginity should be encouraged. I think they help children to abstain. This can also help them to

wait for a long time before they can be involved in sexual matters. African ways like every older person you see in the street is your mother and father should be brought back, especially in rural areas since they are few and everybody knows the other.

- Learners who have not yet started with sexual relationships should be encouraged to delay engaging in sexual intercourse until the right time when they are matured or married. This will help reduce teenage pregnancy.
- Further research on the perspectives of learners on the effectiveness of socio-economic intervention on teenage pregnancy should be conducted in other rural other parts of the country. The present study was only limited to three secondary schools and six learners in the Mawa area of Limpopo Province. There may be a need to carry out this kind of research in Limpopo Province and South Africa as a whole.
- Government should monitor how parents use social grant. This can be done by social workers available in communities by checking whether parents are using the money for its purpose or not.
- Young girls should be encouraged to abstain as this will help them delay in having sex. This can be achieved better if religious organisations work together with parents and teachers at schools.
- There should be sports complex in deep rural areas that will help to keep learners busy in a constructive way.

5.5. Conclusion

To conclude, more studies should be conducted on teenage pregnancy, especially in the rural areas of South Africa. This chapter therefore presented the conclusions and recommendations made by the researcher on the effectiveness of socio-economic intervention strategies.

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APPENDIX A:

Hello! My name is Johanna Mpya and I am a student in, Curriculum Studies Masters programme at the University of Limpopo. I am conducting research on the perceptions of learners on the effectiveness of socio-economic intervention strategies: the case of teenage pregnancy in Mawa, Mopani District in Limpopo Province.

I request you to participate in this study. This will involve 60 minutes recorded individual interview around your perspective towards the effectiveness of socio-economic intervention strategies of teenage pregnancy. Your identity and the details of the interview records will be kept confidential, and the only other person who will have access to the information will be the supervisor overseeing this research. The transcripts and the audiotapes of the interview will be destroyed, once the research report has been completed.

Your participation will be appreciated; however, you are not obligated to participate and may withdraw your participation from the study at any time if you wish to do so.

Finally, you are requested to complete the attached consent forms if you are willing to grant consent for your participation. Thank you for your time. Should you require further information, please contact either me or my supervisor at the following numbers

Ms Johanna Mpya: [REDACTED]

Dr. JM Mamabolo [REDACTED]

APPENDIX B: CONSENT FOR PERMISSION (PARENT/ GUARDIAN)

I, the undersigned consent to allow my daughter/ son to voluntarily participate in the study researching the experiences of pregnant learners. I am aware that she is under no obligation to participate in this study and may withdraw at any time without negative consequence for her.

NAME:

RELATION TO LEARNER:

SIGNATURE:

DATE:

APPENDIX C: PARTICIPANT CONSENT FORM

I, the undersigned voluntarily consent to participate in the study researching the effectiveness of socio-economic interventions, conducted by Johanna Mpya. I fully understand the procedures of the study as explained to me.

I am aware that I am under no obligation to participate in this study and may withdraw at any time without negative consequence to me.

NAME:

SIGNATURE:

DATE:

APPENDIX D: CONSENT FOR AUDIO RECORDING

I, the undersigned, voluntarily consent to participate in the study researching the experiences of pregnant learners, conducted by Johanna Mpya. I am fully aware of the purpose and the procedure of the study. I thus consent to have the interview tape recorded.

NAME:

SIGNATURE:

DATE:

APPENDIX E: INTERVIEW SCHEDULE

Dear student kindly fill in this questionnaire for me as part of my research dissertation

I am years old male \female (tick relevant one) in grade
.....

1. What is your understanding of teenage pregnancy?

.....

.....

.....

.....

.....

.....

.....

2. Can you name at least two reasons or factors for teenage pregnancy?

.....

.....

.....

.....

3. What do you think of programmes in your community that teach young boys and girls about teenage pregnancy?

.....

.....

4. Do you think that social grant is doing enough in terms of helping to reduce teenage pregnancy? If no please give a reason

.....

.....

.....

.....
.....
.....

What else do you think can be done to help in reducing teenage pregnancy in your villages?.....

.....
.....

APPENDIX F

Mpya N.J

1207

Groblersdal

0470

13 MAY 2017

The Research Section

Department of education

Limpopo provincial government

Mopani District

To whom it may concern

Ref: Mpya N.J. (Student no. [REDACTED])

Email: ngoako.mosima@gmail.co.za

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH IN THE SCHOOLS AT MAWA CIRCUIT

I, Mpya Ngoako Johanna, masters' student at University of Limpopo, hereby request your permission to conduct a research in three schools of Mawa Circuit. My proposed title is **perceptions of learners on the effectiveness of socio-economic intervention strategies: the case of learners in Limpopo Province**. Data will be conducted in three schools.

I am also employed by the Department of Education, employee number: [REDACTED]; attached to Mashooro High school as an educator. (Cs1)

I look forward to your favourable response

Yours Faithfully

Mpya N.J

APPENDIX: G



University of Limpopo
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TURFLOOP RESEARCH ETHICS COMMITTEE CLEARANCE CERTIFICATE

MEETING: 02 November 2017

PROJECT NUMBER: TREC/401/2017: PG

PROJECT:

Title: The exploration of the perceptions of learners on the effectiveness of socio-economic intervention strategies: The case of teenage pregnancy in Limpopo province
Researcher: NJ Mpya
Supervisor: Dr JM Mamabolo
Co-Supervisor: Prof MJ Themane
School: School of Education
Degree: Masters in Curriculum Studies


PROF. J. MASHOGO

CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-033

Note:

- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
- ii) The budget for the research will be considered separately from the protocol.
PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.