

ORIGINAL RESEARCH ARTICLE

The impact of the responsibility of teachers regarding reproductive healthcare to teenage learners

DOI: 10.29063/ajrh2022/v26i4.9

Sindiwe James

Department of Nursing Science, Faculty of Health Sciences, Nelson Mandela University, South Africa

***For Correspondence:** Email: *Sindiwe.James@mandela.ac.za*; Phone: (27) 041504 2122

Abstract

The Life Orientation subject at school is meant to equip learners with important life skills and prepare them to be responsible adults that will contribute positively to the economy of the country. One of such skills is to avoid pregnancy while being a learner and therefore needs information about sex and sexuality. The school curriculum should thus include the subject Reproductive Health Care and the teachers be allowed the responsibility to teach the subject. Teenage girls who become pregnant as learners are in many times compelled to drop out of school to raise the child as it becomes challenging to cope with studies and looking after the baby. The study used a qualitative exploratory research design aimed to determine the impact of the responsibility of teachers regarding reproductive healthcare to teenage learners. The objectives were to, explore the knowledge of school teachers with regard to reproductive healthcare. To explore and describe the views of the teachers with regard to their responsibility to teach the reproductive healthcare topic to teenage girls. Lastly, to develop guidelines for schools to assist teachers regarding their responsibility to teach the reproductive healthcare topic to teenage girls. The article will report on the first two objectives only. In-depth focus group interviews were conducted with twenty willing participants and a narrative questionnaire was completed. The data analysis method used was the spiral method which follows the process of coding and categorising transcribed data. The process allows data to be organised and setting it for several times so as to get a sense of the whole. Identifying general categories and themes of the data is the next step followed by integrating and summarising the data to get a response to the research question. Data analysis results were teachers who felt burdened with the responsibility. Some had a positive opinion of the subject as part of the school curriculum and thus the need for stakeholder collaboration for their assistance. In conclusion, teachers are in need of empowerment for the responsibility to teach reproductive healthcare. (*Afr J Reprod Health 2022; 26[4]: 82-91*).

Keywords: Teachers, teaching responsibility, reproductive healthcare, views, knowledge

Résumé

La matière d'orientation de la vie à l'école vise à doter les apprenants d'importantes compétences de vie et à les préparer à devenir des adultes responsables qui contribueront positivement à l'économie du pays. L'une de ces compétences consiste à éviter une grossesse tout en étant un apprenant et a donc besoin d'informations sur le sexe et la sexualité. Le programme scolaire devrait donc inclure la matière Soins de santé génésique et les enseignants devraient avoir la responsabilité d'enseigner la matière. Les adolescentes qui tombent enceintes en tant qu'apprenantes sont souvent obligées d'abandonner l'école pour élever l'enfant car il devient difficile de faire face aux études et de s'occuper du bébé. L'étude utilisant une conception de recherche d'exploration qualitative visait à déterminer l'impact de la responsabilité des enseignants en matière de santé reproductive pour les apprenants adolescents. Les objectifs étaient d'explorer les connaissances des enseignants en matière de santé reproductive. Explorer et décrire les points de vue des enseignants en ce qui concerne leur responsabilité d'enseigner le sujet de la santé reproductive aux adolescentes. Enfin, élaborer des lignes directrices pour les écoles afin d'aider les enseignants quant à leur responsabilité d'enseigner le sujet de la santé reproductive aux adolescentes. L'article ne portera que sur les deux premiers objectifs. Des entretiens approfondis avec des groupes de discussion ont été menés avec vingt participants volontaires et un questionnaire narratif a été rempli. La méthode d'analyse des données utilisée était la méthode en spirale qui suit le processus de codage et de catégorisation des données transcrites. Le processus permet d'organiser les données et de les paramétrer plusieurs fois afin d'avoir une idée de l'ensemble. L'identification des catégories générales et des thèmes des données est la prochaine étape suivie de l'intégration et de la synthèse des données pour obtenir une réponse à la question de recherche. Les résultats de l'analyse des données ont montré que les enseignants se sentaient accablés par la responsabilité. Certains avaient une opinion positive du sujet dans le cadre du programme scolaire et donc de la nécessité de la collaboration des parties prenantes pour leur aide. En conclusion, les enseignants ont besoin d'être responsabilisés pour la responsabilité d'enseigner les soins de santé reproductive. (*Afr J Reprod Health 2022; 26[4]: 82-91*).

Mots-clés: Enseignants, responsabilité de l'enseignement, santé reproductive, points de vue, connaissances

Introduction

It is a global concern that of adolescents and teenagers constitute the population within which the increased rate of unplanned pregnancies has been found¹⁻². The National Population Commission (NPC) in Nigeria predicted an increase of teenagers falling pregnant to over a million by the year 2015³. In view of this an average of 4,000,000 teenage pregnancies had thus been observed in India annually between 2010 and 2012⁴. Of the 225,374 total births in America in 2008 a total of 69,809 births were from teenage mothers⁵. In South Africa, teenager pregnancies were more than 99,000 in 2013⁶. Of importance to report is the known fact is that these adolescents and teenagers fall pregnant while being at school and thus a question about how teachers feel and do about this phenomenon. The subject Life Orientation especially the topic of Reproductive Health Care (RHC) in school curriculum could be useful to empower learners to confront related problems they are experiencing⁷ but might not be enough to change their mindsets and behaviour of teenage learners.

Reproductive health care is about holistic wellbeing that involves personal hygiene and care, knowing your body, pregnancy and its prevention⁸. It is not only about sex and sexuality but all aspects of the reproductive system. It is a subject that is driven about many cultural and belief systems thus becoming diverse in meaning and understanding. To create an early understanding of this concept it is proposed that the school and church become of assistance in relating the correct message but notwithstanding the different value beliefs of people involved. Teachers are currently taking that responsibility as some of the school's curriculum encompass the subject and related topics, South Africa included⁹. Taking the responsibility denotes understanding and capability of the teachers to do it but some of the schools experience a challenge when it comes to the responsibility to teach RHC¹⁰. In many instances the cultural beliefs and values result in stigmatisation of RHC and thus teachers are understandable to struggle teaching the subject. In some instances the challenge of capability is the main reason as it is generally believed that RHC is a sensitive matter to deal with even worse when one has to teach it¹¹⁻¹². The article will report on how do

teachers feel about their responsibility to teach RHC to schoolgoing teenage girls.

Methods

A qualitative explorative research design was used. The methods for the study included identification of a population and useful sample.

Population and sample

The needed permission were requested and granted accordingly before commencing with data collection. An inclusive criteria guided sampling and approaching for permission to take part as participants. The main criteria were for the teachers to be teaching RHC and the schools be a government school. Schools to participate were identified from the district office 's data base and permission to approach teachers was granted by the provincial office, district office, school principals and school governing bodies. One school was identified in each district using the first come first served method of choosing the schools who responded to the request for participation. Face-to-face focus group interviews followed by completion of a narrative questionnaire were the data collection methods. The questionnaire had three questions to be responded to, namely, *What do you think about the responsibility given to you to teach the RHC topic? What can you tell me about RHC? What kind of assistance would you need with regard to your responsibility towards teaching the RHC topic?*

Most of the interviews were conducted after school but in the school premisses to enhance privacy. Twenty purposively sampled participants from the population of teachers in three districts of the Eastern Cape Province were interviewed. Participants had one main question to answer, four predetermined questions and a four -question narrative questionnaire were then used during the interview sessions. The main question was: *"Tell me, how do you view your responsibility to teach the RHC topic?"*

Interview sessions lasted for at least forty minutes duration each with an additional ten minutes to prepare the participants by reading to him or her the ethics for the study especially the aspect of voluntary participation without fear of penalty as well as for the use of the voice-recorder to capture

the interviews. The completion of the questionnaire took at least another ten minutes. In total each participant spent an average of sixty (60) minutes for the interview session and duration.

A pilot study using one focus group of four members was conducted which was followed by the main study. Data for the main study were collected until data saturation had been reached¹³ and four focus -group interviews of three to five members each, totalling to twenty (20) participants were conducted. Data was transcribed and at this stage as the services of an independent coder from the faculty of education, who is familiar with the qualitative research design, were already secured, a set of the transcripts with raw data and a guide of the data analysis method to be used were sent to the independent coder.

Trustworthiness

The criteria of credibility, transferability, dependability and confirmability¹⁶ was used. Credibility: the participants were selected according to a specific criteria and the research environment made them feel relaxed. Sufficient time was allowed to engage with participants and questions were asked to ensure their views regarding responsibility given to them to teach the RHC topic. Transferability: the researcher described extensively the methodology implemented so as to enable other researchers to understand, do a follow up and replicate the study where possible. The researcher described in detail the methodology, setting, how data was collected and how it was analysed to enable other researchers to transfer the findings to a similar. Dependability: The researcher described the changes that occurred in the setting and how these changes affected the way the researcher approached the study. Confirmability: The researcher consulted with her supervisors who are knowledgeable about qualitative research to see if trustworthiness had been established. The researcher further obtained the services of an independent coder in order to enhance the confirmability of the study.

Results

Interview information from the voice-recorder were transcribed verbatim and together with the narratives analysed using the spiral method of data

analysis¹⁷. Fieldnotes¹⁸ that were collected became useful at this stage to enhance the meaning to collected information. Three main themes which emerged during data analysis are:

- Participants view their responsibility for teaching reproductive healthcare to teenage girls as burdensome.
- Participants identified the curriculum as a concern that was affecting their teaching of the subject.
- Participants relate positively to the need for the teaching of the reproductive healthcare topic at schools.

The demographic profile was: age in years ranged from 29 to 58; there were (n)15 females and (n) 5 males, there were (n) 10 each for degree and diploma qualifications, and years of work experience ranged from 3 to 33.

Theme: Participants view their responsibility to teach reproductive healthcare to teenage girls as burdensome

Participants expressed diverse views on how their responsibility to teach RHC to teenagers was affecting them and as such was interpreted to be a burden by the researcher. For example, participants said the following:

“The roles that we had to play in this curriculum is unacceptable to me, more things are on our shoulders”. (Participant 15)

“... I never attended even a workshop for this reproductive healthcare, in fact, LO as a whole, but now here am I teaching it. I think this is unfair to the children and to me”(Participant 17)

“As for me, though I have been in this field for more than three years, I’ve never attended any in-service training that had been beneficial to reproductive healthcare...had just been teaching without knowing whether I am doing right or not”(Participant 27)

Furthermore, some of the participants were of the view that they had been appointed under false pretences to teach another subject and yet in reality were appointed for LO. To this effect some of the responses from the participants were as follows:

“When I was employed at this school I had a specific subject that I was going to teach, but things changed when I arrived, I was told that I am going

to teach Life Orientation and to be honest with you I was not happy about it” (Participant 1)

“In addition to what the other teacher said this orientation is wide and needs someone who is going to concentrate on it” (Participant 4)

The feeling of not successfully fulfilling the responsibility of teaching left them feeling frustrated as RHC is generally experienced as a sensitive topic by society and not always easy to deal. Views in this regard were expressed by one of the participants as follows:

“I am a male teacher this is very difficult for me most of the times I refer them to female teachers when they have problems and that is not only difficult to me as a teacher but also to a teenager, because some of us are judgmental. In other words, if we can collaborate with other professionals, this won't only help me but also a child because there won't be a person who asked questions like what were you thinking to ask such a question to a male teacher” (Participant 13)

Participants expressed a concern that some reasons for not achieving outcomes were out of their hands and as such they experienced teaching RHC as a burden. The burden experienced by the participants was stated especially to be a result of lack of collaboration with relevant professionals, limited knowledge about the subject and limited involvement of parents in the teaching of the reproductive healthcare topic.

Sub-theme: Participants view lack of collaboration with relevant professionals to be a factor causing their responsibility to teach reproductive healthcare to teenage girls to be burdensome

The work of the teachers was felt to be compounded by the limited consultation between them and the main stakeholders, the parents of learners. To maintain a stable and acceptable environment for teaching, the participants are asking for more partners on board. Participants expressed the need for, and appreciation of, a collaborative partnership as follows:

“Working as a team is the best, like working with other professionals” (Participant 8)

“This collaboration really needs to be taken into consideration, because it can help us to recognize our problems” (Participant 2)

Most importantly a collaboration is founded on respect for one another's capabilities, knowledge, and expertise¹⁹. In this regard some of the participants said the following:

“What I mean is, this needs specialty, someone who has done a specialty course for the reproductive healthcare module” (Participant 2)

“You see a nurse did this for many years in order to be capable of taking care of their patients, but what about us as teachers” (Participant 8)

“... but we need [expect] support from other professionals” (Participant 10)

“Really as for me I am not sure whether I am a teacher or a counsellor. I don't have the skills of social workers let alone that of a nurse” (Participant 9)

“I fought with a nurse midwife because we had a thirteen years old who was pregnant at school. So, when I heard that she delivered, I send police at the hospital to investigate what are the nurses doing that a small child can get pregnant. ... She told me, we need to involve a social worker. I was so embarrassed because that was the truth... really if we were working together with nurses and social workers this was not going to happen”. (Participant 20)

Effective communication between teachers teaching RHC, nurses, social workers and parents is considered essential for successful collaboration.

Sub-theme: Participants view limited knowledge about the subject as a contributory factor to the burden

It emerged that in-service training was an essential component in the delivery of quality education. The majority of participants expressed a need for longer training sessions in RHC teaching to master the topic as follows:

“...there are some workshop programs provided to us LO teachers by DoE but are short and brief to make any difference” (Participant 10)

“I also attended the workshop training by the DoE, but it was only one day. If those trainings can take a longer period they would have been effective” (Participant 8)

Teachers teaching RHC expressed a need to be empowered. In this regard some participants said the following:

"We cannot empower anyone without being empowered first. If this needs to be taught by teachers, then we must go back to school and study further". (Participant 3)

"In addition to what Ma'am was saying these children are more advanced than some of us when it comes to technology, because they Google, so by the time you come to class they already know what they are going to ask before you can even teach. Now tell me if you are just like myself and not well informed about the subject then what?" (Participant 14)

Since it is not just adequate teaching of reproductive healthcare that is needed to make a difference in schools, but also the skills and characteristics of participants are crucial, which requires serious attention. In this regard some of the participants in this regard had the following to say:

"One time we had people from Love Life you would hear the questions they asked, but interesting part is the way they were answering those funny questions calm and collected with a smile. Besides the students were enjoying it, it was so interesting. That is why I am saying we may know about RHC but not enough". (Participant 4)

"Little knowledge is very dangerous sister, when Love Life was here I also learnt a lot both for myself and for our students. And noticed then that I need to be empowered..." (Participant 5)

Regarding the message conveyed in these responses the researcher refers to ¹⁵ who has also confirmed that teachers do not feel they have been sufficiently trained to teach the RHC topic. That is why the effectiveness of the LO subject, especially the teaching of RHC, becomes questionable. Owing to knowledge limitation the pregnancies of the teenage girls were going undetected and would at times be noticed when they were already in an advanced stage. Participants expressed the concern of their shortcomings as follows:

"What is worse is that, at times we don't even notice that they are pregnant, only when seeing those wearing lumber jackets or jerseys even if it's hot

and that shows lack of knowledge." (Participant 18)

"...some of them never become sick only you will notice very late when the big tummy is visible and at times is too late." (Participant 19)

As expected, subject knowledge and experience are important factors to consider for teachers teaching RHC.

Sub-theme: Participants identified limited involvement of parents to be a concern

Participants experienced the limited co-operation of parents and parental reluctance to become involved as being irresponsible and having a potential of negative consequences for the teenage girls.

"What I have noticed is that there is a lack of guidance and communication between parents and their children about sexual matters... This leads now to unplanned pregnancies" (Participant 18).

"If parents do not become responsible, children will seek advice somewhere and that is not good at all" (Participant 12)

"Even if we are having meetings with parents few would attend the meeting. Parents are not co-operating. It is very difficult for these children..." (Participant 8)

"... but also it is their role to talk with their teenagers, show them and try and explain what is really happening outside the world. As a parent you need to do your part to your children. Most of the time they are at home and I think they are closer to their parents more than us as teachers". (Participant 17)

"...in addition to that you'll notice that most of the teenagers who fall pregnant it's because of lack of parental guidance...teenagers especially girls who experience body changes, find it difficult to discuss with their parents" (Participant 9)

Findings from the current study further indicated that some of the teenage girls were staying alone and taking care of their siblings whilst the parents were away looking for jobs. Others were being left with their relatives who at times did not even care if a child went to school or not. Regarding these statements, participants had the following to say:

Table 1: The impact of the responsibility of teachers regarding reproductive healthcare to teenage learners

Themes	Sub-themes
1. Participants view their responsibility to teach reproductive healthcare to teenage girls as burdensome.	Participants view as contributory factors to the burden 1.1 lack of collaboration with relevant professionals and 1.2 limited knowledge about the subject 1.3 limited involvement of parents also to be a concern
2. Participants identified school curriculum as a concern that was affecting their teaching of the subject	Participants believe that: 2.1 the yearly changes introduced to the school curriculum make it difficult for the teachers to master the subject and 2.2 improper introduction of curriculum to teachers caused the confusion and struggle
3. Participants relate positively to the need of teaching the reproductive healthcare topic at schools	3.1 Participants view reproductive healthcare as a positive topic for teenage girls as they state that: 3.2 they are committed in teaching RHC as long as they could get the necessary assistance

“Sometimes it is difficult to deal with these children since some of them are staying alone and get support from friends since parents are away” (Participant 14)

“... parents are living them with relatives who most of the times do not give any guidance to them” (Participant 16)

Participants are concerned that the teenagers are not nurtured sufficiently at home and that parents are not setting a good example as good models to their teenage girls.

Theme: Participants relate positively to the need for teaching of the RHC topic at schools

Participants view the teaching of the RHC topic to teenage girls as a positive step by the government despite the shortcomings highlighted already in this report. In this regard a quote from one participant follows below:

“Education is described as a process of which learners are supported, guided and influenced in order to reach higher levels of maturing and general functioning within a specific cultural context” (Participant 6)

Owing to this explanation it became clear to the researcher that participants still valued their teaching responsibility and that they respected the principles of their profession.

Sub-theme: Participants view reproductive healthcare as a positive topic for teenage girls

Despite the challenges they face with teaching of RHC participants view it as a much-needed topic at

school that will empower the teenage girls about how to take control of their sexual life and reproductive health and one expressed view was as follows:

“The module on its own is very important in our schools because it is supposed to help our teenagers not only them but also us as teachers”. (Participants 11)

“...the subject on its own is very important in our schools, because it is helping teenagers also not only them but us teachers too” (Participant 17)

Participants view teaching the subject as an opportunity for them to play a parental role and help the teenage girls with information regarding RHC. For example, some participants said:

“[they need] a person who is not going to judge them, a mother or a father who will help them fulfil their vision”. (Participant 5)

“Getting children at a younger age is not right for them as they are immature...This is very painful if you think about it as a parent” (Participant 12)

Sub-theme: Participants are committed to the teaching of RHC depending on the necessary assistance they receive

Participants were concerned about the effectiveness of their teaching which then implied that declaration alone of positive attitudes towards teaching RHC topic was inadequate; for there is a grave need for assistance if that attitude is to be maintained and the work effectively completed.

“I do want to help these children, I don’t have the training, but I don’t have a choice [therefore I do my best]” (Participant 11)

Table 2: A summary of guidelines, sub-guidelines and application steps of the study

GUIDELINES	SUB-GUIDELINES	APPLICATION OF THE GUIDELINES
1. Create values that will form the basis of teachers' responsibility for teaching RHC to teenage girls	1.1 Change the views of teachers regarding their responsibility for teaching RHC to teenage girls to create a positive attitude 1.2 Assist teachers with their responsibility for teaching RHC to teenage girls with the necessary collaboration with other relevant professionals. 1.3 Assist with the development of in-service education programmes regarding the necessary skills and knowledge required by teachers to teach RHC to teenage girls	1.1.1 Develop a programme for in-service education. 1.2.1 Ensure collaboration with other relevant professionals such as, nurses and social workers. 1.3.1 Qualified nurses have the necessary background to the subject.
2. Devise a plan that will assist participants to deal with the immediate burden of teaching RHC but also for future purposes.	2.1 Develop a plan that will encourage the development of teaching of RHC. 2.2 Develop a plan to simplify the teaching needs for the current teaching of RHC by teachers 2.3 Offer support and guide that will influence teachers in their responsibility for teaching RHC to teenage girls.	2.1.1 Develop group discussions and discuss individual assistant needs curriculum 2.2.1 Organize site visits by nurses and family planning staff with a programme to implement. 2.3.1 Consult with relevant school management bodies to discuss the matter
3. Create a plan that will increase positive attitude of teachers towards teaching RHC to teenage girls.	3.1 Help teachers by acknowledging their input in teaching RHC to teenage girls as a positive step	3.1.1 Create a space for teenagers to give feedback to teachers about their teaching. 3.1.2 Encourage a trust relationship with parents of teenagers 3.1.3 Allow an opportunity for teachers to communicate their fears and concerns without being judged.

"We need assistance from Department of Health. We need to have a nurse working with us whenever we encounter a problem then she/he will help us... A person with skill and knowledge" (Participant 10)

"It is an interesting subject it needs someone who knows about it and capable of owing the relevant information that students need [as ordinary teachers we cannot do it]" (Participant 19)

As indicated by the participants, the benefit of the study will not only be about the information, but also about application of that information thus reducing the burden of pregnancies at school.

Discussion and implications

A responsibility is an obligation to a task and holds a consequent penalty for failure²⁰. That is the problem faced by teachers in their responsibility to teach RHC. The² highlights the fact that RHC signifies teaching discretion about the freedom to

decide if, when and how often to reproduce. In a given lesson it is such a message that the teachers are expected to pass on to the learners in the form of teaching the RHC topic. Consequently, teachers are having difficulty dealing with such an expectation especially under the umbrella of human rights and constitutional rights of all involved. In this regard stakeholder collaboration is recommended.

Collaboration is successful only when there is teamwork and allowing teams to build on the talents of team members²¹. The team members referred to and being sort for the purpose of the teachers and learners are healthcare professionals and parents. As stated by Schot *et al.*²² a collaborative relationship between professionals is a key factor in initiatives designed to increase the effectiveness of services. Sotolongo *et al.*²³ attest to this statement. Benefits from such a relationship besides achieving efficient, flexible, and sustainable competitive advantage but most

importantly teamwork. It is thus advisable for healthcare professionals such as doctors, nurses and midwives, social workers and psychologists to be part of that collaboration in order to afford the necessary guidance and insight about RHC and healthy sexual-life style. In connection with such an argument Borawaski *et al*²⁴) come to mind as they stated that school nurses had always been useful in enhancing health -protective behaviour. As noted, effective collaboration requires uncovering what drives and motivates people in order to open a forum of communication based on true understanding of one another²⁵. Collaboration at schools will therefore encourage the practice of active participation of each professional for the benefit of quality healthcare and teaching of the RHC topic to teenage girls.

The subject and related topics to RHC is at some homes not spoken of in the presence of teenagers²⁶ and thus these teenagers will get to talk about the topic only at school which may not be sufficient, thus forcing the schools to expand their curriculums and accommodate these learners. In this regard Baams *et al*,²⁷ state that having comprehensive sexuality education and open discussions at school, as compared to abstinence-only programmes, has a potential to decrease rates of teen pregnancy. Some teenage learners are comfortable with talking to their teachers about RHC matters as they believe their teachers to have all the necessary knowledge (Galloway *et al*²⁸). Furthermore, Baams *et al*²⁷ state that in learning about potential risks of sexual behaviour, school is also a context in which youth can learn more about RHC; but even still the limited RHC-related knowledge and skill possessed by teachers are a concern as young learners in turn demonstrate lack of RHC knowledge. In this regard in Egypt national and subnational surveys showed that teenagers lacked basic information on reproductive healthcare and often received information from sources that might be misleading or inaccurate¹².

The primary educator of the child is the parent. That statement implies that parents lay the foundation of the life of the child, teachers can therefore only build upon that foundation. That is why the teacher and parent need to work together for the benefit of the child. Parents are regarded as an essential component of the educational system as the teachers depend on their help to keep some

school activities and events running smoothly²⁹. However, Newton-Levinson *et al*³⁰ reported youth as in any case wanting to get information from parents but being challenged by the fact that parents did not provide the information or such a platform. Furthermore, Galloway *et al*²⁸ state that teenagers trust the information from their parents because they assume that parents would not want to provide their children with inaccurate information.

Complications of pregnancy are some of the leading causes of mortality among women between the ages of 15 and 19³¹. In addition, according to Neal *et al*³², pregnancy-related conditions are still a major cause of death among girls and young women with an estimated 15% of all deaths globally in women aged between 15 and 19 years; thus, some teachers are generally willing to teach RHC depending on the necessary assistance in the form of training Matlala *et al*^{10,33}. The greatest commitment of a true educator should be with the students and meeting their learning needs³⁴ which participants in this study regarded as a priority for the teenagers.

Ethical consideration

Permission and ethical clearance for the study were given by the university [Ref:H16-HEA-NUR-032] and the school principals and individual participants. The principle of beneficence, respect for others and justice¹⁴⁻¹⁵. All participants signed an informed consent form.

Conclusion

It is concluded that RHC could benefit not only the teenage girls but also the teachers themselves as their training would cover a variety of roles and other activities that they had to shoulder in teaching. The influence of culture, beliefs and values is to be considered when teachers are allocated and instituting the responsibility of teaching RHC to teenage girls. Collaboration with stakeholders and professionals with the needed skills plays a vital role in carrying out the tasks of this responsibility. Guidelines developed are not meant for this article and thus are just mentioned and not discussed in terms of the process of development and application. The guidelines are Create values that will form the basis of teachers' responsibility for teaching RHC to teenage girls; Devise a plan that

will assist participants to deal with the immediate burden of teaching RHC but also for future purposes; Create a plan that will increase positive attitude of teachers towards teaching RHC to teenage girls. (Table 2).

Acknowledgements and funding sources

The author of this article wishes to acknowledge the student who conducted the study, co-supervisor of the study, language editor and proofreading services. The author declares that there are no funding institutions to acknowledge or funding received for this article and thus no conflict of interest.

Author contribution

The author of this article was the main supervisor of the study, conceptualised the draft article, finalised it and submitted to the journal.

References

- James S, Pienaar N and Strümpher J. Perceptions of pregnant teenagers with regard to the antenatal care clinic environment: Curationis; Vol 35, No 1 (2012), # 43,8 pages.
<https://dx.doi.org/10.4102/curationis.v35i1.43>
- World Health Organisation. 2015. Indicator Compendium. World Health Statistics.
- Akoye A. World Population Day to address teenage girls in Lokoja. Nigeria Lensing.com/2015-world-population-day-address-teenage-girls/ accessed 24/06/2016
- Lahiri, T. In India Teenage Pregnancy Extremely Likely. <http://blogs.blogs.wsj.com>. 2013. Accessed 18/07/2016.
- Shuger L. Teen Pregnancy and High School dropout: The National Campaign to Prevent Teen and Unplanned Pregnancy and America's Promise. 2012. Washington.
- Sibanyoni M. Alarming Statistics for teenage pregnancy. <http://ewn.co.za/2015/09/06/alarming%20stats%20For%teen%20pregnancy>. Accessed 20/07/2016.
- Jimmy AC and Meyer-Weitz A. Factors That Have an Impact on Educator Pedagogue in Teaching Sexuality Education to Secondary School Learners in KwaZulu-Natal, South Africa. Sexuality Research and Social Policy (2020) 17:364–377 <https://doi.org/10.1007/s13178-019-00400-5> Accessed 12/04/2022
- United Nations Population Fund, 2016. Contribution of the Indigenous Peoples and minorities to the 15th session of the Permanent forum on Indigenous issues
- Department of Education, 2015. South Africa Yearbook. Education. South Africa. <http://www.ducation.gov.za>. Accessed on 22/07/2017.
- Matlala SF, Nolte AGW and Temane MA. Secondary School teachers' experiences of teaching pregnant learners in Limpopo Province. South African Journal of Education 2014; 34(4): p1-11.
- Venketsamy T and Kinear J. 2020. Strengthening comprehensive sexuality education in the curriculum for the early grades. South African Journal of Childhood Education 10(1), a820. <https://doi.org/10.4102/sajce/v10i1.802> .Accessed 12/04/2022
- Wahba M and Roudi-Fahimi F. The Need for Reproductive Health Education in schools in Egypt. 2012. www.prb.org.washington. D.C.20009 USA. Accessed 28/08/2017.
- Brink H, van der Walt C and van der Rensburg G. *Fundamentals of Research Methodology for Healthcare Professionals*. 4th ed. 2018. Cape Town: Juta.
- Polit DF and Beck CT. *Essentials of nursing research: Appraising evidence for nursing practice*. 2018. Ninth edition, Lippincott Williams & Wilkins.
- McLeod C. Potential Polychlorinated Biphenyl. www.merrmac01860.info/DocumentCenter/View/1069. Page 2 of 7 . 2015. Accessed 20/04/2017.
- Polit and Beck. *Nursing Research: generating and assessing evidence for nursing practice*. 2021 11th Edition. Philadelphia; Wolters Kluwer.
- Vosloo, JJ. Analysis and Interpretation despace.nwu.ac.za/bitstream/handle/10394/12269/VoslooJJ. 2014. Accessed 30/06/2020.
- Sutton J. Qualitative Research: Data Collection, Analysis and Management. Can. J. Hosp. Pharm-2015 May-Jun; 201568(3) 226-231. Accessed 04/06/2017.
- Gardner HK. The Collaboration Imperative for Today's Law forums; leading High Performance Teamwork for Maximus benefit 2013.. UK.Globe Business Publishing Ltd.
- Hersey P and Blanchard K. The Hersey-Blanchard Situational Leadership. Theory 2014.. www.developingpotential.com.au. Accessed 24/07/2017.
- Mattson D Benefits of Teamwork in the workplace. Professional Development. Neal B and Martz B. *Journal of Learning in Higher Education 2016; (Volume 12 Issue 2) 2015 p45-53*
- Schot E, Tummers L and Noordegraaf M. Working on working together. A systematic review on how healthcare professionals contribute to interprofessional collaboration Journal of Interprofessional Care. <https://doi.org/10.1080/13561820.2019.1636007> 2019. Accessed on 12/04/2022
- D'Amour D, Ferrada-Videla C, Rodriguez L and Beaulieu MD. The Conceptual basis for interprofessional Collaboration: core concepts and theoretical framework. Journal of Interprofessional Care. 19 Suppl 1 (Suppl1): 2005; 116-31. DOI:1080/13561820500082529

24. Sotolongo J, House LD, Swanson S and Davis SEH. Integrated Community Strategies for Linking Youth to Adolescent Reproductive Health Services. *Journal of Adolescent Health* 2017; 60 :(2017) S45-S50.
25. Borawski EA, Tuffs KA, Trapi ES, Hayman LL, Yoder LD and Lovegreen LD. Effectiveness of Health Education Teachers and School Nurses Teaching Sexually Transmitted Infections/HIV Prevention Knowledge and Skills in High school. *J Sch Health* 2016; 85: (3)189-196. Doi.10.1111/josh.12234.
26. Burgess, P. 2014. Building Trust and Collaboration in the Training Word. Leadership. <https://trainingindustry.com/articles>. Accessed 19/01/2021
27. Thobejane TD. Factors Contributing to Teenage Pregnancy in South Africa. 2015. *Journal of Sociology and Social Anthropology* Volume 6, 2015 Issue 2 (273-277)
28. Baams L, Dubas JS and van Aken MAG. Comprehensive Sexuality Education as a Longitudinal Predictor of LGBTQ Name-Calling and Perceived Willingness to Intervene in School. *Journal of Youth Adolescence* 2015;46(5):931-942. doi: 10.1007/s10964-017-0638-z. Epub 2017 Jan 27.
29. Galloway CT, Duffy JL, Dixon RP and Fuller TR. Exploring African-American and Latino Teens' Perceptions of Contraception and Access to Reproductive Health Care Services. *Journal of Adolescent Health* 2017; 60 :(2017) S57-S62. Accessed 14/06/2017.
30. Ireland, P.N. 2014. The macroeconomic effects of interest on reserves. *Journal of Economic* 18 (6), 1271-1312, 2014. 110, 2014.
31. Newton-Levinson A, Leichliter JS and Chandra-Mouli V. Perceived and Experienced Barriers to Accessing Care. *Journal of Adolescent Health* 2016.;59 :(2016) 7-16.
32. World Health Organisation, 2013. *World Health Statistics. Health-Related Millenium Development Goals.*
33. Neal S, Mahendra S, Bose K, Camacho AV, Mathai M, Nove A, Santana F and Matthews Z.. The Causes of Maternal Mortality in adolescents in Low and Middle income countries: *BMC Pregnancy childbirth* 2016; 16: (1) 352.
34. Adewumi, TM. 2012. An Investigation into the Implementation of the Life Orientation Curriculum. Fort Beautiful High School. South Africa. *Int J Edu Sci*, 2012, 11(2): 137-143
- Mattos G. Who or What should Teachers be committed to. How do principals really improve schools? April 2013 *Educational leadership: journal of the Department of Supervision and Curriculum Development, N.E.A* 2013, 70(7):34-40.