

ORIGINAL RESEARCH ARTICLE

Views of learners on prevention and management of pregnancies in schools of Madibeng municipality, North West province of South Africa

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Tshiamo N Ramalepa*, Tendani S Ramukumba, Majapi E Masala-Chokwe

Adelaide Tambo School of Nursing Science, Tshwane University of Technology

*For Correspondence: Email: *RamalepaTN@tut.ac.za*; Phone: (+27) 72-459-7929

Abstract

Learner pregnancies have increased in recent years, despite improved access to reproductive health services, contraceptives and sexual and reproductive education. In this article, a pregnant learner refers to any person who gets pregnant while being admitted as a learner in primary or secondary schools of the South African basic education system. Currently in South Africa there is no formal collaboration between the Departments of Health and Education concerning learner pregnancy prevention and management in schools. This study, conducted in Madibeng Municipality schools, aimed to develop implementation guidelines of the policy on prevention and management of learner pregnancy in schools. This qualitative, exploratory and descriptive study used a purposive sampling method. Data collection yielded 17 individual interviews and data was analysed using content analysis by Tesch's approach. Learners reflected that they lacked support from schools regarding learner pregnancy prevention and management, with the majority agreeing that nurses should visit schools to assist with reproductive health matters such as learner pregnancy. The education system of South Africa has invested in sexual and reproductive education, but learner pregnancies have doubled despite more than a decade of extensive sexual and reproductive education in schools. Stakeholders outside the classroom should be engaged to improve learner pregnancy prevention and management as part of support to teachers and schools. Such stakeholders include parents, peer educators, youth and community organisations, non-governmental organisations, community healthcare nurses and other relevant stakeholders. (*Afr J Reprod Health 2020; 24[4]: 27-40*).

Keywords: Learner pregnancy, prevention and management, views of learners, pregnancy policy

Résumé

Les grossesses d'élèves ont augmenté ces dernières années, malgré un meilleur accès aux services de santé reproductive, aux contraceptifs et à l'éducation sexuelle et reproductive. Dans cet article, une apprenant enceinte désigne toute personne qui tombe enceinte alors qu'elle est admise en tant qu'apprenant dans les écoles primaires ou secondaires du système d'éducation de base sud-africain. Actuellement, en Afrique du Sud, il n'y a pas de collaboration formelle entre les départements de la santé et de l'éducation concernant la prévention et la gestion de la grossesse chez les apprenants dans les écoles. Cette étude, menée dans les écoles de la municipalité de Madibeng, visait à élaborer des lignes directrices de mise en œuvre de la politique de prévention et de gestion de la grossesse des apprenants dans les écoles. Cette étude qualitative, exploratoire et descriptive a utilisé une méthode d'échantillonnage raisonné. La collecte de données a donné lieu à 17 entretiens individuels et les données ont été analysées à l'aide d'une analyse de contenu selon l'approche de Tesch. Les apprenants ont indiqué qu'ils manquaient de soutien de la part des écoles en ce qui concerne la prévention et la gestion de la grossesse chez les apprenants, la majorité convenant que les infirmières devraient se rendre dans les écoles pour aider avec les questions de santé reproductive telles que la grossesse des apprenants. Le système éducatif sud-africain a investi dans l'éducation sexuelle et reproductive, mais les grossesses des apprenantes ont doublé malgré plus d'une décennie d'éducation sexuelle et reproductive approfondie dans les écoles. Les parties prenantes en dehors de la salle de classe devraient être engagées pour améliorer la prévention et la gestion des grossesses chez les apprenants dans le cadre du soutien aux enseignants et aux écoles. Ces parties prenantes comprennent les parents, les éducateurs pairs, les organisations de jeunesse et communautaires, les organisations non gouvernementales, les infirmières en soins de santé communautaires et d'autres parties prenantes concernées. (*Afr J Reprod Health 2020; 24[4]: 27-40*).

Mots-clés: Grossesse des apprenants, prévention et prise en charge, points de vue des apprenants, politique de grossesse

Introduction

Teenage pregnancy rates in first-world countries such the United States of America (USA) have continued to decline over the years, with a current record low of 17.4 per 1,000 females by 2018¹. In 2009, the national birth rate among teenagers was at a high of 39.1 per 1,000 females, marking a decrease of about 21.7 per 1,000 births between 2009 and 2018². This decrease did not just occur naturally but could be credited to multi-sectoral collaborative efforts. Even in rural areas of the USA, the decline in teenage pregnancy rate is significant, although the rate is still higher among teenagers in rural areas compared to their urban counterparts³. Rural areas contribute to the high incidence of teenage pregnancy in most African and third-world countries, but countries such as the USA still thrive in this regard because the teenage pregnancy rates in rural areas are lower compared to African countries. The decline can be attributed to effective teenage pregnancy prevention, education and management programmes, which are mainly supported by government initiatives. Evidence-based programmes that have reduced teenage pregnancy in the USA include comprehensive sexual education programmes which reduce high-risk sexual behaviour, and increased access to birth control and condom use². Although teenage pregnancy rates are at their lowest, the problem is still significant in society. Much of the effort directed to reducing learner pregnancy, which has been effective at this point, is still hindered by major contributing factors to teenage pregnancy, which include unsafe sexual behaviours, having multiple partners, and lack of consistent use of condoms and other forms of birth control². In developing countries such as South Africa and other African countries, the problem is aggravated by other contributing factors in addition to the ones mentioned above.

Factors that aggravate teenage and learner pregnancies in South Africa include poverty, gender inequalities, poor sex education, poor use of contraceptive services and health care staff attitudes, to mention a few⁴. In 2018, *World Bank*⁵ reported that in South Africa, the fertility rate among teenagers had reached a significant decline of 67.85 births per 1000 women compared to

previous years, but the continuous decline in the fertility rate among teenagers does not reduce the burden of the problem in society. A news article reported that in 2017, about 3261 girls between the ages of 10 and 14 years became pregnant in South Africa⁶. It is worth noting that some of the 3261 learners were likely to be in primary schools. In terms of the overall number of learner pregnancy in South Africa, in 2017 the Department of Basic education estimated that about 15,504 pregnant learners were in schools⁷. With learner pregnancy occurring in both primary and secondary schools, the negative impact of learner pregnancy on school learners and teachers increases.

Teenage and learner pregnancy as a problem is heightened by teenagers' sexual behaviours and engagement in sexual activities, specifically unsafe sex, at a young age. Coetzee⁸ highlights that the majority of teenagers in South Africa would have had sexual intercourse by the time they reach 19 years, with 42% of girls and 52% of boys having had sex by the time they are 18 years old. This behaviour predisposes many teenagers to pregnancy, sexually transmitted diseases and early parenting. Although preventative measures are available and free at primary health care level throughout the country, South African teenagers are not aware of such services available to them⁹. This might be a matter of ignorance because a study conducted by Maxwell *et al*¹⁰ found that school learners were aware of teenage pregnancy preventative measures but some of them were not using this measure. The majority of learners agreed that teenage pregnancy can be prevented by abstaining from sex, using contraceptives such as pills and needles and using condoms⁹. This highlights the effectiveness of the message being carried by providing sexual and reproductive education in schools, to some extent.

When exploring the views of teachers regarding learner pregnancy, Ramalepa¹¹ found that disruption of learning, lack of policy and policy support and threatening working environments for teachers were some of the negative impacts of learner pregnancy. Disruption of learning can lead to difficulty in completing school among pregnant learners, which brings forth socio-economic difficulties. Attainment of formal basic education and training enables learners to have access to

necessary skills and education to be able to access tertiary education and pursue desired careers¹². In order to minimize the negative impact of learner pregnancy, continuous prevention and support measures need to be provided to pregnant learners, particularly by teachers. However, in some instances, teachers do not agree with their supportive role stipulated by the policy, and some disapprove the presence of pregnant learners in schools¹³. Although teachers assume the role of parents while in the school premises, parents, school governing bodies (SGBs) and the community should be equally involved in learner pregnancy prevention and management.

Sexual and reproductive education should be the first line of prevention so that teenagers learn about positive sexual decisions and safe sex practices from an early age. The education system in South Africa has invested a great deal in sexual and reproductive education to address teenage and learner pregnancies, but teenage and learner pregnancies have doubled despite more than a decade of extensive sexual and reproductive education in schools¹⁰. There are still gaps within the effectiveness of sexual and reproductive education, which can be attributed to the difficulty in conveying the message to all learners in the country, including learners in both urban and rural areas. Lack of information regarding sexual and reproductive education and prevention of learner pregnancy is still a factor. A study conducted by Masilo and Makhubele¹⁴ identified lack of information and misconceptions as one of the common factors that increase teenage and learner pregnancies, some teenagers believe that washing the vagina after sex and having sex in a standing position prevent pregnancy. Such misconceptions heighten the problem of teenage and learner pregnancies, while highlighting the lack of effectiveness of sexual and reproductive education to some extent. This study investigated the views of learners on prevention and management of learners' pregnancies in schools. The objective of the study was to explore the views of learners on prevention and management of learners' pregnancies in schools in order to make recommendations for the development of implementation guidelines of the learner pregnancy policy.

Methods

This study was contextual and was conducted within Madibeng Local Municipality, North West Province, South Africa. Madibeng Local Municipality is one of five municipalities located within the Bojanala Platinum District in the North West Province¹⁵. The population of Madibeng is approximately 477381, as per latest census 2011¹⁶. The study proposal was approved in 2018, gate keeper's permissions were granted, and data collected between October 2018 and July 2019. A qualitative approach was used to explore the views of learners on the prevention and management of learner pregnancy in schools. The population for this study was school learners from primary and secondary schools. The sampling method chosen was purposive sampling, where learners were chosen to participate in the study because they demonstrated some feature that was of interest because they were equally affected by learner pregnancy in schools and the researchers saw them as being knowledgeable about learner pregnancy prevention and management¹⁷. The sample included both pregnant and non-pregnant learners who were affected by learner pregnancy through being young mothers themselves and as well as pregnant siblings, friends and classmates, while other participants were observers of pregnant learners in schools. The sample size was 17 learners, which was determined by saturation of data when no new information emerged from the learners¹⁸. Of the 17 learners, there were 13 females and four males, with four learners from Grade 9, three from Grade 10, five from Grade 11 and lastly, five from Grade 12.

An appointment was made with each learner before the day of data collection. The in-depth interviews with learners were done in the school board room with minimal disturbance and during a time when learners were not engaged with teachers. Information leaflets and consent forms were provided to all participants before commencement of interviews. Learners and parents of learners who participated in the study signed the consent forms. The research assistant was a qualified professional nurse who assisted the researcher with data collection after having signed the confidentiality agreement. Data was gathered by

means of self-report using in-depth interviews. An interview guide with a list of potential questions that were asked to each participant was used. The interview guide comprised one central question, which was followed by probing questions. The question read thus: *“Please tell me what your views regarding learner pregnancy prevention and management in schools of Madibeng are?”*

English and Setswana languages were used to conduct all the interviews, and permission to use a voice recorder was granted by each participant after the researcher explained the purpose of using the voice recorder during the interviews. The recorded interviews were transcribed verbatim by the researcher and research assistant in order to facilitate data analysis. Data analysis was done to reduce, organise and give meaning to data¹⁹. Content analysis was used to analyse data according to Tesch’s approach²⁰. Content analysis is the process of organising and incorporating narrative, qualitative information according to themes and concepts arising from the data collected using an analytical style²¹. Learners’ responses during the interviews were transcribed and categorised into themes during data analysis. An independent coder was identified, and all the notes and transcripts were sent to the coder for analysis. Data was analysed until saturation was met, when additional data gathered from learners and parents yielded no new information. Five themes emerged during data analysis, namely factors influencing learner pregnancy, school is not a place for pregnant learners, nurses’ participation and involvement in schools, available support structures and available learning opportunities. Learners reflected that they lacked support from the schools with regard to learner pregnancy prevention and management, and the majority of them agreed that nurses should come to schools to assist with reproductive health matters such as learner pregnancy.

Results

Factors influencing learner pregnancy

The study findings revealed that the majority of learners believed that learner pregnancy was at times unintentional because there were many factors which led to learners becoming pregnant at a young age.

Rape, abuse and being forced to become pregnant by males were some of the factors mentioned as leading to pregnancy. A learner reflected that she was raped in the school environment during the previous year – four schoolboys raped her, which led to her pregnancy. During the interview, the learner was seven months pregnant. Learners shared the following sentiments:

“Last year I was raped, in this school but I went through counselling so now I am better, but I have nothing now, my dreams are all about it, I have no motivation all the things that I wanted I have lost interest in them ... This is why I am doing this [interview] for me and other girls, the way it happened to me unexpectedly, as if I wanted it to happen. This can help other girls because if the pregnancy is a result of rape, then it’s a problem. You see if you wanted to participate [in the sexual act] then it’s better” (Learner 1).

“Everyone has a right to education so ... they do allow them to come to school and there is no punishment for that because the reason to fall pregnant is not something they take to consideration because there are many reasons to fall pregnant, they just leave her alone and say she likes things, so they allow them to continue with school and studies” (Learner 12).

Peer pressure was reflected as one of the factors which contributed to learner pregnancy. Learners revealed that girls influenced each other and were also pressurized by friends to be involved in risky sexual behaviour. Furthermore, the influence of the male counterpart, alcohol and substance abuse all contributed to learner pregnancy. The following are some of the responses obtained from learners:

“Boys in most cases like pressurizing girls to have unprotected sex with them and at the end girls become pregnant whereas they are fine, and they continue with school. If poverty can be reduced and also drugs and drug abuse and alcohol because they are the ones that lead to this problem, and also during parties a girl can drink too much and end up sleeping with boys then tomorrow you end up being pregnant and having no clue how it happened or who is the father of the child ...” (Learner 9).

“Most of the time where girls get pregnant is because they are been pressurized or badly advised by friends or community or boyfriends, some boys have this thing of saying if you don’t have sex with me it shows you don’t love me, so I think that pressure and putting pressure on me to show that I love you that means I have to sleep with you. I also feel like they are pressurized into doing that ... maybe if they can teach them how a man is manipulative towards them” (Learner 15).

Learners suggested that school learners were ignorant and did not listen, because even though they were being taught about pregnancy prevention, they were still getting pregnant. A learner emphasized the clinic was available for free and there were many ways to protect oneself against pregnancy; however, learners were still becoming pregnant. It was further suggested that it was pointless to address learner pregnancy because learners did as they pleased and pretended as if they understood but, ultimately, they engaged in unprotected sex. The following are some of the responses from learners:

“Even now there are children in the school who are pregnant, they don’t listen to nurses and teachers. They have tried talking to us, the problem is that learners in this school when nurses come here to teach us, they pretend as if they are listening and are not listening at all. They just pretend as if they are listening then afterwards, they do as they please. Even in the school they keep telling us, although some don’t listen” (Learner 4).

“... when you start to feel that you want to start having sexual intercourse, the clinic is there, it’s for free and again there are ways to protect yourself, condoms are there. So why must one have raw sex even though condoms are there, so for some it’s just ignorance. Even with LO they will teach us but as you know school learners get taught but as soon as they leave the school gate, they no longer care ... it’s pointless” (Learner 2.)

Learners identified many factors which could potentially lead to pregnancy. They alluded that sometimes learner pregnancy was unintentional as

teenagers faced challenging situations such as peer pressure, sexual abuse and rape, and some were just ignorant and did not listen to their teachers, nurses and parents. They suggested that simply talking to learners about pregnancy prevention was not enough and a different approach should be used.

School is not a place for pregnant learners

This study suggested that, when a learner was pregnant, she had to face pregnancy-related adversities while in the school environment. Learners reflected that the school environment was not suitable for pregnant learners because learner pregnancy in school affected not only the pregnant learner but other learners as well through its challenging nature. They further believed that the school environment was not designed to accommodate pregnant learners because their lives and health were at risk due to their fragility. One learner stated that pregnant learners were sensitive and, if something happened to them in the school environment, teachers would be blamed. The following are some of the thoughts shared:

“If you are a parent then you allow a child to come to school while being pregnant, this is a clear indication that as a parent you are not taking proper responsibility because at school, we are many and if it happens that something occurs to your pregnant child you will want to put the blame to the teachers” (Learner 10).

“Our school is not suited; teachers are not trained to teach pregnant learners and the school does not have and was not built for pregnant learners. Even school learners themselves do not know how to deal with pregnant learners, so what if you pass by, plus pregnant learners are fragile and their lives are always at risk, so what if she runs and fall or fight breaks out and a chair hits her, then it’s lights out.

There is nothing that the school will do because they are not trained for such things because they are not doctors, they are just teachers ... so the school is not safe for pregnant learners” (Learner 1).

“Pregnancy in schools is wrong on its own, so schools cannot build and accommodate

pregnant learners because it will encourage their behaviour” (Learner 1).

Most of the learners suggested that pregnancy affected them personally and academically as well. They pointed out that they did not know how to deal with pregnant learners in the school premises and they also agreed that pregnant learners messed up their schools. One learner stated that, once a pregnant learner started to have complications in class, teachers had to attend to her and leave the class. The following are some of comments:

“It affects me badly because they take advantage during break times they arrive late on purpose to queue for food, taking advantage because they are not supposed to stand on queues for a long time. And during class time while teacher is busy teaching, they will start having their things, symptoms or hormones, whatever they call it, when they start to complicate the teacher has to leave everything he or she is doing and focus on the pregnant learner and this affects our concentration and progress” (Learner 4).

“Pregnancy affects me as a learner when I am in class with a pregnant girl she is pretty much behind, she cannot participate with us because she keeps making us to fall back. It affects us academically not personally because we don't have involvement with them, the only involvement we have is in class during group discussions. I think they need to be excluded from us, because they lecture all of us before they got pregnant, they should not have some special attention and anything, they can be excluded from us” (Learner 15).

Learners indicated that, although pregnancy affects other learners, it was the pregnant learner who was mostly affected. They stated that the pregnant girl was the one who bore all the pregnancy-related consequences while the boy who caused the pregnancy continued with his normal life. One learner stated that learner pregnancy affected pregnant learners' education because most girls who became pregnant eventually dropped out of school as a result of the pregnancy. Another learner indicated that their dropping out of school affected

the overall performance of the school. The following are some of the narratives:

“It is the girls who is affected the most, she is the one who has to carry the baby, she has to go to the clinic, he [the boy] should rather say he doesn't want to do anything with the situation ... what can you do or say to him, nothing” (Learner 1).

“I think learner pregnancy affect us girls mostly because once you get pregnant while still in school, you are unable to do many things that you used to do, you can't enjoy your youth anymore because you become a parent at a young age. Once a girl becomes pregnant it is unusual for the boy to support the child, most boys don't support their” (Learner 3).

Nurses' participation and involvement in schools

This study suggested that nurses should visit schools to provide health education and provide school learners with pregnancy preventative measures such as contraceptives. Learners also stated that, in terms of pregnancy- and health-related matters, nurses were generally caring and supportive. However, the attitude of some healthcare workers was negative, which is why most learners are “afraid” and “uncomfortable” to go to the clinic. Learners in this study stated that nurses should be allowed to come to school to check on the learners and explain to them about pregnancy. They felt that this would lessen the number of girls who become pregnant because they would then have sufficient knowledge to protect themselves. The following are some of the narratives:

“... do you think if the teachers or principal makes an effort at least once and just go to the clinic or hospitals to speak to nurses. Tell the nurses to come to school, when you are a girl or a girl of 13 years and you start seeing your first period, they should inject you [with contraceptives]. They should inject us so that we don't get pregnant because right now they [teachers] are not making any effort ... these people should just call the nurses to come and inject us, just like in primary schools' nurses used to come and inject us and it was nice” (Learner 2).

“If nurses come to school, it can be helpful, isn’t we are afraid of what an injection can do to you if you use it, they can come and reassure us and teach us about how safe condoms are and teach us about the safety of injections because maybe we hear wrong information from people. If they can come, we will understand that prevention is good for girls who are sexually active to prevent pregnancy” (Learner 13).

Learners indicated that nurses were generally supportive regarding health issues such as learner pregnancy, and some learners felt that it was the responsibility of the nurse to support, teach and assist them in learner pregnancy prevention. Most learners were reluctant to go to the local clinic for family planning and prevention services because they felt that the general attitude of healthcare workers was negative. They mentioned nurses and doctors sometimes being “rude”, “insensitive”, “mistreating” and “judgemental” towards learners who visit the clinic for reproductive health services. According to learners, such attitudes and behaviours from health workers prevent many girls from visiting the clinic for reproductive health services. The learners made the following comments:

“I think they are insensitive towards them because they decided to get pregnant at a young age. I heard a story about a girl that was at school and she got pregnant then she was due for labour and she was treated in a bad way, they were insensitive to her ... they said she was having contractions for a long time and no nurse or medical attention came to her and she had to be with that pain for a certain time until they decided to come and help her, she got mistreated just because she got pregnant as a child” (Learner 15).

“Sometimes learner pregnancy prevention doesn’t work because school learners are afraid, like to approach those people to come and prevent ... the way I see it, learners are afraid, they are afraid because it doesn’t sit well [to go to the clinic]. Many girls get pregnant even though they want to prevent but they are just afraid. If help come closer to them, unlike having to miss school to go for

prevention and its even difficult to speak to some doctors at the clinic because some of them rude” (Learner 1).

Available support structures

The majority of learners indicated that they received sufficient support from their parents, and that the discussion between parents and their children played a major role in learner pregnancy prevention. In terms of teachers and school support, learners indicated that they received some support from the teachers but that the schools were generally not supportive. The majority of learners stated that the community and the SGB were not playing any significant role in learner pregnancy prevention and management, as people in the community were only concerned with their own issues and did not care about others. The following are some of the thoughts discussed:

“Do they have to support it, if you are called to be a teacher, let me say if someone is pregnant so she knows that she did a mistake and maybe she goes to a teacher and sit down and talk, they will give them advice on how to deal with the problem, so in our school I don’t think they support them because if you are pregnant they call your mother to come and look after you, it’s not their responsibility, their responsibility is to teach not to take care of your pregnancy” (Learner 16).

“There is nothing the schools help with, because if there was the school would be able to call nurses from the clinic or talk to these nurses to come [laughs] to school to assist us with prevention. If the school did that, these learner pregnancies would not be there ... They don’t support them with anything in school, they just let them be, they will see themselves out. There is nothing that they help them with” (Learner 2).

Learner 1 reflected the following about how the school handled her case after being raped by a group of fellow learners in the school:

“Two of them were in Grade 12 last year, the other one died, one is no longer around and the last one was doing Grade 11 [last year] and he is doing Grade 12, he is here in the school. Even last year when they [the school] called

their parents, only parent for one of them came, the one who died, other parents did not come. They did not help me, they didn't help me at all, and my mother even said we should just let it go, as long as I go for counselling there will be no problem" (Learner 1).

Learners were of the view that parents are supportive and take responsibility for their children. Parents are usually the main support system of children, and every problem that a child encounters is usually handed over to the parents. One learner indicated that parents support and encourage girls to avoid pregnancy at a young age. Another learner stated that, for girls to be aware of the consequences of having unprotected sex, parents must constantly have such discussions with their children so that when they engage in sexual activities, they know what they are getting themselves into. The following are some of the narratives:

"Another thing that I think can prevent learner pregnancy is that parents should not be afraid to tell us about sex and the consequences of sex, they must talk to us so that if we decide to have sex then we understand what might come after. It will allow us to make decisions before sex" (Learner 3).

"I think our parents should be more involved, they should tell us about abstinence from sex and how to behave and put our education first. They should make us aware that these things exist in life because again if you look well the percentage of teenage pregnancy in this community is heart-breaking, some of these kids are 13 to 14 years old in primary school" (Learner 8).

The role of the SGB in schools is very important because they represent the school management, the parents and the community. So, they can play a significant role in learner pregnancy prevention and management. Although learners were aware that the SGB and the community could make a difference, they felt that neither stakeholder was making an effort to support learners. One learner stated that the people in the community did not have time for other people's issues, they only cared about what concerned them. The following are some the narratives:

"You know how it is in this community, people in our community do not have time for other people's children, and they are only concerned about their own children. So, when a parent sees a pregnant learner, they don't care because she is not their child. So even the community cannot help with pregnant learners, only the principal can help pregnant learners. The community will not do it, the community will not even start [laughs], they don't entertain such things" (Learner 2).

"Other parents including neighbours don't want to say anything to other kids because they only focus on their own children because sometimes when they talk to us, we say to them why they don't say that to their own children. You know the community is always negative, they will talk about how you are failing to control your children, but they will not help you with anything, this community does not involve itself in such matters" (Learner 8).

Availability of learning opportunities

Learners indicated that there were no learner pregnancy-related programmes in the school, and that the only time they learned about learner pregnancy was in Life Orientation class. Although a few learners indicated that they were involved in some programmes in the school which focus on reproductive health matters, most learners were of the view that there were no such programmes in schools. When asked to share information about learner pregnancy programmes in school, the majority of learners responded by saying that there were no programmes. The following are some of the narratives:

"I have never seen or heard of any, so I am not too sure about that. I am not really sure about that but, there are teachers who are teaching Life Orientation and they teach about such things" (Learner 11).

"There is nothing like that in our school since I started schooling here. To be honest, in this school what teaches me about learner pregnancy is these pregnant learners that I see. So, when I see a learner who is pregnant, I

learn that this is not something I would do, so girls who get pregnant in school are the ones who teach me” (Learner 2).

Learners viewed Life Orientation as the only source of learning about learner pregnancy in school. Although Life Orientation as a subject addressed learner pregnancy and reproductive health measures, learners indicated that the information that they were getting was not enough. Learning opportunities can come in different forms, but learners only indicated Life Orientation as a learning opportunity. The following are some of the narratives:

“In schools they do teach us about teenage pregnancy more especially during Life Orientation class, but we continue to sleep around without using protection. In Life Orientation class, they teach us that once you sleep with someone without protection, it’s either you get diseases or you become pregnant, so it’s up to us learners to think and consider our futures” (Learner 10).

“It’s Life Orientation class, and then also when we are just sitting in a group and discuss about the problem, we discuss issues of life, how pregnancy can affect your life and your parents, we also include those who are pregnant and those who were previously pregnant in the group” (Learner 9).

Discussion

The purpose of this study was to determine the views of learners on the prevention and management of learner pregnancy. The study findings revealed that learner pregnancy was influenced by a variety of factors such as peer pressure, the influence of the male counterpart and unwanted incidents such as rape. These factors stem from learners’ attitudes towards their reproductive health and make it difficult to reduce learner pregnancy in South Africa, where learner pregnancies are still high even after years of interventions aimed to reduce the problem²². The influence of the male counterpart has an impact on learner pregnancy rates, and learner pregnancy cases resulting from forced rape and failure to abide by social norms. A study by Taylor *et al*²³ which looked into effects of a teenage pregnancy

prevention programme in KwaZulu-Natal reported that South African teenagers were at times forced to have sex with older men, while sexual abuse was reported as one of the factors leading to teenage pregnancy and HIV infection among teenagers, with a third of teenagers in the study having been forced to have sex.

The influence of males on learner pregnancy goes beyond rape and unwanted pregnancies, because this study suggested that young girls felt forced to date older men and “sugar daddies” in an effort to fit in with their peers who have access to “nice things”. Masilo and Makhubele¹⁴ reflected similar findings in their study, which revealed that males were the decision-makers in sexual activities and young girls enjoyed the benefits that they receive from dating sugar daddies, with risks such as learner pregnancy and HIV involved. In the current study, school learners and parents reflected that the influence of older men on girls stemmed from peer pressure as girls found themselves competing for “nice things” which were expensive, although some girls just wanted to fit in with their peers.

The presence of pregnant girls in school was rejected by learners in this study because they felt that the school was not a suitable place for pregnant learners. They cited factors such as the fragility of pregnant learners, schools not having the means to deal with pregnancy complications, and the notion that the role of teachers in schools was just to teach. This is supported by a study conducted by Ramalepa¹¹ which sought to explore the views and lived experiences of teachers regarding learner pregnancy in schools. That study revealed that teachers were of the view that pregnant learners should not be in school because teachers were not trained to deal with pregnancy-related emergencies, and their primary role was to teach because they were not nurses. In a study by Shefer *et al*¹³ which sought to explore teenage pregnancy and parenting at school in contemporary South African contexts, it was revealed that, even though teachers were supportive of pregnant learners, they were still reluctant and uncomfortable with dealing with such learners.

The resistance from the teachers stems from the fact that they are not trained to deal with pregnancy in schools and they should not be held

responsible for pregnant learners in schools. Du Preez *et al*²⁴ explored secondary school teachers' experiences related to learner teenage pregnancies and unexpected deliveries at school. Their study found that teachers were resistant to deal with pregnant learners because they also lacked the necessary skills to deal with pregnancy-related emergencies, which can be traumatising when they occur²⁴. Ramalepa¹¹ also found that teachers were often threatened by the presence of pregnant learners in school because they did not know how to deal with them. The trauma related to learner pregnancy did not only affect the teachers, because this study found that school learners were also resistant to and uncomfortable with having pregnant learners in school. Learners suggested that the school environment was not conducive and suitable for fragile pregnant learners. Du Preez *et al*²⁴ found that learner pregnancy affected other learners because the whole situation was disruptive as the pregnant learner was often sick in class, while other learners reported being sleepy and making negative remarks about the pregnancy in class.

The findings of the current study suggested that schools were not supportive of pregnant learners because schools did not show concern towards pregnant learners in the school environment. A concerning incident was that one of the learner participants, who was seven months pregnant at the time, revealed that even though she was raped by four of her male schoolmates, she still had to go back to school pregnant and face the perpetrators. To her, this reflected that schools did not care about her and her circumstances. Shefer *et al*¹³ found that schools were not supportive because principals had the notion that pregnant learners did not belong in school because their situation was construed as discomfiting and reflected badly on the school's reputation. This notion creates a barrier for support to pregnant learners because support should be initiated by the school management, including the principal. This study revealed that lack of communication and parental guidance was one of the factors which led to learner pregnancy. Learners indicated that they did not get sufficient information from their parents which would guide them to make informed decision regarding their sexual practices. Taylor *et al*²³ revealed that lack of parental guidance and supervision were some of the

factors which led to learners making poor decisions regarding their sexual and reproductive lives. Mturi²⁵ suggests that, in order to improve communication between parents and learners regarding sexual and reproductive health, school subjects such as Life Orientation should elaborate more on mother-daughter communication regarding sex and reproductive health. Furthermore, mother-son or father-son communication should be encouraged as well. Richter and Mlambo²⁶ share the same sentiments as their study indicated that learner pregnancy was aggravated by the lack of sexual and reproductive health education.

This study revealed that learners were not being provided with sufficient information through the Life Orientation subject in order to enable them to make informed decisions. This was reflected by the majority of learners who suggested that they received some information through Life Orientation, although it was not enough. Parental support and guidance extended to learners who were already pregnant because, according to this study, once a learner was pregnant, the parents usually took responsibility for both the learner and her child. School learners in this study also revealed that parents were supportive because they were always there during the pregnancy and they accompanied pregnant learners to school and the clinic for prevention as well as ante-natal care. Radzilani-Makatu²⁷ explored the perceptions of Tshivenda-speaking adolescents regarding parental support during their pregnancy and revealed that parents were generally supportive towards pregnant learners, but the support was accompanied by feelings of resentment, disappointment and embarrassment about the pregnancy.

In 2018, the Department of Basic Education published a draft policy document titled "National Policy on the Prevention and Management of Learner Pregnancy in Schools", reinforcing the 2007 Measures for Prevention and Management of Learner Pregnancy²⁸. The 2018 policy draft emphasizes the importance of an enabling environment and stakeholder collaboration. This is evidenced by the inclusion of stakeholders that were not targeted by the previous policy, such as principals, school management teams, school governing bodies, school support

staff, officials and other co-curricular service providers and non-government organisations in the basic education sector at all public and independent primary and secondary schools in South Africa²⁸. The study findings suggest that even though relevant stakeholders are identifiable, some of them are not participating in learner pregnancy prevention and management, these include the SGB, the community, nurses and some schools. The 2018 draft policy with its inclusivity of services of other departments such as health, social development, NGOs' and faith-based organizations sets an opportunity for schools to develop school-level learner pregnancy policies. This is critical for a national policy which addresses all schools, irrespective of culture, ethnicity, and economic backgrounds of different schools, therefore school-level policy implementation guidelines are necessary to address different school contexts. The 2018 draft policy however, does not offer the actual management of pregnant learners in schools, which does not address support for completion of education as well as the health of pregnant learners while in the school environment. In a news article, Phakathi reported that the 2018 draft policy was criticized because it does not address the pregnant learners rights, particularly the right to basic education, furthermore, the policy does not address guidelines to assist learners during pregnancy and after delivery²⁹.

The findings of this study revealed that nurses were not visiting schools, and learners were reluctant to visit the clinic because of the attitudes of health care providers. Contrary to this finding, Panday *et al*³⁰ suggest that, in institutions where quality health services are provided by professional and caring health practitioners, teenagers will likely use those services. Learners believed that using the clinic was their last resort because of the negative attitudes displayed towards them by healthcare professionals, especially when their clinic visit was related to family planning, reproductive health or pregnancy. Panday *et al*³⁰ also identified the attitude of clinic staff members as the main barrier for learners to visit clinics for reproductive health services because they found themselves being shouted at and scolded for seeking such services. A call for the presence of a nurse in the school environment was a significant finding in this study

because learners reflected that teachers were being held responsible for health issues. Teachers are in need of support from the Department of Health and the Department of Education to deal with matters of learner pregnancy²⁴.

Health promotion initiatives in the community require a commitment from different entities as stakeholders who work together to achieve a common goal, although this task is not always easy to implement³¹. Bahrahminejad *et al*²⁷ conducted a study in Iran to explore stakeholder perspectives in partnership engagement in community-based health promotion initiatives. The case was the same in the current study because learners called for stakeholder involvement to combat learner pregnancy. This study found that there was no effective stakeholder collaboration because teachers were working in isolation and nurses were not actively involved.

Gichohi³² conducted a study in Nakuru Municipality, Kenya, which sought to explore the level of stakeholder involvement and how it impacts academic excellence. Although the focus of that study was academic excellence, the impact of stakeholder involvement can be extrapolated to another subject such as learner pregnancy prevention and management. The study found that school managers in Nakuru Municipality Kenya had to consider coming up with measures that would encourage all relevant stakeholders to take ownership of school initiatives for quality outcomes³². The current study revealed that stakeholders such as parents, school managers, nurses, SGB, religious groups and the community did not take ownership of learner pregnancy as long as it did not affect them directly. For instance, learners reflected that each parent was only concerned about his or her child, and the SGB and community did not involve themselves in such issues. The SGB, parents and community form the link between learners, teachers and nurses, which may be beneficial in monitoring school learners at home and at school.

Ethical Considerations

Ethical approval was obtained from the Ethics Committee of Tshwane University of Technology (REC/2018/11/005), and permission to conduct the

study was requested from and granted by the North West Department of Education, Madibeng local municipality offices and the school principals. Informed consent was granted by each participant and participation was voluntary. Each interview was conducted in a private school boardroom to ensure privacy and confidentiality.

Conclusion

In the USA, learner pregnancy rates continue to decline because there are teenage pregnancy preventative interventions which are designed to assist parents, caregivers and other relevant stakeholders to monitor school learners' risky behaviours which may put them in danger of becoming pregnant³³. Taylor *et al*²³ had similar findings in a study conducted in KwaZulu-Natal, South Africa. They concluded that targeting learners' sexual behaviour requires a collaborative and comprehensive approach rather than using a single approach which only focuses on abstinence and the use of condoms. Monitoring of school learners' sexual behaviour extends to nurses and teachers, although the current study suggested that there was no communication between nurses and teachers regarding learner pregnancy. As part of recommendations made by Panday *et al*³⁰ to improve the prevention of teenage and learner pregnancies, stakeholders outside the classroom should be engaged as part of support to teachers; the burden should not lie solely on teachers. Such stakeholders include parents, peer educators, youth and community organisations, non-governmental organisations and nurses. Despite a collective effort being required from all stakeholders, the health sector, particularly nurses, should play a major role in sexual and reproductive education and other preventative initiatives. As a recommendation from this study, there should be a teacher-nurse referral and follow-up system of pregnant learners with parental consent. The referral and follow-up system will aid in monitoring the health of pregnant learners, as well as offer teacher support. The 2018 ministry of Education draft policy on prevention and management of learner pregnancy offers an enabling environment for all relevant stakeholders to be involved in learner pregnancy prevention and management. However, it does not provide the

school-level implementation guidelines for prevention and management of learner pregnancy. Once the 2018 draft policy is passed, it is critical for schools to adopt it and develop school-level learner pregnancy policies which are context based to meet cultural, ethnic and economic diversities in schools of different communities. Furthermore, the role of the nurse in school to manage pregnant learners should be addressed.

Contribution of Authors

Ramalepa TN conceived and designed the study, collected and analysed data and prepared the manuscript.

Ramukumba TS supervised the project conception and design, co-analysed the study data. Co-prepared the manuscript

Masala-Chokwe ME supervised the project conception and design, co-analysed the study data. Co-prepared the manuscript.

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