ATTITUDES, PERCEPTIONS AND BELIEFS OF HIGH SCHOOL LEARNERS IN STERKSPRUIT, EASTERN CAPE TOWARDS TEENAGE PREGNANCY

By

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DECLARATION

I, Chijioke Obiora Udokwu, declare that this dissertation is my own work. It is being submitted for the degree of Master of Public Health at the University of Limpopo, Medunsa Campus. It has not been submitted before for any degree or any examination at this or any other University. I further declare that all sources that I have used or quoted have been indicated and acknowledged by means of complete references.

C O Udokwu
Name of candidate

11 April 2014
Date
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TABLE OF CONTENTS

DECLARATION ........................................................................................................................................ ii

ACKNOWLEDGEMENTS ................................................................................................................... iii

LIST OF TABLES ...................................................................................................................................... viii

LIST OF ABBREVIATIONS ................................................................................................................ ix

ABSTRACT ................................................................................................................................................ x

CHAPTER 1: INTRODUCTION ............................................................................................................... 1

1.1 Background ........................................................................................................................................ 1

1.2 Study problem ..................................................................................................................................... 3

1.3 Study aim ........................................................................................................................................... 4

1.4 Research questions ............................................................................................................................... 4

1.5 Study objectives ................................................................................................................................ 4

1.6 Rationale for the study ........................................................................................................................ 4

1.7 Operational definitions ......................................................................................................................... 5

1.8 Conclusion ........................................................................................................................................ 5

CHAPTER 2: LITERATURE REVIEW ..................................................................................................... 6

2.1 Introduction ......................................................................................................................................... 6

2.2 Overview of teenage pregnancy .......................................................................................................... 6

2.3 Attitudes towards teenage pregnancy ............................................................................................... 6

2.4 Factors associated with teenage pregnancy ....................................................................................... 7

2.4.1 Alcohol Intoxication ..................................................................................................................... 7

2.4.2 Relationship Dynamics .................................................................................................................. 7

2.4.3 Fertility ......................................................................................................................................... 8

2.4.4 Confidentiality of contraceptive use ........................................................................................... 8

2.4.5 Attitudes of contraceptive providers ............................................................................................ 8

2.4.6 Perceptions about Contraceptives ............................................................................................... 9

2.4.7 Abortion ....................................................................................................................................... 10
4.5 The perceptions as to the causes of teenage pregnancy ........................................20
4.6 The consequences of teenage pregnancy ...............................................................21
4.7 Summary ..................................................................................................................22

CHAPTER 5: DISCUSSION, RECOMMENDATIONS, LIMITATIONS AND
CONCLUSION ..............................................................................................................23

5.1 Introduction ..............................................................................................................23
5.2 Attitude towards teenage pregnancy .......................................................................23
5.3 The perceptions pertaining to the causes of teenage pregnancy .......................24
5.4 The consequences of teenage pregnancy ...............................................................26
5.5 Recommendations ..................................................................................................29
  5.5.1 School Sexuality education ................................................................................29
  5.5.2 Parental sexuality education ..............................................................................29
  5.5.3 Contraceptive information/availability .............................................................30
  5.5.4 Alcohol restriction ..............................................................................................30
5.6 Recommendations for further Research .................................................................30
5.7 Limitations ................................................................................................................30
5.8 Conclusion ...............................................................................................................31

REFERENCES ..................................................................................................................32

APPENDICES ..................................................................................................................37

Appendix A: MREC Clearance certificate .................................................................37
Appendix B: Letter for permission (Provincial) ..........................................................38
Appendix C: Permission letter (Provincial) ...............................................................39
Appendix D: Letter for permission (District) ...............................................................41
Appendix E: Permission letter (District) ....................................................................42
Appendix F: Participants information leaflets .............................................................43
Appendix G: Assent/Consent form for learners ............................................................44
Appendix H: Consent form for parents/guardian .........................................................45
Appendix I: Imvume yokuthabatha inxaxheba (abazali) ................................................................. 46
Appendix J: Tumellano ya batswadi/ba hlokomedi ba bana ...................................................... 47
Appendix K: Questionnaire on teenage pregnancy ................................................................. 48
LIST OF TABLES

Table 4.1: Statements and results on attitudes towards teenage pregnancy  20
Table 4.2: Statements and results on the causes of teenage pregnancy    21
Table 4.3: Statements and results on the consequences of teenage pregnancy  22
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>CSG</td>
<td>Child Support Grants</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>MEDUNSA</td>
<td>Medical University of Southern Africa</td>
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<tr>
<td>MPH</td>
<td>Master of Public Health</td>
</tr>
<tr>
<td>MREC</td>
<td>Medunsa Research and Ethics Committee</td>
</tr>
<tr>
<td>STIs</td>
<td>Sexually Transmitted Infections</td>
</tr>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
ABSTRACT

Background: Teenage pregnancy is a major health problem in many communities in South Africa. In Umlamli hospital, Sterkspruit, Eastern Cape, teenage pregnancy accounts for about 13% of deliveries in the maternity ward every month. Teenage pregnancy leads to disruption of education, unemployment, increased rate of STI/HIV infection, unsafe abortion, obstetric complications and malnutrition amongst the children born to the teenagers.

Aims and Objectives: The aim of the study was to assess the attitudes, perceptions and beliefs of high school learners in Sterkspruit towards teenage pregnancy. The objectives of the study were to determine: (1) the attitudes of the high school learners in Sterkspruit towards teenage pregnancy; (2) their perceptions regarding the causes of teenage pregnancy and (3) their beliefs regarding the consequences of teenage pregnancy.

Methods: This was a quantitative descriptive study. Anonymous self-administered questionnaires containing questions on attitudes towards teenage pregnancy, causes of teenage pregnancy and consequences of teenage pregnancy was used to collect the data from learners in Grades 10 – 12 of Sterkspruit secondary school. Descriptive statistics were used to analyse and present data.

Results: A total of 298 questionnaires were distributed but only 288 questionnaires were returned back. The sample consisted of 145 females and 143 males with a mean age of 18 years. The results showed that 219 (76%) of the learners both males and females had a negative attitude towards teenage pregnancy. For the causes of teenage pregnancy 228 (79%) of the learners agreed that lack of sex education causes teenage pregnancy, 193 (67%) agreed that not using contraceptives cause teenage pregnancy, 185 (64%) agreed that boys put pressure on girls to have sex while 233 (81%) agreed that alcohol abuse can cause teenage pregnancy. On the consequences of teenage pregnancy 276 (96%) of the learners agreed that teenage pregnancy may lead to dropping out of school, 242 (84%) agreed that teenage girls find it difficult to take care of their babies, 236 (82%) agreed that people gossip about teenage girls who are pregnant while 193 (67%) agreed that boyfriends do not want to take responsibility for the care of the baby.
**Conclusion:** Most of the learners in the study had a negative attitude towards teenage pregnancy and most of them agreed that lack of sex education and lack of contraceptive use were some of the causes of teenage pregnancy. Almost all the learners in the study agreed that teenage pregnancy may lead to dropping out of school and most of them agreed that teenage girls find it difficult to take care of their babies. Adolescents should be guided by teachers and parents as to when and how to make informed decision about sexuality. Information on contraception should be made more accessible. Contraceptives should be made available to those who seek them. Inputs from different sectors, education, health, family, will be needed to reduce the incidence of teenage pregnancy.

**Keywords:** teenagers; teenage pregnancy; adolescent; attitude; contraceptives
CHAPTER 1: INTRODUCTION

1.1 Background

Teenage pregnancy is a major health problem in many communities in South Africa (Richter & Mlambo, 2005). Teenage pregnancy is defined as a teenage girl usually between the ages of 13–19 years becoming pregnant. The term in everyday speech usually refers to girls who have not reached legal adulthood, who become pregnant (UNICEF, 2008).

Fertility rate refers only to pregnancies that have resulted in live births, while pregnancy rate includes both live births and pregnancies that have been terminated. Teenage fertility rate or teenage birth rate is defined as the number of live births per 1000 teenagers aged 15 – 19 years. Teenage pregnancy rate includes both live births and pregnancies that have been terminated (Panday et al., 2009).

South Africa has a high level of fertility among teenage girls. By 18 years of age, one in five teenagers in the population has given birth and by the age of 20, more than 40 percent have become mothers. In almost two thirds of cases, teenage pregnancies are unplanned and unwanted (Macleod, 2003).

Teenage fertility rates in South Africa have dropped from 56 per 1000 adolescents in 2009 to 53 per 1000 adolescents in 2011. However, South African rates are comparatively high when compared to Australia (13 per 1000 adolescents), Malaysia (7 per 1000 adolescents), Singapore (6 per 1000 adolescents) or Denmark (5 per 1000 adolescents) (World Bank, 2013). Reduction in overall teenage fertility rates in South Africa have been attributed to increased access to information on reproductive health and improved contraceptive use (Panday et al., 2009).

In South Africa, while adolescent fertility rates are significantly higher among Blacks (71 per 1000) adolescents and Coloured (60 per 1000) adolescents, adolescent fertility rates among Whites (14 per 1000) adolescents and Indians (22 per 1000) adolescents approximates that of developed countries. This difference may be due to, the wide variation in the social conditions under which young people grow up, disruptions of family structure, inequitable access to education and health services, as well as the concentration of poverty and unemployment in Black and Coloured communities (Panday et al., 2009).
Factors implicated in teenage pregnancy include lack of contraceptive use, sexual coercion, promiscuity, the idea that most of one’s friends have been pregnant or that one has to prove one’s fertility, poor family relations and poverty (Vundule et al., 2001). Children born to teenage mothers are more prone to falling pregnant as teenagers themselves (East et al., 2007). Teenage pregnancy is more common amongst young people who have been disadvantaged and have poor expectations of either their education or the job market (Mothiba & Maputle, 2012). Teenage pregnancies are higher in poorer communities (Panday et al., 2009).

Inaccessibility to reproductive health services is a factor which also contributes to teenage pregnancy since young people always want to be able to access sexual and reproductive health information and services without being exposed to public stigma or embarrassment (Longfield et al., 2004). Health workers have been accused of turning away young teenagers from family planning clinics, and accusing them of being too young for sex. In some clinics, teenagers are offered little choice of contraceptive method and given poor explanations of the side effects and mechanism of action, which contributes to a low uptake of contraception, despite it being free (Wood & Jewkes, 2006).

Adolescents may lack knowledge of, or lack access to conventional methods of preventing pregnancy, as they may be afraid to seek such information. Most adolescents lack information on sexuality and contraception, as most of the education that is presented on this matter is limited (Arai, 2003). Teenage pregnancy appears to be encouraged by lack of access to sex education. Some parents are reluctant to make sex education and contraceptives available to their teenagers, as they are afraid that their teenagers might interpret this as permission to engage in sexual activities. Some teenagers do not like to visit clinics to obtain contraceptives and thus do not make use of available health services (Richter & Mlambo, 2005).

In some cultures in Africa, it is a taboo for teenagers to discuss sexuality with their parents, and thus majority of these teenagers are unable to discuss about contraceptives with their parents (Mbugua, 2006).

Some young school girls engage in sex with older partners for monetary reasons, whereby gifts or money are exchanged for sex (Luke, 2005). Such relationships result in young women
having little or no negotiating power with their partners to insist on condom usage, a situation which may result in high risk of becoming pregnant and contracting sexually transmitted infections (STIs) including human immunodeficiency virus (HIV) (Chatterji et al., 2005).

Consequences of teenage pregnancy include disruption of education, unemployment, unsafe abortions, transmission of sexually transmitted diseases/HIV, obstetric complications and malnutrition in the children (Okafor, 2011).

Teenagers who fall pregnant are most likely to live with a single unemployed parent or guardian and become an additional economic burden on the family (Vundule et al., 2001). In most cases the situation of the teen mothers is worsened because the fathers of their children play no role in the children’s upbringing (Chigona & Chetty, 2008).

Ultimately due to larger families and low education, the labour force earnings of teenage mothers are not satisfactory (Hoffman, 2006). Thus young mothers are barred by a lack of education and inexperience from earning a sound living. The disruption that pregnancy inflicts on the educational and occupational outcomes of young mothers both maintains and exacerbates poverty (Bissell, 2000).

1.2 Study problem
Currently, South Africa has one of the highest rates of teenage pregnancy than most countries in the world. In Umlamli hospital, Sterkspruit, Eastern Cape teenage pregnancy accounts for about 13% of deliveries in the maternity ward every month (Umlamli hospital Maternity Records, 2013). Teenage pregnancy can lead to unsafe abortions and obstetric complications. Also unprotected sex puts teenagers at risk of getting infected with STIs/HIV. Teenage girls tend to drop out of school when they become pregnant, resulting in a lack of qualifications, subsequent unemployment and the child being born into poverty with subsequent malnutrition (Okafor, 2011).

A teenage mother is often compelled to be financially dependent on her family or on public assistance. Conversely, the families of these teenagers are burdened with the responsibility of physically and financially supporting the teenager and her infant. In families who are already struggling, financial provision becomes a major challenge (Yako, 2007).
In South Africa, despite the availability of free contraceptives at primary health care facilities, many teenage girls still fall pregnant. With the persisting high rate of teenage pregnancy and its associated problems in South Africa, it becomes necessary to further seek information on the topic by assessing the attitudes of teenagers towards teenage pregnancy, their perceptions regarding the causes of teenage pregnancy and their beliefs regarding the consequences of teenage pregnancy. No previous studies on teenage pregnancy have been done in the rural town of Sterkspruit.

1.3 Study aim
The aim of this study was to assess the attitudes, perceptions and beliefs of high school learners in Sterkspruit, Eastern Cape towards teenage pregnancy.

1.4 Research questions
- What is the attitude of the high school learners in Sterkspruit, Eastern Cape towards teenage pregnancy?
- What are the perceptions of the high school learners in Sterkspruit, Eastern Cape towards teenage pregnancy?
- What are the beliefs of the high school learners in Sterkspruit, Eastern Cape towards teenage pregnancy?

1.5 Study objectives
- To determine the attitudes of the high school learners in Sterkspruit towards teenage pregnancy.
- To determine the perceptions of the high school learners pertaining to the causes of teenage pregnancy.
- To determine the beliefs of the high school learners pertaining to the consequences of teenage pregnancy.

1.6 Rationale for the study
It is anticipated that the study findings would contribute to the prevention of unwanted teenage pregnancies. The findings in this study will assist policy makers, schools and clinics to improve programs aimed at reducing teenage pregnancy.
1.7 Operational definitions

Teenage pregnancy is defined as a teenage girl usually between the ages of 13–19 years becoming pregnant. The term in everyday speech usually refers to girls who have not reached legal adulthood, who become pregnant.

Fertility rates refer only to pregnancies that have resulted in live births while pregnancy rates include those that were terminated such as stillborns, abortions and miscarriages.

Adolescent refers to someone between childhood and adulthood.

Adolescent fertility rate or teenage birth rate is defined as the number of live births per 1000 women aged 15-19 years.

Teenage pregnancy rates include number of stillborns, abortions and miscarriages. Data on abortion rates are often unavailable and unreliable, especially in developing countries, due to variations in the legal status of abortion. Thus adolescent fertility rates may be a more reliable measure. This study primarily reports on adolescent fertility rates. Thus teenage pregnancy and adolescent fertility will be used interchangeably in this study as the variables appear in the literature.

Learner – this refers to someone (especially a child) who learns (from a teacher) or takes up knowledge or belief.

Legal – this means meeting the requirements under the law.

Pregnancy – this refers to the state or period of carrying a developing foetus within the female womb.

Contraceptive – a device or drug used to temporarily prevent a woman from becoming pregnant e.g. condoms, oral pills, intra-uterine devices and injections.

1.8 Conclusion

This chapter has given an explanation of the background, the focus and the rationale behind the study. The literature review pertaining to the research topic will be discussed in the next chapter.
CHAPTER 2: LITERATURE REVIEW

2.1 Introduction
The following literature review captures the views of teenagers, on their attitudes towards teenage pregnancy, the causes of teenage pregnancy and the consequences of teenage pregnancy. Both national and international literature was reviewed.

2.2 Overview of teenage pregnancy
Teenage pregnancy is still a global problem found in both developed and developing countries. About 16 million girls aged 15 to 19 years and 2 million girls under the age of 15 years give birth every year. Worldwide, one in five girls has given birth by the age of 18. In the poorest regions of the world, this figure rises to over one in three girls. Almost all adolescent births, about 95% occur in low and middle income countries. Within countries, adolescent births are more likely to occur among poor, less educated and rural populations (WHO, 2012).

In the year 2011, the adolescent fertility rate for the United States of America was put at 33 per 1000 adolescents, United Kingdom 26 per 1000 adolescents, Spain 11 per 1000 adolescents, Sweden 6 per 1000 adolescents, Japan 5 per 1000 adolescents and South Africa 53 per 1000 adolescents (World Bank, 2013). South Africa’s rate is comparatively high when compared with some of these other countries.

South Africa has a high level of fertility among teenage girls. By 18 years of age, one in five teenagers in the population has given birth and by the age of 20, more than 40 percent have become mothers. In almost two thirds of cases, teenage pregnancies are unplanned and unwanted (Macleod, 2003). Teenage pregnancy can lead to disruption of education, unemployment, unsafe abortions, transmission of STIs/HIV, obstetric complications and malnutrition in the children (Okafor, 2011). In South Africa, despite the availability of free contraceptives at primary health care facilities, many teenage girls still fall pregnant.

2.3 Attitudes towards teenage pregnancy
In previous studies done in South Africa, teenagers feel that falling pregnant as a teenager is wrong, and that teenagers should wait until they are over twenty years old or have finished their schooling before they think of getting pregnant (Richter & Mlambo, 2005; Kanku, 2010). Some teenage mothers have stated that they were not ready to have their babies and
that their babies were a mistake (Richter & Mlambo, 2005). A number of teenagers regret not using contraception which led to them getting pregnant (Rangiah, 2012).

Some teenagers have expressed the view that having a baby early may be beneficial because later on, if the girl gets sick with HIV, the doctors may want to prevent her from falling pregnant. A number of teenagers have the view that if they have a baby, the responsibility of taking care of the baby will not fall on them since they are still young. There exists a culture in which the baby is received by the teenager’s mother and the baby is taken care of by her (Kanku, 2010).

2.4 Factors associated with teenage pregnancy
Research findings show that there are a number of factors associated with teenage pregnancies. In South Africa, these include lack of sex education, lack of contraceptive use, sexual intercourse under the influence of alcohol, refusal by males to use condoms during sexual intercourse, and teenage girls choosing to get pregnant (Mwaba, 2000; Kanku, 2010).

2.4.1 Alcohol Intoxication
Alcohol is seen as a way of relaxing and relieving stress. A number of female teenagers may fall pregnant while drunk with alcohol because their thinking is impaired and they are less careful. They may not use condoms during sexual intercourse, due to alcohol intoxication and thus may fall pregnant (Kanku, 2010). Their boyfriends when drunk with alcohol may refuse to use condoms (Rangiah, 2012). Alcohol abuse by parents may also lead to alcohol abuse in their teenage children thereby resulting in consequences such as teenage pregnancy (Kanku, 2010).

2.4.2 Relationship Dynamics
Teenage girls may be pressurised by their boyfriends to have sex and they may comply to please their boyfriends and to show their boyfriends that they love them. If condoms are not used during sexual intercourse, the teenage girl may fall pregnant (Mwaba, 2000; Richter & Mlambo, 2005). Some female teenagers fall pregnant because they want to keep their boyfriends or they want their boyfriends to marry them (Richter & Mlambo, 2005). A number of teenagers perform sexual acts with their boyfriends in order to get money to buy goods for themselves, and if contraceptives are not used they may fall pregnant (Rangiah, 2012).
2.4.3 Fertility
Young women’s sexual partners may want to prove their fertility by fathering a child. As a result, some male boyfriends may discourage their teenage girlfriends from using contraception thus resulting in some teenage girls becoming pregnant (Wood & Jewkes, 2006). Some older female teenagers may feel the need to prove that they are able to have children before marriage (Kanku, 2010).

2.4.4 Confidentiality of contraceptive use
Teenagers feel awkward and ashamed to ask for condoms at the clinics. In a study done in Limpopo province, South Africa, some teenagers stated that they can’t go to a family planning clinic because they may come across their relatives there and their relatives may tell their parents (Richter & Mlambo, 2005). Many teenagers are afraid that their parents would find out that they are sexually active if they know that they are accessing contraceptives and some teenagers don’t want their parents to know that they are sexually active (Rangiah, 2012). Some of the nurses working at the family planning clinic may live near the teenager’s house and these teenagers may not want the nurses to know that they are sexually active as they could tell the teenager’s parents. As a result, some teenagers may not go to the clinic to get contraceptives (Rangiah, 2012).

2.4.5 Attitudes of contraceptive providers
At the family planning clinics, often contraceptives are provided, while sex education is neglected, because of the heavy workload of the health staff. The nurses often look busy and the teenagers are afraid to ask them questions on sex education (Richter & Mlambo, 2005). Teenagers view health care workers at the clinics as unfriendly and do not like their attitude. One pregnant teenager stated that she went to the family planning clinic a few times for the injection and condoms, but that she dreaded going there. She said the nurses looked at her funny, as if she was going to commit a serious crime (Rangiah, 2012).

In Rangiah (2012) a teenager verbalized that the nurses at her clinic asked her so many personal questions and told her that she must not have sex because she was too young. She said the nurses wanted to judge her and this put her off. Another teenager stated that the health care workers sometimes made her feel low and unwelcome. They made her feel like she was doing something wrong because she wanted to access contraceptives.
Contraceptive providers are often reluctant to give contraceptives to young people especially to those who are not married. For instance in Swaziland, teenagers were compelled to change their school uniforms for ordinary clothes when accessing contraceptives as they could be denied to schoolgirls (Ziyani & Ehlers, 2006).

Wood and Jewkes (2006) noted that the attitudes of nurses at the hospitals and health centres were a barrier to adolescent contraceptive use in South Africa. These attitudes discourage teenagers from seeking contraception and therefore contribute to teenage pregnancy. The findings of the study showed that most nurses feel uncomfortable to provide teenagers with contraception because of their belief that teenagers should not be having sex at an early age. The study also found that the nurses’ attitude to requests for contraception was highly judgmental and they were perceived as unhelpful to teenagers.

### 2.4.6 Perceptions about Contraceptives

Some teenage boys have stated that sex with a condom is not enjoyable and that male condoms are too tight for them, and thus they refuse to use the condoms (Richter & Mlambo, 2005; Maholo, 2008). In the study of Marston and King (2006) it was reported that condoms are stigmatising and indicate a lack of trust.

Some girls, who had used the injectable contraceptive, stopped using it because it made them gain weight. They stated that having an injection as a contraceptive method every time made them gain too much weight and also made them to have big tummies because they don’t see their menses every month (Richter & Mlambo, 2005).

In Wood and Jewkes (2006) most of the girls using injectable contraceptives reported having experienced menstrual irregularities, which often resulted in them stopping contraceptive use. Prolonged absence of menstruation meant that girls did not know whether or not they were pregnant. Menstruation was also widely seen as a cleansing of the womb. Anxiety about missing menstrual periods led to inconsistent patterns of contraceptive use. Menstruating excessively was another reported side effect of injectable contraception, leading to a concern expressed by one teenager that her blood would eventually be depleted. The findings of the study also suggested that nursing staff in contraceptive services may have gaps in their knowledge of contraceptive use and management of side effects.
Certain teenagers also think that contraceptives cause infertility and watery discharges. They think contraceptives will result in infertility in the future. Some teenagers have never heard of emergency contraceptives and they don’t know how they are used and their effects (Richter & Mlambo, 2005).

In a study done in North west province, South Africa concerning adolescents perceptions of teenage pregnancy, it was found that 50% of the adolescents in the study were ashamed to use contraceptives, whilst 49% feared parental reaction should their contraceptive use be discovered. In addition, 43% of the adolescents did not trust contraceptives (Mwaba, 2000).

### 2.4.7 Abortion

A number of teenagers do not support abortion and they argue that it is better to keep the baby rather than to risk not being able to have babies at a later stage in life. They state that it may happen that after an abortion when in future they want a baby, they may be unable to have one. They also hinted that abortion is tantamount to murder and against their moral views and religious doctrine. They stated that it is best to keep the baby once a teenager falls pregnant (Richter & Mlambo, 2005; Maholo, 2008).

Some teenagers do not know that abortions are free. One pregnant teenager verbalized that she only found out when it was too late. She said she would have had an abortion as she had big dreams for her future and career and that all that had to be put on hold because she was expecting a baby (Rangiah, 2012).

### 2.4.8 Lack of sex education

A number of teenagers have stated that they lack information on sexuality and would like to have more information about sexuality. These teenagers stated that they would like to get more information on sexual matters from their parents and guardians. They hinted that a lack of information on sexual matters among teenagers is one of the factors that causes teenage pregnancy (Richter & Mlambo, 2005; Kanku, 2010). Some teenagers have hinted that they fell pregnant because of no sex education at home. They verbalised that there was lack of communication regarding sex from their parents and that they only got information on sexual matters from their friends. They requested that sex education should be taught in schools (Richter & Mlambo, 2005).
In the rural areas of South Africa, initiation schools play the main role in educating both male and female adolescents on issues related to sexual health, but there is no mention of contraceptives and how to prevent unwanted pregnancy at these initiation schools (Lebese et al., 2013). Some pregnant teenagers hinted that they did not know much about different contraceptives, and that contraceptive education should be included in the timetable at schools (Rangiah, 2012).

In Wood and Jewkes (2006) it was found that one of the barriers to effective contraceptive use was limited and inaccurate knowledge of reproductive anatomy and physiology and this reflects a lack of general knowledge and a failure of tuition in schools. Efforts have been made to improve this area of the curriculum and teaching in South Africa, but there is some evidence that it remains unsatisfactory and is often provided only after adolescents have become sexually active (Wood & Jewkes, 2006).

Teenagers lacking information about signs of pregnancy are not likely to inform any family member, because they don’t know the signs of early pregnancy and thus will only attend ante-natal care when the pregnancy is at an advanced stage (Maputle, 2006). A pregnant teenager verbalized that she did not know that she was pregnant until she told her teacher that she hadn’t seen her periods for some months. She then went for a pregnancy test. Some teenagers do not know that they can fall pregnant the very first time they have sex if contraceptives are not used (Rangiah, 2012).

2.4.9 Child support grant (CSG)

There are some schools of thought in South Africa which claim that the child support grant has some perverse incentives, one of which is to encourage women to have more children, especially teenagers (Makiwane & Udjo, 2006). However, according to Makiwane & Udjo (2006) there is no relationship between teenage fertility and the CSG based on three findings. Firstly, while teenage pregnancy rose rapidly during the 1980’s, it had stabilized and even started to decline by the time the CSG was introduced in 1998. Secondly, only 20 percent of teens who bear children are beneficiaries of the CSG. Thirdly, observed increases in youthful fertility have occurred across all social sectors including amongst young people who would not qualify for the CSG on the means test.
2.5 Teenage beliefs on the consequences of teenage pregnancy

In South Africa, teenagers’ beliefs regarding consequences of teenage pregnancy include dropping out of school, unemployment, risk of HIV infection, secondary infertility if abortion is done and not being prepared for parenthood (Kanku, 2010).

In a study done in North west province, concerning adolescents perceptions of teenage pregnancy, it was found that 69% of the adolescents in the study agreed that teenage pregnancy brought shame on the teenager’s family, 68% agreed that teenage mothers have more problems than adult mothers, 49% agreed that a teenage mother could not be as successful as an adult mother and 48% agreed that teenage mothers have lower chances of getting married (Mwaba, 2000).

2.5.1 Shame

Some teenagers have stated that their parents insisted that they should terminate their pregnancies as they regarded it as a disgrace (Richter & Mlambo, 2005). These pregnant teenagers become the black sheep of the family and they are told that they disappointed their families by falling pregnant. One pregnant teenager stated that she had disgraced her parents and brought shame to them and herself by falling pregnant (Rangiah, 2012).

2.5.2 Disruption of education and occupational outcomes

In the study of Rangiah (2012) which was done in Kwazulu Natal province, some pregnant teenagers verbalized that when teenagers get pregnant while in school, they are forced to drop out of school because it’s too embarrassing and stressful to continue schooling. They indicated that teenage pregnancy could destroy the academic progress of the teen mother. They verbalized that it was difficult for pregnant teenagers to go back to school and face the shame and disgrace which they brought upon themselves and their families because people gossip about such things.

In the same study, Rangiah (2012) another pregnant teenager verbalized that even though the government allows them to return to school after falling pregnant, she would rather look for a job to earn money to support her baby, rather than go back to school. Another pregnant teenager hinted that since she became pregnant she started becoming very tired and couldn’t concentrate at school. She said that pupils at school looked and gossiped about her as if she had a disease, because she was pregnant. She verbalized that sometimes she felt bad about the looks and the gossip.
A number of teenagers have hinted that an early pregnancy had prevented them from completing their studies, placing an additional financial burden on their parents (Richter & Mlambo, 2005). Early childbearing requires strong family support for girls to return back to school. Studies in the United States have shown that child-rearing, lack of parental support and lack of support from peers, all contribute to high school dropout rates (Cassell, 2002).

Under the Education Act (27 of 1996) of South Africa, pregnant school girls may not be excluded from school except for health reasons, and must be readmitted if they apply after giving birth. Despite this progressive legislation in South Africa allowing young women to return to school post-pregnancy, only around a third actually re-enter the schooling system (Grant & Hallman, 2008). The availability of an adult caregiver in the home is a strong determinant of whether girls return to school post-pregnancy. When girls were solely responsible for childcare they were less likely to return to school (Grant & Hallman, 2008). Some families enable girls to return to school to protect their educational opportunities, but for other girls, new family responsibilities limit such possibilities (Kaufman et al., 2001).

In Rangiah (2012) pregnant teenagers who lacked family support said that they would have to stay at home to take care of their babies and that school was over for them. Adolescent pregnancy interferes with young women’s educational attainment, resulting in fewer job opportunities for young women (Grant & Hallman, 2008). Thus when a teenager becomes a parent it may lead to the persistent poverty associated with welfare assistance or low-skill jobs (Smith-Battle, 2000).

2.5.3 Increased financial burden on families/poverty

A teenage mother is often compelled to be financially dependent on her family or on public assistance. Conversely, the families of these teenagers are burdened with the responsibility of physically and financially supporting the teenager and her infant. In families who are already struggling, financial provision becomes a major challenge (Yako, 2007).

In some cases, due to incomplete education and unemployment, financial maintenance from the father of the baby may not be forthcoming (Panday et al., 2009; Swartz & Bhana, 2009). Teenage mothers are likely to become single parents and to live in poverty and this puts their children, especially their female children, at risk of poor health and at risk of
becoming teenage mothers themselves. Thus the phenomenon continues from one generation to the next (Pandor, 2007).

2.5.4 Rejection by family members and friends
A pregnant teenager verbalized that her father who was a strict man and was very involved in the Church told her to pack her bags and go when he heard that she was pregnant. She had to go and stay in her aunt’s house (Rangiah, 2012). Teenage pregnancy may be associated with relationship difficulties. The teenage girl may experience isolation and rejection by her family members and community members because of the pregnancy (Chigona & Chetty, 2008).

2.5.5 Responsibility
In the study of Rangiah (2012) some of the pregnant teenagers indicated that their lives would change after they had delivered their babies, as they would now have the big responsibility of taking care of their babies and themselves. They would no longer go to the movies with their friends, as they had to take care of their babies.

2.6 Summary of literature review
Teenage pregnancy is still a major problem globally and in South Africa. This review has discussed the topic of teenage pregnancy relating to attitudes towards it, factors associated with it and its consequences. It gives a detailed overview and thus, a better understanding of teenage pregnancy.
CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction
The aim of this chapter is to provide an overview of the research process that was followed in this study, to determine the attitudes, perceptions and beliefs of high school learners in Sterkspruit, Eastern Cape towards teenage pregnancy. The demographic information of the study participants, the sampling procedures, data analysis and ethical issues are discussed. The study was conducted in 2013.

3.2 Study setting
Sterkspruit is a rural town located in the Joe Gqabi district of the Eastern Cape, South Africa. It has a population of about 124,000 people. Ninety-six percent of the population are African. Seventy-four per cent of the population speak Xhosa, fifteen per cent speak Sotho, five per cent speak English and one per cent speaks Afrikaans. Sterkspruit has two hospitals and twenty one clinics. In Umlamli hospital, Sterkspruit, teenage pregnancy accounts for about 13% of deliveries in the maternity ward every month (Umlamli hospital Maternity Records, 2013).

The study was conducted at one of the public secondary schools situated in Sterkspruit. The school has only grades 10, 11 and 12, and each grade has 5 classes. Each class has about 35 learners. The school has a student population of about 520 students consisting of male and female learners. Life orientation is a compulsory subject for all the grades and includes sexuality in the curriculum.

3.3 Study design
This was a quantitative descriptive study. The design was used in order to determine the attitudes, perceptions and beliefs of the high school learners towards teenage pregnancy. The quantitative research method approach was used because the subjects and the variables that were researched were quantifiable.

3.4 The study population
The study population included male and female learners in grades 10 to 12 of the Secondary School. Ninety-nine per cent of the learners were African. The language used for teaching in the school was English and the learners could read and write English. The inclusion criteria were female and male learners in grades 10 to 12 of the secondary school who assented and whose parents consented for them to take part in the study.
The exclusion criteria were female and male learners in the school who did not assent and whose parents did not consent for them to take part in the study.

3.5 Sample and sampling technique
Out of 15 classes, 11 classes were selected. The learners in these 11 classes were 371 in number. These 371 learners were each given:

a) An information leaflet explaining the aims and objectives of the study (Appendix F)

b) An assent form on which to sign on (Appendix G)

c) A consent form to take home to their parents to get written consent to participate in the study (Appendix H, I, and J).

After a waiting period of one week, 298 of the learners returned their signed assent and consent forms back to the school.

3.6 Data collection and tool
The data collection tool consisted of an anonymous self-administered questionnaire divided into four sections A, B, C and D. Section A sought demographic data about the participants and contained three questions. Section B contained six statements which assessed the attitudes of the participants towards teenage pregnancy. Section C contained eight statements which assessed the causes of teenage pregnancy, while Section D contained five statements which assessed the consequences of teenage pregnancy. Answers to the statements in Section B, C and D were in agree, don’t know, disagree format in order to gauge the affirmative or negative responses of the participants (Appendix K).

The data collection process was carried out by the researcher and some trained research assistants and the data collection took place on one day. On the day of data collection, the 298 learners who assented and whose parents consented for them to take part in the study were given the research questionnaires to answer in their classrooms. The learners were reminded not to write their names on the questionnaires. Completion of the questionnaires took about 30 minutes. The completed questionnaires were returned back to the researcher and research assistants.

3.7 Data analysis
Data from the answered questionnaires was coded and entered into a Microsoft Excel 2007 spreadsheet by the researcher. Each questionnaire was double entered on the Microsoft excel spreadsheet to decrease clerical errors and to increase reliability of data capturing. The
Microsoft excel spreadsheet was then imported into the interactive data analysis statistical package STATA 10 for analysis. The analysis results of the participants’ demographics were summarized using descriptive summary measures: expressed as mean (standard deviation), (minimum-maximum) for continuous variables and percent for categorical variables. Descriptive statistics based on counts and percentages were done on STATA software to determine the attitudes of the learners towards teenage pregnancy, to determine the causes of teenage pregnancy and to determine the consequences of teenage pregnancy in line with the objectives of the study.

3.8 Validity
The existing validated questionnaires (Mwaba, 2000; Sethosa, 2007) which were specifically designed to ask adolescents about teenage pregnancy were used. The questionnaire was presented to specialists in adolescents’ sexual health to ensure face and content validity. This included a life orientation teacher from a school in the area who was given the questionnaire to assess its content. By using a validated tool for data collection, collection of valid and reliable data was ensured.

3.9 Reliability
The questionnaire was pretested on ten grade 10 to 12 learners from the same high school, and then modified to ensure that the questions were understood by the population being studied. These ten learners were excluded from the study sample and the data collected did not form part of the final study. Data was double entered by the researcher to decrease clerical errors and to increase reliability of data capturing.

3.10 Bias
Volunteers may have different views from people who refuse to participate. Volunteer bias is unavoidable, since people cannot be forced to take part in a study. However, it was minimized to some degree by not sampling, and by including all the learners who consented to take part in the study. The researcher and research assistants created an atmosphere of trust and confidentiality which enabled the learners to answer the questions truthfully.

3.11 Ethical considerations
Approval from the Medunsa Research and Ethics Committee (MREC), University of Limpopo, Medunsa Campus was obtained before starting with this project (Project reference number MREC/H/56/2013: PG. Appendix A). Permission for the study was taken from the Provincial Research office, Department of Education, Eastern Cape (Appendix C).
Permission for the study was also taken from the District Director of Education in Sterkspruit (Appendix E). Assent for the study was sought from the learners (Appendix G) and informed consent was sought from their parents (Appendix H, I, and J). Confidentiality of the study was explained to the learners and their parents and they were informed that participation in the study was voluntary (Appendix F).

3.12 Conclusion

This chapter provided a description of the research methodology that was used in this study. The study setting, design, population, sampling, data collection and tool, data analysis, validity and ethical considerations were discussed. The results of the study will be presented in the next chapter.
CHAPTER 4: RESULTS

4.1 Introduction
In this chapter the results of the research are presented according to the objectives of the study. The information outlined in this chapter was obtained from analysis of the data collected via the questionnaires. Descriptive statistics were used to summarize and present data.

4.2 Response rates
In the school, a total of 371 assent and consent forms were handed out to the learners and 298 were returned (80% response rate). A total of 298 questionnaires were distributed to the learners but only 288 questionnaires were returned back to the researcher and research assistants during the data collection process (96% response rate).

4.3 Demographic information
Among the 288 learners that participated in the study, 145 (50.3%) where females while 143 (49.7%) where males. The youngest learner was 15 years old, while the oldest learner was 19 years old. The mean age or average age of the learners was 18 years. The learners were all African and were of Xhosa and Sotho origin.

4.4 Attitudes towards teenage pregnancy
The first research objective in this study was to assess the attitude of the learners towards teenage pregnancy. Six statements were used to assess the attitudes of the learners towards teenage pregnancy. Out of 288 learners, 219 (76%) agreed that it is wrong for teenage girls to become pregnant, while over 60% agreed that teenagers should wait until they are over twenty years old before they think of having children. Almost all learners who responded agreed that teenagers should wait until they have finished their schooling and have gotten jobs before they think of having children, while about 70% agreed that a teenage mother of 15 years faces more problems than an adult mother of 23 years. Approximately 80% of the learners agreed that teenage pregnancy causes problems for the girl's parents, while 70% agreed that in their culture, it was wrong for teenage girls to become pregnant. (The responses are summarized in Table 4.1).
Table 4.1 statements and results on attitudes towards teenage pregnancy. (n = 288)

<table>
<thead>
<tr>
<th>Statements On Attitudes Towards Teenage Pregnancy</th>
<th>Agree n (%)</th>
<th>Don’t Know n (%)</th>
<th>Disagree n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is wrong for teenage girls to become pregnant.</td>
<td>219(76%)</td>
<td>29(10%)</td>
<td>40(14%)</td>
</tr>
<tr>
<td>Teenagers should wait until they are over twenty years old before they think of having children.</td>
<td>184(64%)</td>
<td>40(14%)</td>
<td>64(22%)</td>
</tr>
<tr>
<td>Teenagers should wait until they have finished their schooling and have gotten jobs before they think of having children.</td>
<td>268(93%)</td>
<td>11(4%)</td>
<td>9(3%)</td>
</tr>
<tr>
<td>A teenage mother of 15 years faces more problems than an adult mother of 23 years.</td>
<td>204(71%)</td>
<td>52(18%)</td>
<td>32(11%)</td>
</tr>
<tr>
<td>Teenage pregnancy causes problems for the girl's parents.</td>
<td>238(83%)</td>
<td>36(12%)</td>
<td>14(5%)</td>
</tr>
<tr>
<td>In your Xhosa or Sotho culture, it is wrong for teenage girls to become pregnant.</td>
<td>202(70%)</td>
<td>46(16%)</td>
<td>40(14%)</td>
</tr>
</tbody>
</table>

4.5 The perceptions as to the causes of teenage pregnancy

The second research objective in this study was to assess the perceptions of the learners regarding the causes of teenage pregnancy. Eight statements were used to assess the perceptions of the learners regarding the causes of teenage pregnancy. Out of 288 learners 228 (79%) agreed that poor knowledge about sex causes teenage pregnancy, while over 60% agreed that not using contraceptives causes teenage pregnancy. More than 60% agreed that parents don’t discuss sex with their teenagers while over 60% agreed that boys put pressure on girls to have sex. About 60% agreed that boys refuse to use condoms during sexual intercourse, while over 40% agreed that some teenage girls may choose to get pregnant. Over 40% of the learners agreed that some teenage girls may want to prove their fertility by giving birth to a child, while approximately 80% agreed that alcohol abuse can cause teenage pregnancy. (The responses are summarized in Table 4.2).
Table 4.2 statements and results on the causes of teenage pregnancy. (n = 288)

<table>
<thead>
<tr>
<th>Statements on the causes of Teenage Pregnancy</th>
<th>Agree n (%)</th>
<th>Don’t Know n (%)</th>
<th>Disagree n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor knowledge about sex causes teenage pregnancy.</td>
<td>228(79%)</td>
<td>23(8%)</td>
<td>37(13%)</td>
</tr>
<tr>
<td>Not using contraceptives causes teenage pregnancy.</td>
<td>193(67%)</td>
<td>78(27%)</td>
<td>17(6%)</td>
</tr>
<tr>
<td>Parents don’t discuss sex with their teenagers.</td>
<td>193(67%)</td>
<td>32(11%)</td>
<td>63(22%)</td>
</tr>
<tr>
<td>Boys put pressure on girls to have sex.</td>
<td>185(64%)</td>
<td>17(6%)</td>
<td>86(30%)</td>
</tr>
<tr>
<td>Boys refuse to use condoms during sexual intercourse.</td>
<td>173(60%)</td>
<td>34(12%)</td>
<td>81(28%)</td>
</tr>
<tr>
<td>Some teenage girls may choose to get pregnant.</td>
<td>141(49%)</td>
<td>69(24%)</td>
<td>78(27%)</td>
</tr>
<tr>
<td>Some teenage girls may want to prove their fertility by giving birth to a child.</td>
<td>135(47%)</td>
<td>107(37%)</td>
<td>46(16%)</td>
</tr>
<tr>
<td>Alcohol abuse can cause teenage pregnancy.</td>
<td>233(81%)</td>
<td>20(7%)</td>
<td>35(12%)</td>
</tr>
</tbody>
</table>

4.6 The consequences of teenage pregnancy

The third research objective in this study was to assess the perceptions of the learners regarding the consequences of teenage pregnancy. Five statements were used to assess the perceptions of the learners regarding the consequences of teenage pregnancy. Out of 288 learners 276 (96%) of the learners agreed that teenage pregnancy may lead to dropping out of school, while over 80% agreed that these teenage girls find it difficult to take care of their babies. More than 60% agreed that teenage pregnancy brings shame on the girl’s family, while approximately 80% agreed that people gossip about teenage girls who are pregnant. More than 60% of the learners agreed that boyfriends do not want to take responsibility for the care of the baby. (The responses are summarized in Table 4.3).
Table 4.3 statements and results on the consequences of teenage pregnancy (n = 288)

<table>
<thead>
<tr>
<th>Statements On the Consequences Of Teenage Pregnancy</th>
<th>Agree n (%)</th>
<th>Don’t Know n (%)</th>
<th>Disagree n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teenage pregnancy may lead to dropping out of school.</td>
<td>276(96%)</td>
<td>6(2%)</td>
<td>6(2%)</td>
</tr>
<tr>
<td>These teenage girls find it difficult to take care of their babies.</td>
<td>242(84%)</td>
<td>32(11%)</td>
<td>14(5%)</td>
</tr>
<tr>
<td>Teenage pregnancy brings shame on the girl’s family.</td>
<td>190(66%)</td>
<td>63(22%)</td>
<td>35(12%)</td>
</tr>
<tr>
<td>People gossip about teenage girls who are pregnant.</td>
<td>236(82%)</td>
<td>38(13%)</td>
<td>14(5%)</td>
</tr>
<tr>
<td>Boyfriends do not want to take responsibility for the care of the baby.</td>
<td>193(67%)</td>
<td>32(11%)</td>
<td>63(22%)</td>
</tr>
</tbody>
</table>

4.7 Summary
The results from the analysis of data collected in this study were presented in this chapter. The views of the learners were expressed in the ways in which they answered the various statements. From the data gathered it is evident that most of the learners had a negative attitude towards teenage pregnancy. Most of the learners also agreed that lack of sex education and lack of contraceptive use were some of the causes of teenage pregnancy. The factors that were highly rated as being consequences of teenage pregnancy were dropping out of school, that teenage girls find it difficult to take care of their babies and that people gossip about teenage girls who are pregnant. The results of the study will be discussed in the next chapter.
CHAPTER 5: DISCUSSION, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

5.1 Introduction
In the preceding chapters, the objectives of the study were stated, a literature review was presented, the research methodology and data analysis for the objectives of the study were described and the findings reported. The aim of the study was to assess the attitudes of the learners towards teenage pregnancy, to assess their perceptions regarding the causes of teenage pregnancy and to assess their beliefs regarding the consequences of teenage pregnancy. This chapter will discuss the findings of the study. It will also include the recommendations, limitations and conclusions based on the findings of the study.

5.2 Attitude towards teenage pregnancy
The study found that majority of the learners, over 75%, had a negative attitude towards teenage pregnancy. These learners agreed that it was wrong for teenage girls to become pregnant. This finding is similar to a study done in North West province in which 81% of the adolescents regarded teenage pregnancy as being wrong (Mwaba, 2000). According to Richter & Mlambo (2005) for many teenagers, sexual activities result in unplanned pregnancies, childbirth or abortion. In a study conducted in Soweto, South Africa, it was found that 23% of pregnancies carried by 13-16 year old young women and 14.9% in the 17-19 year age range ended in abortion (Buchmann et al., 2002). Some pregnant teenagers have termed their pregnancies as being unwanted (Richter & Mlambo, 2005). This may mean that while some teenagers may engage in sexual activity, they may not want the consequences such as pregnancy, but they fail to take the necessary precautions. They fail to use contraception.

Majority of the learners in this study agreed that teenage pregnancy was wrong in terms of their culture. In the South African black culture where lobola (dowry payment) plays an important role, the father of an unborn child must pay lobola to the teenage girl’s parents for the damage caused by an unplanned pregnancy. This is described by Preston-Whyte & Zondi (1992) as a ritual such as payment of reparation and cleansing ceremonies. If the lobola is not paid, that pregnancy can cause a huge conflict between the female and male’s families. In Sethosa (2007) teachers in rural high schools in the Western Cape Province reported community conflict issues that were dragged to the high schools when the female and male’s families were at loggerheads because of teenage pregnancy.
In the study, majority of the learners agreed that teenagers should wait until they are over twenty years old before they think of having children, while almost all the learners agreed that teenagers should wait until they have finished their schooling and have gotten jobs before they think of having children. Similarly, in a study done in Limpopo province, some teenagers expressed the view that teenagers should delay child bearing until they had completed their schooling or were over twenty years old (Richter & Mlambo, 2005). This indicates that teenagers are aware of the financial implications of taking care of a child and would rather complete their schooling and get jobs before they think of having children. Completing their schooling and getting jobs would enable them to meet the financial needs of taking care of a child and they would not have to be financially dependent on their parents. It appears that the learners in this study wish to complete their studies and view teenage pregnancy as an obstruction to achieving this goal.

Most of the learners in this study agreed that a teenage mother of 15 years faces more problems than an adult mother of 23 years and that teenage pregnancy causes problems for the girl’s parents. When compared to women who delay childbearing beyond teen years, teen mothers are less likely to complete high school, more likely to work in low-income jobs and experience longer periods of unemployment, and more likely to experience single parenthood and poverty (Sethosa, 2007). Thus the girl’s parents become responsible for financially and physically caring for the baby and this adds to the family’s financial burden, as in most cases the father of the baby may play no role in the baby’s upbringing.

5.3 The perceptions pertaining to the causes of teenage pregnancy

In this study, majority of the learners agreed that poor knowledge about sex causes teenage pregnancy and that not using contraceptives causes teenage pregnancy. This finding is consistent with a study done in Limpopo Province in which teenagers stated that lack of sex education is one of the causes of teenage pregnancy (Richter & Mlambo, 2005).

In such conditions were teenagers lack knowledge about sex, pregnancy and contraceptives, or where contraceptives are not readily accessible, the result may be unprotected sex and pregnancy. This poor knowledge in some males may also result in them refusing to use condoms. Some males state that they are not supposed ‘to eat the sweet with the wrapper on’ neglecting the consequences of unprotected sex such as pregnancy/STIs. Some females may also fail to negotiate contraceptive use with their male partners either out of fear, or out of a
hope that she may not fall pregnant. In the study Marston and King (2006) it was reported that condoms are stigmatising and indicate a lack of trust. Thus in some relationships condoms may not be used as it may indicate a lack of trust between partners.

Some young school girls engage in sex with older partners for monetary reasons, whereby gifts or money are exchanged for sex (Luke, 2005). Such relationships result in young women having little or no negotiating power with their partners to insist on condom usage, a situation which may result in high risk of becoming pregnant and contracting STIs/HIV (Chatterji et al., 2005).

HIV and sex education exists in South African schools as part of the wider Life Orientation curriculum, which was implemented in 2002. The quality of the education, however, is hindered, due to a lack of training of teachers. The shortage of trained teachers may result in just one teacher in a school being able to teach such classes. This has led teaching unions to call for a life orientation module to be included in the courses being taught during undergraduate teachers training (Integrated Regional Information Networks Plus News, 2008).

Young people always want to be able to access sexual and reproductive health information and services without being exposed to public stigma or embarrassment (Longfield et al., 2004). Health workers have been accused of turning away young teenagers from family planning clinics, and accusing them of being too young for sex. In some clinics, teenagers are offered little choice of contraceptive method and given poor explanations of the side effects and mechanism of action, which contributes to a low uptake of contraception, despite it being free (Wood & Jewkes, 2006).

Parents are reluctant to discuss sexuality education and contraceptives with their teenagers, as they are afraid that their teenagers might interpret this as permission to engage in sexual activities (Richter & Mlambo, 2005). Parents may feel that sexuality education should be taught to teenagers by their teachers. In Richter (1996) it was found that increased pregnancy preventative practice was associated with exposure of the teenager to a supportive information environment.
In the study, most of the learners agreed that boys put pressure on girls to have sex. This finding is similar to a study done in North West province in which most of the adolescents agreed that boys put pressure on girls to have sex (Mwaba, 2000). Teenage girls may be pressurised by their boyfriends to have sex and they may comply to please their boyfriends and to show their boyfriends that they love them (Richter & Mlambo, 2005). If condoms are not used during sexual intercourse, the teenage girl may fall pregnant. Teenage girls often do not negotiate and think that saying no to sexual intercourse will end their relationship. They may be afraid to tell their boyfriends that they don’t want to sleep with them.

Less than half of the learners in this study agreed that teenage girls may want to prove their fertility by giving birth to a child, and less than half of the learners agreed that some teenage girls may choose to get pregnant. Thus girls wanting to prove their fertility and girls choosing to get pregnant makes a little contribution to the incidence of teenage pregnancy. In Sethosa (2007) girls were reported by their parents as suffering from inferiority complexes, by the mere fact that they felt it was necessary to become pregnant so as to prove something to their boyfriends. Some female teenagers fall pregnant because they want to keep their boyfriends or they want their boyfriends to marry them (Richter & Mlambo, 2005).

The study found that majority of the learners agreed that alcohol abuse can cause teenage pregnancy. Similarly, in a study done in North-West province, teenagers stated that alcohol intoxication may cause teenage pregnancy (Kanku, 2010). Alcohol intoxication may lead to impaired thinking and may lead to teenagers having unprotected sex which may result in teenage pregnancy. Alcohol may encourage unintended sexual activities. According to Markowitz et al (2005) teenagers like to spend time in taverns and alcohol well known for its ability to impair judgement, may lead to unprotected sex, sexually transmitted diseases and teenage pregnancy. At the tavern, some males may purchase alcohol for females in exchange for sex.

5.4 The consequences of teenage pregnancy
The study found that almost all of the learners agreed that teenage pregnancy may lead to dropping out of school. This finding is similar to a study done in Kwazulu-Natal province in which some adolescents stated that teenage pregnancy could destroy the academic progress of the teen mother (Rangiah, 2012). This indicates that teenage pregnancy could disrupt the
academic progress of the teen mother leading to a lack of qualifications and subsequent unemployment and poverty.

The teenager after becoming pregnant may start becoming very tired, may find it difficult to concentrate and may even sleep at school. Pupils at the teenager’s school may look at her and gossip about her pregnancy making her feel bad (Chigona & Chetty, 2008). Some pregnant teenagers may find it difficult to go back to school after falling pregnant because of the gossip at school. On her way to school and back home, her community members may stare at her belly as if to say “why did she fall pregnant ?.” All these factors may make the teenager stop coming to school.

After delivery of the baby, being a parent during the evening and a learner during the day may pose a huge responsibility for the teen mother and she may find it difficult to concentrate during tuition time (Sethosa, 2007). If there is no one to take care of the baby at home, the teen mother may have to stop going to school and stay at home and take care of her baby. After delivery some teen mothers may opt to look for a job to get some money to take care of their baby and end up joining the low paid working class. All these factors may make the teenager to drop out of school. As a result, the career prospects of the teenager are severely restricted, potentially limiting the teenager to lower socio-economic status.

In this study almost all the learners agreed that these teenage girls find it difficult to take care of their babies. Due to dropping out of school, a lack of qualifications and subsequent unemployment, these teen mothers may lack the finances to take care of their baby. A teenage mother is often compelled to be financially dependent on her family or on public assistance. Conversely, the families of these teenagers are burdened with the responsibility of physically and financially supporting the teenager and her infant. In families who are already struggling, financial provision may become a major challenge (Yako, 2007). In most cases the situation of the teen mothers is worsened because the fathers of their children play no role in the children’s upbringing (Chigona & Chetty, 2008).

In families with poor finances, there may be lack of adequate food for the baby leading to malnutrition in the baby. The teenage mother, as a young person who is not working, might end up applying for a child support grant, which eventually increases the financial burden on state funds.
The study found that majority of the learners agreed that teenage pregnancy brings shame on the girl’s family. This finding is equivalent to a study done in North-West Province in which majority of the learners agreed that teenage pregnancy brought shame on the teenager’s family (Mwaba, 2000). In Richter & Mlambo (2005) some parents insisted that their daughters should terminate their pregnancies as they regarded it as a disgrace. In Rangiah (2012) a father who was a strict man and was very involved in the Church, told his teenage daughter to pack her things and leave his house when he heard that she was pregnant.

The family of the pregnant girl is subjected to ridicule, gossip and other forms of stigmatisation. This phenomenon is more prevalent in small communities. The reaction of the families, especially of the parents of the teen mother, may range from understanding to rejection of the teenager. If the father of the child is not financially secure, the baby adds a financial burden to the family (Sethosa, 2007). The pregnant teenager may experience isolation and ostracism by her family members and they may tell her that she disappointed them and brought shame on the family by falling pregnant.

In the study almost all the learners agreed that people gossip about teenage girls who are pregnant. This finding is consistent with a study done in Western Cape Province in which some teen mothers stated that people gossip about teenage girls who are pregnant (Chigona & Chetty, 2008). Pupils at the teenager’s school may look at her and gossip about her pregnancy making her feel bad (Chigona & Chetty, 2008). On her way to school and back home, her community members may stare at her belly as if to say “why did she fall pregnant ?.” Her neighbours may gossip and laugh at her because of her pregnancy.

The study found that the majority of learners agreed that boyfriends do not want to take responsibility for the care of the baby. This finding is consistent with a study done in Western Cape Province in which some pregnant learners and teen mothers stated that their boyfriend did not want to take responsibility for their actions and instead cut them out of their lives when they became pregnant (Sethosa, 2007). In some cases, due to incomplete education and unemployment, financial maintenance from the father of the baby may not be forthcoming (Panday et al., 2009; Swartz & Bhana, 2009). As a result, the greater part of the financial burden for the care of the baby falls on the teen mother’s family. Some of these teen mothers live in single-parent families with limited finances, which implies that the future well being of these infants may well be in jeopardy due to limited finances.
5.5 Recommendations

The factors contributing to teenage pregnancy are varied and therefore require multifaceted intervention strategies. Inputs from different sectors, education, health, family, will be needed to reduce the incidence of teenage pregnancy.

5.5.1 School Sexuality education

The current sexuality education in life orientation programmes in schools should be intensified and should have a definitive focus on the prevention of teenage pregnancy. Information on reproductive biology, abstinence, contraception, conception and pregnancy should be given to adolescents including difficulties of teen parenthood. Teachers must make sure that teens understand the consequences of having sex. Teenagers should be warned against drugs and alcohol abuse that may lead to unwanted teenage pregnancies. Schools should allocate time in class for these discussions. Lessons on sexual activities should start before teenagers become sexually active. More teachers should be trained on the life orientation subject so as to relieve the shortage of life orientation teachers being experienced in some schools.

Guidance counsellors and social workers should be involved in schools to guide teenagers and to complement the information given by teachers. They should inform the learners about the financial crisis that may arise from falling pregnant and other implications. They should guide the teenagers as to when and how to make informed decision about sexuality. The importance of planning for and correct timing of parenthood should be explained to the adolescents. Career guidance will help learners to stay focussed on their career goals. Increased chances for adolescents to acquire formal education will lower the problem of adolescent pregnancies. Bursaries or loans must be arranged by schools through liaison with educational institutions and businesses to provide study opportunities for adolescents.

5.5.2 Parental sexuality education

Parents are expected to take the responsibility of raising and rearing their children very seriously, emphasising good norms, values and standards. If parents exhibit bad norms and values, their teenagers may also imbibe these bad norms and values. Parents and guardians should be encouraged to give sexuality education to their teenagers. Teenage girls in particular, see their parents as an important source of information. Parents, community leaders, and counsellors must keep the lines of communication open with teens, so as to enable teens to access any information which they may need from them.
5.5.3 Contraceptive information/availability
Information on contraception/contraceptives should be made more accessible and available; particularly condoms which also reduce sexually transmitted infections/HIV. Emergency contraception that is considered safe and effective should be made available for usage. Contraceptive providers should have prevention of unwanted teenage pregnancy at the back of their minds when dealing with teenagers. Contraceptives should be given to those who seek them. Prevention they say is better than cure. With regards to teenage pregnancy, contraception is a definite way in which it can be prevented, though it can also be prevented through abstinence from sex.

Nurses at the clinics should have adequate information on all the various contraceptives and their side effects so as to be able to educate teenagers. Men should also be fully informed about the different contraceptive methods available for men and women.

Pamphlets with adequate information on the various contraceptives and their side effects should be made available at the clinics and should be given to those who need more information on contraceptives.

5.5.4 Alcohol restriction
Alcohol intoxication may encourage unintended sexual activities, impaired thinking and unprotected sex. Alcohol should not be given to teenagers less than 18 years of age. Underage drinking and drug abuse should be discouraged. Teenagers should be encouraged to engage in recreational activities such as soccer, volleyball, netball, etc during their spare time.

5.6 Recommendations for further Research
Further studies are recommended about the perceptions of parents regarding teenage pregnancy so as to gather parental contribution to the topic. Further studies are also recommended about the boyfriends of the pregnant teenage girls, and the experiences their families undergo.

5.7 Limitations
The secondary school used for the study was located in Sterkspruit, Eastern Cape Province. The study findings cannot be generalised to other areas as other provinces were not included in the sample, but may be transferable to similar communities in South Africa.
5.8 Conclusion
It can be concluded from the study findings that there was an overall negative attitude towards teenage pregnancy among majority of the learners. The study also identified some of the causes and consequences of teenage pregnancy as perceived by the learners. These factors can be used in educating young people on the prevention of unwanted adolescent pregnancy.
REFERENCES


APPENDICES

Appendix A: MREC Clearance certificate

UNIVERSITY OF LIMPOPO
Medunsa Campus

MEDUNSA RESEARCH & ETHICS COMMITTEE

CLEARANCE CERTIFICATE

MEETING: 03/2013
PROJECT NUMBER: MREC/H/56/2013: PG
PROJECT:
Title: Attitudes, perceptions and beliefs of high school learners in SterkSpruit, Eastern Cape towards teenage pregnancy
Researcher: Dr C Udokwu
Supervisor: Dr P Chelule
Department: Public Health
School: Health Care Sciences
Degree: MPH

DECISION OF THE COMMITTEE:
MREC approved the project.
DATE: 11 April 2013

PROF GA OGUNBANJO
CHAIRPERSON MREC

The Medunsa Research Ethics Committee (MREC) for Health Research is registered with the US Department of Health and Human Services as an International Organisation (IORG0004319), as an Institutional Review Board (IRB00005122), and functions under a Federal Wide Assurance (FWA00009419)
Expiry date: 11 October 2016

Note:
1) Should any departure be contemplated from the research procedure as approved, the researcher(s) must reread the protocol to the committee.
2) The budget for the research will be considered separately from the protocol. PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

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37
Appendix B: Letter for permission (Provincial)

Private Bag X5016
Sterkspruit
9762
28 May 2013

The Director
Provincial Research office
Department of Education
Eastern Cape.

Dear Madam

Research Study: Attitudes, perceptions and beliefs of high school learners in Sterkspruit, Eastern Cape towards teenage pregnancy

This letter serves to request for permission to do the above mentioned research study. I hereby request permission to conduct a survey on attitudes, perceptions and beliefs of high school learners in Sterkspruit towards teenage pregnancy, as a prerequisite for completion of my Masters’ degree at the School of Public Health at the University of Limpopo. The aim and objectives of the study will be to assess the attitudes, perceptions and beliefs of the high school learners towards teenage pregnancy.

The Research study will involve filling of questionnaires by Learners in Grades 10 – 12 of Sterkspruit Secondary School, Joe Gqabi district. These respondents will only participate after they have received consent in writing from their parents or guardians. We believe that the answers we get from this Research study will help the Departments of Education and Health in developing solutions to tackle the issue of teenage pregnancy in secondary schools. The research study will not in any way interfere with the school programmes. Your approval of this research will be appreciated.

Yours sincerely

Dr. C O Udokwu
Appendix C: Permission letter (Provincial)

Province of the
EASTERN CAPE
EDUCATION

STRATEGIC PLANNING POLICY RESEARCH AND SECRETARIAT SERVICES
Steve Vukile Tshwete Complex • Zone 6 • Zwide • Eastern Cape
Private Bag X0032 • Bhisho • 5605 • REPUBLIC OF SOUTH AFRICA
Tel: +27 (0)43 702 7428 • Fax: +27 (0)43 702 7427 • Website: www.ecdoe.gov.za
Enquiries: Dr. Heckroodt Email: bernettia@ictrica.com

01 July 2013

Dr CO Udokwu
Umlamli Hospital
Private Bag X5016
STERKSPRUIT
9762

Dear Dr. Udokwu

PERMISSION TO UNDERTAKE A MASTERS’ THESIS: ATTITUDES, PERCEPTIONS AND BELIEFS OF HIGH SCHOOL LEARNERS IN STERKSPRUIT, EASTERN CAPE TOWARDS TEENAGE PREGNANCY

1. Thank you for your application to conduct research.

2. Your application to conduct the above mentioned research at Sterkspruit Secondary Schools under the jurisdiction of Sterkspruit District of the Eastern Cape Department of Education (ECDoE) is hereby approved on condition that:
   a. there will be no financial implications for the Department;

   b. institutions and respondents must not be identifiable in any way from the results of the investigation;

   c. you present a copy of the written approval letter of the Eastern Cape Department of Basic Education (ECDBE) to the Chief Directors and Directors before any research is undertaken at any institutions within that particular district;

   d. you will make all the arrangements concerning your research;
e. the research may not be conducted during official contact time, as educator’s programmes should not be interrupted.

f. should you wish to extend the period of research after approval has been granted, an application to do this must be directed to the Director: Strategic Planning Policy Research and Secretariat Services;

g. the research may not be conducted during the fourth school term, except in cases where a special well motivated request is received;

h. your research will be limited to those schools or institutions for which approval has been granted, should changes be effected written permission must be obtained from the Director – Strategic Planning Policy Research and Secretariat Services;

i. you present the Department with a copy of your final paper/report/dissertation/thesis free of charge in hard copy and electronic format. This must be accompanied by a separate synopsis (maximum 2 – 3 typed pages) of the most important findings and recommendations if it does not already contain a synopsis. This must also be in an electronic format.

j. you are requested to provide the above to the Director: The Strategic Planning Policy Research and Secretariat Services upon completion of your research.

k. you comply to all the requirements as completed in the Terms and Conditions to conduct Research in the ECDBE document duly completed by you.

l. you comply with your ethical undertaking (commitment form).

m. You submit on a six monthly basis, from the date of permission of the research, concise reports to the Director: Strategic Planning Policy Research and Secretariat Services.

3. The Department reserves a right to withdraw the permission should there not be compliance to the approval letter and contract signed in the Terms and Conditions to conduct Research in the ECDBE.

4. The Department will publish the completed Research on its website.

5. The Department wishes you well in your undertaking. You can contact the Director, Dr. Annetia Heckroodt on mobile number 083 275 0715 and email: annetia.heckroodt@edu.ecprov.gov.za should you need any assistance.

DR AS HECKROODT
DIRECTOR: STRATEGIC PLANNING POLICY RESEARCH AND SECRETARIAT SERVICES
Appendix D: Letter for permission (District)

Private Bag X5016
Sterkspruit
9762
11 July 2013

The District Director
Department of Education
Sterkspruit
9762

Dear Madam

Research Study: Attitudes, perceptions and beliefs of high school learners in Sterkspruit, Eastern Cape towards teenage pregnancy.

This letter serves to request for permission to do the above mentioned research study. I hereby request permission to conduct a survey on attitudes, perceptions and beliefs of high school learners in Sterkspruit towards teenage pregnancy, as a prerequisite for completion of my Masters’ degree at the School of Public Health at the University of Limpopo. The aim and objectives of the study will be to assess the attitudes, perceptions and beliefs of the high school learners towards teenage pregnancy. The Research study will involve filling of questionnaires by Learners in Grades 10 – 12 of Sterkspruit Secondary School, Joe Gqabi district. These respondents will only participate after they have received consent in writing from their parents or guardians. We believe that the answers we get from this Research study will help the Departments of Education and Health in developing solutions to tackle the issue of teenage pregnancy in secondary schools. The research study will not in any way interfere with the school programmes. Your approval of this research will be appreciated.

Yours sincerely

Dr. C O Udokwu
Appendix E: Permission letter (District)

Province of the
EASTERN CAPE
EDUCATION

DISTRICT: OFFICE OF THE DISTRICT DIRECTOR
Former Sterkspruit College of Education, Sterkspruit, 9762, Private Bag X5028, Sterkspruit;
REPUBLIC OF SOUTH AFRICA, Website: www.ecdoe.gov.za
STERKSPRUIT

24 JULY 2013

TO: PRINCIPAL
STERKSPRUIT SSS
FROM: DISTRICT DIRECTOR
SUBJECT: GRANTING PERMISSION FOR DR. CO UDOKWU TO CONDUCT RESEARCH

This serves to inform your office that ECDoE H/O has granted Dr. CO Udokwu permission to conduct a research on learner pregnancy as part of his Master's Thesis with MEDUNSA.

Please assist him upon his positive identification.

Yours in service

..........................................................
NY KANJANA
DISTRICT DIRECTOR: STERKSPRUIT

building blocks for growth
Appendix F: Participants information leaflets

Dear Participant

I hereby request permission that you participate in a study on Attitudes, perceptions and beliefs of high school learners in Sterkspruit, Eastern Cape towards teenage pregnancy that will be conducted in your school.

The study is being conducted as part of the requirements for the award of the degree of Master of Public Health at the University of Limpopo, MEDUNSA Campus.

The study will involve filling of questionnaires by Learners in Grades 10 – 12 in Sterkspruit Secondary School. The questionnaire will contain questions that will assess the learners’ attitudes, perceptions and beliefs towards teenage pregnancy. Your identity will be protected as you will not write your name on the questionnaire.

This study is being supervised by the School of Public health, University of Limpopo, Medunsa Campus. The study will not in any way interfere with the school programmes.

Participation in this study is voluntary and you are free to withdraw your participation at any time. All information gathered during this study will be kept safe and confidential including the consent forms that you will sign and that your parents/guardians will sign giving permission for you to participate in the study. If you have any questions concerning the study please contact me.

Thanking you in advance
Yours truly
Dr. Udokwu C O
Appendix G: Assent/Consent form for learners

UNIVERSITY OF LIMPOPO (Medunsa Campus) ENGLISH CONSENT FORM

Statement concerning participation in a Study.
Name of Study: Attitudes, perceptions and beliefs of high school learners in Sterkspruit, Eastern Cape towards teenage pregnancy.

I have read the information on the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurized to participate in any way.

I understand that participation in this study is completely voluntary and that I may withdraw from it at any time and without supplying reasons.

I know that this Study has been approved by the Medunsa Research Ethics Committee (MREC), University of Limpopo, Medunsa, Campus. I am fully aware that the results of this study will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this Study.

............................................................ ...........................................................
Name of participant Signature

........................................... ........................................... ...........................................
Place Date Witness

Statement by the Researcher

I provided written information regarding this Study. I agree to answer any future questions concerning the Study as best as I am able.

I will adhere to the approved protocol.

........................................... ........................................... ........................................... ...........................................
Name of Researcher Signature Date Place
Appendix H: Consent form for parents/guardian

STATEMENT CONCERNING PARTICIPATION IN A STUDY

Name of Study: Attitudes, perceptions and beliefs of high school learners in Sterkspruit, Eastern Cape towards teenage pregnancy.

My daughter/son has read the information on the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. My daughter/son has not been pressurized to participate in any way.

I understand that participation in this study is completely voluntary and that s/he may withdraw from it at any time and without supplying reasons.

S/he knows that this Study has been approved by the Medunsa Research Ethics Committee (MREC), University of Limpopo, Medunsa Campus. S/he is fully aware that the results of this study will be used for scientific purposes and may be published. I agree to this, provided my daughter/son’s privacy is guaranteed.

I hereby give consent for my daughter/son to participate in this Study.

........................................................... .............................................................
Name of parent/guardian Signature

............................................ ...................................................
Place Date

Statement by the Researcher

I provided written information regarding this Study. I agree to answer any future questions concerning the Study as best as I am able.

I will adhere to the approved protocol.

............................................ ...................................................
Name of Researcher Signature Date Place
Appendix I: Imvume yokuthabatha inxaxheba (abazali)

UNIVERSITY OF LIMPOPO (Medunsa Campus)  ISIXHOSA CONSENT FORM

Iinkcuka malunga nokuthabatha inxaxheba.

Isihloko: Izimvo zabantwana besikolo sase Sterkspruit, Eastern Cape malunga nokukhulelwa kwamantombazana aselula.

Umntwana wam uzifundile zonke iinkcukacha malunga noluphando kwaye ulinikiwe ithuba lokubuza imibuzo walinikwa nexesha elaneleyo lokucingisisa. Linjongo zoluphando zicace gca kum. Umntwana wam khangane anyanzelwe ukuba athabathe inxaxheba.

Ndiyayiqonda ukuba ukuthabathatha inxaxheba akunyanzelekanga kwaye umntwana wam angarhoxa ngaphandle kokunikwa izizathu. Umntwana wam uyayazi ukuba oluphando luvunyiwe yi Medunsa Research Ethics Committee (MREC), University of Limpopo, Medunsa Campus.

Ngoko ke ndiyavuma ukuba umntwana wam athabathe inxaxheba kuphela xa iqinisekiswa imfihlelo yeenkcukacha zakhe.

.......................................................... ..........................................................
Igama lomzali                                Signature

........................................... ...........................................
Indawo                                        Umhla

Isifungo somphandi

Ndizinikezele zonke iinkcukacha malunga noluphando. Ndiyavuma ukuphendula yonke imibuzo engavela malunga ngoluphando ngokunyanisekileyo.

Yonke into ndiyenza ngokuhambisana nesivumelwano.

........................................... ............................ ............................ ............................
Igama somphandi                        Signature                      Umhla              Indawo
### Appendix J: Tumellano ya batswadi/ba hlokomedi ba bana

**UNIVERSITY OF LIMPOPO (Medunsa Campus) SESOTHO CONSENT FORM**

Tumellano ya ho nka karolo projekeng.

Lebitso la projekeng: Bana ba sekolo mona Sterkspruit, Eastern Cape ba bona ho ima ha bana ba sekolo e le ntho e lokileng kapa tjhe.

Moradi/mora wa rona wa utlwisisa melawana ya projekeng ena ya rona e bile a ka kgona ho re botsa dipotso ha di le teng. Ke utlwisisa hantle hore projekeng ena e bua ka eng hape ngwana wa rona ha a ka qobellwa ho dumela ho nka karolo projekeng ena.

Ke utlwisisa hore projekeng ena e bua ka eng hape ha ka qobellwe ho nka karolo, nka kgona ho e tlohella ka ntho le ho fana ka lebaka. Moradi/mora wa rona o utlwisisa hore projekeng ena e dumelletswe ho phethahala ke Leloko la Medunsa la (MREC), University of Limpopo, Medunsa Campus. Hape o utlwisisa hore sepheto sa projekeng ena se tla sebediswa hape se phatlahatswe ho tswelisa pele thuto, empa mabitso a ngwana e tla ba sephiri.

Nna ke le motswadi ke dumela hore ngwana waka a ka nka karolo ho projekeng ena.

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**Mantswe a mofuputsi**

Ke le mongodi wa projekeng ena. ke dumela ho araba dipotso tseo le ka bang le tsona mabapi le projekeng ena mme ke tla di araba ka ho lokoloha.

Ke tla etsa projekeng ena ka melao e nepahetseng.

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Appendix K: Questionnaire on teenage pregnancy

This questionnaire is to find out what you think about pregnancy at secondary school. There is no right or wrong answers and only the researcher will see what you think. DON’T WRITE YOUR NAME ON THIS PAPER. ANSWER ALL THE QUESTIONS. Read each sentence carefully. For questions 4 – 22
If you AGREE with the sentence tick box 1
If you DON’T KNOW the answer to the sentence tick box 2
If you DISAGREE with the sentence tick box 3. Tick only one box for each sentence.

A. Demographic Information
1. How old are you?
   14 years ☐  15 years ☐  16 years ☐  17 years ☐  18 years ☐  19 years ☐  20 years and above ☐

2. Are you Male or Female?
   Female ☐  Male ☐

3. Which Grade are you in?
   grade 10 ☐  grade 11 ☐  grade 12 ☐

B. Questions on Attitude towards teenage pregnancy

4. It is wrong for teenage girls to become pregnant
   Agree ☐  Don’t know ☐  Disagree ☐

5. Teenagers should wait until they are over twenty years old before they think of having children.
   Agree ☐  Don’t know ☐  Disagree ☐

6. Teenagers should wait until they have finished their schooling and have gotten jobs before they think of having children.
   Agree ☐  Don’t know ☐  Disagree ☐
7. A teenage mother of 15 years faces more problems than an adult mother of 23 years.
   Agree  Don’t know  Disagree

8. Teenage pregnancy causes problems for the girl's parents.
   Agree  Don’t know  Disagree

9. In your Xhosa or Sotho culture, it is wrong for teenage girls to become pregnant.
   Agree  Don’t know  Disagree

C. Questions on the causes of teenage pregnancy

10. Poor knowledge about sex causes teenage pregnancy.
    Agree  Don’t know  Disagree

11. Not using contraceptives causes teenage pregnancy.
    Agree  Don’t know  Disagree

12. Parents don’t discuss sex with their teenagers.
    Agree  Don’t know  Disagree

13. Boys put pressure on girls to have sex.
    Agree  Don’t know  Disagree

    Agree  Don’t know  Disagree

15. Some teenage girls may choose to get pregnant.
    Agree  Don’t know  Disagree

16. Some teenage girls may want to prove their fertility by giving birth to a child.
    Agree  Don’t know  Disagree

17. Alcohol abuse can cause teenage pregnancy.
    Agree  Don’t know  Disagree
D. Questions on the Consequences of teenage pregnancy

18. Teenage pregnancy may lead to dropping out of school.
Agree □      Don’t know □      Disagree □

19. These teenage girls find it difficult to take care of their babies.
Agree □      Don’t know □      Disagree □

20. Teenage pregnancy brings shame on the girl’s family.
Agree □      Don’t know □      Disagree □

21. People gossip about teenage girls who are pregnant.
Agree □      Don’t know □      Disagree □

22. Boyfriends do not want to take responsibility for the care of the baby.
Agree □      Don’t know □      Disagree □

THANK YOU VERY MUCH