

ORIGINAL RESEARCH ARTICLE

Support for pregnant learners attending secondary schools in Tshwane, Gauteng Province, South Africa: Stakeholders' strategies

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Abstract

The South African Schools Act mandates that educators support expectant girls attending schools. Educators were revealed to be unprepared and unsupported in providing such support, compromising pregnant learners' right to education. This paper describes strategies that would support pregnant learners attending secondary schools in Tshwane District, Gauteng Province, South Africa. The study was conducted in three phases. The first phase was a needs analysis survey to obtain data from 221 Life Orientation educators in secondary schools. The survey results were used in the second phase to inform sessions with 21 conveniently sampled workshop participants to gather information, prioritise ideas and generate consensus. Finally, phase three was to develop strategies based on practice theory. Three strategies emerged: (1) provision of resources such as human, finance, material and supplies for schools; (2) empowerment of educators and learners; and (3) collaboration among the Departments of Health, Education, and Social Development. It was evident that education stakeholders realised their critical and essential role in promoting the health of pregnant learners and their unborn babies without jeopardising their right to basic education. (*Afr J Reprod Health* 2023; 27 [9]: 22-30).

Keywords: Pregnant learners, school health nurses, secondary schools, strategies

Résumé

La loi sud-africaine sur les écoles exige que les éducateurs soutiennent les futures filles scolarisées. Il s'est avéré que les éducateurs n'étaient ni préparés ni soutenus pour fournir un tel soutien, compromettant ainsi le droit à l'éducation des apprenantes enceintes. Cet article décrit des stratégies qui pourraient aider les apprenantes enceintes fréquentant les écoles secondaires du district de Tshwane, province de Gauteng, Afrique du Sud. L'étude a été menée en trois phases. La première phase consistait en une enquête d'analyse des besoins visant à obtenir des données auprès de 221 éducateurs en orientation pour la vie dans les écoles secondaires. Les résultats de l'enquête ont été utilisés dans la deuxième phase pour éclairer des séances avec 21 participants à l'atelier sélectionnés de manière pratique afin de recueillir des informations, de prioriser les idées et de générer un consensus. Enfin, la troisième phase consistait à développer des stratégies basées sur la théorie de la pratique. Trois stratégies ont émergé : (1) la fourniture de ressources telles que des ressources humaines, financières, matérielles et fournitures pour les écoles ; (2) l'autonomisation des éducateurs et des apprenants ; et (3) la collaboration entre les ministères de la Santé, de l'Éducation et du Développement social. Il était évident que les acteurs de l'éducation avaient pris conscience de leur rôle critique et essentiel dans la promotion de la santé des apprenantes enceintes et de leurs bébés à naître sans compromettre leur droit à l'éducation de base. (*Afr J Reprod Health* 2023; 27 [9]: 22-30).

Mots-clés: Élèves enceintes, infirmières de santé scolaire, écoles secondaires, stratégies

Introduction

The South African Department of Basic Education (DBE) reported a high rate (132 000) of new births by pre-teen and teen girls aged between 10 and 19 years from 2020 to 2021¹. In 2021, Save the Children revealed that Gauteng Province accounts for 60% of births in all nine provinces². Barron et al view girls aged between 10 and 19 as learners in

primary and middle schools³. Pregnancy is a severe impediment to the future growth of learners as it poses several challenges (including but not limited to school dropout, loss of motivation and productivity, parenting issues, and loss of potential for social and economic opportunities), which in turn result in the perpetual problem of intergenerational poverty⁴⁻⁵. In compliance with Education for All and the Bill of Rights, the

Republic of South Africa introduced the South African Schools Act 84 of 1996 (commonly known as SASA), which allows pregnant learners to continue schooling beyond 24 weeks of gestation⁶. The aim of this Act is to provide educational support for pregnant learners. Ramalepa et al are of the opinion that focus should be placed on health support for these pregnant learners⁷.

The World Health Organization (WHO) Report on Adolescent Pregnancy states that pregnant learners, as teenagers, require specialised antenatal care (ANC) to closely monitor the health of both the mothers and the unborn children⁸. Pregnant learners will miss school lessons whilst receiving ANC services at the doctor or clinic. Matlala states that pregnant learners generally have to choose between ANC and attending classes, leading to difficulty balancing schoolwork and pregnancy-related healthcare⁹⁻¹⁰. In addition, pregnancy-related health risks might occur during school hours, which need to be attended to by trained health professionals. Educators, whose role is based on teaching and learning, are not trained to handle pregnancy-related issues¹¹⁻¹². Hence, they are ill-equipped to support pregnant learners⁴⁻¹³. Furthermore, educators may end up using their own personal experiences and knowledge from the curriculum and pedagogy of psychology and guidance acquired during Initial Professional Education of Teachers (IPET)⁴⁻¹⁴. School health nurses are more appropriate than educators to render ANC services as a component of primary healthcare on school premises¹⁵.

The Department of Health and the Department of Basic Education Integrated School Health Policy (ISHP) was developed to help school health nurses provide accessible, affordable, effective, efficient and equitable primary healthcare services, which include promotive, preventive, curative or rehabilitative care to all learners from nursery to secondary level¹⁶. According to the ISHP regulations, pregnant learners are entitled to ANC services on school premises. It is affirmed that the health and educational needs of learners are inseparable in the process of promoting completion of schooling¹⁷. However, the South African basic school health programmes proved to be ineffective¹⁸. Thus, the current study aims to generate themes from the key education stakeholders—mainly educators, school health

nurses and social workers—who would support pregnant learners attending schools.

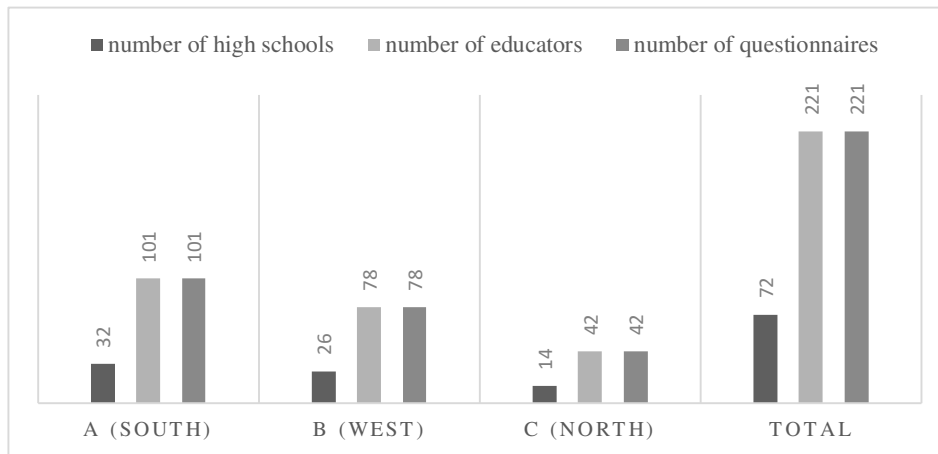
Findings from a systematic review of literature showed that the 2015 WHO study entitled Strategic Directions for Nursing and Midwifery Development created strategies to ensure that nursing and midwifery professionals are skilled and motivated to render universal health coverage and promote the Sustainable Development Agenda¹⁹. These strategies served as a framework for the current study. Studies addressing strategies to support pregnant learners in schools are limited. Most research in Africa and the United States focused on health promotion, sex education, pregnancy prevention and HIV programmes in schools as part of adolescent sexual and reproductive health (ASRH)²⁰⁻²¹.

The research question was used to guide the review investigating what literature existed in addressing strategies to support pregnant learners attending secondary schools in Tshwane, Gauteng Province. To address issues of pregnant learners, it was necessary to comprehend the perspective of the criteria for their inclusion in schools and the dilemma of educators in the South African context, with particular reference to the role of the Gauteng DBE, the Department of Health (DoH) and the Department of Social Development (DSD).

The practice development theory developed by McCormack et al underpinned the study²². Practice development involves the process of modernisation regarding patient-centred healthcare²². In this study, modernisation of healthcare is based on changes to the health and education policies regarding the inclusion of pregnant learners in schools. Practice builds on professionalism and accountability by strengthening the need for the key education stakeholders to support the education and health needs of pregnant learners within safe school environments²³. The primary principle is promoting pregnant learners' care through the utilisation of facilitative, collaborative and partnership teamwork between the key education stakeholders.

Methods

The research was carried out in three stages. The first phase used a non-experimental quantitative approach to provide hard, objective facts about



Descriptive statistical analysis was used, which included a frequency distribution table and percentages of respondents according to the selected characteristic

Figure 1: Number of regions, schools, educators selected, and questionnaires

Table 1: Horizontal tabulation of Phase one results

Item	Yes	No	None	Row totals	p-value
Never been exposed to an emergency childbirth	5	184	32	221	
Percent	2%	83%	15%	100%	p=0.003
A need for clear guidelines	199	0	22	221	p=0.802
Percent	90%	0%	10%	100%	
A need for involvement of education stakeholders	206	0	15	221	p=0.386
Percent	93%	0%	7%	100%	

educators’ preparedness to deal with learners’ pregnancies in high schools, which could then be statistically analysed and interpreted. The needs analysis phase was conducted in 72 of the 172 secondary schools within the three regions of the City of Tshwane, as the researcher perceived the district to have a large population that would impart a high sampling and confidence to the study outcome. Figure 1 depicts the number of schools according to the regions, subjects and the self-administered questionnaires that were distributed. A simple random sampling method was used to select 221 Life Orientation (LO) educators who met the inclusion criteria (n=221). The questionnaire response rate was 100%, with 0% of the questionnaires spoiled.

The results of phase one were presented to the 21 conveniently sampled workshop participants, comprising nine educators, six school health nurses and six social workers. The participants were divided into two groups of nominal group technique (NGT) meetings of equal

numbers. The NGT meetings were held simultaneously in similar prepared rooms within the non-governmental institution for a workshop to promote dependability. The participants were asked to respond to three questions: “What do you understand/what is the meaning of pregnant learner support?”; “What do pregnant learners need in order to be supported?”; and “How should pregnant learners be supported?”

As recommended by Harvey and Holmes, six steps were followed during phases two and three to generate ideas from key education stakeholders²⁴. They were asked to rank the themes on a scale from 1 (least important) to 5 (most important). This made recording the themes easy and clear. A consensus was reached regarding the final themes, which constituted the outputs of the workshop as agreed by the participants.

The context for this study consists of four interrelated level, namely the South African National DBE, the Gauteng Province DBE, the Tshwane City regions and the secondary schools.

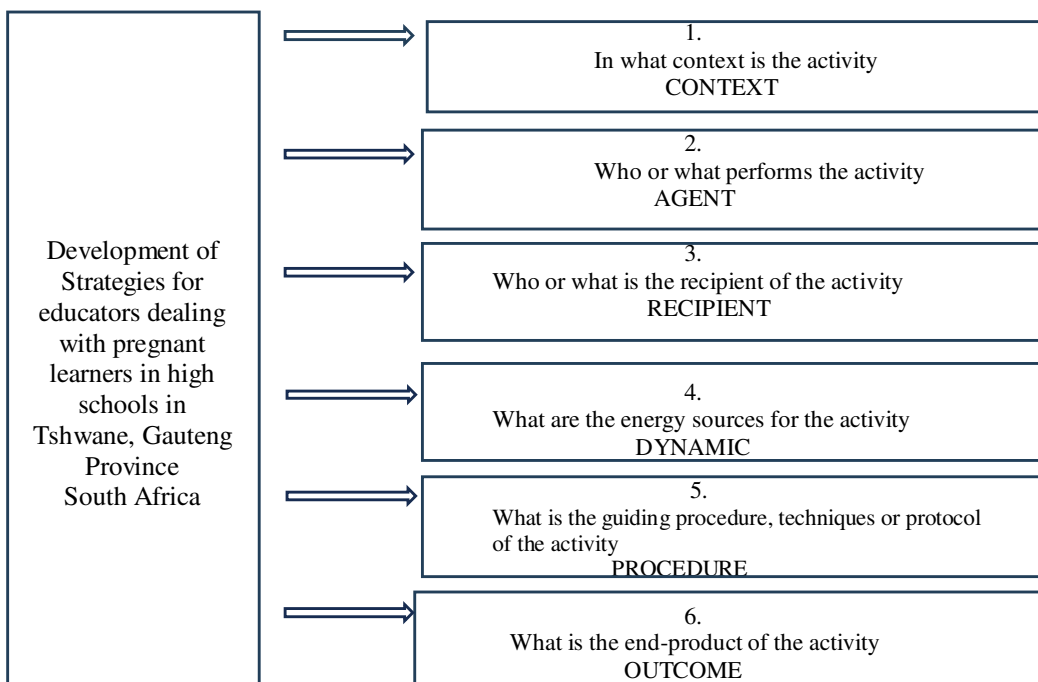


Figure 2: Survey questions and concepts from the practice theory of Dickoff et al²⁵ used to describe/categorise strategies during the development process

Table 2: The strategies

Strategy	Objective	Action plan
Provision of resources	To prepare schools for accommodation of pregnant learners	Allocation of persons with specific skills to assist and coordinate for LO educators. Schools are to be allocated a sufficient, managed budget. Furnished sick rooms to be built or erected, especially in township and rural schools. All schools should be provided with first aid kits—sizes determined by the number of learners in the schools.
Empowerment 2.1 Educators	To empower educators with knowledge and skills on pregnancy	Modules on basic information about learner pregnancy are to be included in the teacher training course (pre-courses). To be offered basic first aid training by an accredited individual. Continuous monitoring and evaluation to ensure that skills and knowledge do not diminish.
2.2 Learners	To prevent pregnancy, STIs and HIV	Health professionals are to teach learners about contraception and side effects, especially intrauterine devices and implants. Clarification of steps to be taken in case of emergency. Offered practical demonstration of insertion of condom using dildo. The importance of using condoms and other pregnancy prevention methods is stressed. Discussions and debates amongst learners about pregnancy and related topics. To be offered information on the legal termination of pregnancy. To be provided with catch-up lessons.
Collaboration	To involve key education	School health nurses are to ensure that identified pregnant learners are offered ANC.

stakeholders in the care of pregnant learners	Schools are to liaise with school health nurses, including social workers. Contact details of nearby clinic, doctor, school health nurse, emergency medical services and social worker are to be displayed. Social worker to help pregnant learners, their families and educators to resolve challenges and enhance their well-being.
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The LO educator is an agent who will give inputs for the development of strategies and will in turn implement those to support pregnant learners in schools. The LO educator in this instance is the primary recipient of the strategies. The pregnant learners become secondary recipients because they benefit from the strategies implemented by the LO educators. The driving force for the development of strategies is a combination of the SASA Act (1996c) and the insufficient support for LO educators dealing with pregnant learners in high schools. The procedure followed for this study was according to three phases. Firstly, the situational analysis was conducted to determine the needs of LO educators using a questionnaire. Followed by a workshop whereby phase one results were presented to the education stakeholders and holding of two NGT meeting to identify concepts necessary for inclusion into formulation of strategies. Some of them were categorised under three major strategies as follows: provision of resources (including financial resources, materials and supplies), empowerment (comprising educator training needs and learner catch-up mechanism), and collaboration (among the DBE, DoH and DSD). Finally, was the development of strategies which produced the endpoint of this study following three components as suggested by Eschenbeck *et al*²⁶. The strategies do not include a timeline.

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Discussion

The current study's results revealed that a majority (83%) of the respondents had never been exposed to an emergency childbirth. An emergency childbirth can happen anywhere, in the presence or absence of medical personnel²⁷⁻²⁸. Basic first aid

(FA) skills are required in places where many people gather, such as schools. Dhara and Krishnaswamy state that contact details are a list of multiple pieces of parental information, such as name, phone number, home address and so forth, to be used by educators to communicate with learners' parents²⁹.

Most participants (90%) expressed a need for clear guidelines pertaining to dealing with pregnant learners in schools. Guidelines are a set of rules representing the best practices for streamlining the course of action according to an established routine³⁰. Policies and procedures, such as learner pregnancy inclusion criteria, need to be clarified to the implementers prior to being carried out. Proper training on the formulated policies would promote the achievement of the intended outcomes³¹.

A need for the involvement of education stakeholders, such as health professionals and social workers, regarding dealing with pregnant learners in schools was reported by (93%) of the participants. The health and emotional aspects of the pregnant learners would be attended to whilst the learner is at school. The importance of paraprofessional activities includes sharing of tasks and supporting each other during health-related emergencies and trauma on school premises³². Therefore, it is the responsibility of the education stakeholders to support each other and render their specialised roles with the aim of promoting pregnant learners' school success.

From the workshop outputs and the statistical data, five components were derived which appeared to be appropriate sub-strategies to assist LO educators in supporting pregnant learners. Some of the elements, such as human, financial and material resources, were categorised under the major strategy of provision of resources. Educator training and the learner catch-up mechanism are grouped under the empowerment strategy, and collaboration between the DBE, DoH and DSD remained as a strategy on its own.

Strategy formulation is a systematic process prompted by the mandated school

attendance of pregnant learners and the related deficient support for LO educators, including their abilities to handle the situation. Strategies are techniques or methods implemented to improve the adoption and sustainment of interventions³³. The developed strategies are in line with the mission, vision and objectives of the high schools as derived from the regional, provincial and national departments of education, health and social development.

Resources refer to “stock or supply of money, material, staff and other assets that can be drawn on by a person or organisation in order to function effectively”³⁴. The LO educators need to be provided with additional educators to assist with extra responsibilities such as record-keeping of the pregnant learners’ statistics. Financial resources are “funds at the disposal of the enterprise and intended for implementation of the current cost and expenses for expanded reproduction”³⁵. Money is needed in order to facilitate the smooth running of schools, including the development of LO educators and paying of increments and bills. All schools need well-furnished sick rooms where learners can be attended to in emergencies (including pregnancy-related emergencies). Material is described as “things found in the natural world that have practical use and value for humans”³⁶.

Empowerment would entail equipping educators with knowledge and skills to deal with pregnant learners. Training is a basic element of human resources that involves development³⁷. Modules on basic information regarding ASRH need to be included in IPET (pre-course). LO educators should be provided with basic FA training as they might be able to apply these skills in an emergency. Continuous monitoring and evaluation of LO educators who have acquired knowledge and skills in FA must be conducted by an accredited FA specialist to keep these professionals updated on this programme. Universal infection-control measures were emphasised, like having two lined bins to segregate papers from fluid or blood-soiled material. A trained health professional is to provide both the LO educators and learners with information on ASRH, pregnancy and recognition of danger signs.

The learner catch-up programme referred to in this study is a plan for LO educators to provide assistance to all school learners who have missed class due to ill health and sought medical help, as

well as those who missed lessons due to family/social issues like family fights and divorce. An advantage of this programme might be that pregnant learners’ schooling would not be disturbed, as learners would be provided with missed lessons. The learner catch-up mechanism for COVID-19 is defined by the DoBE as a “learning programme meant to recover the lost teaching and assessment time to afford learners an opportunity to complete the grade they are in”³⁸. Educators might be less likely to be blamed for the poor performance of these learners, as missed lessons would be provided.

Collaborative practice is denoted as an enactment that occurs when health providers work with people from within their own profession, with people outside of their profession and with patients/clients and educators³⁹. The implication is that the DoBE, the DoH, the DSD, parents and the community at large need to work together from the highest level to the lowest—that is, national, provincial and local. The aim of this is to render their specialised services to schools. This might benefit both the educators and the learners. Collaborative educator practices could enhance professional development and might influence positive learner performance³⁹. LO educators might be provided with assistance by any of the education stakeholders, as well as with information regarding dealing with learners’ issues beyond the teaching environment. Learners’ health and psychosocial issues may be attended to by the experts. Key education stakeholders are to relieve LO educators of the burden of having to deal with pregnancy-related emergencies like childbirth at school. Open referral routes might ensure that help can be summoned from ambulance services, nearby doctors, clinics and taxis while the educators apply their basic FA skills.

Ethical considerations

An information leaflet and consent form were issued. Written consent was obtained from the respondents. A short questionnaire with enough questions to elicit the required data was distributed to the respondents. Respondents had the right to withdraw from the study. Data were kept confidential, private and anonymous in terms of the regions, schools and educators involved in this study. Reliability and validity measures were maintained throughout the study.

Ethical clearance was sought from the Sefako Makgatho Health Sciences University Research Ethics Committee (SMUREC/H/220/2017:PG), and permission to conduct the study in schools was obtained from the Gauteng Department of Education (8/4/4/1/2). Furthermore, permission was sought from three Chief Directors and School Principals in the Tshwane South, North and West regions.

Limitations

Firstly, the study was based only on situational analysis employing a descriptive, exploratory and non-experimental quantitative research design in one district of Gauteng Province. It is limited to secondary-school LO educators, school health nurses and social workers. There was no learner or parent participants. Secondly, the questionnaire was not subjected to the experts in the education system for content validity. Lastly, the use of random sampling to select high schools and convenience sampling for the study participants could have resulted in a biased population. It was detected that ISHP services are not implemented in secondary schools as mandated by the DoH and DBE.

Conclusion

Education stakeholders realised the importance of rendering their specialised roles to support learners during their pregnancies and after birth without any discrimination. Implementation of the identified strategies will ensure that pregnant learners are supported by experts from different government departments aiming to promote learners' completion of schooling as required by the South African Constitution. It was suggested that topics such as HIV, STIs and family planning would be understood better if they were provided by health professionals. Implementation of the National Basic Education Policy on Prevention and Management of Learner Pregnancy in Schools should be fast-tracked in order to strengthen partnerships amongst the education stakeholders regarding the management of pregnant learners³⁶.

Recommendations

A large-scale quantitative study on the current topic involving educators in primary schools and schools

in other districts and provinces needs to be conducted. In addition, it is necessary to conduct research using qualitative methodology to explore the views of all education stakeholders, including learners, regarding pregnant learner inclusion criteria.

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Authors Contributions

The article is based on JPFMY's doctoral dissertation. JMLM guided and supervised the study extensively.

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Conflict of interests

The authors declare that there were no personal or financial gains related to this study.

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