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Investigating the Knowledge and Attitude of Teenage Pregnancy among Learners in the Eastern Cape

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ABSTRACT Teenage pregnancy is one of the social problems in South Africa and is of great significance, as it affects the education of young girls. Previous studies indicate that pregnant teenagers are more likely to be at risk of complications of pregnancy than older women. The aim of this study was to investigate the knowledge and attitudes toward teenage pregnancy among high school learners. A sample of 181 learners was taken from three selected schools in Eastern Cape. The learners were recruited and served as study participants. Data was collected using a self-administered questionnaire, which was designed to measure the knowledge and attitudes toward teenage pregnancy. Descriptive and inferential statistics were used to analyze the data. The results showed an 11.7 percent prevalence of teenage pregnancy among the learners. The learners sampled from the three selected schools were found to have positive knowledge and attitudes regarding teenage pregnancy. The results of the study may inform teenage pregnancy prevention and intervention strategies aimed at high school learners.

INTRODUCTION

Teenage pregnancy in humans refers to pregnancy of females of age less than 20 years, as at the time of end of pregnancy (Wikipedia 2015). Teenagers faces the same pregnancy issues as with older women but there is a serious medical concern for teenagers, as they face risk of low birth weight, anemia, preeclampsia and premature labor. There are several suggestions that indicate peer pressure as a factor in encouraging both girls and boys to have sex, and increased sexual activity among adolescents' manifests into increased teenage pregnancies and an increase in sexually transmitted diseases (Allen 2003).

There is a sharp contrast between teenage pregnancy in developed countries and that of developing countries. Developed countries see teenage pregnancy to be just a social issue and the teenage parent often stay unmarried. In developing countries teenage parents are often married and most families and society may welcome the idea of the pregnancy, however this is accompanied by high degree of poverty, which results in poor feeding during pregnancy and subsequently, serious medical complications (Wikipedia 2015).

"Worldwide, adolescents have more than 14 million births each year, and more than ninety percent (90%) of these occur in developing countries. The proportion of teenage women who are mothers or are currently pregnant is greatest in sub-Saharan Africa (20-40%). The proportions are lower in other regions, that is, six to twenty-one percent in Asia, with Bangladesh being an outlier at thirty-five percent, and thirteen to twenty-five percent in Latin America. As a result of high levels of early childbearing in developing countries, pregnancy and childbirth are the leading causes of death among women aged 15 to 19 years" (Reynolds et al. 2006).

Life as a teenager in South Africa is often accompanied by sexual experimentation due to social freedom accorded to teenagers of both genders. In most part of the country individuals usually marry at a later part of their lives and pre-marital sex is viewed with light eyes (Jewkes et al. 2001). Being pregnant or having a child before marriage is somehow socially and cultur-

ally accepted. Although only three percent of women under 20 years are married or live with a partner, thirty-five percent have been pregnant or have a child. Teenage pregnancies commonly occur in women who are still in school (Jewkes et al. 2001).

Objectives of the Study

1. To determine the level of knowledge of teenage pregnancy among students.
2. To determine the attitudes of the students towards teenage pregnancy.

Research Question

Is knowledge and attitude of teenage pregnancy among high school learners beneficial in reducing the incidence of unwanted pregnancy among learners in the Eastern Cape?

Literature Review

Teenage Pregnancy Background in South Africa

History of sexuality recently in South Africa is often characterized by debates between two schools of thought that has a large influence on the rate of teenage pregnancy and sexual practices. One argues that it is imbedded in African culture to be open toward sex and see it as a feature of all stages of life, sexuality of teenage girls are welcome and highly celebrated traces of this can also be found in modern society, the second school of thought which is based on Victorian idea of Christian morality argues that sex should be the preserved of only the married and it is shameful to talk about it to teenagers (Jewkes et al. 2009a). According to the research conducted by Jewkes et al. (2009b), "Historical sources from the 1930s to 1950s concur that whilst extramarital teenage pregnancy was generally prohibited, adolescent sex was not." Indeed, the ethnographers Peter and Ilona Mayer, who conducted fieldwork in the 1950s in the rural Eastern Cape, argued that 'adolescence is seen as a time when sex should be practiced vigorously'. The caveat, however, was that among adolescents full penetrative sex was prohibited and those found practicing it were punished by their peers, who were socialized into youth structures that regulated behavior in various ways.

Mager (1999) in his book on 'Gender and the Making of a South African Bantustan' describes how young people were expected to conduct their sexual activity in a communal building and on top of blankets so that peers were able to monitor what took place. Thus it was possible to bring together a concern to avoid pregnancy before marriage with an acknowledgement that adolescents are sexually active. Each year in South Africa quite a number of teenage learners drop out of school or are unable to complete their studies because they get pregnant. According to a study by Rutenberg et al. (2003), "Early childbearing in South Africa has been the norm for many decades and has produced, if not an expectation, at least an acceptance of teenage childbearing." Over the past years South Africa has witness a fall in teenage fertility but still the rate of teenage pregnancy remains significantly large with around thirty percent of 15-19-year-olds reported having ever been pregnant with a larger part of this pregnant teenagers being 18 and 19 years of age (Jewkes et al. 2009b). It is of great importance to demarcate these pregnancies from younger teenagers and older teenagers, as the impact of the pregnancy is different to both, and older teenagers may tend to bear the consequences more than younger teenagers.

Knowledge and Attitude

A study conducted by Carter and Spear (2002) in one of the high schools in the USA on 52 teenage students reveals that over one-third of the girls had experienced at least one sexual encounter. Age of sex initiation was mostly 13 or 14 years for girls and that of boys was just a little bit higher. The study also reported inconsistent use of contraceptives and substance abuse for girls during intercourse. 82.35 percent of boys and girls are in agreement that birth control responsibility should be shared. 64.71 percent of boys and girls feel birth control clinic should be located in high schools while 23.53 percent were neutral. 68.63 percent of boys and girls disagree that teenagers who do not use birth control want to get pregnant while 21.57 percent remain neutral to that. Sixty percent of boys and girls disagreed or strongly disagreed that when a girl is pregnant she should follow the decision of her parents regarding the pregnancy, fourteen percent were neutral to that regard. 80.39 percent of boys and girls believe that

parents should not be responsible for teaching their children about sex, although 11.76 percent were neutral. All of the boys felt that it was not good to be pregnant at this point in their life or was the worst thing that could happen. Five girls felt it was neither bad nor good, and 1 girl felt it was a good thing. The remaining eighty-four percent of the girls felt that becoming a parent at this point was not good or was the worst thing that could happen. With the exception of 1 male who felt it would be neither difficult nor easy, the other male and female respondents felt it would be somewhat or very difficult (Carter and Spear 2002). Although the sample size was relatively small it is still a reflection of what is obtainable.

In addition, a study conducted by Osaikhuwuomwan and Osemwenkha (2013) on "Adolescents' perspective regarding adolescent pregnancy, sexuality and contraception" using 89 females and 74 males in Benin city in Nigeria, the results of the study showed that most of participants held a negative attitude toward adolescent pregnancy. 86.5 percent were of the opinion that adolesesent pregnancy is wrong, while 1.8 percent were of the opinion that adolesent pregnancy was okay, and 11.7 percent were just neutral of the matter. Twenty-three (23) of the female respondents admitted to have adolescent pregnancy at some point in their life but all of the 23 went on to abort the pregnancy. 81.6 percent of the survey participants are of the opinion that a thourough contraceptive and sex education alongside social and economic empowerment will prevent adolescent pregnancy, and about 18.4 percent believe that education on abstinence from sex will curb adolescent pregnancy. 38.1 percent of the respondents believe that adolescents often use a condom in an attempt to prevent pregnancy, and elevent percent of the respondents believe adolescents do abstain from sex during their fertile period. 91 female respondents report to have an acurate knowledge of their menstrual cycle while 72 report to have inproper or wrong knowledge of their menstrual cycle. The study concludes that "young adults are not desirous of pregnancy as adolescents but they are not utilizing contraceptives. This negative attitude towards adolescent pregnancy was shared by both male and female participants, this may be reflective of the sociocultural and religious practices in southern Nigeria where aversion to early marriage or childbearing has been described" (Osaikhuwuomwan and Osemwenkha 2013). This study shows that the culture and environment actually have an influence on adolescent pregnancy.

In South Africa, even though majority of teenage pregnancies are unwanted, still half of the young people in South Africa do little or nothing to prevent teenage pregnancy (Panday et al. 2009).

According to Panday et al. (2009), both the 2003 RHRU and the 2006 Kaiser/SABC surveys revealed that both the 2003 RHRU and the 2006 Kaiser/SABC surveys revealed that 67% of young South Africans had ever had sexual intercourse. The study also reveals that twenty-eight percent (28%) of teenage girls who reported ever being pregnant identify wanting to have a baby as their potential reason, and six percent (6%) claim it is a way of gaining respect.

In Jewkes et al. (2001) extensive study on 544 teenagers (191 cases and 353 controls), all respondents reported to have had at least one boyfriend and all had at one time or the other had sex. According to the study, "The great majority of both groups of teenagers reported having sex at least once a week, but the pregnant ones were significantly more likely to report this. The majority of teenagers feared that they would be beaten or their partners would leave them if they refused to have sex. These fears were significantly associated with pregnancy. Pregnant teenagers were significantly less likely to cite love as the main motivation for sex and more likely to identify fear. Fear of losing friends or pressure from friends were not significant risk factors for pregnancy. The proportion of each group who said they had had sex for a present or money was very similar in each group (21.1% cases 18.8% controls). Fear of presents stopping was not a risk factor for pregnancy. The majority of teenagers reported having had sex against their wishes and one in ten had been raped. Experience of coercive sex was a risk factor for pregnancy. Two-thirds of teenagers had been beaten by a boyfriend, with pregnant teenagers reporting more episodes. A greater frequency of beatings was a risk factor for pregnancy. Very few women had left their boyfriends as a result of being beaten. Most of the women said that their boyfriend had other girlfriends, and this was a protective factor against pregnancy. Most women said they did nothing when they found out, but were more likely to have fought

with the other girl. Confronting the boyfriend about it was strongly associated with protection against pregnancy."

Problems Associated with Teenage Pregnancy

Goldberg and Craig (1983) compared the data from 128 teenage mothers at the Peninsula Maternity Services with other previous studies. On the basis of this they found that pregnancy-induced hypertension, premature labor and anemia were significant complications in the teenage group, although perinatal mortality was not increased. Macleod (1999) commented on a research that compared mothers aged 16 years and younger at the Paarl hospital. Although cases of caesarian sections were low among the teenagers, birth of pre-matured babies was significantly high. In addition, Cameron et al. (1996) similarly compared young teenage less than 17 years old with older teenage 17-19 years old and that of women 20-29 years old delivering at Baragwanath Hospital in Soweto. There were no significant differences in birth weight between babies born to teenagers less than 17 years old and babies born to teenagers aged 17-19 years at delivery. However, the children born to young teen mothers were significantly smaller than those of mothers over 19 years of age.

A study by Mukasa (1992) as reviewed by Macleod (1999) compared teenage girls aged 19 years and less with young women aged 21 to 25 years at Butterworth Hospital. He found that the perinatal mortality rate was slightly higher among the teen mothers than among the older mothers but the difference was not statistically significant. No differences in birth weights were observed. The risks of antenatal complications, such as anemia, hemorrhage and preeclampsia were the same in both groups. The risk of cephalopelvic disproportion (the commonest indication for caesarean section) was the same among all pregnant teenagers.

Macleod (1999) reviewed a study conducted by Boult and Cunningham (1993) compared three groups of pregnant teenagers aged 16 years and younger, 17 to 18 years old, and 20 years and older at two hospitals in Port Elizabeth. Significant differences were found regarding the incidence of anemia and low birth-mass infant between the three age groups (the younger, the higher the incidence of anemia and the lower the birth-mass).

RESEARCH METHODOLOGY

Research Design

The study used quantitative research design that involved the use of a questionnaire. The questionnaire was structured and was constructed in English, which is the language of instruction at high schools in Eastern Cape. Questions were structured in a very simple and easy to understand format for the level of high school students and ambiguous and technical questions were totally avoided.

Sample

Three high schools in Eastern Cape were used for this study and all three schools have both male and female learners. The target population for this study was learners from grade level 8-12 of both genders. The rationale for choosing grade 8-12 learners is that learners in that grades fall within the definition of teenage age, which is 13 to 19 years of age. Convenience sampling was used to select participants for the study. Overall, 73 learners took part from school 1, 64 from school 2 and 44 from school 3. The questionnaires were distributed proportionally to the schools based on the total population of the schools. This contributed to a total sample size of 181. This number was adequate for this study, as the study initially aimed to obtain responses from 180 students. It is worthy of noting that the sampling technique employed for this study might have implications for generalizing the whole population, and therefore one should be careful not to generalize such findings but rather use the findings to understand the specific group in relation to knowledge, attitudes and prevalence of teenage pregnancy.

Procedure

Permission was first obtained from the principals of the participating schools. These principals assisted in mobilizing the students and the study was conducted during their break times. Non-probability (convenience) sampling was used to select the participants of the study. Data collection took place during students break time and self-administered questionnaires were handed to the students who volunteered to par-

ticipate. The purpose and aims of the study was explained to the respondents and they all signed an informed consent form and were collected along with the completed questionnaires. Descriptive and inferential statistics were used to analyze the data, followed by the writing up of the results.

Data Collection

A well-structured questionnaire was used for this study, which was self-administered. It consisted of questions that are close-ended, which respondents have to rate on a 5-point Likert scale applicable to him or her which are, strongly disagree, disagree, undecided, agree and strongly disagree. There are two parts to the questionnaire. The first part contains questions pertaining to demographic information and the second contains questions relating to the knowledge and attitude towards teenage pregnancy. The design of the questionnaire was based on a review of literatures from similar studies in South Africa. Through consultation with several studies conducted by scholars and in line with similar researches done in South Africa the validity of the questionnaire was established. Variable measurements were selected as well through literature from similar studies in South Africa and with the guide of several scholars. A pilot study was conducted to test the adequacy of the tool (that is, questionnaire) to be used for the study. From the pilot study, potential problems were discovered and addressed. Furthermore, comments from the students were welcomed on the clarity and comprehensiveness of the questionnaire to be able to ascertain the reliability of the questionnaire. Not many missing variables were recorded from the completed questionnaires, and this was evidence that the questionnaire was well structured in easy-to-understand language.

Data Analysis

Questionnaires distributed were 190 and of which 186 were returned, which reflect a ninety-eight percent (98%) response rate. The questionnaires were checked for completeness, and signed consent forms and give questionnaires were excluded from analysis for missing pages and unsigned consent forms, which implies that only 181 were fit for analysis. Questionnaires with missing pages and unsigned consent forms were excluded from the analysis. The data was then coded and the demographic data that had yes or no questions were coded into 1 for 'yes' and 2 for 'no'. The item responses were coded as 1 for 'strongly disagree', 2 for 'disagree', 3 for 'undecided', 4 for 'agree' and 5 for 'strongly agree'. Each questionnaire was numbered and entries were recorded. The data was analyzed using the Statistical Package for Social Sciences (SPSS-18). The number on each questionnaire was used to verify the accuracy of the data entry by means of a random check. Frequencies were generated for all variables. These were used for descriptive statistics, which were based on frequencies and percentages. Descriptive statistics were used to describe the characteristics of the sample in terms of the variables, which included age, race, grade and gender.

RESULTS AND DISCUSSION

Demographic Characteristics of the Participants

The results in Table 1 show that thirty-two percent (32%) of the respondents were male while sixty-eight percent (68%) were female (n=123). The mean age of the respondents' is 18, and this is in line with the focus on teenagers. 97.2 percent were Black Africans and only 2.8 percent were colored, and no respondent was white, and this is a true representation of the schools, as the participating schools has no white learner. Only 42.8 percent of the respondents reported that both parents are living together.

The results of the study also show that 56.6 percent of the learners who took part in the study claimed that neither of their parents had a job, which implies low income and poor living standard, and as for the education level of their parents 40.7 percent and twenty-one (21%) percent claimed their fathers and mothers had never been to any form of school, respectively.

One aim of this study is to investigate how sex education affects teenage pregnancy and from the result, only 12.3 percent of the respondents obtain information about sex from their parents/guardian, 9.5 percent obtain such information from either their school teachers or physicians, 24.6 percent rely on their friends for information about sex and the remaining majority (53.6%) rely on media (such as radio, magazine and television) for information about sex.

Table 1: Demographic characteristics of learners

Characteristics of sampled learners	*Value*
Mean (SD) Age (years)	18.77(1.8)
Sex- No. of Learners (%)	
Male	58 (32)
Female	123 (68)
Race- No. of Learners (%)	
Coloured	5(2.8)
Black	175 (97.2)
White	0(0.0)
Pregnancy- No. of Learners (%)	
Not Pregnant	144 (88.3)
Currently Pregnant	6 (3.7)
Been Pregnant	13 (8.0)
Who Are You Living With?- No. of Learners (%)	
Living with both parents	77 (42.8)
Separated/divorced-Living with mother	79 (43.9)
Separated/divorced-Living with father	8 (4.4)
Separated/divorced-Living with grandparents	9 (5.0)
Living with friends	7 (3.9)
How Much of Formal Education Does Your Father Have?- No. of Learners (%)	
Never been to school	70 (40.7)
Incomplete primary school	29 (16.9)
Finished primary school	20 (11.6)
Some secondary school	13 (7.6)
Completed secondary	38 (22.1)
University diploma/degree	2 (1.2)
How Much of Formal Education Does Your Mother Have?-No. of Learners (%)	
Never been to school	37 (21)
Incomplete primary school	36 (20.5)
Finished primary school	37 (21)
Some secondary school	23 (13.1)
Completed secondary	42 (23.9)
University diploma/degree	1 (0.6)
I Obtain Most of my Information About Sex from Following Sources (%)	
Television	73 (40.8)
Parents/guardian	22 (12.3)
Friends	44 (24.6)
School teachers	14 (7.8)
Physicians	3 (1.7)
Magazines	21 (11.7)
Radio	2 (1.1)
Working Status of Parents (%)	
Both parents working	18 (10.3)
Mother stays at home and father works	49 (28.0)
Father stays at home and Mother works	9 (5.1)
Neither of your parents have jobs	99 (56.6)
Number of Siblings (%)	
One	19 (11.0)
Two	34 (19.7)
Three	48 (27.7)
Four	50 (28.9)
More than four	22 (12.7)
I Belong in Culture Where Sex is Permitted Before Marriage (%)	
Yes	85 (48.9)
No	89 (50.1)

Descriptive Statistics of Knowledge and Attitude toward Pregnancy

In Table 2, the responses for 'strongly agree' and 'agree' were merged together to form a positive response for 'agree', and likewise the responses 'strongly disagree' and 'disagree' were merged together to form a negative response for 'disagree'.

The results in Table 2 show that 5.2 percent were undecided if getting pregnant will make it

Table 2: Knowledge and attitude toward pregnancy

Variables	*Frequencies (%)*		
	Disagree	*Undecided*	*Agree*
Having a child will make/makes it hard for me to complete my matriculation	42 (24.4)	9 (5.2)	121 (70.3)
I plan/planned to become pregnant while still on my teens	119 (73.1)	25 (15.3)	19 (11.7)
I do/did not plan to become pregnant	60 (35.5)	32 (18.9)	77 (45.6)
It's difficult to get contraceptives	73 (45.6)	29 (18.1)	58 (36.2)
Having a baby is cool	120 (69)	19 (10.9)	35 (20.1)
Ignorance regarding contraceptives leads to pregnancy	68 (40.2)	23 (13.6)	78 (46.1)
Being a teenage parent makes one more popular	86 (50.6)	25 (14.7)	59 (34.7)
Falling pregnant will make my boyfriend love me more	130 (74.3)	17 (9.7)	28 (16)
Liquor abuse leads to pregnancy	78 (47.3)	16 (9.7)	71 (43)
The side effect of contraceptives is something to be afraid of	79 (51.3)	18 (11.7)	57 (37)
My boyfriend will leave me if I don't sleep with him	91 (56.1)	9 (5.6)	62 (38.3)
When you are deeply in love it's hard to say no to sex	56 (33.6)	15 (9)	96 (57.4)
Teenagers, including myself are responsible enough to become parents	91 (55.2)	24 (14.5)	50 (30.3)
Sisters that have babies are a strong motivation to having your own baby	108 (64.2)	15 (8.9)	45 (26.8)
The schools have done enough in teaching the teenagers sex education	52 (30)	15 (8.7)	106 (61.3)
The schools have to be blamed for escalation of teenage pregnancy	75 (44.6)	25 (14.9)	68 (40.5)
The parents have to be blamed for escalation of teenage pregnancy	65 (38.2)	19 (11.2)	86 (50.6)

hard for them to complete their matric, 24.4 percent disagree that getting pregnant will make it hard for them to complete their matric, while 70.3 percent affirm that when they get pregnant it will make it hard for them to complete their matric. When asked further if they plan or planned to get pregnant while still in their teenage age, 73.1 percent disagree to that and 15.3 percent were not sure, while 11.7 percent are planning or have planned to get pregnant while still a teenager. 36.2 percent of the respondents were positive that getting access to contraceptives was difficult, 45.6 percent disagree that it was difficult. 46.1 percent of them responded that ignorance regarding contraceptives leads to pregnancy, while 40.2 percent disagree to that. Thirty-seven percent agree to the question that side effects of contraceptives are something to be afraid of but 51.3 percent disagree to that. Sixty-nine percent of the respondents believe it was not 'cool' to have a baby as a teen, and only 20.1 percent feel it was 'cool' the rest remain undecided about this. When asked if being a teenage parent makes one popular 50.6 percent disagree and 34.7 percent agree to that. When further asked if getting pregnant will make the boyfriend love them more, 74.3 percent disagree and only sixteen percent believe getting pregnant will make their boyfriend love them more. 38.3 percent agree that the boyfriend will leave if a girl does not have sex with him, 56.1 percent disagree to that and the rest were not sure. 57.4 percent of the learners believe if you are deeply in love it is hard to say no to sex and 36.6 percent disagree. When asked if teenagers are responsible enough to become parents 55.2 percent disagree, 14.5 percent were undecided and 30.3 percent agree that teenagers including themselves were responsible enough to become parents.

Inferential Statistics

The result in Table 3 shows that Chi-square of independence test was carried out to investigate if been pregnant is dependent on some characteristics, with a p-value of 0.766, there was no significant evidence to suggest been pregnant may be influenced by the number of siblings one has. Even though more than half of the learners that reported ever been pregnant or currently pregnant claim they belong to a culture that permitted sex before marriage, statistical evidence did not show this to significantly have an effect on being pregnant or not. Similarly, even though close, the significant evidence to suggest ever been pregnant was dependent on the nationality of the learner. Likewise 'ever been pregnant' was not found to be both dependent on the working status of the parent and the person they were living with. With regards to the source of information about sex, even though it was found not to be significant at p-value of 0.241, 'ever been pregnant' will significantly be dependent on source of information about sex if television, radio and magazine are merged to form media.

Table 3: Association of pregnancy on some characteristics

Have you ever been pregnant?

Characteristics	*No*	*Yes*	$\div^2$	*p-value*
Race				
Coloured	1	2	8.699	0.003**
Black	109	13		
Number of Siblings				
One	11	1	1.835	0.766
Two	17	4		
Three	31	3		
Four	34	5		
More than four	13	1		
I Belong in Culture Where Sex is Permitted Before Marriage				
Yes	45	8	3.459	0.063
No	62	4		
Nationality				
South African	107	13	2.971	0.085
Non-South African	1	1		
Working Status of Parents				
Both parents working	11	0	4.467	0.215
Mother stays at home and father works	28	2		
Father stays at home and Mother works	5	2		
Neither of your parents have jobs	62	10		
I Obtain Most of My Information about Sex from Following Sources				
Television	48	8	7.957	0.241
Parents/guardian	12	0		
Friends	28	3		
School teachers	7	2		
Physicians	1	0		
Magazines	13	0		
Radio	1	1		
Who Are You Living With?				
Living with both parents	44	7	2.354	0.671
Separated/divorce-living with mother	51	9		
Separated/divorce-living with father	3	0		
Separated/divorce-living with grandparents	6	0		
Living with friends	5	0		

*$p<0.05$; **$p<0.01$

The result shows that 3.7 percent (n=123) of the female learners reported being currently pregnant, eight percent (8%) reported they have been pregnant at one time or the other and 88.3 percent claim they have never been pregnant, bringing it to 11.7 percent who reported ever being pregnant this percentage is much lower than the twenty percent (20%) to forty percent (40%) reported by Reynolds et al. in 2006 in sub-Saharan Africa and thirty-five percent (35%) reported by Jewkes et al. (2009a) in South Africa. This fall in the prevalence rate can largely be attributed to the recent decline in fertility rate in South Africa and most teenagers tend to delay pregnancy up on till they are able to past matric.

The result for the Chi-square test of independence shows that 'ever been pregnant' was only significant for race. Other characteristics were not statistically significant, and this points to the fact that teenage pregnancy is largely influenced by culture.

The result of this study also indicates that there is large improvement in the knowledge and attitude of high school learners towards teenage pregnancy compared to other studies, and most of the learners show a positive attitude towards teenage pregnancy and an improved knowledge on effects of pregnancy on their education and they also admit to the fact that teenagers are not mature enough to handle parenthood.

CONCLUSION

One of the agendas of the Millennium Development Goals is reducing the rate of teenage pregnancy, and several international policies

have sought to empower women in order to give them a proper position in the society. Due to the gender inequality in South Africa, life opportunity for a young teenage girl may be limited as a result of teenage pregnancy. Teenage pregnancy is a social phenomenon that has taken its deep roots in South Africa, just distributing contraceptive or teaching on the use of contraceptives alone cannot reduce the rate teenage pregnancy, but a complete education on sexuality should be included in the study curriculum of learners as this study has shown, where there is high knowledge and positive attitude towards pregnancy, then there will be a decline in teenage pregnancy.

RECOMMENDATIONS

Sex education should be encouraged from home, and must be the primary responsibility of parents towards their children. Most of the sampled adolescents relied on media for sex education, and this massive dependency on media for sex ethics must be cautioned, especially on television. The study showed that parents ranked fourth in the order of the source in which these adolescents obtained information about sex education despite the fact that almost every nine out of ten of these adolescents either stay with either parents or the mother. School curriculum should be structured to educate learners more on sex education to cater for lapses on the part of parents. Hazards of unprepared or untimely pregnancy on adolescents, as it affects their education, should be more critically emphasized in schools.

REFERENCES

Allen C 2003. Peer Pressure and Teen Sex. From <https://www.psychologytoday.com/articles/200305/peer-pressure-and-teen-sex> (Retrieved on 21 November 2017).

Boult BE, Cunningham PW 1993. Some aspects of obstetrics in black teenage pregnancy: A comparative study of three age groups. *Research Paper* C28. Port Elizabeth: University of Port Elizabeth.

Goldberg GL, Craig CJT 1983. Obstetric complications in adolescent pregnancies. *South African Medical Journal,* 64: 863–864.

Cameron N, Richter L, McIntyre J, Dhlamini N, Garstang L 1996. Progress Report: Teenage Pregnancy and Birth Outcome in Soweto. *Unpublished Report*. Johannesburg: University of the Witwatersrand.

Carter KF, Spear HJ 2002. Knowledge, attitudes, and behavior related to pregnancy in a rural teenage population. *Journal of Community Health Nursing,* 19(2): 65-75.

Jewkes RCV, Fidelia M, Jordaan E 2001. Relationship dynamics and teenage pregnancy in South Africa. *Social Science and Medicine,* 52(5): 733-744.

Jewkes R, Morrell R, Christofides N 2009b. Empowering teenagers to prevent pregnancy: Lessons from South Africa. *Culture, Health and Sexuality,* 11(7): 675-688.

Jewkes R, Morrell R, Christofides N 2009a. A Review of Teenage Pregnancy in South Africa -Experiences of Schooling, and Knowledge and Access to Sexual and Reproductive Health Services. From <http://www. hst.org.za/publications/Non HST%20 Publications/Teenage%20 Pregnancy%20in%20S outh%20Africa%20Final%2010%20May%202013.pdf> (Retrieved on 21 November 2017).

Macleod C 1999. The 'causes' of teenage pregnancy: Review of South African research - Part 2. *South African Journal of Psychology,* 29(1): 8-16.

Mager AK 1999. *Gender and the Making of a South African Bantustan: A Social History of the Ciskei, 1945-1959*. Cambridge, United Kingdom: Heinemann.

Mukasa FM 1992. Comparison of pregnancy and labour in teenagers and primigravidas aged 21–25 years in Transkei. *South African Medical Journal,* 81: 421–423.

Osaikhuwuomwan JA, Osemwenkha AP 2013. Adolescents' perspective regarding adolescent pregnancy, sexuality and contraception. *Asian Pacific Journal of Reproduction,* 2(1): 58-62.

Panday S, Makiwane M, Ranchod C, Letsoalo T 2009. *Teenage Pregnancy in South Africa- with a Specific Focus on School-going Learners.* Child, Youth, Family and Social Development, Human Sciences Research Council. Pretoria: Department of Basic Education.

Reynolds HW, Wong EL, Tucker H 2006. Adolescents' use of maternal and child health services in developing countries. *International Family Planning Perspectives,* 32(1): 6-16.

Wikipedia 2015. Teenage Pregnancy. From <https://en.wikipedia.org/> (Retrieved on 21 November 2017).

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