

## Parental Worries: Increasing Adolescent Pregnancies in High Schools in South Africa: A Case of the Blue Crane Route Municipality, Eastern Cape

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**ABSTRACT** Adolescent pregnancy is a growing concern amongst students across South Africa. This causes high rates of school dropouts curbing the chances of success and independence for many adolescent females. Sex education forms part of the life orientation curriculum and has been put in place as a method of reducing the escalation of pregnancy by the Department of Education. This paper is based on a Master of Social Work degree dissertation whose aim was to explore the perception of the effectiveness of sex education in reducing pregnancies in the Blue Crane Route Municipality. Qualitative data through semi-structured interviews and focus group discussions were collected from students, social workers and life orientation educators. The data was analysed thematically and was supported by appropriate literature. The findings revealed that sex education is not effective in reducing pregnancies in the Blue Crane Route Municipality as figures are on the rise. Therefore, parental worries concerning adolescent pregnancies have increased and will continue to do so until there is an effective method to curb the increasing number of adolescent pregnancies in high schools.

### INTRODUCTION

Teenage pregnancy is a global phenomenon with girls falling pregnant at the early age of 13 (Kaiser 2000). Puberty and adolescence are the periods during which there is primarily a great surge of genital development and emotional confusion. The secondary sexual characteristics appear which increase sexual tension. The sex drive is triggered by certain androgens such as testosterone, which are at a higher level during adolescence than at any other time of life (Marlow and Redding 2001). Children entering adolescence are not fully sexually matured nor physically developed, yet they are capable of reproduction. The consequences of indulging in sexual activity at an early age include adolescent pregnancies, unsafe abortion, sexually transmitted diseases (STDs), HIV/AIDS, which condenses the chances of success for young people (Reproductive and Child Health Section [RCHS] 2004). Oja et al. (2004) emphasized that the optimal child bearing years are between 18 and 35 years. This age range is recommended because

scientifically the girl's body is mature and she should be psychologically ready for childbearing and its consequences.

Parents are aware that adolescence is a period of transition, growth and opportunities for exploration and experimentation. It is a period when young people have a greatly increased interest in sex, which of necessity entails the attendant risks of unintended pregnancies (Ehiri 2010). Genital development that takes place during adolescents which causes major confusion by means of hormones that awakens sexual characteristics, such as masturbation and sexual fantasies if not guided adolescents could experiment in an unbecoming manner and become pregnant or infected with life threatening diseases it could even lead to a fatal ending this causes tremendous stress in the lives of parents. According to Clark et al. (2009), sexual activities by women before marriage are increasing commonly. It is believed that youth are experiencing fundamental changes in their society as part of increased Western-style individualism. This includes exposure to popular culture; widespread access to mass media; the internet; and mobile telephones (Clark et al. 2009). These authors further state that residential mobility are transforming their lives, particularly with respect to gender relations and marital aspirations, this is due to a wide array of venues

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including community facilities, schools, and nightclubs. The mentioned venues provide adolescents with numerous opportunities for interaction with the opposite sex. This is no different within the Blue Crane Route Municipality; students have ample opportunities to intermingle with the opposite sex at school functions with limited adult supervision.

Teaching sex education seems like a debate from previous generations, the reality is that it is not just for parents, but for the community, it is still a highly controversial issue (Effective Sex Education 2008). It is believed that the incidents of school-aged children engaging in sexual practices are frequently increasing, as the media continually reports that the ages of these young people are decreasing more and more. The numbers of sexually transmitted diseases, adolescent pregnancies and even other fatal consequences are now on the rise and the figures of youth mortality is increasing. Parents may not be educating their children enough about sex and this type of withholding causes children look elsewhere for guidance and more than often they are misinformed. In society today more and more parents are against teaching young children about sex education not realizing the numerous positive effects it could have on a child's future. Parents need to play an active role in educating their children on issues like sex, the first forms of education start at home before anywhere else. Furthermore, parents should support sex education, even in religious schools because it is a form of educating children with the correct information that could assist them in making wise decisions in turn decreasing rates of adolescent pregnancies and lowering the burdens on the shoulders of parents. Sex education should be taught in all schools despite religious or personal beliefs, to help reduce adolescent pregnancies and sexually transmitted diseases and allow adolescents to understand the consequences of engaging in sex early (Effective Sex Education 2008). In the majority of instances the sex education received in schools is the only form of sex education that children receive therefore, schools play a vital role in prevention of pregnancy at an early age.

### **Problem Statement**

“Early childbearing amongst adolescents have negative impacts with regards to their so-

cioeconomic and socio-cultural status life orientation brings about awareness concerning this matter” (Boult and Cunningham 1992: 36). Life orientation forms part of the new curriculum at schools, it is a compulsory subject for learners up till grade 12. Sex education forms a major part of Life orientation and it was formulated with the aim of decreasing the numbers of adolescent pregnancies Nationwide (Kirby 2002). Adolescents within the Blue Crane Route Municipality have been receiving this subject since the year 2000 and still adolescent pregnancies are on the rise. According to the Annual report (2008/2009) there has been an increase in figures by 7 percent and rising on an annual basis.

The research questions that helped in achieving the goal of the study were:

- ♦ How adequate was the course content of life orientation in helping adolescents in their sexual life?
- ♦ Which factors are responsible for the increasing number of pregnancies in the municipality?

### **Overview of the Literature**

The interruption of schooling that is likely to accompany adolescent pregnancy is universally acknowledged as a great disadvantage, as in all probability it will limit the young mother's future career prospects and in so doing condemn her and her child to a life characterized and defined by low socioeconomic status. While South African legislation forbids discrimination against young mothers in school, there is nevertheless significant evidence to suggest that pregnant school-goers are often asked to leave school during their pregnancies. This is possibly because pregnant young women are perceived as a bad example for other young women. In addition, the Department of Education's 'Measures for the Prevention and Management of Learner Pregnancy' make it possible for educators to 'request' that learners who are pregnant take a leave of absence for up to two years. Klein (2008) provides data from the Cape Area Panel Study, in which the rates of school leaving are broken down into racial categories. It was found that by the age of 18 years, 30 percent of Coloured, 18 percent of African and less than 8 percent of White learners had left school before completing Grade 12. The investigation by Klein (2008) of the transition into adulthood through the significant events in young peo-

ple's lives, which include the first sexual experience, leaving school, pregnancy, birth and marriage, provide a glimpse into the complexity of the sequencing of these events. The researchers concluded that adolescence is not a 'very solid period of life' in terms of young people experiencing the five events of transition into adulthood, and that there is 'more disorder than order in terms of the variety of combinations and chronological sequences of important social and family formation transitions'.

The World Health Organisation (2004) review of literature and programs indicates that teenage pregnancy may contribute to a range of complications, including pregnancy-induced hypertension, anaemia, obstructed and prolonged labour, vesico-vaginal fistulae, infections, malaria, low birth weight, preterm labour and delivery, prenatal and infant mortality, and maternal mortality. These complications have been associated with the physical immaturity of teenage mothers, as well as limited access to health care. It is hypothesized that many of these complications arise because the body of the young woman is still developing, with the development of the foetus being compromised by lack of nutrients and the under-size physicality of the young woman.

In addition to the health risks associated with teen pregnancy, there are a number of educational problems. Teen parents are also not receiving the education they are entitled to, and have higher dropout rates than their peers (Kirby 2002). The children of teens also tend to suffer academically (Kirby et al. 2014). Educational outcomes of both the teen parent and the child are also critically impacted by early childbearing. Children born to teen mothers are also more likely to have lower math and reading test scores, and are more likely to be retained in school (Kirby 2002). Children of adolescence are at a higher risk of being victims of child abuse than other children (Hallman et al. 2009). Children of adolescent parents are at increased risk of other negative life outcomes, such as poverty and incarceration leading to juvenile delinquency. Children born to adolescent mothers are more likely to live in poverty than children born to adults, which means that these children have fewer resources (Harrison 2008). Motherhood in adolescence years is sometimes associated with poor child outcomes. The South African Department of Health (2007) Policy guidelines

for Youth and Adolescent Health reports that, in general, levels of child mortality are decreasing throughout sub-Saharan Africa. However, in countries such as South Africa, where the effects of the HIV/AIDS epidemic are felt, it is possible that these trends may be reversed.

There are factors that contribute to, and factors that act against, contraceptive usage and safe sex practice amongst young people. These factors are complex and interweaving, and operate in the personal, interpersonal and structural or cultural level.

Myer and Harrison (2006) researched the multiple pathways to risky sexual behaviour amongst young people through studying the relationship between what they call the proximal factors (personality, emotional status and behavioural tendencies), intermediate factors (parent-adolescent relationship; peer influence) and distal factors (socioeconomic conditions). Like other Youth Development Programs, sex education aims to achieve a range of outcomes, some of which apply to sexually active youth and some to those not yet sexually active.

As the primary socialising agents of children, parents should be a trusted source of information concerning sexuality for young people. Unfortunately, this opportunity for real and effective communication between parents and children is frequently lost, owing to the fact that many parents lack both knowledge and the ability to talk openly about sex, and feel disempowered raising their children in an environment that now places emphasis on a culture of children's rights. In addition, the generational knowledge gap between the generations, fuelled by the educational gap between parents and their children, also contributes to the sense of disempowerment felt by parents. However, trials of interventions focusing on family life in South Africa have shown that programmes can promote open communication concerning sensitive subjects, and foster strong bonds between parents and their children on one hand, and teach parents how to set and enforce rules on the other. In order to give the sex education provided in schools greater relevance, consideration should be given to the wide scale implementation programmes of this sort (Panday et al. 2014).

Social workers can assist parents in educating their adolescents about sex. Social workers who practice family therapy can play a role in sex education by facilitating discussions about

sex between parents and adolescents (Kirby 2002). Social workers are more familiar with legislation than educators therefore; they advocate for adolescents educating them of their rights as per the Children's Act 38 of 2005. Given the social workers' influential role in health care services, they play an important part in advocating for reproductive rights these include sex education and access to birth control (Alzate 2009). By empowering adolescents to make healthy choices for themselves by providing them with accurate knowledge about sex, social workers are also abiding by the Code of Ethics by advocating for those who cannot do it for themselves like adolescents who want accurate information on health care facilities in underserved communities (Alzate 2009).

### **Theoretical Framework**

This study adopted Bandura's social cognitive theory which emphasises the social origins of behaviour in addition to the cognitive thought processes that influence human behaviour and functioning. Bandura's social-cognitive approach represents a break from traditional theories by proposing that cognitive factors are central to human functioning and that learning can occur in the absence of direct reinforcement. That is, learning can occur simply through observation of models and in the absence of reinforcement (Bandura 1997). Sex education aims at assisting adolescents in identifying factors that contribute to adolescent pregnancies through literature and observation; and to teach them methods to address the factors in order to reduce the number of adolescent pregnancies in the Blue Crane Route Municipality. Bandura (1997:56) noted that "external, environmental reinforcement was not the only factor to influence learning and behaviour. He described intrinsic reinforcement as a form of internal reward, such as pride, ability, strengths, satisfaction, and a sense of accomplishment". In the instance of this study this means that sex education equips adolescents with the knowledge to make independent decisions. Sex education is an asset to adolescents and it develops their knowledge on various aspects related to sex. Adolescents have the ability to learn and not fall into the same residual lifestyle of their peers; this approach focuses on the positive abilities of adolescents in dealing with the problem which is the esca-

tion of pregnancies. This emphasis on internal thoughts and cognitions helps connect learning theories to cognitive developmental theories (Bandura 1997).

According to Patel (2005), developmental theories form part of social cognitive theory, it analyses individuals as they progress through distinct stages of growth. Students are separated according to their grade level, which makes it easier to administer age appropriate sex information (Patel 2005). As adolescent's progress through the different stages, they develop cognitively and acquire better decision-making skills which make it easier to set goals. Sex education programs that consider developmental stages are more effective in the long term. Many state laws on sex education require information about sexuality to be age appropriate. Research by Patel (2005) shows that sex education programs that are implemented from an early age has a positive impact on students.

### **Legislative Framework**

Along with the theoretical framework was the legislative framework to protect children against sexual abuse. Sexual abuse occurs on a daily basis and is under-reported in South Africa. Hence; students are taught their rights from a very young age by educators. It is the responsibilities of social workers to educate children on the different child protection Acts. These Acts include the Children's Act; Sexual Offences Act and Child Justice Act amongst others. Primarily the Children's Act 38 of 2005 clearly stipulates the rights and responsibilities of a child. The Children's Act 38 of 2005 (135) states that children have the right to contraceptives, "no person may refuse to sell condoms to a child over the age of 12 years; or to provide a child over the age of 12 years with condoms on request where such condoms are provided or distributed free of charge. Contraceptives other than condoms may be provided to a child on request by the child and without the consent of the parent or care-giver of the child if the child is at least 12 years of age; proper medical advice is given to the child; and a medical examination is carried out on the child to determine whether there are any medical reasons why a specific contraceptive should not be provided to the child. A child who obtains condoms, contraceptives or advice about contraceptive in terms of

this Act is entitled to confidentiality in this respect, subject to section 105”.

The Sexual Offences Act, No 32 of 2007 serves to protect adolescents under the age of 16 who fall pregnant as most young girls get impregnated by older men who refuse to take responsibility for their actions. This act states that participating in sexual intercourse with a girl under the age of 16 is an offence and the perpetrator can be incarcerated for his action. In addition, it also forces the males to take responsibility as far as the rearing and maintenance of the baby is concerned. Girls are being raped and they are not even aware of it and it is the responsibility of life orientation educators to educate the learners on statutory rape and encourage them to report rape cases which could lead to a reduction in adolescent pregnancies.

The Child Justice Act 75 of 2008 states that any person that comes into conflict with the law will be punished even children. In an instance where rape occurs with the accused being underage that crime will not go unpunished, there will be punishment of detention, incarceration or community service depending on the age of the perpetrator and the severity of the crime. With the current justice system a crime such as rape committed by a minor lead to punishment of juvenile delinquency where the child is incarcerated with other minors until age 18 and then sentenced to time in a correctional centre. Sex education should be implemented universally; this involves multiple role players, including communities; parents; health care practitioners; mass media.

### RESEARCH METHODOLOGY

This section of the paper briefly describes the research design; study area; population, sample and sampling strategy; instruments of data collection and methods of data analysis and the ethical issues that were considered in conducting the study.

#### Research Design

Based on the problem that was investigated, the research design was exploratory in nature; hence using a qualitative method of data collection was best suited for this study. Qualitative approach “is an inquiry process of understanding based on distinct and methodological tradi-

tions of inquiry that explore a social or human problem where the researcher builds a complex, holistic picture, analyse words, reports, detailed views of informants and conducts the study in a natural setting” (Srivatava and Thomson 2009).

#### Study Area

The study was conducted in the Blue Crane Route Municipality in the Eastern Cape Province of South Africa. This Municipality consists of a number of settlements: Somerset East including Aeroville, Mnandi, New Brighton, Westview and Clevedon; Cookhouse including Bongweni and Newtown; and Pearston including Nelsig and Khanyiso. There are five secondary schools within this municipality from which four are public schools and one is a private school. The schools are multi-racial and the majority of the coloured and black learners come from poor socioeconomic backgrounds and attend public schools. Adolescent pregnancies are a major problem in the schools as well as school dropouts.

#### Population, Sample and Sampling Strategy

The population was made up of all adolescent girls in secondary schools doing grade 11 in the Blue Crane Route Municipality. It was also made up of all social workers from Child Welfare Somerset East and all life orientation educators in the municipality. Purposive sampling was used in the selection of adolescent girls. “Purposive sampling is choosing participants who reflect most of the characteristics of the general population” (Punch 2005:28). In this study, a sample of grade 11 adolescent girls, were taken from four schools, participants were selected with the help of educators that implies that knowledgeable and informed students were chosen. Assistance from educators in the school was used, to select students. The grade 11 life orientation educators from all the schools within the municipality were selected, as they are the ones teaching sex education to adolescents. Social workers from the Child Welfare Somerset East were selected because they are responsible for hosting and implementation of programs related to sex education to schools within the municipality. Hence, the sample of this study was 25 grade 11 female students, 5 life orientation educators from the various schools and 4 social workers.

However, the sample of grade 11 adolescent was reached after there was saturation of the ideas that were under discussion.

### **Instruments of Data Collection and Method of Data Analysis**

The data collection instruments that were used were semi-structured interviews and focus group discussions. The data collection methods observed the ethical principles of research and the methods of data collection, which includes “talking to participants in person (interviews); discussing issues with multiple research participants at the same time in a small-group setting (focus groups discussions/interviews); and examine how research participants act in natural and structured environments (observation)” (Punch 2005: 161). The thematic approach as described by Rubin and Rubin (2012) was followed in analysing the interviews. The process involved reading the interview transcripts after transcribing the recordings and coding the descriptive concepts that emerged from the focus group interviews that were conducted. The researchers organised individual ideas into categories that shared similar concepts. This was accomplished by reading through the different interviews and identifying individual ideas that share the same meaning and using quotations from participants to confirm themes identified. These ideas were grouped together into themes that were then formulated on the basis of concepts that emerged from the interviews.

### **Ethical Considerations**

The importance of ethical considerations has been emphasized by Kumar (2008:239) when he elucidates that “ethical issues arise from an interaction of a researcher with people and the environment, especially at the point where there is a potential or actual conflict of interests”. Taking these elements into account all participants were requested to sign an informed consent form. An ethical clearance certificate provided to the schools in which clearly states the following:

#### ***Informed Consent***

Rubin and Rubin (2012) defines informed consent as giving all possible information on the goal of the investigation, the procedure that

will be followed during the investigation, the possible advantages, weakness and hazards that respondents may be exposed to, as well as the credibility of the researcher, to potential subjects or their legal representatives. Participants were willing to participate in the study and they were chosen based on their knowledge regarding the topic.

#### ***Confidentiality***

Punch (2005) defines confidentiality as “the right to privacy is the individual’s right to decide when, where, to whom, and to what extent his or her attitudes, beliefs, and behaviour will be revealed”. Should a researcher disregard this boundary legal action can be taken. The researcher signed a confidentiality contract with respondents in the form of the informed consent letter.

#### ***Harm to Respondents***

Rubin and Rubin (2012) state that respondents can be harmed in two ways, namely physical and emotional. The task of the researcher was to inform the respondents of any kind of harm that may occur. The researcher discussed all possible hazards that may have been encountered during the study and left it up to respondents to decide whether to participate. Any possible harm was, however prevented.

#### ***Debriefing of Participants***

Participants must get the opportunity to share their feelings immediately after the data collection has occurred (Punch 2005). This facilitated the processing of any issues that might have been uncovered during the study. The debriefing process was a way in which to protect participants from emotional harm. The researchers conducted a debriefing process immediately after every interview.

Finally, the University of Fort Hare Ethics Committee approved the topic for the research and granted the researchers with a clearance certificate as permission to conduct the study.

## **FINDINGS AND DISCUSSION**

This section of the paper handles the findings gathered from this study. These findings

are presented thematically. The themes discussed include adequacy of course content of sex education, the role of contraception in reducing pregnancies; health related risk associated with early pregnancies; and the relationship between adolescent pregnancies and socio-economic causes.

**Theme One: Course Content of Sex Education is Adequate and Contraception Plays a Very Important Role in Reducing Pregnancies**

Comprehensive sex education addresses both abstinence and safe-sex practices in schools. Focusing on both the biological and social risk factors, such as gender power relations, poverty and dropping out of school early, which influence the rates of early pregnancy (Kirby et al. 2014). The department of education believes that the more information students receive in schools, the lower the pregnancy rates of adolescents will be. Eight adolescents found sex education to be adequate to them. One of the participants explained that:

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

Comprehensive sex education provides holistic information on human sexuality and sexual health which is very helpful to adolescents to assist them in dealing with the phase of development from childhood to adulthood. Furthermore, sex education educates students on not only pregnancy but also on issues that occur in everyday life, which they can relate to in avoiding inequality in relationships. Kirby confirms that programmes that teach young people about abstinence, contraception and disease prevention are in fact effective in reducing pregnancies, and that young people find the information useful (Kirby 2013).

Twenty adolescent participants explained that when they discuss sexuality with their peers, everyone participates in the conversation, some based on experience and others based on theory. One adolescent participant went on explaining that:

*Sex education plays a big role, as it can help avoid stumbling blocks in relationships and it helps partners to share important infor-*

*mation with each other and make decisions together.*

Debates on sexual issues are hosted at schools in the Graaff-Reinet district where the schools from Blue Crane often participate in these debates sharing their knowledge with students from another district municipality.

Twenty-four adolescent participants along with the five educators and four social workers felt that contraception plays a very important role in reducing pregnancies. One of the explanations regarding contraception from an adolescent participant was:

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

Comprehensive sex education provides adequate information on contraception, which is very helpful to students. In agreement with the findings of the study Mestad et al. (2014) who suggested that the best way to reduce the risk of unintended pregnancy among women who are sexually active is for them to use effective birth control correctly and consistently. Twenty-four of the adolescent participants knew what contraceptives meant and where they could get hold of contraceptives; as well as what contraceptives were used for. However; the majority of students experienced negative encounters with health care practitioners when attempting to access contraceptives. The study further established that due to the negative behaviour from health care practitioner students does not go to clinics because they are afraid of the staff members. This leads to higher rates of pregnancies in the municipality. In support of the findings Panday et al. (2014) found that despite significant advancements in terms of both policy and programmes to improve the availability and accessibility of sexual health services to young people, taking advantage of them is compromised by aspects of the services which tend to deter young people. Even with the rollout of the Adolescent Friendly Clinic Initiative in South Africa, young people are still confronted with the negative and stigmatising attitudes of health staff. As a result, young women would often rather not use contraception, but tend to delay obtaining antenatal care when they are pregnant, or resort to illegal means for termination of pregnancy (Panday et al. 2014).

### **Theme Two: Introduction of Peer Education Programme**

All five educators and all the social workers indicated that a peer education programme to work with students falling into a high risk group to educate them concerning sexuality and its consequences had been introduced. Peer educators refer vulnerable students to social workers to enable them to provide them with in-depth explanations of the consequences of early sexual engagement. Social worker 1 explained that:

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

The task of the mentor in the Blue Crane Route Municipality is to support adolescents who are at risk with resources in order to assist them to make positive decisions. The programme is being implemented in the entire Cacadu district, including the area between Graaff-Reinet and Grahamstown. The findings of this study concur with those of Hallman (2012:58), who explains that "peer programmes generally recruit and train a core group of young people, who in turn serve as role models and sources of information and skills development concerning adolescent sexuality". Peer educators participate in a number of multi-component programmes to augment the roles that they play as educators in school-based programmes, to distribute condoms independently of the health services, to create a demand for health services in the communities and they also participate in a number of mass media interventions (Hallman 2012).

### **Theme Three: The Benefits of Sex Education Provided to Adolescents**

Although sex education was included in the life orientation curriculum with the aim of producing beneficial results, the benefits of sex education tend to vary. The main theme identified was that sex education provides holistic infor-

mation concerning human sexuality and sexual health.

#### ***Sub-theme 1: Holistic Information Concerning Human Sexuality and Sexual Health***

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

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

Comprehensive sex education covers a wide range of topics concerning sexuality and sexual health. In agreement with the findings of this study Bankole et al. (2013: 110) maintained that holistic information on sexuality is grounded in evidence-based, peer-reviewed science. Its goal is to promote health and well-being in a way that is developmentally/ age appropriate for adolescents at different levels. It includes information and communication skills, as well as an examination of values. It promotes abstinence from sexual behaviour, and provides information on other important topics such as birth control, safe sex, sexual orientation and the effectiveness of condoms.

### **CONCLUSION**

The main cause of adolescent pregnancies is poverty-driven and with the economy and children dropping out of school not completing their education, things no better. Students need to be encouraged and supported by parents; social workers; educators and the community to follow their dreams to become independent. Until students are convinced to work hard on getting educated, the vicious cycle of poverty will not end and people will continue to do low wage jobs.

There is a shortage of human resources in the Blue Crane Route Municipality. This makes



it difficult for role players play an active part in pregnancy prevention. Furthermore, there are not enough awareness campaigns carried out at schools in the Blue Crane Route Municipality on adolescent pregnancy. There are still major inequalities among students in private schools and those in government schools. The total of students in a class is fifty plus in government schools and thirty maximum in private schools. Also the administration is well organized in the private school and chaotic with the shortage of educators in the government schools.

The peer education programme as part of comprehensive sex education is a good initiative in assisting troubled adolescents making the right decision. It answers questions that adolescents had and it links them with resources like social workers assist in situations where peer educators lack knowledge. This serves as a form of support to adolescents who participate in the peer education programme assisting them with positive development. Sexual assault is a major cause of pregnancy and it does not get reported as it is an offence to have sexual encounters with a child under the age of 16. Students do not report instances of sexual assault because the perpetrators are not punished by the criminal justice system instead the victims are interrogated by police officials. Adolescent participants explained that when some of their peers went to report cases of sexual assault the police officials cursed them out and told them to stop chasing money and there was no document for investigation filled. Many girls in the various schools have experienced this and lost faith in the criminal justice system which gives perpetrators freedom to do as they please and not be punished for their deeds.

With the escalation of pregnancies, the rates of crime will continue to increase. The majority of students at public schools lives in poverty where parents either do not possess the necessary financial status to care for their children or parents give their children up to be raised in foster care. Children do not participate in extra mural activities like music classes and swimming lessons as they do not have the necessary finance to pay for these activities. In some households there is no food to eat and with an extra mouth to feed sometimes crime is seen as the only way out. The child support grant should not be a method of poverty alleviation; girls need to be supported to complete their education and acquire skills instead of falling pregnant.

## RECOMMENDATIONS

The following recommendations are presented based on the findings and conclusions of the study:

- Social workers (school social workers) should be employed at schools to intervene I cases where students are experiencing social problems.
- The Department of Social Development along with the Department of Basic Education should look at employing more educators skilled in life orientation.
- Substance abuse is a major cause of adolescent pregnancy, owners of taverns should be approached and reminded of the no alcohol for sale to persons under the age of eighteen rule. Police should actively play their role in monitoring this process along with the parents of the children visiting taverns.
- Awareness campaigns on adolescent pregnancies and the impact it has on one's life should be hosted in schools and communities continuously.
- Students should be educated on the Sexual Offences Act 32 of 2007 to bring about awareness that sexual assault is wrong and should be reported.
- Sex education is adequate as most students found that some of the things they encounter in their everyday life, it is just not effective in reducing adolescent pregnancies.
- Parents should keep an open mind when it comes to providing adolescents with contraceptives and bear in mind the goal of decreasing the rates of pregnancies.
- The curriculum of life orientation should be re-evaluated and adjusted accordingly by the department of education as the curriculum is implemented but the outcome remains poor.
- Educators should change their teaching methods as the students find it boring to assist students in concentrating in class.
- Peer education programmes should be extended to recruit more educators.

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