

Educators' Perceptions of the Effects of Teenage Pregnancy on the Behaviour of the Learners in South African Secondary Schools: Implications for Teacher Training

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KEYWORDS Teenage Pregnancy. Teacher Education. School Attendance. Secondary School Learners. School Performance. School Dropout. South Africa

ABSTRACT The aim of this study was to investigate educators' perceptions of the effects of teenage pregnancy on the behaviour of the learners in some South African secondary schools. Fourteen educators from seven secondary schools were purposively sampled for the study. Data were collected using in-depth interviews to allow the researchers a platform to ask open-response questions and to explore the educators' perspectives about the effects of teenage pregnancy. The data were analysed thematically by carefully identifying and expanding significant themes that emerged from the informants' perceptions about the effects of teenage pregnancy. The study revealed that teenage pregnancy has a negative or detrimental effect on the school attendance, academic performance, emotional behaviour and relationships between pregnant teenagers, their peers and educators. Implications for teacher training to manage these effects were given.

INTRODUCTION

Globally, 15 million women under the age of 20 give birth, representing up to one-fifth of all births and 529, 000 women die due to pregnancy and childbirth related complications every year (Dev Raj et al. 2010). Teenage pregnancy is a major concern to world communities with the US being at the top with almost 1,000,000 teenage pregnancies each year (Williams 2010). The United States has the highest pregnancy and births among adolescents (Coley and Lansdale 1998) cited in Chang'ach (2012). According to the Inter-press Service (2011), the global rate for teenage pregnancy for the year 2011 was 52.9 pregnancies per 1,000 female adolescents. In, 2000 the total number of teenage pregnancies in the United States was 821, 81 (84 pregnancies per 1000 people), as compared to Canada whose total rate of teenage pregnancies in 2000 was 38,600 (38 pregnancies per 1000 people) (Chang'ach 2012).

In England there are nearly 90,000 teenage conceptions per year; around 7,700 to girls under the age 16 and 2,200 to girls aged 14 or under (Holgate et al. 2006). The Department of Health

(United Kingdom) in Macleod (2011) reports that in England and Wales, more women in their early twenties find themselves with unwanted pregnancies that end in abortion. The United States has the highest teenage birth rate of all developed countries (Crosson-Tower 2007). This statement is also verified by McWhirter et al. (2007) when they maintain that the United States has the highest teenage pregnancy and birth rates among comparable industrialised nations which are twice as high as Great Britain and ten times higher than the Netherlands. In the United States, 800,000 to 900,000 adolescent girls who are 19 years of age or younger become pregnant each year (Centres for Disease Control and Prevention 2000). The UK has the highest rate of teenage pregnancies in Western Europe and between 1998 and 2006 the under 18-conception rate in England and Wales remained higher than other western European countries, three times higher than in Germany (Lemos 2009).

According to Inter-Press Service (April 2011), teenage pregnancy accounted for 40 per cent of maternal deaths in Sierra Leone, where early marriage is supported by traditional practice. Seventy per cent of teenage girls in Sierra Leone are married (World Health Organisation 2008). The WHO figures show that the global average number of pregnancies for every 1,000 girls in the 15-19 age group is 65. In Asia it is 56, and it rises to 70 in Thailand. In the Indian sub-continent, early marriage sometimes means ado-

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lescent pregnancy, particularly in rural regions where the rate is much higher than it is in urbanized areas. The rate of early marriage and pregnancy has decreased sharply in Indonesia and Malaysia, although it remains relatively high in the former.

In Africa, the sexual behaviour of urban adolescents in Nigeria and Liberia is now very similar to that of people in the same age category in the USA and Europe (UNICEF 2006). In the same continent (Africa), girls are often married at a young age and are under pressure to give birth to children. According to UNICEF (2006), Bangladesh has almost 16 per cent of fifteen-year old girls who are pregnant or already have children, whereas 75 per cent of girls in the Democratic Republic of Congo and over half of all girls in Afghanistan and Bangladesh are married before the age of 18. The survey conducted by Save the Children, a leading International Organisation revealed that annually 13 million children are born to women under the age of 16 years and more than 90 per cent in developing countries. It is also said that the highest rate of teenage pregnancy in the world was found in the sub-Saharan Africa (Chang'ach 2012:3).

In sub-Saharan African countries, girls and women are losing the battle for equal access to secondary education. In South Africa, 61 per cent of the uneducated adult population are women (James et al. 2000). In many developing countries such as Kenya, teenage pregnancy has been one of the major hindrances to the educational success of girls. As more young women remain in school past puberty in sub-Saharan Africa, more students are exposed to the risk of becoming pregnant (Mensch et al. 2001; Eloundou-Enyégue 2004). According to the Education Management Information systems (EMIS) data for 2004-2008, the Education Department in South Africa registered 51 pregnancies for every 1000 female learners and that there was a steady increase in the proportion of learners who had become pregnant during the period. Runhare and Vandeyar (2011) support this statement when they postulate that due to the democratisation of education in South Africa, there are indications that the population of pregnant and former pregnant learners in formal schools is on the increase. A study, using 2001 data from KwaZulu-Natal, found that 32 per cent of 14-19-year-olds who have ever been pregnant were currently attending school (Grant and Hallman 2006).

According to Department of Health records, over 70 000 termination of pregnancies were reported in South African public health facilities in 2003, representing a 20,0 per cent increase (Bradshaw et al. 2003). Health Statistics (2007) showed that teenage pregnancy rate in South Africa is 90 per cent and the implication thereof is that the majority of teenagers do not complete their secondary schooling. The report from SABC (Infocus, South Africa, News headlines 10a.m – April 14, 2011) says, "South Africa's health ministry recently released statistics showing that almost 5,000 school girls in Johannesburg became pregnant in just one school year". Provinces that currently showed high pregnancy rates in South Africa include the Eastern Cape with 68.81 pregnant pupils per 1,000 registered, KwaZulu-Natal with 62.24 and Limpopo, with 60.36 (SAPA News 24's Comments Policy of 2009-08-28 22:18). Figures released by the South African Provincial Education Department indicate that school girl pregnancy have doubled in the past years, despite a decade of spending on sex education and that the number of pregnant school girls jumped from 1,169 in 2005 to 2,336 in 2006 in Gauteng, the country's economic heart land and most populous province (SAPPA News Johannesburg 6th March 2007).

A consensus has still not been reached with regard to the prevalence of behaviour problems in pregnant and parenting adolescents (Sieger and Rent 2007). A study by Milan et al. (2004) has shown that behaviour problems are common in pregnant and parenting learners, with both groups demonstrating similar rates of such problems. The high proportion of unintended pregnancies for teenagers in South Africa remains a serious challenge to both the schools as learning institutions, the Department of Education, and various community stakeholders. It is against this background that this study sought to investigate educators' perceptions on the effects of teenage pregnancy on the behaviour of the learners from rural secondary schools around Mankweng area in Limpopo and discuss the perceived effects' implications for teacher training.

Theoretical Framework

The theoretical framework of this research draws particularly on Rational Emotive Behaviour Therapy (REBT) which was developed by

Albert Ellis (1913-2007) early in 1955 (Corey 2009). This theory is based on the assumption that cognitions, emotions, and behaviours interact significantly and have a reciprocal cause-and-effect relationship. Ellis contends that human beings are born with both rational (straight thinking) and irrational (crooked thinking). Since this study was aimed at finding the perceptions of educators about the effects of teenage pregnancy, the researchers were able to establish educators' various ways of thinking with regards to the research problem.

The A-B-C framework which is central to REBT theory and practice is closely related to this study because it will provide a useful tool for understanding the educators' feelings, thoughts, and their views concerning the effects of teenage pregnancy. With regard to this model of the REBT theory, 'A' is the existence of a fact, an activating event. In this study, it elucidates the existence of a fact or activating event, which is 'teenage pregnancy'. 'B' is the behaviour or an attitude of an individual, or the person's belief about 'A'. The behaviour of a pregnant teenager which usually triggers undesirable consequences such as among others, dropping-out of school or poor academic performance, might to some extent be the result of their attitude towards the incident of being a victim of teenage pregnancy. 'C' denotes the emotional consequence, which is largely caused by 'B' (the person's belief about 'A') (Corey 2009). If a girl learner at secondary school experiences depression as an emotional behaviour after falling pregnant (which is one of the consequences or effects of teenage pregnancy), it may not be pregnancy itself that causes the depressive reaction, but her beliefs about being a failure, and having lost her reputation and identity as a young person by being a mother-to-be before the appointed time.

Goals of the Study

The study intended to address the following main research question:

What are educators' perceptions of the effects of teenage pregnancy on behaviours of the learners in mainstream secondary schools?

The following sub-research questions were addressed in order to answer the main question of the study:

- ♦ To what extent do educators perceive teenage pregnancy as affecting the learner's school attendance rate?

- ♦ How do educators perceive the emotional behaviour of pregnant teenagers?
- ♦ What are educators' perceptions regarding the school performance of teenage girls who fall pregnant at secondary school level?
- ♦ What strategies can be implemented to overcome the effects of teenage pregnancy?

The researchers drew some implications for teacher training from the answers to the above questions. The study was part of a larger study on the effects of teenage pregnancy on the behaviour of learners in secondary schools in Limpopo province (Malahlela 2013). The educator is sometimes referred to as a teacher in the study.

METHOD

Design

The design which was used in this study was qualitative because the study sought to discover the educator's perceptions, opinions and feelings about the effects of teenage pregnancy on the emotional behaviour, school attendance and performance of the affected secondary school learners (McMillan and Schumacher 2006). Patton (2001) states that qualitative research uses a naturalistic approach that seeks to understand phenomena in context-specific setting, such as "real world settings [where] the researcher does not attempt to manipulate the phenomenon of interest". Since this study sought to understand teenage pregnancy and its effects in the secondary school context as perceived by educators, the researchers found qualitative design relevant.

Sample

Fourteen educators (7 male, 7 female) took part in this study. Purposeful sampling was used. The researchers decided what needed to be known and sought people who could and were willing to provide the information by virtue of knowledge or experience (Bernard 2002; Lewis and Sheppard 2006). The educators were selected on the assumption that they were well versed with teenage pregnancy and its effects.

Instruments

The study used in-depth interviews. This instrument gave the researchers the platform to ask open-response questions about teenage

pregnancy so that the participants were able to explain or elucidate on issues concerning this problem of research (De Vos et al. 2005).

Procedure

Permission to conduct the study was sought and granted by the Department of Education. Data collection was done by the first researcher. The unstructured one-to-one in-depth interviews were conducted through visiting the respective schools and making personal contact with the selected participants, preferably in a quiet place such as an office in order to avoid disturbances. Interviews were carried out after working hours of the school and the first researcher secured appointments with the participants for each session of interviews. Participants were told about the purpose of research, how confidentiality would be protected, that they had the right to withdraw from the study at any time without negative repercussions and that participation was voluntary. In order to ensure completeness and reliability of information, interview sessions were tape-recorded and transcribed.

Data Analysis

Data were analysed thematically. Each transcript was carefully read and notes taken of any interesting or significant theme. Themes that emerged from the informants' perceptions about teenage pregnancy were pieced together to form a comprehensive picture of their collective experience. Verbal quotes were used to substantiate the findings.

Ethical Issues

Permission to conduct the study was sought and granted by the Department of Education. Participants were informed about the purpose of research, how confidentiality would be protected. They were informed that they had the right to withdraw from the study at any time without negative repercussions and that participation was voluntary. In order to ensure completeness and reliability of information, interview sessions were tape-recorded and transcribed.

RESULTS

The results are presented under sub headings which were derived from the study's sub

research questions. Themes relating to each of the subheadings are presented.

Teenage Pregnancy and School Attendance

School Attendance after Giving Birth

Some educators were of the opinion that teenage mothers are not likely to return to school after giving birth for them to look after the new born baby as they may not have anyone to assist them. The following verbal quotes reflect the above idea:

Because sometimes there is no one to take care of their babies when they go to school. They are not likely to come back to school (Participant 8).

Teenage mothers are not likely to return to school because they do have some problems with regard to who will look after their kids (Participant 1).

Then in the case the teenager does not have a mother to take care of the baby, then the teenager will have to remain at home to take care of that baby (Participant 6).

Yes, because she ought to nurse or breast-feed the baby or take full responsibility for caring until when ready to start attending school (Participant 9).

On the contrary, other educators believe that some learners have come to a point of realising that their future is at stake due to teenage pregnancy and they do take their education seriously and as such they are most likely to return to school immediately after giving birth. The following verbal quotes reflect the educators' perceptions:

Yes, they do come after giving birth. Actually they don't even stay at home, they just give birth and continue with their lessons after a few days (Participant 2).

They do return to school, though after different times. Some give birth, come back to school immediately, some stay a little bit longer, and come, but they're mostly likely to come back to school (Participant 14).

Irregular School Attendance

Educators revealed that pregnant teenagers have a tendency of absenting themselves from school on regular basis, that is, they maintain a high rate of absenteeism. They stated that it is only on rare occasions that they do come to

school like normal. The reasons behind the irregular school attendance were revealed as ante-natal clinic consultations, neo-natal clinic consultations, pregnancy-related sicknesses, and unsafe feeling of pregnant teenagers at school. The following verbal quotes reflect above issues:

Yes, it's on and off. Sometimes they come, sometimes they don't come and they cannot take maybe two coming every day in succession, so that they use to break (Participant 6).

The attendance is not satisfactory due to the fact that they have to go for check-ups, sometimes they feel sick, and their attendance is not so good (Participant 8).

Because sometimes she wants to take the child to the clinic several times and then it counts a lot towards the studies of the mother (Participant 9).

The class situation is not conducive for them. They can be injured (Participant 11).

School Dropout

Some teenagers are said to be negatively affected by their pregnancies so much that they either leave school temporarily or permanently. Educators were of the opinion that school dropout is in most cases caused by a child heading the family, coupled with double responsibilities of being a learner at school and a mother at home, and a low self-esteem. The following verbal quotes reflect the above ideas:

Eh., they drop out of school because some of them they are orphans; they need to take care of those children, and ... that is why they feel that they must drop out (Participant 10).

When she is without any helper, or don't have enough money to take the child to the crèche or if they don't have support from the relatives (Participant 11).

They drop out because they cannot cope, when they caring for the baby and attending at the same time. They still want to have some fun because they are still kids (Participant 9).

Grade Repetition

Educators revealed that teenage pregnancy contributes so much to grade repetition due to anxiety, lack of concentration in the classroom, not ready for motherhood, no time for school work, and absenteeism. The following verbal quotes reflect the educators' perceptions:

They will repeat because they don't do school work properly, and then they don't have energy to study at home (Participant 8).

Repetition is because they don't cope with their motherhood and because it is not yet time for them to be mothers or to give birth to babies (Participant 9).

They'll never have time to read their books because at home they need to take care of those kids. Thus they will fail and repeat (Participant 10).

Teenage Pregnancy and Emotional Behaviour

Relationships with Peers and General Behaviour

The educators revealed that the relationship between pregnant teenagers and their peers is generally poor. The reasons are that learners who are not pregnant classify themselves as being fortunate not to fall in the trap and as a result they undermine those who are pregnant. According to educators, pregnant learners usually suffer from inferiority complex, lack of confidence as in thinking that others are laughing or gossiping about them, and they also have a problem of low self-esteem. Others are observed by educators as showing a reserved behaviour or are not willing to associate with their peers any more. Some few educators though had a different view point stating that the relationship between pregnant learners and their peers can sometimes be good. It is just a problem of hormonal activities that can make a pregnant teenager become moody or emotional, especially to her peers. The following verbal quotes support the above findings:

No, they don't relate well (Participant 8).

Eh..., they do not, eh..., relate well with their other learners and teachers (Participant 1).

Eh..., it depends on how the child was raised up, but in most cases the relationship is that you know, maybe is not that good (Participant 4).

They do quarrel, they do fight, maybe because they're stressed somehow (Participant 11).

During the early stage or the unknown period known by her only, eh..., we usually observe that they are aggressive and sometimes they feel inferior and isolate self (Participant 12).

I've observed that they don't behave well because they've jumped their teenage-hood to be parents (Participant 9).

Eh., up to so far what I've observed, some become lonely because they start to isolate themselves from other, from the other peers (Participant 10).

Relationships with Educators

The educators perceived that the relationship between pregnant learners at secondary school and themselves was not good. They reported that pregnant teenagers have a tendency of not reporting their cases to educators, trying to hide their condition until they are discovered at a later stage. Some of these pregnant teenagers think the educators have no empathy for them and when educators try to ask some questions related to the learners' pregnancies, the response they receive from these pregnant learners is always negative. They reported that some learners in their pregnancy state have a bad or negative attitude towards the school authorities. They also have problems participating in PET activities (Physical education and training) of Life Orientation, regularly break contact time with educators for teaching and learning purposes, and challenge the disciplinary code of the school. Some educators reported that they sometimes face a challenge of applying disciplinary measures on the pregnant teenagers due to their delicate state of affairs. The following verbal quotes reflect the above ideas:

They do not relate well with their teachers..., most of them they do not report to the educators that they are pregnant (Participant 1).

And then educationally with educators we always have a problem with them because sometimes they do not complete the work that is supposed to be done (Participant 10).

One problem with them is, they expect be treated differently. They expect you to give her special attention (Participant 14).

I have observed that they are more or less emotional and when you ask them questions they think maybe you are attacking them. Some challenge school rules (Participant 7).

A few educators maintained that the relationship between pregnant teenagers and their educators can sometimes be good, depending on how their hormones are driving them. Some pregnant

teenagers were perceived to obey the instructions or rules and regulations of the school, even in their pregnancy status. The following verbal quotes support the above findings:

Actually, it depends mostly the... I can say, with their hormones because these are the ones that drive their emotions and the like (Participant 2).

There are those who really can become good, especially to authorities/ educators because we interact with them on daily basis and they're just used to it (Participant 14).

Reaction to the Stigma of Falling Pregnant at Secondary School Level

The educators reported that pregnant teenagers show a negative reaction to the stigma of falling pregnant whilst at school. The following behavioural patterns have been observed by educators about pregnant learners: Separating themselves from others or showing a withdrawal behaviour; unbecoming behaviour which is different from that of a normal school child; developing some defence mechanisms when asked questions about their status; aggressive behaviour towards other learners; not feeling free or shy; not being bothered and putting on big clothes such as lumber jackets that can cover their pregnancy.

Educators felt that the above behavioural patterns are due to pregnant learners not accepting their motherhood state, fuelled by their varying personality traits. The following verbal quotes support the above findings:

Eh., the problem is the girl may think the friends are maybe laughing at her, or rather gossiping about her (Participant 4).

Mm., they don't..., some feel happy because they'll receive child grant (Participant 9).

Eh., really most of them they feel very sorry for that occurrence because it is not planned and may separate themselves from other learners (Participant 3).

Eh..., some develop a defence mechanism, some become shy, while others may put on clothes that will try to hide their pregnancy (Participant 5).

Post-natal Depression and Anxiety

The educators perceived that learners who have just given birth have a general feeling that

they are unworthy to be considered school learners like before as a result they become shy or reserved, lonely and feel excluded, are unable to concentrate in class, absent-minded or passive, and have feelings of insecurity. The following verbal quotes reflect the above ideas:

They look stressful, depressed, impatient, aggressive, less cared for, and they don't feel their teenage-hood (Participant 12).

The learner may be passive (Participant 8).

Mm., most of them eh., they reveal the stage of depression, they become aggressive. You can see that these learners are depressed (Participant 9).

Teenage Pregnancy and School Performance

Performance in the Classroom

Educators reported that the performance of some pregnant teenagers deteriorates after falling pregnant. They often perform lower than their peers. Reasons given by the educators include absenteeism due to pregnancy-related issues; the feeling of tiredness especially when the girl is about to give birth; non-participation in class; the pregnant girls generally become tired during their last trimester of their pregnancy; lack of attention to school work and low cooperation between pregnant teenagers and their educators. Some educators felt that it depends on the learner's intellectual ability whether the academic performance of a pregnant teenager drops or not. One educator gave a scenario where a very brilliant learner fell pregnant and this negatively affected her performance resulting in failure at the end of the year. The following verbal quotes support the above educators' views:

Yes, they perform very poorly compared to their peers. The reason is because pregnancy is a hell lot of job on itself and they may not concentrate in class (Participant 13).

Eh., I had an experience where a learner, before she fell pregnant all the years she was excellent in class (Participant 7).

They do not perform well; their performance deteriorates due to the responsibility they have other than school work (Participant 8).

It's going to be poor because they get to motherhood at an early age (Participant 12).

I think they perform badly, and most of them are underachievers because they have to solve two things at the same time (Participant 9).

It will depend on the period during the course of the year - if it took place during the third quarter, some won't be able to write exams (Participant 2).

Some educators felt that some pregnant and mothering teenagers can perform well depending on their giftedness and determination or hard work. Others say it all depend on the parental support that the learner may have for her to perform well. The following verbal quotes support the above findings:

But some of them do usually perform well. It depends on the ability and the knowledge that the person is having (Participant 4).

Eh., learners are gifted differently. There are those who struggle, so it differs from one child to the other (Participant 14).

If the learner is brilliant and she has got enough support at home, they talked about it and they realised that this is a mistake then, the performance can even improve (Participant 3).

Future Academic Performance of the Children of Teenage Mothers

Educators generally felt that teenage pregnancy has a very negative effect on the future performance of children of teenage mothers. Some stated that it is very rare for the children of teenage mothers to perform better at school because in most cases, children tend to follow in the footsteps of their mothers. Educators were of the opinion that the teenager's family background play a major role towards the academic performance of the child and that it all depended on the parental support or proper parenting knowledge that a teenager would have on her child. The negative effect of teenage pregnancy on the future performance of the children of the affected teenagers as perceived by the educators is caused by in-experienced mother teenager and uneducated mother teenagers. The following verbal quotes support the issues that emerged from the educators' responses:

I think it also brings the negative effect. If you cut a tree, the tree will fall together with the leaves (Participant 13).

The mother does not have enough time to bring up her child well, because the mother is still young and inexperienced (Participant 12).

The teenage mothers are illiterate because they've dropped out of school before time (Participant 8).

If the learner who fell pregnant comes from a good home, moral family, then obviously their children would be moulded enough so it won't be a problem (Participant 3).

Strategies to Prevent or Overcome Teenage Pregnancy

Introducing Sex Education in Rural Secondary Schools

With regard to preventing teenage pregnancy, educators maintain that it can be reduced rather than prevented. It is only a few who said that teenage pregnancy can be prevented, basing their reasons on the importance of making teenagers aware of the importance of education and their future. Many educators suggested the strategies that can be used to reduce teenage pregnancy, such as, introducing sex and health education in secondary and primary schools from early ages of children – as early as Grade 7. The sex education would include issues like contraceptive usage. These include taking prevention pills and using condoms for learners who have reached the stage of engaging in sexual relationships. The other component would be abstinence from sexual relationships. Educators felt that those learners who have not yet started engaging in sexual relationships, should be encouraged to delay engaging in sexual intercourse or possibly abstain from sex until they get married. HIV and AIDS awareness campaigns were also seen as part of the sex education. The following verbal quotes support the issues that emerged from the educators' responses:

Yes, it may be prevented or reduced by introducing sex education as early as in Grade 8. Sex education should include HIV and AIDS awareness campaigns (Participant 8).

With sex education, we can educate them about the dangers of unsafe sex (Participant 12).

Yes, I think we can prevent teenage pregnancy. At school the learners must be educated to know that prevention is better than cure (Participant 13).

I think is to..., to tell those learners to abstain, but for those who already does it, then they can use condoms, maybe some tablets to prevent that (Participant 6).

Networking with Various Community Stakeholders and Government

Some educator participants were of the opinion that schools must net-work or invite other community stakeholders like social workers, nurses or well-trained health workers, educational psychologists and religious leaders to come and address learners about teenage pregnancy and its effects. The following verbal quotes support the issues that emerged from the educators' responses:

Ok, health workers should be invited to school, maybe once per month to advice and give more teachings about teenage pregnancy (Participant 8).

By bringing like, you know psychologists, social workers, religious leaders, health advisors, and health advisors from the clinics to talk to learners about the issue (Participant 4).

I think the other thing is that the child-support grant should be stopped especially for teen mothers (Participant 8).

I will encourage teenagers to be involved in Youth Conferences so that they can learn morals and good behaviour that sex before marriage is a sin (Participant 9).

DISCUSSION

The study revealed that educators viewed teenage mothers as unlikely to return to school after giving birth. The educators believed that most of the teenagers who fell pregnant would take some time at home after giving birth due to lack of parental support, the responsibilities to be carried by the mothering teenagers and post-partum ailments. The findings on the delayed return to school after giving birth concur with Mpaza (2006) who argued that when a teenage girl becomes pregnant, her physical, social and academic development are significantly altered. Related findings were established by Chigona and Chetty (2008) who established that teenagers who go back to school after the birth of their babies face a number of challenges as learners and that makes it hard for them to succeed with schooling. It also emerged from this study that teenagers can return to school immediately after giving birth, provided they have parental support. The immediate return to school confirms a study conducted by Kaufman et al. (2000) who

established that returning to school is a goal for most girls and many return to school shortly after giving birth. In the same breath, Grant and Hallman (2006), cited in Hunt (2008) revealed that young women who live with an adult female are most likely to return to school. This kind of support given to the teenager by the parent is objected to by Klerman (2004) who established that a young girl, whose child is taken care of by the adult parent at home, is more likely to fall pregnant again because she would not have experienced the pain of being a teenage mother.

It emerged from this study that teenage pregnancy resulted in absenteeism. Research on education in South African rural communities found that teenage pregnancy, absenteeism, poverty and unemployment are causally inter-related (Weideman et al. 2007). The teenagers have to absent themselves from school because appropriate obstetric care should be provided for them especially if they are at a high risk of developing complications in pregnancy and childbirth (Irvine et al. 1997).

The present study also revealed that while teenage pregnancy contributes to absenteeism in the short-term, it has in the long-term resulted in the affected learners dropping out of school. They may dropout because of dual responsibilities of pregnant and mothering learners, stigmatization and low self-esteem. This finding concurs with Duncan (2011) who revealed that teenage parents drop out of school because of the pressure they experience, including stigmatisation from peers, lack of needed support from family, friends, school, social service agencies, and other organisations.

Mpaza (2006) maintains that teenage mothers are at risk of dropping out of school while earlier on Littlejohn (1966), cited in Slowiski (2001) postulated that the majority of young mothers leave school earlier or find it difficult to return to school due to problems with child care. Gentry and Campbell (2002: 32) advocate that dropping out of school can be one of the most detrimental actions youth can take, with potentially disastrous effects on their economic futures. Studies conducted by Kauffman et al. (2000) reveal that in both urban and rural settings, girls are primarily responsible for child-care; and families are not always willing to accommodate the schedule of a young mother attending school.

The study established that the emotional relationship between pregnant teenagers, their

peers and educators, was perceived as generally poor. Mood swings, aggressive behaviour, lack of confidence and low self-esteem, post-natal depression, attention-seeking behaviour, and introverted behaviour were seen as affecting the relationships. Researchers found that girls often feel confused about their condition and the options open to them, betrayed by their partners, and unsupported by family members (Kaufman et al. 2000). These findings are confirmed by Swann et al. (2003) who maintain that forty per cent of teenage mothers have an episode of depression within one year of childbirth and that post-natal depression may be up to three times as common in teenage mothers as their older counterparts.

It emerged from this study that pregnant learners usually suffer from inferiority complex, lack of confidence. They think that others are laughing or gossiping about them. Chigona and Chetty (2008) noted that when a teen mother quarrels with other learners, they usually picked on the teen mother's situation as a mother. Teen mothers feel discomfort when they are in the school environment and this affects their learning and collaboration with fellow learners. The study also revealed the existence of an unhealthy relationship between teenage mothers and their educators which include being mocked on the basis that they fell pregnant deliberately. This finding concurs with Davidow (1998) cited in Mpaza (2006) who advocates that pregnant teenagers are mocked and ill-treated by educators to the extent that they would leave school without the knowledge of the headmaster.

The study revealed that pregnant and mothering teenagers at secondary school level generally perform poorly as compared to learners who never fell pregnant. The reasons for this centred on lack of experience in motherhood, dual responsibilities, poor health status, and lack of parental support. The present finding on poor performance concurs with Botting et al. (1998) and SEU (1999) all cited in Swann et al. (2003) who revealed that teenage pregnancy and early motherhood can be associated with poor educational achievement, poor physical and mental health, social isolation, poverty and related factors. Slowiski (2001) confirms the findings of the present study by advocating that most teenagers find parenting much harder than anticipated and experience of motherhood at odds with their expectations and hopes. In a similar vein, Dun-

can (2011) maintains that teenage parents experience reduction in their education attainment compared to teenagers who are not parents. The reason behind poor academic performance of pregnant and mothering teenagers such as dual responsibilities the affected learners are faced with, confirms Arlington Public School (2004)'s finding that managing to care for an infant and devoting adequate time to school work is a great challenge for the teen parents. Lack of support for the teenage mothers revealed in this study condemns them and their babies to a vicious circle of poverty and ignorance (Kunio and Sono 1996 cited in Chigona and Chetty 2008).

It emerged from this study that teenage pregnancy has a negative effect on the future academic performance and the behaviour of the children born to teenagers. This finding concurs with Wirkus and Maxwell (2012) who argued that children of teenage parents are at a high risk of encountering problems ranging from lower intellectual and academic achievement to behavioural problems. In the same vein, Steinhouser (1998), cited by Slowiski (2001) revealed that having an adolescent mother has been linked to lower IQ, more physical health problems in later childhood, lower motor and mental development. Hariram et al. (2012) and O'Donnell and Wyneken (2007) argue that children of teenagers are more likely to fail in school and to become teen mothers.

It emerged from this study that rate of teenage pregnancy in secondary schools can be reduced and prevented through introduction of sex education and net-working with other community stakeholders, for example, social workers, nurses, educational psychologists, and religious leaders. Sex education should include the issue of abstaining, use of condoms and other forms of contraceptives and HIV and AIDS awareness campaigns.

Slowiski (2001) advocates that sex education programs are most effective if they provide accurate information, and include decision-making, assertiveness and negotiation skills, as well as life skills. The issue of condoms being made available to schools as revealed by this study concur with the findings by O'Donnell and Wyneken (2007) when they postulate that condoms and other forms of contraception are to be made available to teens through condom availability programs in high schools, teen health centres, and clinics – productive health services and sex education.

The issue of networking with the community concurs with the study conducted by American College of Obstetricians and Gynecologists (2007), cited in O'Donnell and Wyneken (2007) which revealed that throughout the United States, public schools, youth organisations, religious groups, and health care professionals have developed and implemented sexuality and family-life education programs that are designed to inform teenagers about sexual behaviour, human relationships, reproduction and contraception.

CONCLUSION

The following conclusions are drawn from the findings of this study:

Teenage pregnancy has a detrimental effect on the education and future plans of teenagers in secondary schools. This is because the teenage mothers attend school irregularly and sometimes drop out of school. They come to school late and play truancy. The educators in this study believed that the teenage pregnancy and mothering resulted in poor school performance. Teenage pregnancy negatively affects the emotional behaviour of the pregnant and mothering teenagers. They experienced stigmatisation, hormonal imbalances and mood swings which included a withdrawal syndrome. The pregnant teenagers had a general negative attitude towards school and school authorities. The pregnant teenagers were reported to be generally aggressive and to suffer inferiority complex or a low self-esteem.

RECOMMENDATIONS

The study revealed that teenage pregnancy had a number of psychological effects on the affected learners. For example, the learners felt insecure, shy, were withdrawn/isolated, aggressive, had feelings of insecurity, lacked confidence and had negative attitudes towards school. Teacher training institutions should thoroughly prepare trainee teachers to handle such students. The schools need teachers/educators skilled in guidance and counselling to assist pregnant teenagers and teenage mothers overcome the psychological issues surrounding their condition.

The training of educators should include a component of sex education to equip educators

with the knowledge on how to address issues related to sexuality and teenage pregnancy which has become a big issue in schools today. Through sex education, learners will be encouraged to abstain from having sex until after school. Those who fail to abstain would be encouraged to use preventative measures such as pills and condoms. The training of the educators should equip them with the power and will to inform learners about where to get condoms and how they should use them.

Related to the issue of Higher education institutions equipping their products (the teachers) with sex education, is the issue of collaboration. The teacher training institutions should enlighten the teachers with whom their significant stakeholders are when it comes to teenage pregnancy. The teachers should leave the institutions knowledgeable about where the stakeholders are and how they relate with them. Thus, networking and collaboration are important aspects each teacher or educator should understand before leaving the training institution.

Teacher training should equip the teachers with ways to encourage the affected learners to participate in class. They should also be trained in how to assist the affected learners with their school work without disturbing the general learning of the other learners. For example, the educators need to be trained in time management so that they can manage the time for assisting the affected students and that for the other students. The educators should in turn train the teenage mothers' time management so that they can manage the double responsibilities of being a learner at school and a mother at home.

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