

**A MODEL FOR THE FACILITATION OF HEALTH FOR PREGNANT
LEARNERS ATTENDING SECONDARY SCHOOLS IN LIMPOPO
PROVINCE**

by

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submitted in accordance with the requirements
for the degree of

DOCTOR OF LITERATURE AND PHILOSOPHY

in the subject

HEALTH STUDIES

at the

UNIVERSITY OF SOUTH AFRICA

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February 2016

DEDICATION

To the late Mr Ntšatši Simon Matlala and the late Mrs Ntagane Matlala for being
good parents to me

Student number: 803-903-8

DECLARATION

I declare that **A MODEL FOR THE FACILITATION OF HEALTH FOR PREGNANT LEARNERS ATTENDING SECONDARY SCHOOLS IN LIMPOPO PROVINCE** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

Sogo France Matlala

Date

ACKNOWLEDGEMENTS

I would like to thank the following for their contribution to the successful completion of this thesis:

- Prof AGW Nolte and Dr MA Temane for their supervision and guidance throughout the research process.
- My family for social support, patience and understanding during the study.
- My employer for providing financial support and time to complete this study.
- The University of South Africa for financial and educational support from my first undergraduate degree until this one.
- The participants and their institutions for allowing me to collect data.
- The financial assistance of the National Research Foundation (NRF) towards this research is hereby acknowledged. Opinions expressed and conclusions arrived at, are those of the author and are not necessarily to be attributed to the NRF.

**A MODEL FOR THE FACILITATION OF HEALTH FOR PREGNANT LEARNERS
ATTENDING SECONDARY SCHOOLS IN LIMPOPO PROVINCE**

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ABSTRACT

Learner pregnancy in secondary schools of South Africa is a public health problem that requires the involvement of parents, teachers and health workers in order to promote maternal and child health and retain learners in school. The aim of this study was to explore and describe the experiences of teachers, parents and pregnant learners regarding facilitation of health for pregnant learners and then develop a model to facilitate social support for pregnant learners attending secondary schools in order to attain and maintain health for the mother and her newborn baby and prevent school dropout.

A qualitative, exploratory, descriptive and contextual theory generating study was conducted using semi-structured interviews to collect data from ten pregnant learners, ten teachers and five parents who were purposely selected and voluntarily participated. Data was analysed using Tesch's open coding method where six themes emerged. The themes were then discussed with literature control. The findings revealed that pregnancy amongst secondary school learners in Limpopo Province is a challenge to teachers, parents and pregnant learners regarding social support for pregnant learners to continue attending school and remaining healthy.

A concept analysis was performed and revealed facilitation of social support as the main concept, and then other concepts related to it were identified and classified. The model was developed through the steps of theory generation and was then submitted to a panel of experts for evaluation who found it useful to nursing practice

and society in general. The model promotes interaction between the role players in education to address learner pregnancy and can also be useful in addressing other challenges in the schools. It is facilitated by a school health nurse but can also be facilitated by a teacher or a social worker in cases where a school health nurse is not available. The guidelines for the implementation of the model were formulated and described. Pregnant learners, as recipient of social support, should submit themselves to the support offered by the social network and communicate their needs openly to the professional nurse, their parents and teachers, so that they can receive adequate social support.

KEY CONCEPTS

Learner pregnancy, social support, facilitation, model, school health nurse, interpretative phenomenological analysis.

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LIST OF ACRONYMS

ANC	Antenatal care
DoBE	Department of Basic Education
DoE	Department of Education
DoH	Department of Health
IPA	Interpretative Phenomenological Analysis
MDG	Millennium Development Goal
PET	Physical Education and Training
PHC	Primary Health Care
UK	United Kingdom
UNICEF	United Nations International Children's Emergency Fund
UNISA	University of South Africa
USA	United States of America
WHO	World Health Organization

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Learner pregnancy in secondary schools of South Africa is a public health issue that requires the involvement of parents, teachers and health workers in order to help the country achieve the Millennium Development Goals (MDG) 4 and 5. MDG 4 aims to reduce child mortality while MDG 5 intends to improve maternal health. Currently the Department of Basic Education (DoBE) compels secondary schools to allow pregnant learners to continue with school attendance so that these learners are not further disadvantaged by their unplanned pregnancies (Chigona & Chetty 2008:15; Department of Education 2002:1; Department of Education 2007:6).

At present there is no training programme in South Africa that provides teachers with the necessary skills to facilitate the health of pregnant learners during the antenatal, labour and postnatal periods. There are also no skilled birth attendants, such as school health nurses, permanently placed in the secondary schools. As such, the continuing presence of pregnant learners in schools is a public health challenge (Mpanza & Nzima 2010:437). There is also no uniformity on how secondary schools in the country facilitate the health of pregnant learners and some learners end up giving birth on school premises without the assistance of a skilled birth attendant. Other learners give birth and return to school within the first month of giving birth, at a time when they should be taking care of their newborn babies.

1.2 BACKGROUND INFORMATION ABOUT THE RESEARCH PROBLEM

Pregnancy amongst secondary school learners is a public health concern which affects most communities in South Africa (Chanjar, Chommanard & Lookid 2009:75; Panday, Makiwane, Ranchod & Letsoalo 2009:5; Maputle, Lebesse & Khoza 2015:144, Mutshaeni, Manwadu & Mashau 2015:104). Learners in secondary schools are teenagers, and most teenage pregnancies are classified as high risk pregnancies, which require appropriate care during the antenatal, labour and

postnatal periods to ensure a healthy mother and child (Parungao, Bautista, Mariano, Bonifacio & Aguinaldo 2014:214-215; Nolte 2011:72; Restrepo-Méndez, Barros, Santos, Menezes, Matijasevich, Barros & Victora 2011:792; Ehlers 2010:14; Fraser, Cooper & Nolte 2010; James, van Rooyen & van der Strümpher 2010:4; Kanku & Mash 2010:564; Maholo, Maja & Wright 2009:48). To meet the MDG 4, which aims to reduce child mortality, and MDG 5, which aims to improve maternal health, the country has to strengthen the implementation of high impact interventions such as antenatal visits, improve the quality of care provided to mothers and babies, and improve referral links between the home and the health facility (Chopra, Daviaud, Pattinson, Fonn & Lawn 2009). The target of MDG 4 is to reduce by two-thirds, between 1990 and 2015, the under-five mortality ratio while the indicators are under-five mortality rate and infant mortality rate. The target of MDG 5 is to reduce by three-quarters, between 1990 and 2015, maternal mortality ratio while the indicators are maternal mortality ratio and the proportion of births attended by skilled birth attendants (United Nations Children's Fund 2008:3).

Currently, there is a visibly increased number of pregnant learners at secondary schools in South Africa (James, van Rooyen & van der Strümpher 2011:2; Maholo et al 2009:47; Panday et al 2009:22; Runhare & Vandeyar 2011:4105). In 2010, the highest number of pregnant learners were recorded in Limpopo Province, followed by KwaZulu-Natal Province, while in 2009 Limpopo Province recorded the second highest number compared to other provinces in the country (Department of Basic Education 2012:28-29, Department of Basic Education 2011:29). Oosthuizen (2012:28-29) and Daku, Gibbs and Heyman (2012:411) regard newspapers as important sources of knowledge for both the general public and policy makers as they report on events that happen in the community, such as the frequent reports on pregnant learners in all nine provinces of South Africa (Payet 2015; RDM News Wire 2015; Molosankwe 2015; Jansen 2015; Masondo 2015; Times LIVE 2015; Mkhwanazi 2015). Newspaper reports (See Annexure J) indicate that there were about 21 000 pregnant learners in South Africa during the 2013/14 financial period (Times LIVE 2015; Mkhwanazi 2015). The newspaper reports further indicate that Gauteng Province had more than 5 209 pregnant learners, followed by Mpumalanga with 3 196, KwaZulu-Natal with 2 993, North West at 278, and Free State with 325.

The Northern Cape and Western Cape shared the remainder of 7,500 pregnant learners.

Unlike in the past when pregnant learners were expelled from school, these days they are encouraged to continue attending school so that a lack of education does not further disadvantage them. The DoBE encourages pregnant learners not to drop out of schools and forbids school governing bodies to expel these learners (Department of Education 2002:1; Department of Education 2007:6; Bhana, Morrell, Shefer & Ngabaza 2010:871). This leads to a worrisome presence of pregnant learners on secondary school premises as secondary schools cannot adequately provide these learners with social support. The school health services programme in South Africa is facing many challenges and has collapsed in many provinces (Mohlaba, Van Aswegen & Mokoena 2010:250), leaving schools without the ability to provide even basic health services to learners.

Newspapers (Sunday Times 2009; Independent Online 2009; Ratsatsi 2010; Mail & Guardian 2011; The New Age 2012; The Witness 2012; Daily Sun 2015) reported numerous cases of pregnant learners that gave birth at secondary schools while others gave birth before they reached a health facility. Some of those learners gave birth alone, while others were assisted by teachers who were not skilled birth attendants. In the process, they were exposed to unhygienic conditions and practices which could negatively affect the mother and the child's health (Govender 2010; McLelland, McKenna & Archer 2013:20; Mpanza & Nzima 2010:437; Save the Children 2011:7).

According to Bhana et al (2010:876), some teachers in South Africa perceive pregnant learners as disturbances to the learning and teaching environment of a school. Mpanza and Nzima (2010:437) also found that some teachers have a negative attitude towards pregnant learners and even ill-treat them until they drop out of school. In the United Kingdom (UK), pregnant learners are not excluded from attending school but they experience physical and psychosocial challenges when they continue to attend as there are no specific social support mechanisms in place for these learners (Bullen, Kenway & Hay 2000:44). Little, Henderson, Pederson and Stonecipher (2010:340) found that learner pregnancy is a growing problem in the

United States of America's (USA) secondary schools and pregnant learners experience problems such as a lack of psychosocial and educational support when they choose to continue their school attendance. The government of Zimbabwe encourages pregnant learners to continue attending school, but such learners encounter challenges that force many of them to drop out of school (Runhare & Vandeyar 2011:4117). Learners in secondary schools are in their teenage years and pregnancy in most teenagers pose some risks to the lives of the pregnant teenager and the unborn child (Bopape, Mbhenyane & Alberts 2008; United Nations Children's Fund 2008; James et al 2011:2).

1.3 RESEARCH PROBLEM

According to Burns and Grove (2009:68), a research problem is an area of concern where there is a gap in the knowledge base necessary for practice. A research problem also identifies a population and setting for the study and is written as the problem statement, which is a statement that identifies the particular gap in the knowledge needed for practice. This statement expresses the problem to be addressed and indicates the need for a study through the development of an argument (Brink 2011:59; Polit & Beck 2012:81).

Presently, there is increased numbers of pregnant learners in most secondary schools in South Africa (Department of Basic Education 2012:28-29) and these pregnancies are classified as high risk (Nolte 2011:72; Fraser et al 2010; Restrepo-Méndez et al 2011:792). A high-risk pregnancy requires the implementation of life-saving interventions, starting with early antenatal care attendance, followed by the presence of a skilled birth attendant during delivery, and ending with proper postnatal care to prevent maternal and infant mortalities. Implementation of life-saving interventions for high-risk pregnancies is possible when there is a continuum of care from the home to the health facility. In a continuum of care approach, a pregnant learner will need a referral between her home, the school and the local health facility (Govender 2010; Save the Children 2011:7). The problem in South Africa is that some pregnant learners do not disclose their pregnancies to their parents and teachers, thus making it difficult for the home and the school to make the necessary referral (Mpanza & Nzima 2010:438).

Some secondary school learners give birth at school while others give birth on the way to or back from school without the assistance of a skilled birth attendant. Most of these learners return to school within a month after giving birth, at a time when they and their babies require appropriate postnatal and newborn care (Ratsatsi 2010; Sunday Times 2009; Teenager 2009; Mail & Guardian 2011; Govender 2010; Mpanza & Nzima 2010:437; Save the Children 2011:7). Currently there is no model to facilitate health for pregnant learners attending secondary schools in South Africa.

1.4 AIM OF THE STUDY

1.4.1 Research purpose

The research purpose is a brief statement of the specific aim of the study which is generated from the research problem (Burns & Grove 2009:69) and it is written as a statement that summarises the overall goal of the study (Polit & Beck 2012:81). The purpose of this study was to develop a model to facilitate health for pregnant learners attending secondary schools in Limpopo Province.

1.4.2 Research objectives

Research objectives are concise statements that are expressed in the present form and should focus on one or two concepts and indicate whether the concepts are to be identified, described, analysed, developed or evaluated (Burns & Grove 2009:165). In order to achieve the aim of the study, the objectives were:

1. To explore and describe the experiences of teachers, parents and secondary school learners regarding facilitation of health for pregnant learners attending secondary schools within the context of the Limpopo Province.
2. To identify and analyse the main concepts related to facilitation of health for pregnant learners which lead to the development of a conceptual framework for a model to facilitate social support for pregnant learners in secondary schools.

3. To develop, describe and evaluate a model to facilitate health for pregnant learners attending secondary schools in Limpopo Province.
4. To formulate and describe guidelines for the implementation of the model.

1.4.3 Research question

A research question is a concise interrogative statement worded in the present tense and includes one or more concepts. In some cases, it is a direct rewording of the problem statement (Burns & Grove 2009:167, Polit & Beck 2012:89). The research question that guided this study was: *How is the health of pregnant learners facilitated in secondary schools in Limpopo Province and what guidelines can be developed to facilitate health for pregnant learners in secondary schools in Limpopo Province?*

1.5 SIGNIFICANCE OF THE STUDY

The significance of the study is a statement that indicates why the findings of the study will be important for researchers, policy makers and practitioners. It gives the rationale for conducting a study. This rationale is not only found in the 'significance of the study' section but in many other sections of the research, such as in the problem statement, literature review, as well as in the results or findings section (Creswell 2014:248; Marshall & Rossman 2011:70).

This study explored the experiences of teachers, parents and learners before developing a model to facilitate social support for pregnant learners attending secondary schools in Limpopo Province which could contribute towards the strengthening of the interaction between the home, the school and health services to promote maternal and child health as important public health issues. The model could also help to promote retention of pregnant learners in schools that will result in the achievement of education. The study may also contribute towards improving communication between learners and their parents on sexuality and reproductive health issues, as some pregnant learners find it difficult to inform their parents about their pregnancies and to discuss their reproductive health needs. There is generally poor communication between parents and children on sexuality and reproductive

health issues in South Africa, therefore a model to facilitate health could significantly contribute towards strengthening such communication.

1.6 CONTEXT OF THE RESEARCH

The study was conducted in Limpopo Province of South Africa, which is one of the nine provinces in the country. The health system in South Africa is composed of public and private sector service providers and there is currently the implementation of National Health Insurance (NHI) to promote universal coverage. Integration of services at district level is emphasised where school health services is integrated with primary health care (PHC).

Limpopo Province is one of the three most rural provinces of South Africa, with low medical aid coverage and high reliance on government-provided health service. The province has the highest number of pregnant learners in secondary schools compared to the other eight provinces. Most secondary school learners abuse drugs and alcohol, use tobacco products and engage in risky sexual behaviours. The suicide rate amongst adolescents in Limpopo Province is also the highest in the country. Further details on the context of the study are discussed in Chapter 2

1.7 DEFINITIONS OF TERMS

The following concepts, which appear in the title, problem statement, aim and research question, were used as defined below:

1.7.1 Facilitation

Facilitation is an action or process of making easy or easier, promoting, helping forward or assisting to bring about a particular end or result (Oxford English Dictionary 1989; Harvey, Loftus-Hill, Roycroft-Malone, Titchen, Kitson, McCormack & Seerrs 2002:578). For the purpose of this study, facilitation refers to the act of making it easy for a pregnant secondary school learner to attain and maintain good health while continuing with school attendance.

1.7.2 Health

Health is the ability of a person to adapt and to self-manage when faced with physical, social and psychological challenges (Huber, Knottherus, Green, van der Host, Jadad, Kromhout, Leonard, Lorig, Loureiro, van der Meer, Schnabel, Smith, van Weel & Smid 2011). In this study, health refers to the ability of a pregnant secondary school learner to participate in school activities and feel healthy despite physical, social and psychological limitations imposed by her pregnancy, and ultimately to give birth to a healthy child.

1.7.3 Learner

A learner refers to any person receiving education or obliged to receive education at a school (South Africa 1996; Department of Basic Education 2011:32). A learner is sometimes referred to as a pupil or a scholar. In this study, a pregnant learner refers to a female person between 13 and 19 years old, who is receiving education at a public secondary school in South Africa, while pregnant.

1.7.4 Model

A model is a symbolic or visual illustration of reality by means of schematic portrayal of relationships between issues. This illustration may be in the form of words, pictures, diagrams or mathematical notations. A model helps people to objectively structure the way they view a situation, event, or group of people, and may be used to plan for or intervene in a particular health problem (Chinn & Kramer 2011:157; Kgole 2009:16).

1.7.5 Parent

A parent refers to the biological mother or father, caregiver or guardian of a learner, and any person legally entitled custody of a learner (South Africa 1996). A parent, according to the Department of Education (2002), has a responsibility to support the learning process of his or her child and to contribute towards the development of the school the child is attending. For this study, a parent refers to any person, male or

female, who undertakes to fulfil the obligations of a parent to a pregnant learner attending a public secondary school in South Africa.

1.7.6 Secondary school

A school is an institution that provides education to enable scholars to learn their rights and responsibilities as citizens while also improving their ability to think critically and develop values such as truth, justice and equality (The World Book Encyclopaedia 2011). In South Africa, a secondary school is also referred to as a high school and it prepares learners for higher education at a college or university (Department of Basic Education 2011:32). Secondary schools can be independent or public and they provide education from grade 8 to grade 12 to learners aged between 13 and 19 (Encyclopaedia of Education Leadership and Administration 2006). In this study, a secondary school refers to a public school that provides education to learners of both sexes aged between 13 and 19.

1.7.7 Teacher

In South Africa, a teacher means a professional person employed by a school to teach, train or provide professional therapy, such as psychological services, to learners (South Africa 1996). In this study, a teacher refers to a male or female person employed at a public secondary school in South Africa to teach learners. This includes the principal, heads of departments, and other teachers.

1.8 THEORETICAL FOUNDATIONS OF THE STUDY

1.8.1 Research paradigm

This study used a qualitative and theory generating approach due to its ability to provide the researcher with an opportunity to meaningfully interact with participants. The qualitative approach enables thick and rich descriptions of the views of participants (Keller & Casadevall-Keller 2010:43) which has enabled the researcher to understand the experiences of participants on how the health and social support of pregnant learners was being facilitated in secondary schools, and their views on

how facilitation can be improved. In qualitative approaches, enquiry takes place in the participants' setting to enable the researcher to have an understanding of the place and experiences of the participants. The approach is open-ended and enables the researcher to capture participants' views during data collection, as closely as possible. It is emergent, requires active involvement of participants, and uses multiple data collection methods (Burns & Grove 2009:23).

1.8.2 Meta-theoretical assumptions

The researcher has chosen the nursing metaparadigm suggested by Fawcett as the meta-theoretical grounding for this study to provide the basis for the development of a model to facilitate health for pregnant learners attending secondary schools in South Africa. There are four central concepts in the nursing metaparadigm suggested by Fawcett, namely, human beings, environment, health, and nursing (Fawcett 1995:7; Fawcett & DeSanto-Madeya 2013:6).

1.8.2.1 Human beings

Human beings refer to individuals, families, communities and any other groups who participate in nursing (Fawcett & DeSanto-Madeya 2013:6). In this study, human beings refer to pregnant secondary school learners who interact with the home and school environment and need to be assisted to attain and maintain health by accessing appropriate maternal and newborn health services at the local health facility.

1.8.2.2 Environment

Environment refers to the social and physical surroundings of the person, and the health settings where nursing takes place, which includes the person's home, community and health facilities (Fawcett & DeSanto-Madeya 2013:6). In this study, the environment refers to the homes of pregnant learners where they interact with parents, the secondary school they attend where they interact with teachers, and the health facility where pregnant learners, their parents and teachers interact with skilled birth attendants.

1.8.2.3 Health

Health refers to the person's state of wellbeing (Fawcett, 1995:7). In this study, health refers to the state of wellbeing of a pregnant learner which is demonstrated by her ability to participate in school activities and feel healthy despite physical, social and psychological limitations imposed by her pregnancy.

1.8.2.4 Nursing

Nursing refers to the definition of goals, actions taken by nurses in conjunction with human beings, and the outcomes of nursing actions (Fawcett & DeSanto-Madeya 2013:6). In this study, nursing refers to appropriate maternal and newborn health services provided by a skilled birth attendant to a pregnant secondary school learner in South Africa during the antenatal, labour and the postnatal periods, to attain and maintain health.

1.9 RESEARCH DESIGN AND METHOD

This section presents a brief overview of the research design and method used. A detailed discussion is offered in Chapter 3.

1.9.1 Research design

The researcher used a theory generating design which was qualitative, explorative, descriptive and contextual. A theory generating design focuses on the purpose of the theory, identification and definition of concepts in the theory, the nature of relationships between concepts, and the structure and assumptions underlying the theory (Chinn & Kramer 2011:185-195). The study had four phases, which are outlined below:

- Phase 1: Exploration and description of the experiences of teachers, parents and pregnant learners regarding facilitation of health for pregnant learners attending secondary schools in Limpopo Province.

- Phase 2: Identification and analysis of the main concepts related to facilitation of health in learner pregnancy which led to the development of a conceptual framework for a model to facilitate health for pregnant learners in secondary schools.
- Phase 3: Development, description and evaluation of a model to facilitate health for pregnant learners attending secondary schools in South Africa.
- Phase 4: Development and description of guidelines for the operationalization of the model.

The design was exploratory and descriptive as the meaning of the concept facilitation of health for pregnant learners was explored while the model, cases and implementation guidelines were described. It was contextual as it applied to a specific context of pregnant learners attending secondary schools in Limpopo Province.

1.9.2 Research method

In order to explore and describe the experiences of teachers, parents and pregnant learners regarding facilitation of health for pregnant learners, the researcher used a qualitative method. The researcher identified the research population and sample, as well as data collection and analysis techniques.

1.9.2.1 Qualitative method

Qualitative research is open-ended and enables the researcher to capture participants' views during data collection as closely as possible. It is emergent, requires the active involvement of participants, and uses multiple data collection methods (Burns & Grove 2009:23; Streubert & Carpenter 2011:21-22). Liamputtong (2013:xii) agrees by stating that qualitative research heavily relies on the words that participants say when they relate their experiences to the researcher. Qualitative research focuses on the meaning and interpretation of the subjective description of

experiences and the everyday world of participants. Qualitative research was found to be suitable for this study since, according to Liamputtong (2013:xiii), it is “a suitable method to understanding the meanings, interpretations and subjective experiences of participants”. According to Keller and Casadevall-Keller (2010:43), qualitative research allows thick and rich descriptions of the views of participants.

1.9.2.2 Population

Population refers to the entire group of elements sharing some common characteristics relevant to the research purpose. Within the entire group of elements there is a target population which is the group of elements that the researcher wishes to study and, where applicable, make a generalisation about. Accessible population on the other hand is the group of elements within the target population that meet the criteria for inclusion in the study and is available to the researcher (Polit & Beck 2012:274). The population in this study were parents, pregnant learners, and teachers. There were, therefore, different population groups, namely all the secondary schools in the Limpopo Province, all the female learners in these schools, the parents of these learners, and the teachers of these schools in the Limpopo Province.

1.9.2.3 Sampling

A sample is a small part or a fraction of the accessible population that the researcher selects to participate in the study. A sample represents the entire population and for a researcher to be able to select a sample, a sampling frame is required. A sampling frame is the collection or a list of all elements of the accessible population from which the researcher can draw a sample (Polit & Beck 2012:275). A purposive sampling strategy was utilised to access the population of learners and teachers from secondary schools and parents in Limpopo Province.

The sampling criteria for the following population were set:

Criteria for inclusion of learners:

- Should be between the ages of 13 and 19 years old.
- Should be pregnant during the period of the research study.
- Should have given birth while in secondary school.
- Willingness to participate in sharing her experiences of being pregnant in a secondary school.
- Have a signed consent form from parent to participate in the study.

Criteria for inclusion of parents:

- Daughter was or is pregnant.
- Willingness to participate in sharing his/her experiences of having had a pregnant daughter attending a secondary school.
- Have signed consent form to participate in the study.
- Able to communicate in English.

Criteria for inclusion of teachers:

- Willingness to share experiences of having had a pregnant learner in class.
- Has had an experience or experiences of assisting learners during pregnancy.
- Have signed a consent form to participate in the study.

1.9.2.4 Data collection

Semi-structured interviews were conducted with teachers, pregnant learners and their parents. Each semi-structured interview lasted for 45 to 60 minutes. All semi-structured interviews were audio-taped and transcribed later for the preparation of data analysis. The number of semi-structured interviews was determined by data saturation. Consent to participate in the study was obtained from participants before commencing with data collection.

The following central questions were asked for the different populations:

For the pregnant learners:

- “Tell me about your experience of being pregnant while in secondary school.”
- “What can be done to assist the pregnant learners in secondary schools to stay healthy?”

For teachers:

- “Tell me about your experience of having pregnant learners in secondary school.”
- “What can be done to facilitate health for pregnant learners in secondary schools?”

For parents:

- “Tell me about your experience of having a pregnant daughter attending a secondary school.”
- “What can be done to assist the pregnant learners in secondary schools to stay healthy?”

1.9.2.5 Data analysis

The researcher transcribed all interview recordings word for word and then added the field notes taken during data collection. Tesch’s open coding method (Creswell 2014:198) was then used to analyse the transcripts. Coding of transcriptions was verified by using an external coder. The researcher then summarised all coded data into themes, translated them into a narrative form and discussed them within relevant literature. A detailed discussion of data analysis is presented in Chapter 3.

1.10 TRUSTWORTHINESS

Trustworthiness refers to the truth value of the study. The strategies to ensure trustworthiness by de Vos, Strydom, Fouche, and Delport (2011:419-420) were utilised in this study. These included credibility, dependability, transferability and confirmability. Trustworthiness will be explained in detail in Chapter 3.

1.11 ETHICAL CONSIDERATION

The ethical principles in this study were guided by the principles of respect for persons, beneficence and justice (Streubert & Carpenter 2011:61). To maintain scientific integrity, the researcher obtained ethical clearance from the Department of Health Studies at UNISA (See Annexure A) and followed guidelines from the supervisors. After ethical clearance was given, the researcher then applied to the Limpopo DoBE to get permission to collect data from selected schools (See Annexure B). Once permission was given (See Annexure C), the researcher approached the circuit offices in order to get permission to visit identified schools to collect data. At the identified schools, the researcher requested (See Annexure D) and obtained voluntary informed consent from the participants to participate in the study (See Annexure E). The researcher requested the parents of the learners to give consent for the learners to participate. The ethical considerations will be further explained in Chapter 3.

1.12 SCOPE OF THE STUDY

The study explored and described the experiences of teachers, pregnant learners and their parents regarding the facilitation of health for pregnant learners attending secondary schools in Limpopo Province. A model for the facilitation of social support for pregnant learners, which could be useful in South African schools, was then developed.

1.13 OUTLINE OF THE THESIS

Chapter 1 presents an introduction and background information to the study, the research problem, purpose and objectives of the study, theoretical foundation and significance of the study, research design and methodology, and defines key concepts.

Chapter 2 provides the context of the study.

Chapter 3 provides a detailed description of the research design and method the researcher used in the study.

Chapter 4 presents findings on the exploration and description of the experiences of teachers, learners and parents regarding facilitation of health for pregnant learners attending secondary schools within the context of the Limpopo Province.

Chapter 5 presents an identification and analysis of the main concepts related to the facilitation of health for pregnant learners attending secondary schools in South Africa.

Chapter 6 offers the development, description and evaluation of a model to facilitate social support for pregnant learners attending secondary schools in South Africa, as well as the description of guidelines for the operationalisation of the model.

Chapter 7 concludes the study, discusses limitations, and makes recommendations for practice, education and further research.

1.14 CONCLUSION

This chapter discussed the introduction and background information to the study. The problem and aim, which included the purpose, objectives and research question, were indicated. Conceptual definitions of key concepts were presented. The foundation of the study, research design and method used were introduced and the scope of the study was presented. Finally, an outline of the structure of the thesis was presented.

Chapter 2 will offer the context of the study. The chapter will describe the situation with learner pregnancy in South Africa and in Limpopo Province, as well as the particular health conditions affecting young people, especially those of school-going age. School health service will be described, especially its link with the health system, as well as with primary health care.

CHAPTER 2

THE CONTEXT OF THE RESEARCH

2.1 INTRODUCTION

Chapter 1 provided the introduction and background information to the study. The problem and aim, which includes the purpose, objectives and research question, were indicated. Conceptual definitions of key concepts were presented. The foundation of the study, research design and method used were introduced and the scope of the study was presented. Finally, an outline of the structure of the thesis was presented. This chapter offers the context of the study by describing the learner pregnancy situation in South Africa (specifically in Limpopo Province), legislation regarding school attendance by pregnant learners, the health system as it relates to school health, primary health care and its link to school health services, and specific health aspects in Limpopo Province.

2.2 THE SITUATION WITH LEARNER PREGNANCY IN SOUTH AFRICA - SPECIFICALLY IN LIMPOPO PROVINCE

As indicated in Chapter 1 (see 1.6), South Africa is made of nine provinces as can be seen in Figure 2.1 and Limpopo Province is one of the three most rural provinces in the country, with more than half of its population living in rural areas (Rural Health Advocacy Project 2015:1).



South Africa Travel Online 2013

FIGURE 2.1: Map of South Africa showing the nine provinces

2.2.1 Learner pregnancy in South Africa

At 16 years of age, about 50% of teenagers in South Africa are sexually active and by the time they are 20 years old, up to 80% have become pregnant or have impregnated someone (Kheswa 2015:32; Mothiba & Maputle 2012). The rate of pregnancy amongst teenagers in South Africa is high: around 30% become pregnant before they complete secondary school education (Baxter & Moodley 2015:949).

Pregnancy among secondary school learners is a health, education and social challenge to the country. The challenge is caused by the fact that pregnant learners are not competent to handle pregnancy and the subsequent parenting. Learner pregnancy also disrupts schooling for the pregnant learner. Some pregnant learners experience stigma and discrimination from their peers, parents, teachers and health workers, while others experience support (van Zyl, van der Merwe & Chigeza 2015:164-166). Learner pregnancy is stigmatised because it occurs outside of marriage and South Africa is a country in which most people still regard marriage as the only institution within which sexual intercourse, pregnancy and childbearing should occur (Mashishi & Makoelle 2014; Baxter & Moodley 2015:949).

Some pregnant learners are denied admission to schools while others are expelled from school when it is discovered that they are pregnant. Others drop out of school on their own due to their fear of expulsion once it is discovered that they are pregnant, and also due to pressure from teachers and members of the community. As a result, most pregnant learners conceal their pregnancies for as long as possible. Some of those who continue to attend school, irregularly attend antenatal care (ANC) as there is no support from teachers and parents for the pregnant learner to cope with the demand of schooling and the responsibility to attend ANC. Some pregnant learners give birth during school hours as they might not be aware of signs of labour because they have not been prepared for delivery, or due to labour occurring earlier than expected as teenagers have an increased risk of preterm births (Baxter & Moodley 2015:950).

2.2.2 Learner pregnancy in Limpopo

Limpopo Province is facing a challenge of having the highest number of pregnant learners in South Africa. In 2010, 2.6% of the province's learners were pregnant while in 2011 the figure was at 2.3%, as shown in Table 2.1 (Department of Basic Education, 2013:23). The level of awareness about the risks of an unplanned pregnancy due to unsafe sexual activities is high amongst young people in Limpopo Province, but some continue to engage in sexual activities without using contraceptives (Mothiba & Maputle 2012; Mushwana, Monareng, Richter & Muller 2015:16).

Table 2.1: Percentage of pregnant learners in 2010 and 2011

Province	2010	2011
Limpopo	2.6	2.3
Mpumalanga	1.4	0.9
Gauteng	1.7	0.7
North-West	1.3	0.6
Easter Cape	1.3	1.5
Western Cape	0.5	0.3
Northern Cape	1.1	0.3
Free State	0.8	0.3
KwaZulu-Natal	1.1	0.9

Department of Basic Education 2013

2.3 LEGISLATION REGARDING PREGNANCY AMONGST LEARNERS

South Africa has pieces of legislation and policy documents which protect the rights of pregnant learners to access education (Gaoaketse 2013:32-33) and health services. The various acts of parliament are summarised in Table 2.2 and are briefly described in this paragraph. The Constitution of the Republic of South Africa (Act 108 of 1993) provides pregnant learners the right to have access to education without being unfairly discriminated against. The South African Schools Act (Act 84

of 1996) also protects the right to education for pregnant learners and offers protection from unfair discrimination. The Employment of Educators Act (Act 76 of 1998) refers to it as punishable misconduct for a teacher to unfairly discriminate against pregnant learners (Maboe 2013:61). The Promotion of Equity and Prevention of Unfair Discrimination Act (Act 4 of 200) also protects pregnant learners from unfair discrimination in the schools. Public schools have adopted pregnancy policies that further protect the right to education for pregnant learners without unfair discrimination.

Table 2.2: Legislations governing school attendance by pregnant learners

Legislation	Purpose
The Constitution of the Republic of South Africa (Act 108 of 1993)	<ul style="list-style-type: none"> ✓ To provide pregnant learners with the right to have access to education without being unfairly discriminated against. ✓ To guarantee pregnant learners the right to have access to reproductive health care services. ✓ To compel provinces and municipalities to establish and provide health services within their borders.
South African Schools Act (Act 84 of 1996)	<ul style="list-style-type: none"> ✓ To provide for admission of pregnant learners in public schools where they will receive education while being protected from unfair discrimination. ✓ To mandate schools to adopt pregnancy policies that further protect the rights of pregnant learners to have access to education without unfair discrimination.
Employment of Educators (Act 53 of 2000)	<ul style="list-style-type: none"> ✓ It is misconduct if a teacher unfairly discriminates against learners on the basis of pregnancy.
Promotion of Equity and Prevention of Unfair Discrimination Act (Act 4 of 200)	<ul style="list-style-type: none"> ✓ To protect pregnant learners from unfair discrimination in the schools.
The National Health Act (Act 61 of 2003)	<ul style="list-style-type: none"> ✓ To mandate provinces and municipalities to provide free health services to pregnant learners. ✓ To makes it possible for provision of school health services.
Nursing Act (Act 50 of 1978)	<ul style="list-style-type: none"> ✓ To determine the scope of practice of professional nurses providing school health services.

To further protect pregnant learners against unfair discrimination in the schools, the DoBE has developed a policy document titled *Measures for the prevention and management of learner pregnancy*. This policy document provides for the support of pregnant learners by the schools working together with parents, health and social

development professionals, and responsible community members. The National Health Act (Act 61 of 2003) also guarantees the right of pregnant learners to health services, and *The Integrated School Health Policy of 2012* calls for the delivery of school health services in the schools by a multidisciplinary school health team led by professional nurses. The Nursing Act (Act 50 of 1978) governs the scope of practice of professional nurses providing school health services.

2.4 THE HEALTH SYSTEM IN SOUTH AFRICA AND HOW IT RELATES TO SCHOOL HEALTH SERVICES

The health system in South Africa is a two-tiered system consisting of private and public health care services providers, with the private sector serving about 16% of the population while the public sector serves the remaining 84% who are mostly poor. From 2012, the country has been implementing the National Health Insurance (NHI) in phases to improve the performance of the health system and promote equitable access and universal coverage (Naidoo 2012:149; van Rensburg 2014). The transforming health system promotes the integration of PHC services at the district level to achieve universal health care for all citizens (Shung-King, Orgill & Slemming 2015:62). Implementation of the school health services in South Africa requires the multisectoral collaboration of various components of the health system such as management and leadership, human and other resources, as well as conducive political environment. Currently, there is collaboration between departments of health, basic education, social development and the presidency on school health services, with the Department of Health taking the lead.

School health service is an extension and outreach of health system strengthening by taking health services to schools and surrounding communities. In NHI pilot sites, school health service uses specialised school health mobile clinics which are equipped to provide general PHC, as well as oral and eye health services to learners in schools and people from the neighbouring communities (Motshwane 2015). School health services evolved from a vertical programme providing nutritious meals to poor learners in the 1920s, to an integrated programme offering a package of comprehensive health services today, which include sexual and reproductive health (SRH) services to learners in all public schools. Due to resource constraints, school

health services currently prioritise learners in economically disadvantaged schools. Regarding SRH services, school health service only provides health education and refer learners to their nearest primary health care (PHC) clinics for contraceptives, pregnancy tests and other SRH services (Shung-King et al 2015:64).

2.5 THE PRIMARY HEALTH CARE IN SOUTH AFRICA AND ITS LINK TO SCHOOL HEALTH

Primary health care in South Africa has been implemented since the 1940s through what was called the Pholela Health Centre model and has been going through numerous reforms to achieve the goal of health for all (Kautzky & Tollman 2008:18). From 2009 there has been a revival in the form of *Re-engineering of Primary Health Care Strategy* which has three streams, namely: school health service, establishing ward based outreach teams, and district specialist teams. School health service is not a vertical programme but it is integrated with PHC as it is one of the three PHC re-engineering streams. School health services are delivered by multidisciplinary school health teams based at PHC facilities at district levels. Professional nurses lead the school health teams. Due to the integration of school health services with PHC, professional nurses who provide school health services are employed by PHC facilities, which then delegate them to provide school health services (Motshwane 2015).

The package of comprehensive health services provided by school health teams does not include antenatal care for pregnant learners. Pregnant learners attend ANC at the local PHC clinics on their own as there is no referral from the school health teams to the PHC clinics for antenatal care. This lack of referral poses a challenge to pregnant learners when they attempt to access ANC outside school hours as some PHC clinics may be closed and if they attend during school hours, they miss some lessons. Shung-King et al (2015:65) indicate that most community members in South Africa do not approve the provision of SRH services which include ANC for pregnant learners in the schools. Additionally, most teenagers need privacy when they use SRH services, and as such they prefer to access them outside the school premises.

2.6 THE SPECIFIC HEALTH ASPECTS IN LIMPOPO

Limpopo Province shares its borders with Mozambique, Zimbabwe and Botswana. There is a high number of migrants, both legal and illegal, who enter South Africa through Limpopo Province from these neighbouring countries. As Davies, Borland, Blake and West (2011) suggest, migration can have a negative impact on the health status of the citizens of the host country. The province is divided into five district municipalities, namely Capricorn, Mopani, Vhembe, Sekhukhune and Waterberg, and is further subdivided into twenty-five local municipalities. Figure 2.2 shows the map of Limpopo Province with the five districts (The Local Government Handbook nd). Limpopo Province has the lowest medical scheme coverage in South Africa, which causes most of the citizens to rely on public sector health care service. The province spends less money on health services than the other provinces, and educational attainment is below the national level. Most adults are migrant labourers leaving young people alone with parental responsibilities at home with younger siblings (Rural Advocacy Project 2015:1).



FIGURE 2.2: Map of Limpopo Province showing the five districts

Some adults and young people in Limpopo Province engage in transactional sex while others are sex workers (Impact Consulting 2013). The mother-to-child transmission rate of HIV in Limpopo Province is higher than the national average, and the tuberculosis (TB) cure rate is below the national TB cure rate, while the TB

treatment defaulter rate is the highest in the country (Onya, Tessler, Meyers & Fisher 2012:353; Rural Advocacy Project 2015:1). The use of tobacco in the form of cigarettes, snuff and chewing tobacco is high amongst learners in some secondary schools in the province. There are also reported cases of the use of illicit drugs such as cocaine, marijuana and nyaope amongst secondary school learners (Owo 2013:53-54).

South Africa regulates access and advertising of alcohol and tobacco products, but young people continue to access them. Home-brewed and commercially-brewed alcohol is readily available to young people in the province (Makhubele 2012:24; Manganyi 2015:7). There is early initiation of alcohol use followed by regular use and abuse of alcohol amongst secondary school learners in Limpopo Province (Limpopo Provincial Government 2013; Mothibi 2014:190). Young people who abuse alcohol are likely to engage in violent activities and risky sexual behaviours such as casual sex, multiple sex partners, inconsistent use of condoms and contraceptives, which expose them to STIs including HIV and unintended pregnancies. Suicide is the leading cause of death for young people in Limpopo Province, and the majority of secondary school teachers lack knowledge of the warning signs of suicidal behaviour (Shilubane, Bos, Ruiter, van den Borne & Reddy 2015).

Baxter and Moodley (2015:950) reveal that in South Africa, pregnant learners attend ANC with older women during times specified by PHC clinic nurses. Those specified times are in most cases not favourable for pregnant learners as they are expected to be in class. As such, some attend ANC irregularly or not at all as they cannot attend during school hours and most PHC clinics do not provide ANC services after hours. Furthermore, most pregnant learners conceal their pregnancies for as long as possible and attending ANC will reveal their pregnancies to other people and ultimately to their parents and teachers.

2.7 CONCLUSION

This chapter provided the context of the study by describing the situation with learner pregnancy in South Africa and in Limpopo Province, as well as the particular health conditions affecting young people, especially those of school-going age. School

health service was described, particularly its link with the health system, as well as with primary health care.

Chapter 3 will describe the research design and method used in the study. It will present a detailed discussion of the research design and method which were briefly presented in Chapter 1. A comprehensive description of the steps of theory generating research design will be offered. Those steps of theory generation were used to develop a model to facilitate health for pregnant learners attending secondary schools in Limpopo Province.

CHAPTER 3

RESEARCH DESIGN AND METHOD

3.1 INTRODUCTION

Chapter 2 provided the context of the study by describing the situation with learner pregnancy in South Africa and in Limpopo Province, as well as the particular health conditions affecting young people, especially those of school-going age. School health service was described, especially its link with the health system, as well as with primary health care.

Chapter 3 describes the research design and method used in the study. It offers a detailed discussion of the research design and method which were briefly presented in Chapter 1. A comprehensive description of the steps of theory generating research design is offered. These steps of theory generation were used to develop a model to facilitate health for pregnant learners attending secondary schools in Limpopo Province.

3.2 PURPOSE AND OBJECTIVE OF STUDY

The purpose of the study, as indicated in Chapter 1, was firstly to explore and describe the experiences of teachers, parents, and pregnant learners regarding the facilitation of health for pregnant learners within the context of the Limpopo Province, and secondly to develop a model to facilitate health for pregnant learners attending secondary schools in Limpopo Province.

3.3 RESEARCH DESIGN

A research design is an overall plan of a study that outlines all procedures needed to answer the research question adequately to achieve the aim of the study (Burns & Grove 2009:273, Chinn & Kramer 2011:224, Polit & Beck 2012:66). According to Burns and Grove (2009:18), a strong design increases the value of study findings and its contribution to evidence-based practice. Furthermore, the authors indicate

that there are many research designs available, and researchers should take research problems and the purposes of their studies into account in order to select the most appropriate design. As indicated in Chapter 1, this study used a theory generating design, which is qualitative (Liamputtong 2013:xiii), exploratory (Polit & Beck 2012:18), descriptive (Rubin & Babbie 2013:51) and contextual (Creswell 2014:45).

3.3.1 Theory generating design

A theory generating design focuses on the purpose of the theory, identification and definition of concepts in the theory, the nature of relationships between concepts, and the structure and assumptions underlying the theory (Chinn & Kramer 2011:185-195). The researcher used this design to develop a model to facilitate health for pregnant learners attending secondary schools in Limpopo Province. The model was developed through the steps of theory generating, which are: concept identification and concept analysis, description of relationship statements, evaluation of the model, and formulation and description of guidelines for implementation of the model.

3.3.2 Qualitative aspects of the design

Qualitative research was found to be suitable for this study since, according to Liamputtong (2013:xiii), it is “a suitable method to understanding the meanings, interpretations and subjective experiences of participants”. According to Keller and Casadevall-Keller (2010:43), a qualitative approach allows thick and rich descriptions of the views of participants. The qualitative approach is open-ended and enables the researcher to capture participants’ views during data collection as closely as possible. It is emergent, requires the active involvement of participants and uses multiple data collection methods (Burns & Grove 2009:23; Streubert & Carpenter 2011:21-22).

The concept participant or informant is used in qualitative research to show that the people who provide data are playing an active role in the research process. This active involvement of participants in the research process assists the researcher to gain a better understanding of their experiences (Streubert & Carpenter 2011:28).

Liamputtong (2013:xii) agrees by stating that qualitative research heavily relies on the words that participants say when they relate their experiences to the researcher. Furthermore, the author indicates that qualitative research focuses on the meaning and interpretation of the subjective description of experiences and the everyday world of participants. In qualitative approaches, enquiry takes place in the participants' setting to enable the researcher to have an understanding of the context and experiences of the participants.

3.3.3 Exploratory

In an exploratory design, the researcher investigates the full nature of a phenomenon in order to understand its manifestations and underlying processes (Polit & Beck 2012:18). The design is exploratory as the experiences of teachers, pregnant learners and parents were explored to understand how the health of pregnant learners is facilitated.

3.3.4 Descriptive

In a descriptive design, the researcher describes what he or she has observed in order to provide the deeper meaning of the experiences of participants (Rubin & Babbie 2013:51; Polit & Beck 2012:18). The design is descriptive as the experiences of teachers, learners and parents on the facilitation of health for pregnant learners, as well as the model, cases and implementation guidelines were described.

3.3.5 Contextual

A study is contextual when a researcher collects data from participants at the natural setting where they experience the phenomenon, rather than in a laboratory (Creswell 2014:46). In this study, the researcher interviewed pregnant learners and teachers in their schools and visited parents in their homes to interview and observes them in their natural settings. This enabled the researcher to observe the environment where participants experienced the facilitation of health for pregnant learners.

3.4 RESEARCH METHOD

Research method refers to procedures used by the researcher to conduct the study in order to answer the research question (Brink 2011:191). The researcher used qualitative method to allow participants to share their experiences by freely talking about their experiences of facilitating health for pregnant learners (Taylor & Francis 2013:88). As indicated above, the research method employed in this study is consistent with the phases of theory generation and the procedures used for each phase are described below.

3.4.1 Phase 1: Exploration and description of the experiences of teachers, parents and learners regarding the facilitation of health for pregnant learners attending secondary schools in Limpopo Province

This phase will be discussed under the following headings: population and sampling, data collection, field notes, the role of the researcher, and data analysis.

3.4.1.1 Population of the study

Population refers to the entire group of elements sharing some common characteristics relevant to the research purpose. Within the whole group of elements there is a target population which is the group of elements that the researcher wishes to study and, where applicable, make a generalisation about (Polit & Beck 2012:274). The accessible population, on the other hand, is the group of elements within the target population that meet the criteria for inclusion in the study and is available to the researcher. The population in this study consisted of parents, learners and teachers. There was, therefore, different population groups, namely all the secondary schools in the Limpopo Province, all the female learners in those schools, the parents of those learners, and the teachers in those schools.

3.4.1.2 Sampling

A sample is a small part or a fraction of the accessible population that the researcher selects to participate in the study and represents the entire population (Polit & Beck

2012:275). In qualitative research, sampling is done for the purpose of getting meaning from participants' experiences rather than assessing the frequency of what participants say. Therefore, the findings cannot be generalised to the entire population (Liamputtong 2013:14; Streubert & Carpenter 2011:28; Taylor & Francis 2013:190).

A purposive sampling strategy was used to access pregnant learners and teachers from secondary schools as well as the parents of those learners in Limpopo Province. In purposive sampling strategies, the researcher purposefully selects specific participants because of their first-hand experience with the topic of the study or their perceived ability to provide information relevant to the purpose of the study (Streubert & Carpenter 2011:28; Liamputtong 2013:14; May 2011:100). Liamputtong and Streubert and Carpenter (2011:90) refer to these specific participants from whom the researcher can learn a great deal about important issues central to the purpose of the research, as information-rich cases. Taylor and Francis (2013:191) indicate that besides having experienced a particular phenomenon, information-rich cases should be willing to speak about their experiences in order to be included in the sample.

Information-rich cases for this study were those participants who had first-hand experience of the facilitation of health for pregnant learners, either as teachers, as parents of pregnant learners, or as learners who were pregnant themselves. The criteria for the selection of information-rich cases for pregnant learners, teachers and parents was described in Chapter 1 (see 1.8.2.2) and is summarised in Table 3.1.

As stated under the purpose of the study in Chapter 1 (see 1.4.1), the setting for the study is Limpopo Province of South Africa. The country is made up of nine provinces (see Figure 2.1) and Limpopo Province has five districts (see Figure 2.2), all of which were accessible to the researcher. As indicated in Chapter 2 (see 2.2.2), Limpopo Province has the highest number of pregnant learners compared to the other eight provinces of South Africa. To identify schools with the largest number of pregnant learners, the researcher made use of two strategies. In the first approach the researcher requested the Limpopo DoBE to assist with identification of at least three secondary schools in each district that had the highest number of pregnant learners.

In the second strategy, the researcher approached circuit managers to also assist with identifying three schools in their circuits that had high numbers of pregnant learners.

TABLE 3.1: Criteria for selection of information-rich participants

<p style="text-align: center;">CRITERIA FOR INCLUSION OF LEARNERS</p> <ul style="list-style-type: none"> • Should be between the ages of 13 and 19 years old. • Should be pregnant during period of the research study. • Should have given birth whilst in secondary school. • Willingness to participate in sharing her experiences of being pregnant in a secondary school. • Have signed consent form from parent or guardian to participate in the study. <p style="text-align: center;">CRITERIA FOR INCLUSION OF PARENTS</p> <ul style="list-style-type: none"> • Daughter was or is pregnant. • Willingness to participate in sharing his/her experiences of having had a pregnant daughter attending a secondary school. • Have signed consent form to participate in the study. • Able to communicate in English <p style="text-align: center;">CRITERIA FOR INCLUSION OF TEACHERS</p> <ul style="list-style-type: none"> • Willingness to share experiences of having had a pregnant learner in class. • Has had an experience or experiences of assisting learners during pregnancy • Have signed a consent form to participate in the study.
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As Liamputtong (2009:16) suggest the use of gatekeepers to gain access to potential research participants, the researcher telephoned and later visited the identified secondary schools to request permission from principals to collect data from pregnant learners and their teachers. At the identified secondary schools, the researcher explained the purpose of the study to the principals and indicated that semi-structured interviews will be used to collect data from pregnant learners and their teachers. The principals were shown Ethical Clearance Certificate (Annexure A) and Letter of Permission from DoBE (Annexure C) to indicate that the study had ethical approval and the researcher had permission to visit schools. The researcher requested the principals to recruit pregnant learners and teachers who were willing to participate. Request for voluntary participation documents (Annexure D) and Consent Forms (Annexure E) were handed to principals so that interested teachers can read and sign them and interested pregnant learners can take them to their parents to also read and sign. The researcher then agreed with each principal that

they will communicate through the telephone about the convenient time for data collection.

The researcher identified parents during the interviews held with pregnant learners. At the conclusion of each interview with pregnant learners, the researcher requested each learner to request her parents to participate in the study. It was assumed that all the parents of pregnant learners who participated in the study had sufficient information about the study as they gave consent for their daughters to participate. The researcher requested telephone numbers of parents from their daughters and after about two to five days contacted the parents to recruit them into the study. The sample for each population was determined by saturation of data which led to ten teachers, five parents and ten learners participating in the semi-structured interviews. Streubert and Carpenter (2011:30) define saturation as “the repetition of discovered information and confirmation of previously confirmed data”.

3.4.1.3 Data collection

Data collection is a systematic way of gathering relevant information that will help the researcher to answer the research question and meet the objectives of the study. The researcher can observe, measure, ask questions or use a combination of all these as a way of collecting data (Polit & Beck 2012:532). In qualitative research, the researcher can use interviews, observation, narratives or focus group discussions as strategies to collect data (Starubert & Carpenter 2011:33). These authors further indicate that in determining the most appropriate data collection strategy, the researcher should consider the research question, the available resources, as well as the sensitivity of the topic of discussion.

In this qualitative study, the researcher chose semi-structured interviews as the most appropriate data collection strategy. A semi-structured interview is a flexible type of interview where the researcher specifies questions to be asked in advance, but is free to ask them in any order, and in response to the way the participant has answered the initial question (Polit & Beck 2012:537). The researcher can ask the participant to clarify and elaborate on some of the responses given, and as May (2011:134) puts it “enter into a dialogue with the interviewee”. In this dialogue,

participants are free to articulate their worldviews while the researcher is simultaneously able to focus on the research topic (Liamputtong 2013:53). Participants are also free to decide on the type, length and amount of answers they provide to each question (May 2011:134, Packer 2011:43; Streubert & Carpenter 2011:37). May (2011:135) further indicates that a semi-structured interview represents an opening-up to an understanding of how participants produce and deploy meaning in social life when they answer questions that the researcher did not ask but which are meaningful to participants' lives.

The researcher in this study considered the semi-structure interview as the one strategy that would cause minimal disturbance to the education programme of the schools as pregnant learners and their teachers were interviewed individually as they became available between lessons. The fact that learner pregnancy is a sensitive topic also inclined the researcher to select the semi-structured interview strategy.

The central questions that were asked in interviews were as follows:

Pregnant learners:

"Tell me about your experiences of being pregnant while in secondary school."

"What can be done to assist the pregnant learners in secondary schools to stay healthy?"

Teachers:

"Tell me about your experience of having pregnant learners in a secondary school."

"What can be done to facilitate the health of pregnant learners in secondary schools?"

Parents:

"Tell me about your experience of having a pregnant daughter in secondary school."

"What can be done to facilitate the health of pregnant learners in secondary schools?"

The semi-structured interviews were conducted in July and August 2013 and lasted between 45 and 60 minutes. Each semi-structured interview was audiotaped and

later transcribed for the preparation of data analysis. The researcher explained to participants that interviews would be recorded on an audiotape as writing everything they share will take time and asked permission to use an audio recorder. Interviews were conducted in English as all participants were able to express themselves in it although they were not first language speakers of English. English was the medium of instruction at the secondary schools visited and only parents who could speak English were eligible to participate in the study as indicate in the selection criteria (see Table 3.1).

Grove, Burns and Gray (2013:276) recommend that semi-structured interviews be conducted at a quiet place which is safe and convenient to participants. As such, interviews for pregnant learners and their teachers took place in three township schools in the Capricorn district. All three schools were classified as Quintile One, and admitted learners from Grade Eight to Grade 12. In two of the schools, teachers' offices were used for the interviews while in the other school an empty classroom was used in an effort to create a quiet place where participants can freely share their experiences. Availability of quiet spaces is a challenge in most secondary schools in Limpopo Province as there is shortage of classrooms. Interviews with the different parents took place at locations convenient to them. Four interviews with parents were conducted in the Capricorn district while one was conducted in the Sekhukhune district. Two interviews were conducted at parents' places of work with one during lunch time and the other just before leaving the office at the end of the working day, two in their homes and one at a convenient place outside the home as the parent was attending a social function in the village.

Creswell (2014:45) and Polit and Beck (2012:596) indicate that researchers are key data collection instruments in qualitative research as they collect data themselves through interviews or observations. In this study, the researcher was the interviewer. The researcher is competent to conduct semi-structured interviews as he participated in a qualitative research project previously where he received training in conducting and recording of semi-structured interviews. The researcher also collected field notes that are a record of unstructured observations and interpretations by the researcher while collecting data (Polit & Beck 2012:728). The

field notes collected provided contextual information about the time and place of interviews and also served as data for analysis.

3.4.1.4 Data analysis

In qualitative research, data analysis begins during data collection, and it is a process of examining and interpreting data in order to get meaning and gain understanding (Grove et al 2013:278). Data analysis is a challenging process as it requires creativity, time and skill from the researcher. As indicated in Chapter 1 (see 1.9.2.5), the researcher used Tesch's open coding method to analyse data. The researcher started the analysis with verbatim transcriptions of all interview recordings made during data collection. Grove et al (2013:278) state that during verbatim transcription of audio recordings of interviews, the researcher may use different punctuation marks to indicate laughter, changes in voice tone and other behaviours. The process of transcribing recordings gives the researcher an opportunity to get immersed in the data, which is important for analysis. Samples of transcripts, which contain questions from the researcher and responses from participants, for each of the three populations are attached as Annexure F, G and H.

The researcher used Tesch's open coding process (Creswell 2014:198) which has the following steps:

- Read all transcripts carefully to get a sense of the whole and write down notes as ideas come to mind.
- Pick one interview document at a time and go through it to establish what it is about while continuing to write notes in the margins as ideas come to mind.
- Write a list of topics based on the ideas from each transcript and group similar topics together.
- Use topics as codes and write each next to the appropriate section of the transcript.
- Find the most descriptive wording for the topics and turn them into categories.
- Write codes alphabetically.
- Do a preliminary analysis.

The researcher independently completed this analytical process for all the transcripts before submitting to the supervisor and co-supervisor for confirmation. After the supervisor and co-supervisor have made confirmation the transcripts were sent to an independent coder for verification and the results were compared with the codes from the researcher. The researcher and the independent coder met to discuss and reach agreement on the codes. The independent coder has a doctoral degree in psychiatric nursing and is a senior lecturer in nursing at a university in South Africa. She has experience with qualitative data analysis and has supervised masters and doctoral students. The researcher did literature control in order to place and discuss the findings in the context of what other studies revealed about facilitation of health for pregnant learners (see 4.4). The codes are discussed in Chapter 4.

3.4.2 Phase 2: To identify and analyse the main concepts

Phase 2 was conducted in order to identify and analyse the main concepts from the data analysis in phase 1, related to the facilitation of health in learner pregnancy which led to the development of a conceptual framework for a model to facilitate social support for pregnant learners in secondary schools. This phase entailed the identification and definition of the concepts as outlined by Chinn and Kramer (2011:176). The researcher identified concepts by using his life experiences, nursing practice and literature. The identified concepts were defined in a list of definitions while others were defined in a narrative form in the text. Dictionary and theoretic definitions of important concepts were provided to clearly indicate the theoretic meaning.

3.4.3 Phase 3: To develop, describe and evaluate a model to facilitate health for pregnant learners attending secondary schools in Limpopo Province

The model to facilitate social support for pregnant learners attending secondary schools in South Africa was developed, described and evaluated after phase 2 was conducted. The description was done according to Chinn and Kramer (2011:185-195), namely:

- Describe the purpose of the model. The researcher described the purpose of the model in order to specify the context and situations in which the model could be useful.
- Identifying the concepts of the model. The researcher identified key concepts of the model by searching for words and ideas that represented events within the model as well as how those ideas interrelated.
- Defining the concepts of the model. The researcher defined concepts to make their meaning clear to anyone using the model.
- Stating the relationships in the model. The researcher stated relationships between concepts in the model in order to indicate how they link with each other.
- Stating the structure of the model. This was done to give an overall form to the relationship between concepts of the model.
- Stating the assumptions of the model. The researcher stated assumptions explicitly.
- Forming a complete description of the model emerged when all the issues mentioned above were described.

The evaluation of the model was also based on Chinn and Kramer's (2011:197) questions for critical reflection of theory which asks if the model is clear, simple, general and important. The model was further evaluated by experts in school health, education and model development.

3.4.4 Phase 4: To develop and describe guidelines for the operationalization of the model

Guidelines for the implementation of the model were developed and described, and will be discussed in detail in Chapter 6.

3.5 MEASURES OF TRUSTWORTHINESS

As indicated in Chapter 1 (see 1.10), trustworthiness refers to the truth value of the study (de Vos et al 2011:419-420). Liamputtong (2009:21) and Polit and Beck

(2012:584) suggest four strategies to ensure trustworthiness of qualitative research, namely, credibility, dependability, transferability and confirmability.

3.5.1 Credibility

Credibility refers to confidence in the research findings of qualitative studies and the criteria that one can use to establish it (de Vos et al 2011:419; Polit & Beck 2012:585). Liamputtong (2009:21) and Taylor and Francis (2013:198) refer to credibility as the extent to which research participants and research readers recognise the lived experiences described in the research as similar to their own. In this study the researcher used prolonged engagement, peer examination, reflexivity, triangulation, interview techniques, member checking and authority of the researcher as strategies to ensure credibility.

3.5.1.1 Prolonged engagement

Prolonged engagement means spending sufficient time with participants in order to deeply understand them and gain their trust (Liamputtong 2009:24; de Vos et al 2011:419; Polit & Beck 2012:589). The researcher engaged with teachers, pregnant learners and parents separately to build trust. A few days before the interviews, the researcher contacted each parent telephonically to establish rapport and to request an appointment for the interview. He further spent time with each participant on the day of the interview, explaining the purpose of the study as well as the interview procedure, to establish rapport. The researcher took the time to continue to interview participants until data saturation was reached. This strategy assisted the researcher to collect rich and accurate information from participants.

3.5.1.2 Peer examination

Liamputtong (2009:29), Streubert and Carpenter (2011:49) and Polit and Beck (2012:595) suggest that the researcher should use other researchers who have experience in the research method and/or the phenomenon being studied to check various aspects of the study and make their suggestions to the researcher. This is done to reduce researcher biases and to keep the researcher honest. The

researcher in this study continuously held discussions with a peer who had just completed a doctoral degree in nursing and had experience with the theory generating design. An independent coder was also used to code data and compare and discuss codes with the researcher (see 3.4.1.5). The study was presented amongst peers at education and health conferences, and three articles have been published in peer reviewed journals from the study. The researcher has research supervision discussions with the supervisor and co-supervisor through the research project.

3.5.1.3 Reflexivity

Reflexivity refers to a process where researchers are aware that they are part of the data they are collecting and then critically reflects on and analyses personal values, fears, biases and preferences that can affect data collection and analysis (Liamputtong 2009:25; de Vos et al 2011:420; Polit & Beck 2012:179). Researchers should continuously record their reflections in a reflective journal and use it during data analysis. In this study, the researcher kept a reflexive journal throughout and used it during data analysis.

3.5.1.4 Triangulation

Triangulation is the use of multiple sources to collect and analyse data in order to reach a conclusion of what the findings of the study are (Liamputtong 2009:26; de Vos et al 2011:420; Polit & Beck 2012:175). In this study, the researcher conducted semi-structured interviews with many participants, tape-recorded the sessions and made observations and reflections that were recorded as field and reflexive notes. An independent coder was utilised during analysis of data. Several quotations were used to show and confirm emerging themes during data analysis. During the concept analysis phase, the researcher used numerous sources, including dictionaries, theories and literature to define concepts. The whole study is supervised by two experienced researchers.

3.5.1.5 Interview technique

The researcher made use of facilitative communication skills such as probing, clarifying, non-verbal encouragement and summarising to show competence and experience with conducting interviews. These skills facilitated conversation during the interviews in order to gain in-depth experiences of teachers, pregnant learners and their parents about how health of pregnant learners is facilitated.

3.5.1.6 Member checking

Member checking is a method used to validate credibility of data through discussions with participants in order to get clarification from them (Liamputtong 2009:28; Streubert & Carpenter 2011:48; Polit & Beck 2012:733). This can be done formally when data has been completely analysed, or informally when data is being collected. In this study, member checking was done informally during data collection when the researcher used deliberate probing and clarifying during interviews to ensure that the experiences of participants are understood (Polit & Beck 2012:591). The researcher further used summarising during interviews with participants.

3.5.1.7 Authority of researcher

The researcher is trained in research methodology and has completed a research proposal module (Research Proposal Module-DPCHS04) before conducting this study. He is doing the study with guidance from competent supervisors who are experienced in qualitative research. Furthermore, the researcher is familiar with pregnancy and the secondary school setting as he has qualifications and experience in nursing and teaching.

3.5.2 Transferability

Transferability relates to the usefulness or applicability of the study to other settings or groups (Liamputtong 2009:22). Taylor and Francis (2013:198) refer to transferability as fittingness and define it as the extent to which research findings fit into other contexts outside the study setting while Streubert and Carpenter (2011:48)

define it as the possibility that findings of one study will have meaning to people in other situations similar to the one where the first study was conducted. Polit and Beck (2012:524) suggest that researchers should provide detailed descriptions of their studies so that readers can evaluate their applicability to other settings.

3.5.2.1 Dense descriptions

Dense or thick descriptions refer to a process where a researcher provides rich, thick and thorough descriptions of the setting, participants and methods of conducting the study (Liamputtong 2009:15; Polit & Beck 2012:526). In this study the researcher provided a comprehensive description of the setting, participants, data collection, and data analysis and interpretation procedures followed, to enhance the possibility of other researchers repeating the study. The researcher further provided thorough descriptions of the findings supported by direct quotations from the interviews with participants. The findings are also supported by literature control as suggested by Charlick et al (2015:52).

3.5.2.2 Nominated sample

A purposive sample of information-rich participants was selected for the study. A selection criterion (see 3.4.1.3) was used to guide the selection of pregnant learners, their parents and teachers. Complete demographic information of the participants is described in Chapter 4 (see 4.2).

3.5.3 Dependability

Dependability is the stability of data over time and conditions, and it asks if the findings will be replicated should the study be repeated with the same participants under similar conditions (Polit & Beck 2012:584). It is met when the study has satisfied the requirements for audit trail, dense description of research methods, code-recode procedure and audit strategies.

3.5.3.1 Audit trail

An audit trail refers to a practice where the researcher keeps a collection of materials and documents that can lead an independent auditor to make conclusions about the data (Poli & Beck 2012:591). Audit trail allows readers to examine the adequacy of the research process, as such, researchers should clearly document in detail the data collection and analysis method they used (Liamputtong 2009:22). The aim is to show the evidence and thought processes that led to the conclusions arrived at (Steuben & Carpenter 2011:49). Taylor and Francis (2013:198) refer to audit trail as auditability which can enable other researchers to determine the extent to which a study has been consistent in use of research methods and procedures. In this study, the researcher kept voice recordings, transcripts of interviews, field notes as well as codes discovered during data analysis.

3.5.3.2 Dense description of research methods

As discussed above (see 3.5.2.1), dense description refers to a process where a researcher provides rich and thick description of the setting, participants and methods of conducting the study (Liamputtong 2009:15).

3.5.3.3 Code-recode procedure

The researcher performed data quality checks during data analysis and had consensus discussions with an independent coder on the codes discovered (see 3.4.1.5).

3.5.3.4 Audit strategies

Audiotapes of the interviews, field notes and transcribed interviews will be kept for five years as an audit trail.

3.5.4 Confirmability

Confirmability relates to confirmation that the findings are a true representation of participants and are not biases of the researcher (Liamputtong 2009:22). Confirmability of a study is achieved when credibility, audit trail and transferability can be demonstrated (Taylor & Francis 2013:198). This is about the objectivity of the researcher and was ensured by the scientific integrity of the researcher as discussed below (see 3.6.4). In this study confirmability was ensured through audit strategies, triangulation and reflexivity which are discussed above.

3.5.5 Authenticity

Polit and Beck (2012:720) defines 'authenticity' as the extent to which a qualitative researcher fairly and faithfully shows a range of different realities in data collection, analysis and interpretation.

3.5.5.1 Fairness

The researcher demonstrated fairness by preventing marginalisation of participants through acting affirmatively with respect to inclusion. He acted with energy to include all voices in the inquiry and the chance to be represented in text. By being fairly included in the study, participants were given an opportunity to have their stories fairly treated.

3.6 ETHICAL CONSIDERATION

Ethical considerations were briefly discussed in Chapter 1 (see 1.11). The principles of respect for persons, beneficence and justice (Streubert & Carpenter 2011:61; Polit & Beck 2012:150) will be discussed, as well as the scientific integrity of the researcher.

3.6.1 The principle of respect for persons

Respect for persons refers to the recognition of personal dignity and autonomy which include the right to full disclosure. This regards each participant as self-governing person with capacity to understand information provided by the researcher about the research and then make decision as to whether to participate or not (Streubert & Carpenter 2011:61). Informed consent was obtained from the participants to voluntarily take part in this study. The parents of the pregnant learners were asked to give consent for their daughters to participate as their daughters were not legally competent to give consent on their own due to their ages (Liamputtong 2009:35; Strode, Slack & Essack 2010:247; Strode & Slack 2011:69). To obtain informed consent, participants were fully informed about the process of the research, the research problem, the purpose and objectives of the study, and the benefits thereof. They were allowed to ask questions for clarification where they did not understand or needed more information.

The researcher maintained privacy and confidentiality of the information that participant shared by conducting the semi-structured interviews in a private setting and keeping the transcripts in a locked place accessible to the researcher alone, as suggested by Liamputtong (2009:37). The right to privacy for participants was maintained throughout the study by asking only questions relevant to the aim and objectives of the study. Polit and Beck (2012:156) indicate that researchers should ensure that their research is not more intrusive than it needs to be and that the participants' privacy is maintained throughout the study. To further ensure privacy, the researcher informed participants not to mention their names, their schools' names and the names of any other person during the interviews so that data cannot be linked to the identities of participants in any way, as suggested by de Vos et al (2011:61). To maintain confidentiality, the researcher entered into a confidentiality agreement (See Annexure I) with an independent coder who coded the data during analysis.

The principle of respect for persons also includes the right of participants to withdraw their participation without penalty (Polit & Beck 2012:154). The researcher explained

to participants that they were free to withdraw from participation even after they had signed the consent form and that they would not be penalised for withdrawing.

3.6.2 Principle of beneficence

The principle of beneficence imposes a duty on researchers to minimise harm and to maximise benefits to participants (Polit & Beck 2012:152). The researcher indicated in the consent letter to participants (See Annexure D) that there were no risks involved in participating in the study. During data collection, there were no signs of psychological trauma or distress experienced by the participants that would have required referral for a debriefing session by a counsellor for support. However, the researcher had a counsellor available if debriefing of the participants became necessary as suggested by Liamputtong (2009:38).

3.6.3 Principle of justice

The principle of justice connotes fairness and equity which relates to the participants' rights to fair treatment and their right to privacy (Polit & Beck 2012:154). The researcher ensured that pregnant learners, as vulnerable persons, were not targeted to participate in the study for the convenience of the researcher, but to contribute to a public health benefit. The researcher targeted both rural and urban secondary schools in Limpopo Province to ensure that all participants meeting the criteria were given a chance to participate and to benefit from participating.

3.6.4 Scientific integrity of the researcher

de Vos et al (2011:56) state that researchers have an obligation to the discipline of science in the way they conduct and report research. The researcher obtained ethical clearance from the Department of Health Studies Ethics Committee at UNISA and permission from Limpopo DoBE before commencing with data collection. To further maintain scientific integrity, the researcher followed guidelines for conducting qualitative and theory generating research and also followed guidelines from both UNISA and the supervisors. The researcher further observed the ethical principles of the nursing profession (South African Nursing Council 2013:6).

According to Polit and Beck (2012:596), researchers are data collecting instruments and also create the analysis process; as such, they have to establish confidence in the findings by indicating their relevant experience and qualifications. The researcher is qualified in nursing, psychology and education and has some experience in conducting and supervising research. Credibility is further enhanced by the researcher having a supervisor and co-supervisor who are highly qualified and experienced in nursing, teaching, qualitative research and research supervision.

3.7 CONCLUSION

This chapter discussed the research design and the method the researcher followed in conducting the study. It explained the purpose and objectives of the study, which are in line with the steps of theory generation. Each of the steps, which are the phases of the study, was described in full. The chapter also reviewed measures to ensure trustworthiness and ethical issues.

Chapter 4 will focus on the discussion of the exploration and description of the experiences of pregnant learners, their parents and teachers regarding facilitation of health for pregnant learners attending secondary schools in Limpopo Province. The research findings will be discussed first followed by a review of recent and relevant literature.

CHAPTER 4

RESEARCH FINDINGS AND LITERATURE CONTROL

4.1 INTRODUCTION

Chapter 3 discussed the research design and the method the researcher followed in conducting the study. It explained the purpose and objectives of the study, which were in line with the steps of theory generation. Each of the steps, which were the phases of the study, was described in full. Chapter 3 also reviewed measures to ensure trustworthiness as well as ethical issues.

This chapter will focus on the discussion of the exploration and description of the experiences of pregnant learners, their parents and teachers regarding facilitation of health for pregnant learners attending secondary schools in Limpopo Province. The research findings will be discussed first followed by a review of recent and relevant literature.

4.2 DESCRIPTION OF THE DEMOGRAPHIC PROFILE OF PARTICIPANTS

All 25 participants were Africans, and 24 of them had Sesotho sa Lebowa as their home language while only one had Afrikaans as home language, but they could all understand and speak English. Thus, all interviews were conducted in English. Ten pregnant learners, ten teachers and five parents participated in the study. All the pregnant learners were single females between 13 and 19 years old. Of the five parents who took part in the study, four were females while only one was male. All five parents were employed. Six of the ten teachers were females while four were males. The demographic profile is summarised in Table 4.1.

TABLE 4.1: Demographic profile of participants

PARTICIPANTS	MALE	FEMALE	POPULATION GROUP	TOTAL
Pregnant learners	0	10	African	10
Teachers	4	6	African	10
Parents	1	4	African	5

4.3 FINDINGS OF THE STUDY

Data analysis yielded six themes and eleven categories which are similar for pregnant learners, their parents and teachers, thus they are reported together. Charlick et al (2015:52) suggest that the results section begin with an overview or a summary presented as a table or a diagram of the themes found, as such, the themes are summarised in Table 4.2. The purpose of this summary is to help readers to gain sense of the whole findings before becoming immersed in the details of the individual themes. Each theme is then explained and supported with verbatim extracts from the transcripts to represent the voices of pregnant learners, their parents and their teachers. The findings of the current study indicate a need for facilitated social support for pregnant learners so that they can attain health and continue to attend school. Teachers and parents also need support to enable them to cope with the challenges of teaching and parenting pregnant learners.

TABLE 4.2: Summary of the themes and categories of experiences of teachers, learners and parents regarding facilitation of health for pregnant learners attending secondary schools

THEMES	CATEGORIES
Identification of pregnant learners	1. Acknowledgement versus secrecy 2. Acceptance versus stigmatisation 3. Open communication versus avoidance
Continuation of pregnant learners' school career	1. Continue to attend school 2. Drop out of school
Dilemmas related to school-attending pregnant learners	1. Learner-situated dilemmas 2. Teacher-situated dilemmas
Support of school-attending pregnant learners	1. Access to healthcare services 2. Supervision 3. Accommodation without unfair discrimination 4. Support from teachers or parents (emotional or instrumental)
Communication and cooperation between teachers and parents	1. Positive communication and cooperation 2. Negative communication and cooperation
Gender in pregnancy caretaking	1. Females expected to take care of pregnant learners 2. Males exempted from taking care of pregnant learners

4.3.1 Theme 1: Identification of pregnant learners

As from the year 2000, pregnant learners have been encouraged by the DoBE to continue attending school so that they can benefit from schooling. As a result, there is an increased presence of pregnant learners at secondary school premises these days compared to prior 2000, when pregnant learners were being expelled from school. From the findings, the teachers, parents and learners became aware of learners who were pregnant. Teachers kept a record of all pregnant learners identified. This theme will be discussed under the following categories: **acknowledgement versus secrecy, acceptance versus stigmatisation, and open communication versus avoidance.**

4.3.1.1 Acknowledgement versus secrecy

In this study, some of the pregnant learners were open about being pregnant while others preferred to keep it secret. Also, some teachers encouraged pregnant learners to be open about their pregnancy while others urged pregnant learners to hide their pregnancies. A pregnant learner may inform her parents about her pregnancy, but the parents would not report the matter to the teachers. In some cases, a teacher may be aware of the pregnant learner and not divulge this information to other teachers and learners in the school, as shown by this quote from a pregnant learner:

“...firstly I told my mom at home and then I asked her to ask the principal if I can come to school and the principal agreed, but he said if I come to school I must always wear a blazer so that the stomach does not show and people cannot not see. If you wear a blazer, yah (yes), so, and then I went to school and attended the class but the teachers didn’t know that I was pregnant”.

Some pregnant learners accepted that they were pregnant but attempted to hide it from their parents and teachers:

"I knew after two months that I was pregnant and I didn't want to tell her, but by the look of her eyes I could see that she already knew but she didn't want to tell me or she wanted me to tell her first".

Another said:

"I got pregnant on October and my parent found out on February the following year. My mother found out in February and my teacher in April. I remember it was on the 16th"

A teacher said this about a pregnant learner who tried to hide her pregnancy:

"...what make me believe that learner is indeed pregnant was the fact that she was always wearing the Dri Mac (a type of jacket) and even if it was not cold.... she was like hiding that pregnancy".

Another stated:

"...through putting in this so called Dri Maceither it is hot or cold, that particular learner will continue to put on that particular garment, trying to hide that physical appearance, sometimes some kids would not even let you start... they would even go to an extend of going beyond that 9 months,you notice when she is about to deliver... at one stage when we started somewhere in 2008, we had such a case whereby we didn't even notice a learner was pregnant and she hide it within herself..."

Another teacher discussed learner attempts to hide their pregnancy:

"There are some who I don't know whether to say they are strong or they are lucky because they can hide their pregnancy, never become sick and we only discover when the extended tummy is visible. That is where we then realise that this learner is pregnant. And some when their parents become aware that she is pregnant they would advise her on how to hide her pregnancy so that people may not be aware".

A learner tried to conceal her pregnancy from her parents, but they eventually discovered it on their own:

“So I discovered on my own that my daughter is pregnant, I discovered one day that she has silver stripes, these days pregnancy is not easily visible because kids can cover themselves, so one day I saw her in passing that she has silver stripes and I confronted her. She tried to explain but I could see that she was pregnant. I realised that she was pregnant “.

Another parent discovered that her daughter was pregnant through the daughter's change of behaviour. The parent related the experience as:

“Ok, when my daughter started being pregnant, I didn't become aware initially. I started noticing the way she responds to me when I talk to her, she was displaying some disrespect and I became quite surprised. After 2 months she told me that she is pregnant.”

4.3.1.2 Acceptance versus stigmatisation

Teachers, parents and learners accept the existence of learner pregnancy in the secondary schools as opposed to showing their disapproval. Teachers and parents were disappointed when they found out that a learner was pregnant while still attending school but they ultimately accepted it as shown by this quote from a learner:

“...my parents were also disappointed and I remember my teacher telling me that she didn't...like she didn't even think about me getting pregnant while I was still at school, and I remember my parent, my mother didn't speak to me for a week. She would go to work and when coming back she would come into the house and talk to my sister only, and to my younger sister. She would not greet me and it was the most painful thing because I love my mom. It took time but at the end I was ok, she was ok, she accepted that I am pregnant, there is a baby coming into the house and there is nothing she can do”.

Another pregnant learner shared this experience:

“...parents were very, very disappointed, so bitter, so angry, and my mom she didn’t want to talk to me, not even look at me. She said I was disgusting and disgusted her. It was, it was very bad, my mom at some point she took me out of the house and told my uncle that I don’t want this child anymore and I didn’t expect her because she wasn’t expecting me to do that but she became ok.”

Shame, disgrace, dishonour and humiliation are the synonyms of stigma. Pregnant learners indicated feelings of shame, embarrassment, humiliation and loss of respect from parents and teachers. Pregnant learners expressed shame and embarrassment, as these quotes show:

“Being pregnant while at school is not a solution, it is nothing; everything, everything just stops, your career, your eh, eh...people won’t respect you in the way they used to do because you disappointed them, parents won’t look forward toward what they dreamed before because they don’t trust you anymore”.

Another pregnant learner said:

“It was too embarrassing like eh.... Having that bump....”

Another pregnant learner was shy as she felt she has disappointed her parents and teachers, and this is the experience she shared:

“I was very shy, of what people would say, of what my parents would say, of what my teachers would say and I was very disappointed”.

Although teachers, parents and other learners accept pregnant learners, they would at times stigmatise them, as this quote from a teacher shows:

“... you are 16 years old or 17 years of age... there you are with your tummy this big and then the rest of the class...these kids they can embarrass one,

they can mock one, so you can imagine the emotions that this child goes through for being pregnant at school, although they put up a brave face but it is affecting them”.

Another teacher shared:

“...another thing is that they feel humiliated among their peers...they are obliged to put on the school uniform and then the skirts or the pants are tight and they are just funny... every time, other learners are staring and no one will have confidence when other people keep on staring at you”.

A parent suggested that pregnant learners should be separated from other learners who are not pregnant by having a special school for pregnant learners as a way to show disapproval of their behaviour:

“These days many learners are pregnant, so if they have their own school the community will see that this side we have learners who are virgins while that other side we have learners who are parents already”.

4.3.1.3 Open communication versus avoidance

Teachers, parents and pregnant learners talk openly about pregnancy to make others aware of its existence, but there are some instances where there are attempts to avoid talking about it. One learner openly approached her class teacher and told her that she was pregnant, as shown by this quote:

“I told my class teacher before she could see me”.

In another case a pregnant learner, parent and teacher talked openly about the pregnancy:

“My teacher asked me about my mom if she knows, I told my mom and my mom said I must tell my teachers at school about my situation because she

(my mother) is not fulltime at school so my teachers should know as I am with them. So I told my teachers, I told one specific teacher”.

A parent who supports open communication said this about her pregnant daughter:

“She went to a teacher who is handling issues of pregnancy; there is one such teacher at school, so she went to her and told her that she is pregnant”.

Teachers also talk openly amongst themselves about pregnant learners as revealed by this quote from a teacher:

“We just talk and....make others to just be aware that this child is pregnant. So you just make other educators aware that this child is pregnant so that they should know when they are dealing with her ...”

There are circumstances where people avoid talking about pregnancy, as this teacher indicated:

“As soon as I have referred her to the relevant teacher, we normally don’t talk about the pregnancy, no.”

A learner also revealed how she avoided talking about her pregnancy:

“Then at lunchtime he called me and ... asked me what’s going on, and then I lied, I said I just ate a lot...too much Zimbos (potato chips) and I didn’t eat breakfast, but then he saw that I was lying, he just said it’s ok”.

Another said:

“They just ask and you might even lie and say you are 8 months even though you are 7 or 8 so that no one is coming to school. They must also ask for eh...eh...clinic card to see if you are really telling the truth”.

4.3.2 Theme 2: Continuation of pregnant learners' school career

Teachers and parents are aware of the constitutional right of pregnant learners to continue attending school so they are not disadvantaged by pregnancy. This theme will be discussed under the following categories: **continue to attend school** and **drop out of school**.

4.3.2.1 Continue to attend school

Teachers and parents are aware of the constitutional right of pregnant learners to education as shown by this quote from a parent:

"They (pregnant learners) cannot be expelled, these days our government says young girls should be educated".

A teacher concurred by saying:

"...consider the learner's right to education, Section 29 of the Constitution, I think we need to consider it so that we cater for the needs and the interests of this pregnant learner".

Another teacher further said:

"There is nothing we can do, like saying we expel this child from school today. They say she has the right to education.... they realised that some people when they fell pregnant and went home, they never come back to school and ultimately the Black population end up uneducated because there was a mistake that led to pregnancy, so they want to prevent that".

Pregnant learners also find it necessary to continue attending school so they can get an education which will assist them to prepare for the future.

One learner said:

"I would say... all pregnant learners should go to school no matter what, no matter what the consequences, they should go to school. Ja (yes) pregnancy is something that wouldn't close your doors to success".

Another pregnant learner who wanted to continue attending school indicated that it was painful when her parent and her teacher agreed that she should stop attending school due to complications of her pregnancy:

"And then my mother said I must not go to school anymore and the principal agreed with her, they took my books and I went home, but it was the most painful thing. Every time when I wake up I see girls of my age wearing a school uniforms crossing the road going to school and then here I am with a big tummy, small as I am, so it was not good at all".

Pregnant learners should attend school until they go to deliver and continue attending after delivery. A learner said:

"Until my 9th month, I delivered this week on Wednesday and then the following week on Monday I came back".

Another said:

"I didn't have to leave school, I always came to school every day...making sure that I come to school until I delivered my baby".

There is a feeling amongst some teachers, parents and pregnant learners that pregnant learners should be allowed to attend school until a few months before delivery, while others feel that attendance should continue throughout, if the pregnant learner does not experience serious health problems.

This is what a pregnant learner said:

“I think if you don’t have problems you must be allowed because coming to school when you are pregnant is not a bad thing”.

A parent supported this view by adding:

“When she has no illness anywhere in her body I have no problem because I know that if she has no other illnesses there is nothing that she will bother the school with”.

A teacher, who felt one pregnant learner had serious health problems, advised her parent to take her out of school. She relayed:

“So I asked the father: can’t you just allow this child to leave school and spend this whole year delivering well at home, resting well, taking care of the baby then she will come back to school next year?, and then he agreed”.

4.3.2.2 Drop out of school

Despite what the DoBE says about pregnant learners continuing to attend school, there are some teachers and parents who feel that pregnant learners should not continue attending school.

A teacher revealed their feelings by saying:

“I really don’t want us to have pregnant learners in school, my wish, is that as soon as the child is pregnant, let the child be removed from school, and stay home, finish the whole process then the parents can apply again. If the child was doing a certain grade, let the child stop, go home and finish the whole baby thing. It is just not nice to have a child with a big tummy walking around the school. It is just not a good situation according to me but the department won’t agree as they say she has the right to education”.

A parent said:

“Immediately when you realise that your child is pregnant as a parent you must just stop her because it is going to be a difficult situation at school, for her to be on a safer place she must just remain at home, until she delivers and then stay at home the rest of that year.”

Another parent said this about the school environment being able to accommodate pregnant learners:

“It is not good for a pregnant person... and it has never been and it will never be”.

4.3.3 Theme 3: Dilemmas related to school-attending pregnant learners

Learner pregnancy poses a dilemma to teachers and pregnant learners. If pregnant learners continue attending school they will complete their schooling and become educated, but at the same time it holds health risks for them. If, on the other hand, they stay at home the health risks are less but their learning is fragmented. If teachers attend to the pregnant learners' rights to continue attending school, it might end up encouraging or appearing to approve pregnancy among learners. As a result, both options have advantages and disadvantages that make it very difficult to choose the best course of action. This theme will be discussed under the following categories: **learner-situated dilemmas and teacher-situated dilemmas.**

4.3.3.1 Learner-situated dilemmas

School progress and **health risks** are learner-situated dilemmas. **Rights versus responsibilities** will also be discussed in this section.

- **School progress**

Parents and teachers are both concerned about the impact of pregnancy on the school progress of pregnant learners. In this study, a parent concerned about the impact of pregnancy on her daughter's school progress said:

“That pregnancy is affecting her studies because she is tired most of the time.”

Another stated:

“It happens while we were expecting that she will progress with education; she does not focus anymore in class as she now focuses on her pregnancy. I feel disappointment realising that her exam results are going to be bad. She was just lazy with everything she was doing.”

Teachers have shared their experiences with pregnant learners’ school progress in these ways:

“...they are not even active in class. Most of them do fail. And they fail.... below my expectations.”

Another said:

“First they cannot study well; they cannot study because pregnancy is tiresome. So you cannot study well, you feel tired; you are always feeling sleepy so...they don’t perform well, so pregnancy itself is disturbing”.

- **Health risks**

Pregnant learners, parents and teachers perceive threats to the health of pregnant learners and their unborn babies. A pregnant learner shared concerns about her health and the health of her unborn child, this way:

“What if something happens while at school? We children we run outside, maybe you find that there is a fight here at school, what if we run on to them and they fall, so I think they have to come to school until seven months or maybe six months because some children...seven months, they have to stay at home”.

Another added:

“When coming to eight months and half and ja (yes) the last month, I think they should take leave, ja (yes) because, eish anytime complications may happen. When you are at school, nobody would care to help them. So I think being at home would solve everything and make things better”.

A parent said:

“It was difficult for me and I did not feel comfortable wherever I was as I was afraid something might happen to her while at school, if one is pregnant, many things... at times one is pregnant and is not aware or not sure about counting of dates and they did not tell her how far she is... So many things can happen. When one is pregnant there are some complications”.

Another parent said:

“Let’s say labour starts while the child is at school and the baby has to be born, people experience labour differently. What if the learner is in labour and keeps quite (does not report) and keeps walking to the toilet and back until it reaches a time where..., before a person delivers many things happen, there is breaking of waters. By the time they reach the hospital... will they use newspapers to wrap the baby? Or will they wrap the baby with her (learner) school uniform? It (school environment) is not good for a pregnant person... and it has never been and it will never be”.

A teacher stated:

“You find that... you see that this learner is no more walking right; you see that this pregnancy...this learner is just due but the learner is forcing to write trials, right now we’ve got a learner who was writing trial and she has delivered and before the body can recover the learner is now back to sit for the examinations, thereafter the learner will be complaining for the rest of her life of the backache”.

Another concerned teacher said:

“You will never know or predict what might happen when the child is in that state, she can deliver there and she is not aware of that herself as it is her first pregnancy”.

Pregnant learners and teachers are concerned about the impact physical activity can have on the health of the pregnant learners and their unborn children when they play, move between classes and during exercises that are part of their lessons.

A learner said:

“My class teacher, the LO (Life Orientation) teacher told me that I must not do them (exercises), because I might harm the baby...in some way, so I didn’t participate”.

Another said:

“...during my life orientation subject, eh... my teacher got to separate me with the other children, so they had to treat me special because they were so scared that maybe I might have an accident while I was practising”.

A teacher from a school that has two-storey buildings said:

“We know that learners are active, they’ve to attend this class upstairs, come down, attend this class downstairs. As they make their movements, their due dates change from what the nurses say, they give birth before time”.

Another teacher said this about the possibility of something bad happening to the pregnant learner during physical activities:

“In Life Orientation, especially on the physical activities and training, we cannot engage that kind of a learner because it may endanger the health aspect of that particular learner; so that at the end of the day, maybe she may

experience a miscarriage due to such kind of activities. Normally we give them more responsibilities like umpiring, like eh keeping the scores, all this things...not fully engaging them on the active part of it."

Several teachers indicated during interviews that they are not health professionals and, as such, are not competent to identify physical activities that pose risks to pregnant learners. Thus, they fear something damaging happening to pregnant learners as a result of their physical activities at school.

- **Rights versus responsibilities**

There is a dilemma posed by learners' rights to education as opposed to making them responsible for their decisions and actions. A parent, who feels that a pregnant learner should be made responsible for her actions, said:

"I am saying when a learner falls pregnant she should be disciplined by saying she must stay home. Otherwise she will know that even if I fall pregnant I will continue with schooling, fall pregnant again and even get social/child support grant. So they should stop them from attending school and make them stay at home... they will come back once they have delivered".

Another parent told her daughter, who just gave birth to a premature baby, to negotiate for her return to school on her own, but the principal told the learner to take care of the baby instead of returning to school:

"Then she went to talk to the principal alone after giving birth and the principal said she should not come to school but should look after her baby as she was born prematurely at six months".

A teacher who is baffled by the learners' rights versus their responsibility said:

"I think the learners have been given so much rights, they end up in a position where they are not able to utilise them fruitfully so. They think whatever they are doing is their right to do it and unfortunately it becomes too disadvantageous to a girl child whereby the girl child as the one who is

carrying the baby she ends up being given the entire task to herself unlike the boy child. I think the rights given to these kids make this issue more problematic like the way it is”.

The teacher further recommended that pregnant learners should be made responsible for their actions by being suspended from school:

“A suspension that would make them feels, the suspension from school...that is the only way. If a child falls pregnant, that child be suspended from school for two years. It is quiet lengthy but it will work as a measure for somebody who is not pregnant at that moment because you wouldn’t want to find yourself in that situation”.

4.3.3.2 Teacher-situated dilemmas

Teachers have indicated a lack of skills to facilitate the health of pregnant learners and they will benefit from training in the facilitation of health for pregnant learners. The primary role of teachers is to teach and if they receive training in the facilitation of health for pregnant learners, they will have additional responsibilities that may lead to role confusion. If they refuse training in the facilitation of health for pregnant learners, as some have indicated, they will continue to face uncertainties as they have pregnant learners at their schools. **Burden and role confusion**, as well as **competency and training**, are dilemmas that are present in the lives of teachers in secondary schools attended by pregnant learners.

- **Burden and role confusion**

The presence of pregnant learners at a school adds an additional burden to the role of teachers. Teachers find themselves looking after pregnant learners at their schools and this duty concerns them. There is role confusion as teachers, parents and pregnant learners indicate that teachers’ role at school is to teach, but the presence of pregnant learners creates an additional role for teachers and becomes a burden to them.

Pregnant learners are aware of the additional burden on their teachers, as these quotes show:

“The teachers can’t teach you and again take you to the hospital, they are always busy; the teachers cannot leave many learners behind in class and look after me alone”.

Another learner said:

“teachers came here to teach us, to give us better education, and we come with eh, eh, burden to them because we... giving birth is not something that you could do at a school, that is why I am saying there should not be a person who is pregnant at a school. If now you are going to deliver and the teacher, the female teachers don’t know anything about eh, helping a person to deliver a baby, maybe the ambulance is taking too long and the baby is already coming out, you see this is the trouble that we are getting our teachers in”.

A pregnant learner who is aware of the burden placed on teachers, but who wants to continue with schooling, said:

“When I was so close to giving birth there must be someone close to me who must look after me because the teachers can’t do that job because they are busy teaching. So I had to bring my sister to school to look after me until I go home”.

Parents are also conscious of the burden on teachers, as one said:

“We are burdening the schools with our pregnant children. They (teachers) may not have time for that, special time... and then tomorrow we then see them as uncaring people”.

Another parent stated:

“They cannot teach the kids and at the same time take care of a pregnant person for things like miscarriage, it is not the teachers’ duties to take care of such things, they are taught to be teachers to teach children to read and write and understand what the school is teaching them, not to be pregnant. So that one is not their problem”.

Another parent, who is also cognisant of this burden, said:

“These days it appears teachers are there at schools to take care of pregnant learners”.

Teachers complain about the additional workload brought on by pregnant learners:

“...give educators a burden, yes we understand that they have to be at school but we have a problem that educators themselves have a lot of work already related to teaching and administration. And another thing is that we are also parents to the learners, we are their parents on other issues as I mentioned before that we teach learners in totality. Learners have problems, minor problems and so forth... and social problems, problems at home which they sometimes share with us.... so we become their parents. But then when there is this issue of learner pregnancy and they make it the responsibility of the teacher, so then it adds workload”.

Another teacher said this about their role at school:

“Our responsibility is just to teach, not to be midwives”.

- **Competency and training**

Teachers indicate that they are not competent to facilitate health for pregnant learners as they have not been trained. A teacher said:

"I am not trained in dealing with...pregnant people...and in taking them through exercises".

Another said:

"If something happens, the teacher can end up being charged or being arrested that you were unable to assist this child until this thing happens. If it should happen that she delivers in front of me, as a teacher I know nothing, then but someone must account so it is going to end up the person who was closest to the event being held accountable even though the one who was next to the scene is not trained".

Another teacher claims:

"We are only trained as teachers and we are not trained as nurses or health professionals".

A parent, who supports the practice of parents accompanying their pregnant daughters to school as teachers are not competent to facilitate health for pregnant learners, said:

"Teachers were right because they are not may be err...they were not taught on how to look after the pregnant children, how to handle the pregnant children or teenagers"

There are different opinions among pregnant learners and teachers on whether or not teachers should be trained to facilitate health for pregnant learners. This difference of opinions could be attributed to the difference in the understanding of the parental role of the teacher. A learner, who is against the training of teachers on the facilitation of health for pregnant learners, said:

"I don't think teachers should be trained for that because teachers should do their work...."

A teacher who supports the need for training in the facilitation of health for pregnant learners said:

“I think the Department, the National Department of Education has an obligation... must train the educators, more especially the female educators, the midwifery course. Even if it cannot be a full time course but if they can do it on a part-time basis, just to have little knowledge of how to assist a pregnant learner. So if the educator is trained to do that job, I think the learner will be helped and won't have problems.”

Another said:

“They should workshop educators about how they should handle pregnant learners and when labour period has arrived how the learner should be handled”.

Other teachers are opposed to receiving training in the facilitation of health for pregnant learners, and this is what one said:

“As educators we do not wish that eh.... there be some training or anything that will make us get involved with assisting pregnant learners, no, we do not want that”.

Another stated:

“We have got a sickbay here but how to deliver a baby none of us knows, none of us knows and we have never been trained and we cannot be trained for that because we are not midwives, I think even the union (teachers' union) will be against it”.

Some teachers indicated that there has been some training for two teachers at their school, but it focussed on how to encourage pregnant learners to disclose, to keep records of them, and to encourage them to attend antenatal clinics. This is what one said:

“We do have an educator dealing specifically with that. She has attended workshops so she knows how to deal with that”.

One of the two teachers who were trained mentioned:

“They have workshopped us that we should have a note book, a record, keep a file where we record every pregnant learner here at school”.

The second teacher clarified the purpose of the training they received by saying:

“The education department when we were workshopped, they told us that from seven months, parents are supposed to come to school actually because the child being pregnant at school is not actually our responsibility”.

4.3.4 Theme 4: Support of school-attending pregnant learners

Pregnant learners receive support from their parents, teachers and other learners so that they can achieve health. This theme will be discussed under the following categories: **emotional and material support, access to healthcare services, supervision, accommodation without unfair discrimination and support from teachers or parents.**

4.3.4.1 Emotional and material support

There are various forms of support that pregnant learners get from their parents, teachers and peers at school. A pregnant learner, who enjoyed the support from teachers, said:

“And then after some several months it became good because my class teacher used to advise me. He said that I must always eat healthy food, exercise and follow my clinic, attendance.., appointments. So I did that. Even the principal was good because at first he was like someone I wasn’t used to, wasn’t free talking to him because of my behaviour, I was a naughty girl. Then

he advised me, he asked me if the father was around, if he would be able to take care of the baby”.

Another said:

“Sometimes they will call me and talk to me, sometimes, not all the time. My class teacher but sometimes my principal when he had to see me he would ask about my health”.

A learner, who got support from her parents and teachers, said:

“I stayed for a week at home because my mother was so supportive; I am the only one, the only child at home. I went to school the following week, I was normal, I was normal and strong. I focussed on the school because of the support from the mother and the teachers”.

A parent, who was satisfied with the support that teachers offered her daughter during the time she was pregnant, stated:

“I cannot say she was treated badly; she was having a lot of support from most of the teachers, because I might... my understanding on that is because they are also parents like myself.”

Another parent said this about a particular teacher who supported her daughter during pregnancy:

“When that teacher does not see my daughter at school for some days she will call me, when she doesn’t see her for about two days she will call me and ask where my daughter was”.

Some teachers also acknowledge the support that some parents offer their pregnant daughters so that they can continue attending school. One teacher said this about supportive parents:

“Other parents when they engaged with the principal and other senior teachers they acknowledged that they were let down by their daughter and they will give the child the support she deserves”.

Some teachers are willing to support pregnant learners but are afraid that due to a lack of skills, they will make mistakes and then be accountable, as shown by this quote:

“If ever I try to help the child and she loses the baby and then I will be in a situation where I will be held accountable for the child’s death. So we..., even though we work with them we have fear that if something might happen you will be accounted for what happen”.

Other learners at school also play some supportive roles to pregnant learners when invited to do so. A teacher described the supportive role of peers by saying:

“We do have sickbed then...if the female educator is still busy then we ask the female learners to just accompany her to the sickbed, but it also depends on the seriousness, if you see that this is serious you can’t just say to learners take her to the sickbed, we tell the learners to inform the female educator that it is serious and she must come quickly”.

A pregnant learner described how another learner helped her this way:

“I remember this teacher the other day, it was a male teacher and he didn’t know that I was pregnant. I came late to school that day and there was a punishment. They wanted us to do a frog jump, and I couldn’t do it, like, this friend of mine, she was my best friend, she quickly came out of the class and then called this sir, teacher and then told him “sir I’m sorry to disturb you but my friend can’t do frog jump”. Sir said why because other children are doing it. That friend of mine told the teacher that because she is pregnant and the teacher said it is ok”.

4.3.4.2 Access to healthcare services

This category discusses the opportunities that pregnant learners have to use healthcare services while continuing with school attendance. A pregnant learner said this about the support she received from her teacher:

“I was always informing my teachers and my principal so that they can give me a free day off so that I can go to the clinic”.

Another said:

“I tell my teacher that I am going to clinic today, let me say I will be going on the 25th September I will talk to her and she allows me, and I will come back the following day. I report back to her and they give me the work that they did”.

Parents also mentioned that their pregnant daughters should have access to health care services:

“If she has problems I should rush her to the hospital even if it was at night so that the following day she can attend school without having problems, and if she is admitted in hospital I need to ensure that she gets a letter that I can take to the school”.

Another said:

“She would ask for permission and they did not have problems, she would just ask them permission to go for treatment and treatment is usually once a month. It was not a problem”.

A parent indicated that teachers were supportive of her daughter by assisting her to catch-up with the lessons she missed while attending a clinic for antenatal care by saying:

“When she missed classes due to going to the clinic they would tell her what lessons she has missed and assist her to catch-up”.

- **Incorporation of healthcare into the school**

This subcategory discusses what participants say about their wish to have health care as a part of their school. This means that health professionals and teachers should communicate in order to make it easy for pregnant learners to access healthcare. A learner said:

“They should communicate with the hospitals and clinics and tell them at our school we have such a number of pregnant girls and when each one reaches nine months they must be on standby (ready) so that when we call you can respond immediately. The paramedics, the hospital and the clinics should be alerted”.

A teacher said:

“I think if they could engage those who are from the health department because they do have the expertise so that they could check those learners every now and again. So that they assist them in times of need when they want to deliver, I think that could be crucial in that regard.”

Another teacher stated:

“Now that we are living in a democratic and free society, I think if they could engage midwifery practices within a schooling set up, this could also assist. I think the parliament itself must come out with a bill which will finally come into a legislation, so that they engage this kind of midwifery system into their schools. Like... I heard it over the radio that they are going to do it with the safety and security personnel, to engage them so that they can assist in combating crime in the school”

- **Need for onsite healthcare**

This subcategory discusses participants' expressed need to have healthcare provided at school to avoid pregnant learners leaving school premises to access healthcare. Some learners feel that their access to health services will be improved if health services are brought to the school rather than them going out. A learner put it this way:

"The school must organise a doctor to come see us here at school because, if we, if we are at school we can't see the doctor on Saturday or Sunday because most of them they don't work on weekends. Not all the time but must come and do check-ups so that we can know our status".

Another said:

"I said they must organise a doctor and a nurse. So nurses and doctors should be here fulltime. The department must sort it out, the school department because they are looking after the children...they must pay them".

Another learner, who supports the need for on-site health care, said:

"I think there should be a room with a bed and a first aid kit, maybe with someone with experience there, there should be a person here fulltime who every time he gets out of the house, that person knows where he is going, he is going to a particular high school, being there the whole day waiting for emergencies".

Parents who support the need for onsite healthcare claimed:

"Maybe they can invite some of the nurses during the week. They know that those kids are too small so if maybe the nurses are invited to the school they will be able to see when these girls will be in labour... so I think the best way is to invite the nurses to schools maybe once a week to come and check how far she is. So the nurse will check and give the girls days to stay at home,

maybe five days before she can give birth, she can stay at home or be sent to hospital”.

Another relayed:

“They should get a doctor at every school; each school should have a doctor’s office for checking...now that they allow these learners to continue attending school every school should have a doctor, a doctor and may be a nurse to assist the doctor as well to guard against such things.”

Another added:

“There should be a nurse and a clinic or else when a learner is pregnant she should drop out of school and stay at home”.

Teachers also indicated a need for onsite healthcare. One teacher mentioned:

“I think the Department of Education maybe in conjunction with the Department of Health, must agree on the issue of bringing the mobile clinics to school just to make sure that the learner is 100% healthy. And by so doing, ...I don’t think we shall have problems, I don’t think we shall have so many leaners absenting themselves from school or from classes due to pregnancy because the learner will attend from the first month of pregnancy until the month or until the day on which she will be giving birth, because the nurses will be in the school yard, whatever the leaner want, like to have, the nurses will attend to that.”

Another said:

“If we can have an office here at school with a health worker, so that when..., I believe that if the Department of Education agrees that such children should remain at school, they should also provide means of helping those children. So let them have an office of someone who will be always there at school so that when we have problems with such learners that person can be there to

help. Sometimes they (pregnant learners) won't tell us when they are sick but when there is someone..., knowing that around the school there is such a person they can go without even telling us that they are not well. I think that maybe could be better".

4.3.4.3 Supervision

This category discusses the role of teachers, parents and other adult family members in ensuring that pregnant learners attain health as they continue with their school attendance.

- **Family member as caretaker**

This subcategory discusses the expectations that teachers have of parents and other adult members of pregnant learners' families to take care of them during the time they spend at school. A learner said this about her school principal:

"He asked them (my parents) if they could get someone to look after me while I am at school because anytime I could deliver. So my mother referred him to my sister, then my sister came. She sat with me here at school, if I... may have the pains so that that she can get help from maybe someone at home because she knows everyone. Because the principal said he cannot eh, attend us all the time..."

Another said:

"They told me to come with a parent to look after you because when I was so close to giving birth there must be someone close to me who must look after me because the teachers can't do that job because they are busy teaching. So I had to bring my sister to school to look after me until I go home. She would sit outside the class so that if there is a problem she must be able to help faster. Next to the class so that when I have a problem they can call her faster to come and assist me. She comes with me in the morning at 7:00 when I come to school and she goes home with me but she came during the

time when I was writing (examination), if I was writing at 9:00 she comes and when I bath she would also bath so that she can come with me to school.”

Another relayed:

“They say if you are eight months you must come with your parents, because you might give birth here at school. Then they (parents) sit there and when you feel like giving birth then they take you to the hospital because the teachers cannot leave many learners behind in class and look at me alone”.

A parent related what teachers told her:

“What they did was only to call me and inform me that when she is seven months you must come and be with your daughter in school. You must be there until she finishes and you go with her because when she is sick we can’t do anything, we are not doctors and nurses here in school. And then I started to send her sister to go with her to school at seven months, because her sister has completed high school, she would sit outside the classroom until they finish, and she would be with her during break and come back home with her afterschool. It went on like that until she goes into labour, labour pains started on a weekend and schools were about to close.”

Another said:

“That teacher told her that there is going to be a period when her parents are going to be expected to accompany her to school as there are no nurses and doctors at the school who will attend to you when you have pregnancy related complications”.

There are parents who agree with this practice of expecting family members to be caretakers, and this is what one said:

“The adult person accompanying her should be the one to attend to her and clean up the mess and take her to where they keep sick learners and ultimately call the ambulance. I agree with this practice.”

Another stated:

“I felt comfortable because her sister is older and she had a cell phone which I loaded with airtime and I told her that she should call the ambulance as soon as she hears her complaining of pains because I too would call the ambulance if I was with her. I am not a doctor; even if she was with me I would still call an ambulance when she starts to report pains.”

A parent, who disagrees with this practice, said:

“That practice is not good where they say a parent should accompany her daughter to school, the parent has many other things to do, and even if she is unemployed she has a lot of other things to do in the house. There should be a nurse and a clinic or else when a learner is pregnant she should drop out of school and stay at home”.

Regarding the expectations of the school that family members be caretakers, a teacher said:

“The parents must come to school to monitor the girl on a daily basis. The parents come to school each and every morning...with the learner, when the learner come to school, the parents come with her and they wait for her in the office until break. If its break time, the parents must sit down with the learner, until after school, until knock off time”.

Another said:

“When a child is pregnant, the parents must be at the school every day or someone if the parents cannot come, they will send someone who will be at the school gate every day at the security gate to sort of, to be on guard.”

One teacher indicated their reason for expecting family members to be caretakers this way:

“It’s something that was mentioned by the department that when the child is pregnant the parent must be at the school to guard against anything that can happen to the child. So in that situation, here at school when we know that so and so and so’s granny or aunt or mom is at the gate, if you happen to see that the child is uneasy, looks sick, then we call the aunt”.

- **Female teacher as caretaker**

Some learners feel that female teachers, rather than parents, should take care of pregnant learners during school hours. This is how one put it:

“I think any teacher can do that, some have experience. They are mothers; I think they should know that as pregnant people what do we need”.

Another said:

“They should have a separate room for teenage pregnancy, for teenage learners like when they are experiencing something they should be alone in the room accommodated by female teachers as we don’t really feel comfortable talking to male teachers, there are some teachers that are competent as some of them have children”.

A learner, who did not specify the gender of the teacher she expects to act as caretakers of pregnant learners, said:

“I think it is very important for teachers to look after pregnant children at school because anything can happen any time. I don’t think many parents can come to school with their pregnant children as some have to go to work. I think there must be a particular teacher who looks after pregnant children because if someone is in need of emergency care they must call the ambulance or something”.

A parent, who expects female teachers to take care of pregnant learners, said:

“A teacher can take care like a nurse”.

Another parent, who feels female teachers should use their parenting experience, said:

“Teachers are parents, so maybe somehow they can help her. I think if they see any problem I think they can help her and after that they can contact me.”

Some teachers also expect female teachers to supervise pregnant learners. A teacher relayed the expectation this way:

“We have the emergency kit here at school, which is well equipped; if it can happen then... the female educators will be able to assist even if they are not competent”.

To show the role played by a female teacher in the supervision of a pregnant learner, another teacher stated:

“...the female educators were there to assist when this particular learner was about to deliver”.

Another teacher related the female teachers' role in assisting pregnant learners, this way:

“We quickly go and ask the female educators to come and help, we have two female educators appointed to help (pregnant) learners”.

Some teachers expect the Department of Education to empower female teachers with skills to supervise pregnant learners. One of the teachers said:

“I think ...the department, the National Department of Education has an obligation... must train the educators, more especially the female educators,

the midwifery course. Even if it cannot be a full time course but if they can do it on a part-time basis, just to have little knowledge of how to assist a pregnant learner”.

4.3.4.4 Accommodation without unfair discrimination

This category discusses ways in which teachers accommodate pregnant learners at school. Teachers treat pregnant learners differently from other learners, but this treatment is in the best interest of the pregnant learner and her unborn child. Accommodation without unfair discrimination means that an arrangement is made that pregnant learners will be treated differently from other learners, but such treatment will not disadvantage them. This is how a pregnant learner expressed the treatment she received from her teachers:

“Life Orientation, during my life orientation subject, eh... my teacher got to separate me with the other children, so they had to treat me special because they were so scared that maybe I might have an accident while I was practicing”.

Another expressed it this way:

“...sometimes we go for PET, physical exercise and when they exercise I don't do because I can't jump. They won't give me marks, maybe if people go for PET they would give me something to do like drawing or reading an essay and I explain it later in class”.

Some pregnant learners felt they were discriminated against although the discrimination was for their benefit. A pregnant learner who felt discriminated against said:

“They were excluding me, maybe they would say when they were doing exercises like jumping and push-ups they would say ‘you no no... Don't do that, you can sit on my chair and watch others’; that was not nice, it wasn't good because I would miss participating, I wanted to do that”.

Another stated:

“That part, as a learner, when other learners are doing something, you want to take part. Because in PET you relax and learn, it is educational and fun. But the fact that she would allow me to sit there and not take part made me happy because she acknowledge that I am in this state, I can’t do this and I can’t do that”.

Parents also indicated that their pregnant daughters were accommodated without unfair discrimination. One parent said:

“No, they did not say to her you are a learner just like other learners. When she missed classes due to going to the clinic they would tell her what lessons she has missed and assist her to catch-up”.

Another parent indicated that her pregnant daughter was treated like other learners and was not given special treatment. This is what she said:

“I never heard her complaining that they ever hurt her, she was being taught like other learners, she was not special, she was not being discriminated against, and she was just like other learners in the class. Teachers were just doing their role of teaching learners. She never complained to me about anything related to the school”.

One parent explained how her pregnant daughter was accommodated after missing some examination papers due to giving birth:

“Friday morning I went to school and told the principal that I came to request that my daughter be allowed to continue with examination on the remaining subjects. Then the principal said he will call the examination committee and will explain to the committee that the child’s parent came and so forth and so forth... I waited at the school and the principal called the exam committee, they discussed and did not have a problem with the request. The principal came back to me and informed me that the committee said she can continue

with the exam. He asked when will she be able to come and I said she will come next week Tuesday”.

A teacher expressed how they accommodate and fairly discriminate against pregnant learners this way:

“I will just tell them that they mustn’t do anything that they uncomfortable with. I had one learner in that grade who was not comfortable with the body warm-ups and I just told her do whatever you are comfortable with and the rest don’t do them. So sometimes when we have lessons outside the classroom she does not even come so I don’t have to tell her to come because I do understand. So at the end, I am not treating learners the same”.

Another relayed:

“You just try, to make the best out of the situation. You cannot say to her that because you are pregnant you don’t do that. You will just say maybe...those who are running...she should be next to you, help you to check who is running and who is not running...it is because she cannot run with them, when they are playing soccer she cannot play with them because...even if she wants to as a child, you have that fear of what if something goes wrong”.

Another said:

“I am Life Orientation teacher, so now there are physical activities that the learners are engaged into and that serves as part of their pass mark. Now there are simple exercises that a pregnant girl can engage in. ‘Cause if ever let’s say the girl will play netball and when they are running around then she fell, now still I must make sure that there are precautions in place that if she plays this sporting activity, this might be the danger for her, now I need to check if there are any other simpler activities that cannot harm her or the baby in anyway”.

A teacher, who has the responsibility to take care of pregnant learners at school, advises pregnant learners on how they should conduct themselves at school. This is what she said:

“As they change classes, you know they don’t stay in one class the whole day, they move from one class to the other. So normally when they report to me that they are pregnant: I check the period in which they are, if they are five months or four months, start to conscientise them on what is still to come, seven months down the line possibility is that the baby can be born, so as they are moving up and down the body is active, so that pushes down the baby. As we were told at antenatal classes that when you move around, when you do exercises it helps the process of getting the baby delivered at the end of the day. So they need to be very careful, they mustn’t find themselves running around like any normal girls around the school yard. So I make them aware that when you move around, that has an effect on the baby.”

4.3.5 Theme 5: Communication and cooperation between teachers and parents

This theme discusses the interaction that teachers and parents engaged in about pregnant learners who continued to attend school. It will be discussed under the following categories: **positive communication and cooperation** and **negative communication and cooperation**. Learners related some communication and cooperation between their parents and teachers.

4.3.5.1 Positive communication and cooperation

A pregnant learner discussed the communication and cooperation between her parent and her teacher by saying:

“And also asked me to bring my parents at school so that he could talk to them. So he then..., I told my parents and they came”.

Another said:

“My mother came here and requested that I should come to school so that they, I could not be deregistered...and then thereafter I continued with schooling”.

Another learner related it this way:

“That female teacher asked for my mother’s contacts so that she can call her sometimes and to check upon me, yes, then I gave her...my mother would just call that teacher and I would hear from that teacher that your mother called in the morning and asked did you get to school well. She was communicating, most of the time she was communicating with that teacher”.

Some parents feel that teachers and parents have a joint responsibility to support pregnant learners, thus they initiate the communication process while others wait for teachers to initiate the process. Parents related their experiences of cooperation and communication from teachers in various ways. One parent, who initiated communication with teachers, said:

“I went to inform her LO teacher. When that teacher does not see my daughter at school for some days she will call me, when she doesn’t see her for about two days she will call me and ask where my daughter is. Then I would respond and inform the teacher about my daughter’s condition”.

Another said:

“What I did, I went to the school and speak to the principal and what the principal said to me was that I cannot say this child mustn’t come to school but the only thing that you can do as a parent, you must make sure that on the last month this child mustn’t come to school”.

Another parent feels that teachers should initiate communication and cooperation with parents, and said:

“I never went to talk to them (teachers); I waited for them to talk to me because it is this daughter who is at school and interacting with the teachers”.

Some parents experienced a lack of communication and cooperation from teachers relating to their pregnant daughters. This is how one parent described her experience:

“At school they did not say anything. They don’t talk to parents, they don’t communicate with us. When my child was pregnant, the school never said anything to me. The problem with schools is that they don’t tell us parents anything about our children; it is as if they say parents will see what to do”.

Another parent did not communicate with teachers about her pregnant daughter as she felt her daughter should take responsibility for her own pregnancy. This is what she said:

“I did not bother to go to see her teachers at school as I said to her that she decided she wanted to be a parent so she had to fulfil that role. I told myself that she now has a child and feels she is an adult so I let her handle everything herself related to going back to school. I actually gave her a test: if you are serious about going back to school you have to go and talk to the principal alone but if you are not you can remain here at home”.

Teachers expect positive communication and cooperation from the parents of pregnant learners as they share in the responsibility to facilitate health for these learners. This is how one teacher expressed the expected cooperation and communication:

“I think the relationship should be the one where we are able to talk with the parent, let them come. Let them come to school and as we have class teachers who are responsible for classes or grades, so they should come and

sit down with me and tell me that... I should have their phone numbers and they should have mine as well so that we can talk about this learner, the day they see that she is not well today they can talk to me so that I am made aware so that I can inform subject teachers that the learner is not well and will not come to school”.

Another said:

“Parents should be involved; by saying parents should be involved means they must also avail themselves. Because if they don’t avail themselves it is really difficult, some of the parents do have things like medical aids and I think in that regard they will be able to help”.

4.3.5.2 Negative communication and cooperation

A few teachers experienced positive cooperation and communication from some parents while, on the other hand, their colleagues experienced negative cooperation and communication from other parents. This quote from a teacher clearly illustrates her experiences:

“The only thing we do might be maybe to call the parents, let the parents know...are you aware that your child is pregnant? In some instances the parents would say yes we are aware...we are aware... we were still coming to school to inform you, but normally they never come to inform us. They just...even if they are aware that she is pregnant they wouldn’t come. In some instances when you find...you call the parents you realise that really the parents did not know, they were not aware and when you talk to them, it is then that it becomes an eye opener to them to say we were not aware and they start paying attention to the child and then...some parents would keep us updated on the progress of the child, if she is sick maybe...they would call and let us know that she won’t be able to come...she has gone to the clinic, she has a doctor’s appointment.”

A teacher, who experienced positive communication and cooperation from parents, said:

“I have even noticed that in the past, there was this committed parent, that the moment that the child was pregnant, she (parent) was communicating with me time and again until such time that she (learner) was about to deliver. Then she came to take the child away from school”.

Another said this about positive communication experiences:

“Sometimes we are lucky that the parent is aware and the parent comes to notify the school. I had one learner, her mother brought her and she was still in her second term of pregnancy, so she (the mother) came to register and to notify us that she (the learner) is pregnant...sometimes they (pregnant learners) have a tendency of not wearing proper school uniform like shoes, sometimes they get swollen, I would be concerned why are you in your morning shoes, so the parents, they normally come during that kind of a situation, that the child is experiencing pregnancy, feet are swollen and would not be able to put on proper school shoes, to notify us that she is pregnant”.

Some teachers indicated that cooperation and communication with parents are below their expectations. One teacher mentioned:

“I would say the cooperation of the parents is totally not there, it is only better... few of the parents who respond positively when you inform the child that from this month we are expecting you to come with someone so that should you go into labour, that person would be close by and would be able to assist the educators because our responsibility is just to teach, not to be midwives”.

Another said:

“What I’ve noticed is that parents don’t liaise with teachers when their children are pregnant. You only discover when the pregnancy is getting bigger and

bigger, so they never interact with us. I would say we don't have a very good relationship; we have very few parents that are responding positively, we don't get a positive response from some of the parents because you will still find some of the learners coming on their own".

Another teacher said:

"I have never had a situation where a parent comes to school to report to the educators that my daughter is pregnant. Usually it is us educators who would call a parent to inform him/her that we suspect that your daughter is pregnant. It is then that the parent will disclose and say that I too saw that, but parents never come to inform us unless we call them to school".

4.3.6 Theme 6: Gender in pregnancy caretaking

This theme discusses the expectations that pregnant learners, their parents and teachers have about male and female teachers in facilitating health for pregnant learners.

4.3.6.1 Females expected to take care of pregnant learners

Pregnant learners, their parents and male teachers expect female teachers to take care of pregnant learners as they are perceived to understand what pregnant learners are going through, unlike male teachers. This is what a pregnant learner said:

"Female teachers because basically they understand it, they understand it more unlike male teachers. Male teachers they do care but not in the way of, not in that way like female teacher is caring".

Another said this about her expectations from female teachers:

“Even though they are not trained I would say that they have experience in some way because they are the mothers, so...if you are a mother...looking up to a child... nothing is impossible”.

Another said:

“I think schools should have like more supportive systems in terms of female teachers, female teachers...they must always be there. I would suggest that when a girl is pregnant, the girl must go and tell the female teachers and the teachers should know if she is in her first trimester or her second trimester”.

4.3.6.2 Males exempted from taking care of pregnant learners

A learner described her expectations from male teachers on the facilitation of health for pregnant learners as:

“I would say it is hard for a male educator to look up to a pregnant lady because the males are the males and the mothers, you know, the mothers have a lot of experience than the males”.

Another indicated her discomfort of talking to male teachers while she was pregnant and said:

“I suggest that they should have a separate room for teenage pregnancy, for teenage learners like when they are experiencing something they should be alone in the room accommodated by female teachers as we don't really feel comfortable talking to male teachers”.

A male teacher indicated that men do not usually supervise pregnant learners when parents are requested to supervise their pregnant daughters, as shown by this quote:

“...is the female parents and not the father, the father never comes. In fact we just want any parent. Whether father or mother, but usually it is the mother

who comes, because she knows very well about the pregnancy. Men don't know anything and if the child is eh, maybe is in a state, in a certain health state, then we do not understand what is happening and what must we do if the learner is in that situation. But the mother knows very well what to do".

4.4 LITERATURE CONTROL

Charlick et al (2015:49) suggest two approaches to the writing of the results section. In the first approach, results and relevant literature are discussed separately while in the second one, results and literature are discussed together in a single 'results and discussion' section. The current study adopts the first approach in which the themes are presented in one analysis section followed by a separate section devoted to exploring their implications in relation to relevant literature. Streubert and Carpenter (2011:93) suggest that in phenomenological research, a review of literature follow data analysis in order to place the findings in the context of what is already known about the phenomenon and to protect the researcher from being influenced by what is already known about the topic, thus use preconceived ideas to explore the topic. Each of the six themes that emerged during data analysis (see 4.3) will be discussed separately in view of relevant literature.

4.4.1 Identification of pregnant learners

Three categories which are: acknowledgement versus secrecy, acceptance versus stigmatisation and open communication versus avoidance emerged and will be discussed separately.

4.4.1.1 Acknowledgement versus secrecy

Consistent with James et al (2012:191), who report that teenage pregnancy is perceived as morally wrong, a disgrace and a stigma in some communities in South Africa, pregnant learners, their parents and teachers in the current study became embarrassed and felt sad when they identified that a learner was pregnant, leading to the concealment. Ngabaza and Shefer (2013:112) indicate that some schools are intolerant of pregnant learners, thus the reluctance of pregnant learners to disclose.

Mpanza and Nzima (2010:438) also found that pregnant learners do not reveal their pregnancies to their parents and teachers, and this makes it difficult for the home and the school to provide them with social support. Pregnant learners who are open about their pregnancies benefit by accessing social support from their parents, teachers and other learners at school (Ekefre, Ekanem & Ekpenyong 2014:45; Willian 2013:31).

4.4.1.2 Acceptance versus stigmatisation

The Oxford Advanced Learner's Dictionary (2010) defines acceptance as the act of agreeing with something and approving of it, as well as a willingness to accept an unpleasant or difficult situation. Stigma refers to feelings of disapproval that people have about particular illnesses, conditions, or ways of behaving (Oxford Advanced Learner's Dictionary 2010). Some communities in South Africa interpret learner pregnancy as a moral problem; as such, it is shamed and punished (Bhana et al 2010:874).

Several studies support the findings of the current study by indicating that stigmatisation of pregnant learners exists because these pregnancies occur outside of marriage in societies which still regard marriage as the only institution within which sexual intercourse, pregnancy and childbearing should occur (Chemuru & Srinivas 2015:2; Ekefre et al 2014:41-41; Mashishi & Makoelle 2014:375; Willian 2013:31; James et al 2012:193; Yeboah 2012; Kanku & Mash 2010:564; Matsotyana 2010:103; Mpanza & Nzina 2010:432; Chigona & Chetty 2008:268). Achoka and Njery (2012:889) agree by indicating that pregnant learners are stigmatised by their parents, teachers, peers and their communities and as a result, many drop out of school. Similarly, a study conducted in the Western Cape and Kwazulu-Natal provinces of South Africa by Clowes, D'Amant and Nkanu (2012:45), found that some teachers were concerned about the stigma attached to pregnant learners overflowing into their schools, which could result in the school being labelled as "a maternity ward". Vandeyar, Runhare, Dzimir and Mulaudzi (2014:6103) also report that a participant in their study (teacher) indicated that allowing pregnant learners to continue attending school may portray schools as maternity hospitals rather than centres of learning.

4.4.1.3 Open communication versus avoidance

Similar to the findings of the current study that some pregnant learners find it difficult to inform their parents and teachers about their pregnancies, Ayalew, Mengistie and Semahegn (2014) indicated that cultural taboos, being ashamed and lack of communication skills are barriers to open communication between teenagers and adults about sexual and reproductive health issues in most countries. Hyde, Drennan, Butler, Howlett, Carney and Lohan (2013:3444) indicate that there is generally some discomfort related to communication about sexuality and reproductive health between adults and young people in many countries. Chemuru & Srinivas (2015:2) and Ramathuba, Khoza & Netshikweta (2012) indicate that in South Africa, communication between parents and their children on sexuality and reproductive health issues is minimal and not even there in most families due to the subject being treated as cultural taboo.

This theme on identification of pregnant learners indicates that teachers and parents do not find it easy to discern pregnant learners, due to pregnant learners' attempts to hide their pregnancies. Once teachers become aware that certain learners are pregnant, some find it difficult to accept those pregnant learners in school. This theme further reveals that some parents discovered on their own that their daughters were pregnant while others were told directly by their pregnant daughters.

4.4.2 Continuation of pregnant learners' school career

Continue to attend school and drop out of school are the two categories that emerged and are discussed separately.

4.4.2.1 Continue to attend school

All learners, including those who are pregnant, have a constitutional right to education in South Africa (South Africa 1996), and many teachers and parents are aware of this right (Vandeyar et al 2014:6104). The DoBE also prohibits secondary schools from expelling pregnant learners (Department of Education 2002:1; Department of Education 2007:6). Contrary to the findings of this study that pregnant

learners, their parents and teachers found it necessary for pregnant learners to remain in school when they do not have health complications, Ngabaza and Shefer (2013:107,109) report that some schools in Limpopo and Western Cape provinces expelled pregnant learners as soon as their pregnancies became visible, even when those pregnant learners did not experience health problems. Additionally, pregnant learners experience stigma from some schools and communities which makes it difficult for them to continue attending. Timaeus and Moultrie (2015:144) and Maputle et al (2015:113) indicate that South Africa has progressive policies that encourage pregnant learners to remain in school but implementation of such policies is not uniform through the country and does not ensure that pregnant learners remain in school or experience some disruption to their studies.

In one school from the Western Cape Province, pregnant learners are monitored and advised by the teachers to leave at six or seven months and return after delivery, while in another school in the same province pregnant learners themselves decide when to leave and return after delivery, but parents must report the pregnancy to teachers in both schools. Morrel, Bhana and Shefer (2012:2) point out that a school in Mpumalanga Province allowed pregnant learners to continue attending school but insisted that from the 6th month of pregnancy, pregnant learners be accompanied to school by parents as teachers were not prepared to act as midwives.

4.4.2.2 Drop out of school

Honig (2012:181) indicates that some learners decide to get pregnant so they can drop out of school which means that school dropout should not always be blamed on teachers or parents. According to Vandeyar et al (2014:6105) and Bhana et al (2010:876), some teachers perceive pregnant learners as threats to the way they (teachers) want to manage learners in classrooms and, therefore, they (teachers) do not accept them (pregnant learners). This is in agreement with the findings of the current study. Ngabaza and Shefer (2013:108) point out that parents and teachers should discuss the continuation of schooling of the pregnant learner, taking the opinion of a skilled birth attendant into account. Morrel et al (2012:6) indicate that schools, as guided by DoBE policies, can exempt pregnant learners from attending school if it is in the pregnant learners' best interests.

This theme on continuation of pregnant learners' school career reveals that teachers, parents and pregnant learners are aware of the rights of pregnant learners to access education by continuing to attend school, even though some teachers and parents do not accept pregnant learners in the schools for the fact of their pregnancy. Some parents feel that pregnant learners should be expelled from school to punish them, protect them against harm and to protect other learners who were not pregnant against the negative influence of pregnant learners.

4.4.3 Dilemmas related to school-attending pregnant learners

The Oxford Advanced Learner's Dictionary (2010) defines dilemma as a situation that causes problems, often one in which a person has to make a very difficult choice between things of equal importance. Two categories emerged and will be discussed separately.

4.4.3.1 Learner-situated dilemmas

Dilemmas related to pregnant learners include school progress, health risks and rights versus responsibility.

- **School progress**

A study conducted by Clowes et al (2012:37) in KwaZulu-Natal and Western Cape provinces among secondary schools, found that teachers raised concerns about the poor academic performance of pregnant learners that would affect the Grade 12 pass rates of their schools. Pregnant learners, according to the above study, are reported to be performing poorly because they fall asleep in class, took time off to attend clinics for antenatal care and to deliver their babies, while there were no sufficient measures to help them catch-up. Vandeyar et al (2014:6108) concur by revealing that pregnant learners "cannot fully concentrate on their academic work because of psycho-social instability that included feeling ashamed, embarrassed, burdened, isolated, self-incapacitated, hopeless, confused, unconcerned and discouraged at school". Mutshaeni, Mafhara, Mashau and Manwadu (2015:55) concur by indicating that the scholastic performance of pregnant learners is affected by their lack of concentration on school work and frequent absenteeism from class.

Several studies (Panday et al 2009:49; Maholo et al 2009:47; Basch 2011:616; Macleod & Tracey 2010:20; James et al 2012:190; Mchunu, Peltzer, Tutshana & Seutlwadi 2012:426; Gyan 2013:58; Malahlela & Chireshe 2013:146) agree that pregnancy disrupts the schooling of pregnant learners and most of them drop out of school, resulting in difficulty getting decent jobs in the future. Ngabaza and Shefer (2013:109) indicate that in one province of South Africa, the Department of Education expects teachers to ensure the academic progress of pregnant learners by offering them continuous academic assessment, even when they are not at school.

- **Health risks**

The Oxford Advanced Learner's Dictionary (2010) defines risk as the possibility of something bad happening at some time; or a situation that could be dangerous or have negative results. Secondary school learners are teenagers, and studies by Lopoo (2011:200) and James et al (2012:190) indicate that pregnancy is classified as high-risk for a teenager. Pregnant learners, their parents and teachers in the current study are concerned about something bad happening to the health of pregnant learners who continue to attend school. Similarly, Shefer, Bhana, Morrel, Manzini and Masuku (2012:145) found that teachers in selected KwaZulu-Natal and Western Cape schools were concerned about the health and safety of pregnant learners who continued to attend school and, as such, teachers expelled pregnant learners as soon as their pregnancies were visible.

To support the findings of the current study, Benelam (2011:370) indicates that physiological changes occur in the body during pregnancy and these changes cause joint laxity and hypermobility. The author advises that contact sport should be avoided and further recommends that a health professional should supervise exercises during pregnancy. Lewis, Avery, Jennings, Sherwood, Martinson and Crain (2008:441) indicate that the perception that exercise and physical activities are risky during pregnancy is common amongst people who are not health professionals. According to these authors, this perception is reinforced by some health professionals who advise them. The DoBE in one province of South Africa states that parents of pregnant learners must enter into written agreements with the schools their daughters are attending, that pregnant learners attend school at their own risk.

These written agreements further indemnify schools against any pregnancy-related injuries or accidents that pregnant learners may obtain while attending school (Ngabaza & Shefer 2013:109).

- **Rights versus responsibilities**

Rights refer to legal claims that learners have to get an education (Oxford Advanced Learner's Dictionary 2010). In South Africa, learners have a right to attend school and pregnancy does not take away their right to education (South Africa 1996, Department of Education 2007:4; Maputle et al 2015:112). Responsibility is having a duty to make decisions and take actions but being willing to take the blame if things go wrong (Oxford Advanced Learner's Dictionary (2010). Honig (2012:183) indicates that pregnant learners are at a stage of development at which they are able to think about the outcome of their sexual actions but many fail to do so as they occupy themselves with other things such as social media and some think they are invulnerable. Timaeus and Moultrie (2015:145) contend that learner pregnancy in South Africa is a result of socio-economic disadvantage and gender inequalities which cannot be blamed on the pregnant learner.

4.4.3.2 Teacher-situated dilemmas

Burden and role confusion as well as competency and training are two dilemmas facing teachers due to the presence of pregnant learners at school.

- **Burden and role confusion**

A burden is a duty or responsibility that causes worry (Oxford Advanced Learner's Dictionary 2010). A participant in Vandeyar et al's (2014:6105) study said that pregnant learners create a burden on teachers and should, therefore, drop out of school. The findings of the current study are thus supported by Vandeyar et al (2014:6105). The burden on teachers is further increased by the DoBE expectation that teachers should ensure the academic progress of pregnant learners by offering them continuous academic assessment, even when they are not at school (Ngabaza & Shefer 2013:109). Teachers, according to the concept 'in loco parentis', assume the responsibilities of the parents during the time they spend with learners at school

(Mohammed, Gbenu & Lawal 2014:318) and should therefore not complain of burden and role confusion when facilitating health for pregnant learners.

- **Competency and training**

Competency is the ability to do something well (Oxford Advanced Learner's Dictionary 2010). Training is the process of learning the skills that one needs to do a job (Oxford Advanced Learner's Dictionary 2010). Mutshaeni et al (2015:103-104) indicate that teachers are not competent to assist pregnant learners as they are not trained in facilitating health for pregnant learners, and they recommend that the DoBE provide secondary school teachers with the necessary skills to facilitate health for pregnant learners.

This theme reveals that teachers face a dilemma of whether or not to allow and support pregnant learners to continue attending school, or to expel them from school. Eventually, some teachers ignore their pregnant learners, but continue to work in a school environment characterised by uncertainties.

4.4.4 Support of school-attending pregnant learners

Support means to give or be ready to give help to someone if he or she needs it (Oxford Advanced Learner's Dictionary 2010). Three categories which are: access to healthcare services, supervision and accommodation without unfair discrimination are discussed under this theme.

4.4.4.1 Access to healthcare services

Access means the opportunity or right to use something (Oxford Advanced Learner's Dictionary 2010). Some teachers and parents make it possible for pregnant learners to access healthcare services outside school premises, as according to Mohlabiet al (2010:250), school health services have collapsed in many provinces of South Africa. The school health services programme was revived in 2012 (Beksinska, Pillay, Milford & Smith 2014:678) but Kwatubana and Kheswa (2014:1718) and Shung-King et al (2014:67-68) indicate that its implementation remains a challenge.

Mutshaeni et al (2015:104) recommend that the DoBE provide secondary schools with at least one health worker 'to cater for the needs of pregnant learners'

4.4.4.2 Supervision

Supervision means being in charge of something and making sure that everything is done correctly and safely (Oxford Advanced Learner's Dictionary 2010) while a caretaker is a person such as a teacher, a parent or a nurse who takes care of other people (Oxford Advanced Learner's Dictionary 2010). In agreement with the findings of the current study, some schools in South Africa request parents to accompany their pregnant daughters to school so as to take responsibility for their health (Morrel et al 2012:2; Maputle et al 2015:144).

4.4.4.3 Accommodation without unfair discrimination

Accommodation means an agreement or arrangement between people or groups with different opinions which is acceptable to everyone (Oxford Advanced Learner's Dictionary 2010). Discrimination is the practice of treating somebody or a particular group in society less fairly than others (Oxford Advanced Learner's Dictionary 2010). In the current study, teachers accommodate pregnant learners so that they too can get marks during physical education lessons by assigning them less demanding tasks than other learners who are not pregnant.

This theme has reveals that some teachers are willing to provide support to pregnant learners so they can continue to attend school, but they too feel that they need support in the form of training and equipment from DoBE. Pregnant learners and parents too expressed need for support. Parents are requested by the teachers to accompany their pregnant daughters to school and some parents feel that school health services should be revived to take the role of supporting pregnant learners during school hours.

4.4.5 Communication and cooperation between teachers and parents

According to the Oxford Advanced Learner's Dictionary (2010) to communicate with somebody means to have a good relationship because you are able to understand and talk about your own and other people's thoughts and ideas. Cooperation, on the other hand, is the act of working together or doing something together towards a shared aim (Oxford Advanced Learner's Dictionary 2010). In this study, both cooperation and lack of cooperation were reported by both parents and teachers. Ngabaza and Shefer (2013:108) indicate that parents and teachers should cooperate with each other by pointing out that they should discuss the continuation of schooling of the pregnant learner, taking the opinion of a skilled birth attendant into account.

This theme shows that teachers could provide better support to pregnant learners if parents cooperate and communicate with teachers. Support for pregnant learners is a joint responsibility between teachers and parents, however some parents do not find it necessary to notify and interact with teachers about their pregnant daughters.

4.4.6 Gender in pregnancy caretaking

4.4.6.1 Females expected to take care of pregnant learners

Gender refers to being male or female, especially when considered with reference to social and cultural differences, not differences in biology (Oxford Advanced Learner's Dictionary 2010). Pregnancy and child birth are viewed as a gender issues in Malawi and in most African countries including South Africa (Kululanga, Sundby, Malata, Chirwa 2012:146). Kululanga, Malata, Chirwa and Sundby (2012) agree with the findings of the current study that pregnant women in most African countries have always been attended to by other women.

4.4.6.2 Males exempted from taking care of pregnant learners

Contrary to the findings of the current study that the involvement of males (excluding health professionals) during pregnancy is not expected, Kaye, Kakaire, Nakimuli, Osinde, Mbalinda and Kakande (2014) and Bawadi, Qandil, Al-Hamdan, Mahallawi

(2016:79) indicate that in other cultures involvement of male partners during pregnancy and childbirth is expected as it improves maternal and child health outcomes. Zamawe, Banda and Dube (2015) agree by indicating that the involvement of males in taking care of pregnant and parenting women should be promoted. On the other hand, Kululanga, Sundby, Chirwa, Malata and Maluwa (2012) and Kululanga, Sundby, Malata, Chirwa (2012:151) agree with the findings of the current study that males are exempted from taking care of pregnant women in most African countries due to traditional understanding of maleness.

This theme reveals that participants in this study believe it to be the responsibility of female teachers, mothers and other female relatives to provide social support to pregnant learners.

4.5 CONCLUSION

In this chapter, six themes that emerged from the analysis of data on the experiences of pregnant learners, their parents and teachers on the facilitation of health for pregnant learners attending secondary schools in Limpopo Province were discussed. Findings indicated that some pregnant learners are given support by parents, teachers and other learners at school so that they can cope with their pregnancy as they continue attending school. The findings were discussed within relevant and recent literature. There are, on the other hand, indications that some pregnant learners are not being supported. Forms of support are varied as well as suggestions on how support can be enhanced. The central theme that arose is a need for a facilitated social supports, which leads to the identification of concepts in the next chapter.

Chapter 5 will identify and define the central concept, which is facilitation of social support. Dictionary and subject definition approaches will be used to make the central concept clear. Its defining attributes will also be identified. A model case, borderline case and a contrary case will be constructed to indicate the use of the central concept in real situations. Finally, related concepts will be identified and classified.

CHAPTER 5

IDENTIFICATION, DEFINITION AND CLASSIFICATION OF THE CENTRAL AND ASSOCIATED CONCEPTS

5.1 INTRODUCTION

In Chapter 4, six themes that emerged from the analysis of data on the experiences of pregnant learners, their parents and teachers on the facilitation of health for pregnant learners attending secondary schools in Limpopo Province were discussed. Findings indicated that some pregnant learners were given support by parents, teachers and other learners at school so that they could cope with their pregnancy as they continued attending school. The findings were discussed within relevant and recent literature. There were, on the other hand, indications that some pregnant learners were not being supported. Forms of support were varied as well as suggestions on how support could be enhanced. The central theme that arose was a need for facilitated social support, which leads to the identification of concepts in this chapter.

This chapter will identify and define the central concept, which is facilitation of social support. Dictionary and subject definition approaches will be used to make the central concept clear. Its defining attributes will also be identified. A model case and a contrary case will be constructed to indicate the use of the central concept in real situations. Antecedents and consequences of facilitation of social support will also be discussed. Finally, related concepts will be identified and classified.

5.2 IDENTIFICATION OF THE CENTRAL AND ASSOCIATED CONCEPTS

The researcher gained an in-depth understanding of the experiences of learners, teachers and parents on facilitation of health for pregnant learners from the themes and discussions that emerged in Chapter 4.

The results indicate that pregnant learners face challenges on how to inform their parents and teachers that they are pregnant. In addition, once teachers become

aware that there are pregnant learners in their school, they are faced with the dilemma regarding whether to expel the pregnant learners or allow them to continue attending school and give them support that they need. Furthermore, parents are also faced with challenges related to their daughters being pregnant and still at school and also on how to give them support and how to communicate with teachers about their pregnant daughters.

From the above, the central concept that appears in the themes and discussions is **facilitation and social support for pregnant learners**. Pregnant learners need support when they inform their parents and teachers that they are pregnant and need further support to continue attending school and being able to access health services. Teachers and parents need assistance on how they can provide support to pregnant learners. Teachers and parents also need support on how to communicate with each other as they provide social support to pregnant learners.

5.3 DEFINITION OF THE CENTRAL CONCEPT

Through using derivation and synthesis as approaches suggested by Walker and Avant (2011:63), **facilitation of social support** is the proposed main concept of the model and in this chapter it will be analysed by defining its different parts individually according to dictionary definitions and subject literature definitions. The terms **facilitation** and **social support** are defined independently and then synthesised into a core central definition of **facilitation of social support** in order for the researcher to gain clarity on its understanding and use. To broaden and enrich the definitions, the researcher will incorporate definitions from nursing as well as other fields of study where the terms **facilitation**, **social** and **support** are used. The researcher will identify the defining attributes of the concepts **facilitation** and **social support** during the examination of their applications in various fields of study, as suggested by Walker and Avant (2011:162).

5.3.1 Definition of the concept facilitation

5.3.1.1 Dictionary definition of the concept facilitation

The researcher used dictionaries to define facilitation and also consulted a thesaurus to look for its synonyms and antonyms. Facilitation is a noun from the verb facilitates and it means **the action of facilitating something**. Facilitation is related to **enhancement**. Enhancement **is a derivative of enhance, which means to increase the value, quality or extent of something** (Oxford South African Concise Dictionary 2006). The verb facilitates means **to make an action or process easy or easier** (Oxford Dictionary of English 2006). The Collins Dictionary of English (2011) on the other hand defines **facilitation as the act or process of facilitating or as increased ease of something**. It also defines facilitate as **to assist the progress of or to make easier**. The Collins English Thesaurus (2013) lists the synonyms of the verb facilitate as **promote, assist the progress of, ease, expedite, forward, further, help, make easy, oil the wheels, pave the way for, smooth the path of and speed up**. It further lists the antonyms of **facilitate** as **delay, frustrates, hamper, hinder, impede, obstruct, prevent, restrain and thwart**. Facilitation, therefore, means to **enable a process to happen with ease as there will be no obstructions or delays**.

5.3.1.2 Subject definition for the concept 'facilitation'

In order to expand the understanding of facilitation beyond its simple dictionary meaning as advised by Chinn and Kramer (2011:158), the researcher conducted a literature review to understand the use of the term facilitation in various contexts. Petrova, Dale, Munday, Koisten, Agarwal and Lall (2010:38), in their study on the role and impact of facilitators in primary care, define facilitation as **the process of providing support to individuals or groups to achieve beneficial change**. They refer to a **facilitator** as a **catalyst for change** and as someone who helps advancement. Barnett, Vasileiou, Djemil, Brooks and Young (2011:11), in their study on facilitators and barriers to implementation and diffusion of innovation in healthcare, refer to certain factors as enablers while others are said to be obstructing and impeding. **Enablers** are those **factors that facilitate implementation of**

innovation and its diffusion as opposed to others that obstruct or impede it. In their study on the role of facilitation in the implementation of research findings, Rycroft-Malone, Seers, Chandler, Hawkes, Grichton, Allen, Bullock and Strunin (2013:8) refer to **facilitation as enabling and making things easier**. They point out that facilitation is a process driven by a facilitator.

The researcher adopts the definition of facilitation evolving from its use in the various fields **as an empowering process driven by a facilitator who makes it easier for people to reach their goals**.

- **Defining attributes of the concept facilitation**

The defining attributes of a concept are those characteristics of a concept that are mostly associated with the concept and can enable the researcher to gain deeper insight of the concept (Walker & Avant 2011:162). These attributes are identified during the examination of the various uses of the concept and can be classified as essential and related attributes. The defining attributes of facilitation are summarised below in Table 5.1

TABLE 5.1: Defining attributes of the concept facilitation

ESSENTIAL ATTRIBUTES	RELATED ATTRIBUTES
Easing Empowering Enabling Expediting Furthering Oiling the wheels Paving the way Promoting Smoothing the path Speeding up	<ul style="list-style-type: none"> • To make an action or process easy or easier • Increase the value, quality or extent of something • Showing ways to overcome barriers • Supportive efforts to help through a process

5.3.1.3 Summary of the definition of the concept 'facilitation'

Facilitation is an **empowering** process of **enabling, furthering, promoting** and **easing actions** by **paving the way** and **oiling the wheels** in order to **speed up things** while **providing supportive efforts** by showing ways to overcome barriers.

5.3.2 Definition of the concept social support

5.3.2.1 Dictionary definition of the concept social support

The Oxford Advanced Learner's Dictionary (2010) defines support as a verb and a noun. As a verb, support means **encouragement or giving help**. It means **to help or encourage somebody by showing that you agree with them**. Support also means **to give or be ready to give help to somebody if he or she needs help**. Support similarly means **providing money, which means to help or encourage a person to be successful by giving him or her money**. **To hold something in position, to prevent something from falling** as well as **to prove that something is true**, are other dictionary definitions of support.

As a noun, support means **encouragement or money**. It refers to **encouragement and help that you give to somebody** because you approve of him or her and you want him or her to be successful. Support also means **help and sympathy that you give to somebody who is in a difficult or unhappy situation**. **Holding in position** is another meaning of the noun support and refers to **the act of holding something firmly in position or preventing it from falling**. Support can also refer to a **bandage that a person wears to hold an injured or weak part of a body firmly in position**. As proof, support means **evidence that helps to show that something is true or correct**. The dictionary further defines support as a noun referring to **technical help that a company gives to customers** using their products, such as computers and medical equipment. The adjective of support is supportive and it means **giving help, encouragement or sympathy** to somebody (Oxford Advanced Learner's Dictionary 2010). The Oxford Dictionary of Nursing (2008) defines support when used in supportive of treatment as an adjective referring to something aimed at **reinforcing** the patient's own defence mechanisms in overcoming a disease or

disorder. The word social is defined by the Oxford South African Concise Dictionary (2006) as an adjective referring to having **to do with society and its organisations**. It further means **needing the company of others or living in organised communities**.

5.3.2.3 Subject definitions of the concept social support

According to Mattson and Hall (2011:182-184), the concept social support has many perspectives and they give four definitions to show these perspectives. The first definition is that **social support refers to verbal and nonverbal communication between recipients and providers that reduces fears about the environment or the situation, and helps to enhance a perception of personal control in one's life**. Secondly, they describe social support as **a network of family, friends, neighbours and community members that is available in times of need to give psychological, physical and financial help**. This definition is similar to the definition adopted by Duman and Kocak (2013:1154), in their study on the effects of social support on the state of anxiety levels during pregnancy, where they define 'social support' as **financial or spiritual assistance given by spouse, other family members and friends to a person experiencing stress**. The third definition is broader than the first two and defines social support as **the process of interaction in relationships which improves coping, esteem, belonging and competence through actual or perceived exchanges of physical or psychological resources**. The fourth definition attempts to combine important aspects from the other three and outlines 'social support' as **an exchange or interaction between people involving verbal and nonverbal communicative process that aims to improve an individual's feelings of coping, competence, belonging and esteem**.

Mattson and Hall (2011:182-184) further point out that social support consists of the following types: **emotional support, esteem support, network support, tangible support and information support**. **Emotional support** refers to **expressions of care and concerns that meet people's emotional or affective needs**. Expressions of emotional support such as a get-well-soon card or text message sent to a patient help to elevate the patient's mood. Esteem support, which Heaney and

Israel (2008:190) call appraisal support, on the other hand, refers to **encouraging people to take needed action and convincing them that they have the ability to confront problems**. It boosts people's self-esteem or beliefs in their capacity to handle a problem or perform a needed task. Network support **is communication that reminds people that they are not alone in whatever situation they are facing. It affirms people's belonging to a network and reminds them of the support available from the network**. This type of support emphasises that a network is available to provide social support. Information support **is communication that provides a person facing a problem with needed or useful information. People just diagnosed with life-threatening medical conditions need useful information to understand the condition and the options available to them** (Mattson & Hall 2011:186).

Tangible support refers to **physical assistance such as material goods and actions provided to people facing challenging situations** (Mattson & Hall 2011:186). Heaney and Israel (2008:190) refer to tangible support as instrumental support. This includes **driving a pregnant learner to the hospital to access healthcare**. Financial support, as an example of tangible support, is used in a study on attitudes, perceptions and understanding amongst teenagers regarding teenage pregnancy where Kanku and Mash (2010:568) found that the perception of securing financial support from older men and the government through child support grants has led to some teenagers falling pregnant.

The concept **social support** is used by Roos, Faure, Lochner, Vythilingum and Stein (2013:121) in their study on predictors of distress and anxiety during pregnancy where they found that **there is a high level of psychological symptoms such as distress and anxiety amongst pregnant women in South Africa which is associated with lower social support for women during pregnancy**. Yeboa (2012:70) points out in a study on social support and access to prenatal health services, that it is a common tradition in some African communities for family members and other relatives to provide social support to pregnant and breastfeeding mothers. Social support helps pregnant teenagers to attend antenatal care early in their pregnancy. The author further points out that social support is a human need, and its absence causes stress. In their study on the association of socio-economic

and partner relationship factors with antenatal depressive morbidity among pregnant women, Kaaya, Mbwambo, Kilonzo, van den Borne, Leshabari, Smith, Fawzi and Schaalma (2010) also discovered that inadequate social support leads to antenatal depression. Duman and Kocak (2013:1160) support the view that social support reduces stress and anxiety during pregnancy.

The importance of social support to ensure proper adherence to treatment is further indicated by Mona (2014:183) in a study on the experiences of women on antiretroviral therapy. The author suggests that social support can be provided within the family by family members, within the health facilities by health workers, at workplaces by colleagues and employers, as well as in the community by community leaders. Kheswa and Pitso (2014:565) use the concepts family support and parental support in their study on psychological well-being and sexual behaviour of South African teenage mothers. They emphasise that family or parental support promotes psychological well-being and self-confidence in teenage mothers. Ramulumo and Pitsoe (2013:756) argue that parenting learners need support for childcare. They further indicate that a lack of parental support or inadequate support from families, peers and the school environment leads to a high dropout rate among pregnant and parenting learners.

Runhare and Vandeyar (2012:51) specify a need for academic support for learners who took a break from school for delivery. Chiagona and Chetty (2008:268) point out those pregnant learners who have delivered babies and are teenage mothers need support from the school, the home and the community to pursue their education. Teachers should, according to these authors, encourage and support pregnant learners to continue with schooling. Brosh, Weigel and Evans (2009) have also identified a need for the family, friends, teachers and other professionals to provide support for pregnant learners. They argue that social support enables at-risk teenagers to achieve their educational and career goals by empowering them to overcome barriers. The defining attributes of social support are summarised in Table 4.2 while the essential attributes are summarised in Table 5.3.

TABLE 5.2: Defining attributes of the concept social support

ESSENTIAL ATTRIBUTE	RELATED ATTRIBUTE OR CRITERIA
Encouraging Helping Communicating Fear reducing Enhanced control Networking Belonging Coping Esteem Competence	<ul style="list-style-type: none"> • Giving confidence to overcome barriers • Putting efforts to help through a process • Making it easier to achieve a goal • Keeping in contact with others to exchange information • Being a member of a group • Dealing effectively with challenges • Having the necessary skills, information, help and other resources to succeed • Seen as person worthy of respect

5.3.2.4 Summary of the definition of the concept 'social support'

The definition of social support derived from its various uses is **helping and encouraging**, as well as the **help and encouragement** given to people facing difficulties by **other people they are living and connected with in the community**, so that those facing challenges can succeed in achieving their goals.

TABLE 5.3: Defining attributes of facilitation of social support

ESSENTIAL ATTRIBUTE	RELATED ATTRIBUTE OR CRITERIA
Empowering	<ul style="list-style-type: none"> • Increase the value, quality or extent of something
Encouraging	<ul style="list-style-type: none"> • Showing ways to overcome barriers • Supportive efforts to help through a process • Giving confidence to overcome barriers
Helping Enabling	<ul style="list-style-type: none"> • Putting efforts to help through a process • Making it easier to achieve a goal
Networking Belonging	<ul style="list-style-type: none"> • Keeping in contact with others to exchange information • Being a member of a group
Communicating Competence Esteem	<ul style="list-style-type: none"> • Having the necessary skills, information, help and other resources to succeed • Dealing effectively with challenges • Seen as person worthy of respect

5.4 DEFINITION OF FACILITATION OF SOCIAL SUPPORT

Facilitation of social support refers to **a process of making it easy** for a pregnant learner to **receive help** which is **empowering and enabling, given and communicated** by **a network of teachers, parents, professional nurses and officials from the DoBE** to which she **belongs** in order **to raise her esteem and increase her feelings of being competent** to overcome challenges to access education and health services.

5.5 CONSTRUCTION OF A MODEL CASE AND CONTRARY CASE

A model case is a perfect example of the central concept while a contrary case represents the opposite of the central concept. A contrary case helps to clarify our understanding of the central concept. The model and contrary cases are described below.

5.5.1 Construction of model case

A model case, according to Walker and Avant (2011:163), is an example of the use of a concept and should show all the defining attributes of that concept. Chinn and Kramer (2011:166), on the other hand, refer to a model case as exemplary case and define it as a true representation of a situation, event or experience to the best of one's current understanding. A model case can be an actual example from real life, from nursing practice, it may come from literature, art, films, or it may be constructed by the researcher (Chinn & Kramer 2011:166; Walker & Avant 2011:163). The model case described below is constructed to show all the defining attributes of facilitation of social support for pregnant learners attending secondary schools.

Mokgadi is a bright 17-year-old Grade 10 learner at a secondary school in South Africa and is pregnant. She had missed her menstrual periods for three consecutive months before she decided to consult the mobile clinic that visits her school twice a month. The professional nurse did a pregnancy test that came out positive and then started to **establish a relationship** with Mokgadi in order to **give her information** about pregnancy and **show her the options available**. Mokgadi became confused

when she was informed about the test results as she felt she has disappointed her parents and her teachers. She felt useless, worthless and ashamed of being pregnant at her age and felt like dropping out of school as she did not know how she will face her parents, teachers and other learners at school. The professional nurse **encouraged** and **helped** Mokgadi to inform her mother that she was pregnant and offered to visit her family to discuss the support that she needed to succeed as a pregnant learner. Mokgadi then felt **empowered** and **able** to inform her mother that she was pregnant. Her mother then informed her father.

The professional nurse also **made it easy** for Mokgadi's mother to **communicate** with the school principal about her daughter's pregnancy. The principal received the news and **communicated** with other teachers about Mokgadi's pregnancy. The principal approached the professional nurse **to discuss how** teachers can **support** Mokgadi to continue attending school while attending antenatal care at the local PHC clinic. The nurse **facilitated a meeting** between the principal and Mokgadi's mother **to discuss how** they will offer Mokgadi social support so that she can **cope** with school work and attend regular antenatal care. The principal told Mokgadi she should continue attending school. All her teachers were informed about her pregnancy and they would support her to succeed.

This support **paved the way** for Mokgadi to give the principal a schedule of her antenatal care visits and she **found it easy** to ask for permission a day before the appointment date. On returning from the clinic she was **given information** by the teachers on the lessons she missed, and some of her classmates **assisted** her to catch-up. The professional nurse visits the school regularly and continues to **reassure** Mokgadi that she **belongs to a network of caring people** who are **available to support** her so that she achieves her goal, and as such, her **fears of being a pregnant learner are reduced**.

Initially, her parents were disappointed and angry with her for getting pregnant but now they **have accepted the situation** and are supporting her. They **have bought her** a new loose-fitting school uniform, including new school shoes, and are **showing interest in her** school work as well as her antenatal care attendance. They

are **already making preparations for the baby** and **have informed** Mokgadi that they will support her with caring for the baby so that she can have time for studies.

The professional nurse offers **regular health talks to the learners** about pregnancy and **encourages learners to support those who are pregnant** and to refrain from saying negative things that may upset pregnant learners. As a result of the social support she is receiving, Mokgadi has **regained her self-esteem** and **feels competent** to succeed in achieving her goals.

5.5.2 Construction of a contrary case

A contrary case symbolises the opposite of the central concept as it represents something that many people will obviously recognise as not indicating the central concept but it helps to clearly show what the central concept is not (Walker & Avant 2011:166; Chinn & Kramer 2011:170). A contrary case is described below to show a lack of social support to a pregnant learner attending a secondary school.

Katlego is a 16-year-old pregnant learner attending a secondary school in South Africa. She became aware that she was pregnant when she started to feel some changes in her body after missing menstrual periods for four months. She **did not inform her parents and her teachers** as she **attempted to hide her pregnancy**. Her **mother discovered her pregnancy for herself and confronted** her by telling her she is a useless child and her actions are a disappointment. The mother is **not showing any interest** in her pregnancy and her studies as she feels that by falling pregnant, Katlego behaved as if she has grown up and should, therefore, take responsibility for her actions. The mother **refused to inform the school** and said Katlego should do that herself.

The teachers became aware that Katlego was pregnant **through gossip** from other learners and **some learners and teachers who are making fun of her situation**. She **feels unwelcome at school and at home**. As such, she decided to **terminate her school attendance** and stay at home where her **mother is unsympathetic**. She is **depressed** and spends most of the time indoors as she **lacks the confidence** to meet her peers. She **attends the antenatal clinic irregularly** as she

does not always have money for transport to the local PHC clinic. She has **given up on schooling** as her mother did not indicate she will support her with caring for the child after birth.

5.6 ANTECEDENTS AND CONSEQUENCES OF FACILITATION OF SOCIAL SUPPORT

According to Walker and Avant (2011:167), antecedents are events or things that must occur or be in place before the occurrence of a concept, while consequences are events or things that occur as a result of the occurrence of a concept.

5.6.1 Antecedents of facilitation of social support

Antecedent concepts refer to experiences or conditions that come before or have to be there for facilitation of social support to occur. These concepts can be seen as having a causal relationship with facilitation of social support as their occurrence lead to the need for facilitation of social support; in other words, they cause facilitation of social support. For facilitation of social support for pregnant learners attending secondary schools in Limpopo Province to occur, there is a need for a pregnant learner, a school environment, a home environment, a health facility and a facilitator with the necessary skills. The antecedent concepts are presented in Table 5.4.

TABLE 5.4: Antecedent concepts of facilitation of social support for pregnant learners

Understanding of facilitation process
Tasks clearly described
Facilitator appointed
Roles of facilitator stated
Skills to achieve facilitation
Conducive environment
Motivating purpose
Partnership between stakeholders

5.6.2 Consequences of facilitation of social support

Consequent concepts are those that follow or occur when facilitation of social support has occurred. There is a causal relationship in these concepts as they occur after facilitation of social support; in other words, they have been caused by facilitation of social support. The consequent concepts for facilitation of social support for pregnant learners attending secondary schools in Limpopo Province are an increased self-esteem leading to attendance of ANC during which tailored care is provided by professional nurses who communicate with parents, pregnant learners and teachers to make sure that pregnant learners continue to attend school and ultimately give birth to healthy babies. The consequent concepts are summarised in Table 5.5

TABLE 5.5: Consequent concepts of facilitation of social support for pregnant learners

Increased self-esteem
Regular ANC attendance
Individually tailored care plans
Increased health literacy
Health of pregnant learners prioritised
Improved communication between stakeholders
Learning or academic progress
Positive health outcome

5.7 IDENTIFICATION AND DEFINITION OF ASSOCIATED OR RELATED CONCEPTS (CLASSIFICATION OF THE CONCEPTS)

The researcher will discuss the classification of the concepts of the model using a survey list suggested by Dickoff, James and Wiedenbach (1968:422-423) which has the following six concepts: agent, procedure, recipient, context, dynamics, and terminus. Each of the six concepts raises a question that the researcher has to answer where those answers represent different ways of looking at a concept in the hope of revealing its various features.

- **Agent: Who or what performs this activity?**

The Oxford South African Concise Dictionary (2006) defines an agent as a person who provides a particular service or who takes an active role to produce a special effect. In this study, the agent is the facilitator who is a professional nurse with a responsibility to provide school health services. As indicated in Chapter 2 (see 2.4 and 2.5), school health services in South Africa are integrated with PHC; school health teams are based at PHC facilities in each district from where they visit schools on regular basis. School health teams are led by professional nurses and it is these professional nurses who become agents or facilitators ((Department of Basic Education & Department of Health 2012:18). The professional nurse becomes aware of pregnant learners during school health team visits. The agent or facilitator takes an active role to ensure that pregnant learners which were discovered during school health visits receive support.

- **Recipient: Who or what is the beneficiary of this activity?**

A recipient is a person who receives something (Oxford South African Concise Dictionary 2006). The primary recipient in this study is a pregnant learner attending a secondary school in Limpopo Province who needs support from a social network facilitated by a professional nurse. The parents of the pregnant learner are secondary recipients as they need support from the professional nurse to cope with having a pregnant daughter who is still attending school. They need support to accept the situation and participate in the social network. Teachers in the secondary schools attended by pregnant learners are also secondary recipient as they too need support on how to cope with teaching pregnant learners and interact with parents of pregnant learners.

- **Procedure: What is the guiding procedure for this activity?**

The Oxford South African Concise Dictionary (2006) defines procedure as a series of actions done in a certain way. The procedure in the facilitation of social support for pregnant learners, involves communication and interaction between the facilitator or professional nurse, and pregnant learners. In this way it becomes easy for pregnant learners to be supported by a social network through being empowered and encouraged to continue attending school, while also accessing health services. The

professional nurse, as the agent, empowers a social network of parents, teachers, officials from the DoBE, professional nurses from the local PHC clinic, and other family members to support a pregnant learner to succeed in her goal of pursuing education while pregnant. This will be discussed in detail in the next chapter

- **Context: In what context is this activity performed?**

Context refers to the circumstances that form the setting for an event (Oxford South African Concise Dictionary (2006). The context of this study is the secondary schools in Limpopo Province attended by the pregnant learners. There are role players such as teachers, parents, other learners, professional nurses and officials from the DoBE in the secondary schools. These role players interact in different ways with pregnant learners in the secondary schools.

- **Dynamics: What is the source of energy for this activity?**

Dynamics denotes forces that stimulate change within a process (Oxford South African Concise Dictionary 2006). The concern that the facilitator, parents, teachers, other learners, other family members and professional nurses have for pregnant learners to achieve their goals, is the force or source of energy that drives all the role players to provide pregnant learners with social support.

- **Terminus: What is the outcome of this activity?**

Terminus refers to the consequence, outcome, result or effect of an action (Oxford South African Concise Dictionary 2006). The outcome of facilitation of social support for pregnant learners is learners who are supported and empowered to succeed in their studies and deliver healthy children.

5.8 CONCLUSION

This chapter identified and defined the central concept, which is facilitation of social support. The central concept was defined by using dictionary and subject definition approaches to make it clear. The defining attributes of the central concept were also identified. A model case and a contrary case were constructed to indicate the use of the central concept in a real situation. Antecedents and consequences of facilitation

of social support were also discussed. Finally, related concepts were identified and then classified by using a list suggested by Dickoff et al (1968:422-423).

The next chapter will describe the model to facilitate social support for pregnant learners attending secondary schools in Limpopo Province. The structure of the model, which is made of one structure with three phases, will be described as well as the concepts and assumptions on which the model is based. The context and purpose will also be described. The model will be submitted to a panel of experts for evaluation and their comments will be considered in order to improve the model.

CHAPTER 6

A MODEL TO FACILITATE SOCIAL SUPPORT FOR PREGNANT LEARNERS ATTENDING SECONDARY SCHOOLS IN LIMPOPO PROVINCE

6.1 INTRODUCTION

Chapter 5 identified and defined the central concept, which is facilitation of social support. The central concept was defined by using dictionary and subject definition approaches to make it clear. The defining attributes of the central concept were also identified. A model case and a contrary case were constructed to indicate the use of the central concept in a real situation. Antecedents and consequences of facilitation of social support were also discussed. Finally, related concepts were identified and then classified.

This chapter describes the model to facilitate social support for pregnant learners attending secondary schools in Limpopo Province. The structure of the model, which is made of one structure with three phases, is described as well as the concepts and assumptions on which the model is based. The context and purpose of the model are also described. The model will be submitted to a panel of experts for evaluation and their comments are discussed and considered in order to improve the model.

Chinn and Kramer (2011:184-185) point out that the process of describing a model is important as it leads to a clearer understanding of the nature of the model. The process involves asking questions and responding to them. During the description of the model, some elements will be clear, others tentative, while some will remain unclear, but the product forms the basis for critical reflection. The description is based on the following:

- Overview of the model
- The purpose of the model
- The context of the model
- The identification and definition of concepts of the model

- The nature of relationships of the model
- The assumptions of the model
- The structure of the model

6.2 OVERVIEW OF THE MODEL

Figure 6.1 is a visual representation of the model, made up of three rectangular blocks, each with dark solid outlines, arranged in a triangular shape. The rectangular block at the top of the triangle represents a pregnant learner who is supported and empowered as an outcome of **facilitation of social support**. One of the two rectangular blocks at the base of the triangle represents the professional nurse as the agent or facilitator of social support, while the third block represents an anxious pregnant learner as the recipient of social support. There is a left-right arrow between the agent and the recipient representing a supportive relationship between them. There are also three vertical blocks in the middle of the triangular shape with narrow outlines as well as a block arrow pointing upward representing the procedure in the model.

There are double arrows between the vertical blocks indicating communication between the professional nurse, stakeholders, social network and the pregnant learner. The model shows a professional nurse facilitating and coordinating the formation of a social network made of pregnant learners, parents, teachers and other stakeholders who jointly provide social support to pregnant learners. **Facilitation of social support** takes place in the context of secondary schools as shown by the grey borders. Figure 6.1 further indicates that the model has three phases. These phases will be explained below in the section on the structure of the model.

6.3 THE PURPOSE OF THE MODEL

The purpose is the end point of a model as it provides reasons for or outcomes of the formulation of a model and should specify the context and situations in which the model can be used (Chinn & Kramer 2011:186). The purpose of this model is explicit as it is embedded in the structure of the model and clearly links with the central concept. Chinn and Kramer (2011:187) point out that different people or groups can find different purposes in a single model depending on how they use the model or

benefit from its use. A model can, therefore, be useful to an individual, a family, a group in the community, or the whole community. The purpose of this model is to **facilitate social support** for pregnant learners attending secondary schools in Limpopo Province.

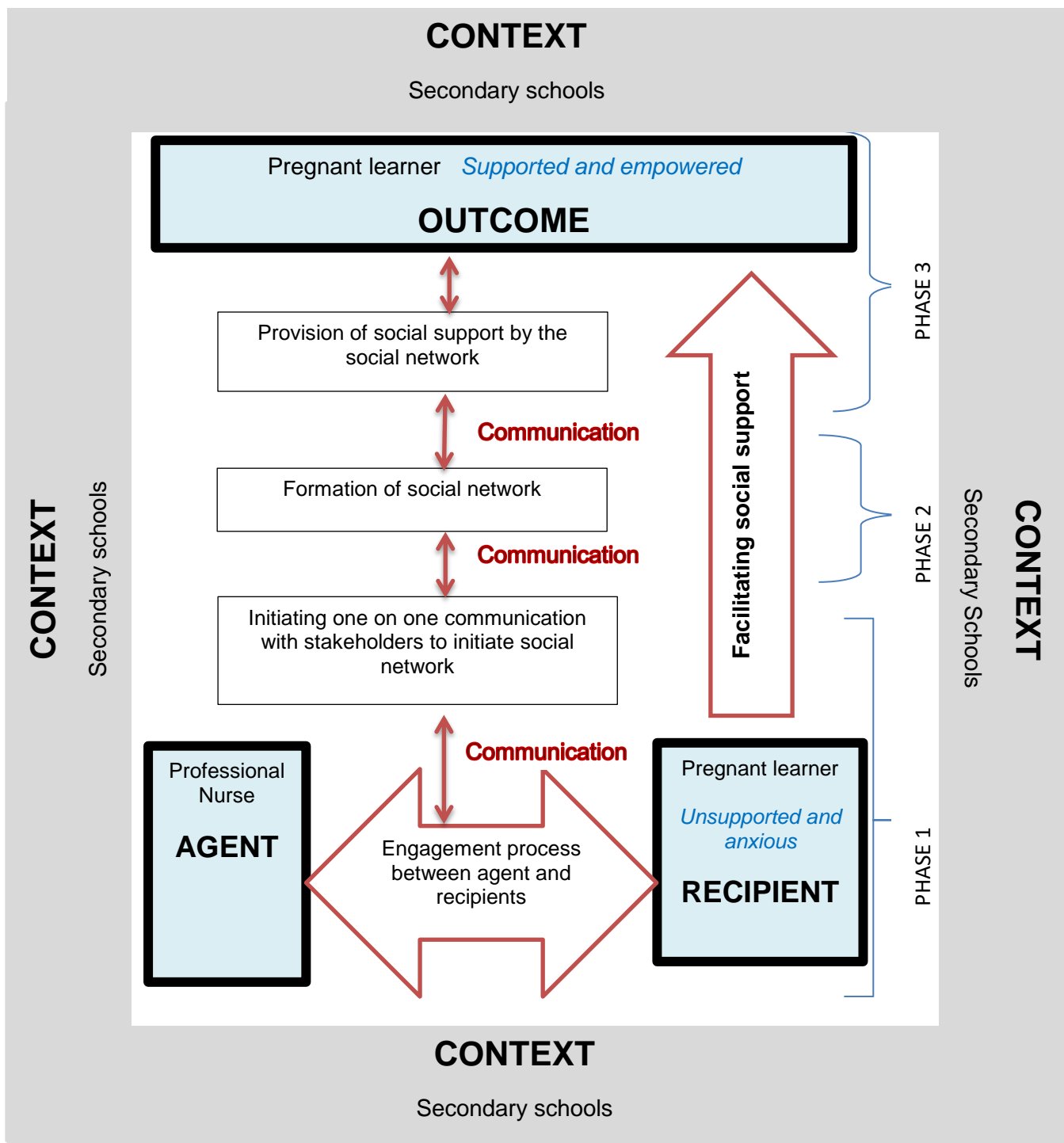


FIGURE 6.1: Model to facilitate social support to pregnant learners attending secondary schools in Limpopo Province

6.4 THE CONTEXT OF THE MODEL

As indicated in the purpose of the model, the context is related to the purpose. For example, the purpose should specify the context in which the model can be used. The context of this model is the secondary schools in Limpopo Province of South Africa. A description of the context of the model to **facilitate social support** for pregnant learners attending secondary schools in Limpopo Province includes the legal context and the physical context. As discussed in Chapter 2, Limpopo Province has the highest number of pregnant learners in South Africa compared to the eight other provinces (see 2.2.2). Pregnant learners are allowed by government legislation and policy to continue attending school, but the findings in Chapter 4 indicate there is no sufficient social support for pregnant learners from teachers and parents.

6.4.1 The legal context

This section on the legal context of the model describes the laws and policies governing the attendance of school by pregnant learners, as well those that regulates the provision of health services to these learners. The legal context was described in Chapter 2 (see 2.3).

6.4.2 The physical context

This section on the physical context of the model describes the distance that pregnant learners travel to reach schools, the health and safety conditions at schools, as well as the physical activities that learners engage in while at school.

According to the DoBE (2012:18), some learners in South Africa stay more than three kilometres from their schools and are not provided with either scholar transport or hostel accommodation by the DoBE, as required by the norms and standards for school infrastructure. Learners who do not stay in the school hostels walk to school, use minibus taxis, buses, bicycles, motorbikes or private cars daily to reach their schools. Walking to school takes from less than 15 minutes for some learners, while for others it takes up to 90 minutes. Some of the learners mentioned, who use the various ways of reaching their schools, are pregnant.

The DoBE further indicates that there are unsafe conditions in some of the schools in the form of overcrowded classes, lack of safety, school violence, as well as a lack of water, sanitation and toilets. School violence includes corporal punishment by the teachers, verbal or physical abuse by teachers or by other learners, as well as sexual abuse by the teachers (Moloi 2014:265). The infrastructure of some of the schools in the country is not adequate where some schools lack space to provide health services, such as screening by the school health team members. There is also inadequate space to use as a sickbay or sickroom for sick learners who need observation or where they can be kept while arrangements are made to take them to a health facility, such as the local primary health care (PHC) clinic or hospital. PHC clinics, where ANC is provided, and hospitals, are within walking distance from secondary schools in some communities, while in others the schools and health facilities are far from each other. Other schools have multiple floor buildings without lifts or escalators which require learners to walk up and down the steps as they change classes.

While at school, learners engage in various forms of physical activity either as play during school breaks, as requirement for Physical Education and Training (PET) or, as Moyo, Khewu and Bayaga (2014:11) indicate that as an alternative form of punishment for coming late to school. Due to the banning of corporal punishment at schools, some teachers punish learners by making them run around the school or by making them do frog jump and other forms of severe physical exercise.

6.5 THE IDENTIFICATION AND DEFINITION OF CONCEPTS OF THE MODEL

The concepts in the model to facilitate social support for pregnant learners attending secondary schools in Limpopo Province are the **agent**, **procedure**, **recipient**, **context**, **dynamics**, and **outcome** according to Dickoff et al (1968:422-423) survey list. These concepts were identified by means of classification of concepts emerging from concept analysis of the data on the experiences of pregnant learners, their parents and teachers on learner pregnancy. These experiences have been discussed in detail in Chapter 4 (see 4.3) while the concept analysis method was discussed in Chapter 5 (see 5.2 – 5.5).

6.6 THE NATURE OF RELATIONSHIPS IN THE MODEL

Relationships are the various forms of linkages or interconnections between the concepts of a model (Chinn & Kramer 2011:190). Identifying the relationships between concepts is an ongoing process during the development of a model and it starts at the time concepts are identified. A description of the relationship between concepts should indicate if there are concepts that stand alone while others interrelate. All the concepts of the model to **facilitate social support** for pregnant learners attending secondary schools in Limpopo Province are interrelated. The concepts are interrelated in such a way that their relationships converge to a single concept, **facilitation of social support**, which indicates the purpose of the model. In this model, the concepts are related directly, unlike in some cases where the relationship between concepts is established through assumption. The relationships will be fully described in the description of the structure of the model below.

6.7 THE ASSUMPTIONS OF THE MODEL

Assumptions are the accepted, reasonable and unproven truths in a model (Chinn & Kramer 2011:185). The assumptions of this model to **facilitate social support** for pregnant learners attending secondary schools in Limpopo Province are discussed below in line with the nursing metaparadigm suggested by Fawcett (Fawcett & DeSanto-Madeya 2013:6). The nursing metaparadigm was described in Chapter 1 as human beings, environment, health and nursing (see 1.7.2). Human beings refer to individuals, families, communities and any other groups which become the recipient of nursing interventions, while the environment refers to the social and physical surroundings of the person and the health settings where nursing takes place, which includes the person's home, community and health facilities. Health, on the other hand, refers to the person's state of wellbeing, while nursing refers to the definition of nursing, nursing goals, actions taken by nurses in conjunction with human beings and the outcomes of those actions (Fawcett & DeSanto-Madeya 2013:6). Human beings in this model are pregnant learners attending secondary schools in South Africa, their parents, teachers, officials from the DoBE, and professional nurses working in the school health services and those working in PHC clinics.

Assumptions regarding a pregnant learner are that she wants to attend school and complete her secondary education while at the same time carrying her pregnancy to term until she delivers a healthy child. It is further assumed that she values social support and will avail herself of it. It is assumed that she has an optimistic outlook on life and, as Parungo et al (2014:2014-2015) indicate, will make some positive plans to counteract the negative effects of being pregnant while still attending school. The parents of the pregnant learner want to support their daughter and want to communicate with teachers and professional nurses.

Teachers are willing to support the pregnant learner and communicate with her parents and the professional nurses. It is also assumed that officials from the DoBE value social support and will be interested in participating in the social network. The model also assumes that a competent professional nurse is available to **facilitate social support** for the pregnant learner.

The environment in this model refers to the home of the pregnant learner, the secondary school she attends, and the local PHC clinic where she attends antenatal classes (ANC). The assumptions related to the physical environment are that the pregnant learner has a home, a secondary school with adequate buildings, and a PHC clinic in her community where she will attend ANC. Assumptions related to the social environment are that the pregnant learner has supportive parents and other family members at home, the teachers and peers at school are supportive, as well as supportive professional nurses and other health workers at the local PHC clinic.

In this model, health refers to the state of wellbeing of a pregnant learner that is shown by her ability to participate in school activities and feel healthy even though she has some physical, social and psychological limitations imposed by her pregnancy. The assumption is that the pregnant learner will have a state of health that enables her to continue attending school until she is ready to deliver. It is assumed that she will not experience serious health problems that will force her to drop out of school.

Fawcett and DeSanto-Madeya (2013:6) point out that nursing refers to the definition of nursing, nursing goals, actions taken by nurses in conjunction with human beings

and the outcomes of the nursing actions. Actions taken by nurses are those activities that nurses engage in when they perform nursing assessments, diagnosis, planning, intervention and evaluation. In this model, nursing refers to assessment, diagnosis, and planning, followed by **facilitation of social support** for a pregnant learner by a professional nurse so that the pregnant learner can continue attending school and, at the end, deliver a healthy baby. The assumption is that a model to **facilitate social support** for pregnant learners, as nursing action, will be developed, evaluated and implemented. The outcome of the implementation of the nursing action, in the form of a model, will be a pregnant learner who continues to attend school until she delivers a healthy child.

6.8 THE STRUCTURE AND PROCESS DESCRIPTION OF THE MODEL

The structure of a model refers to the general arrangement of concepts in a model and it emerges during the exploration of the relationship between the concepts (Chinn & Krammer 2008:228). A model can contain one structure with all concepts fitting together into a logical, unified network or it can include several structures that cannot be reconciled. The model to **facilitate social support** for pregnant learners attending secondary schools in Limpopo Province contains one structure made up of several parts and three phases, which are described below.

6.8.1 Context

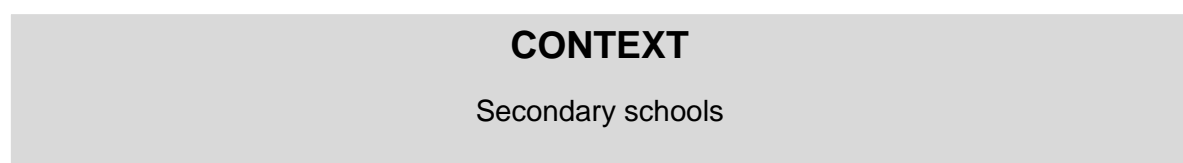


FIGURE 6.2: Secondary schools as the context

As described in 6.4, the context in which the **facilitation of support** will take place will be the secondary schools. The legal and physical context has already been described in detail in 2.3 and 6.4.2.

6.8.2 Agent



FIGURE 6.3: Professional nurse as the agent

The agent is the professional nurse with a responsibility to provide school health services. The professional nurse, as member and leader of the school health team, will take an active role in the **facilitation of social support** for the pregnant learners in secondary schools. School health teams are based at PHC facilities in each district and are led by professional nurses who report to PHC facility managers.

6.8.3 Recipient

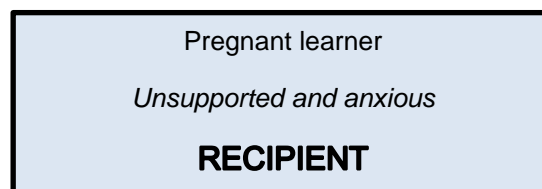


FIGURE 6.4: Pregnant learner as the recipient

The recipient is the pregnant learner attending a secondary school in Limpopo Province. From the findings in Chapter 4 (see 4. 3. 4) it is clear that the pregnant learner feels unsupported and is anxious.

6.8.4 Facilitation of social support

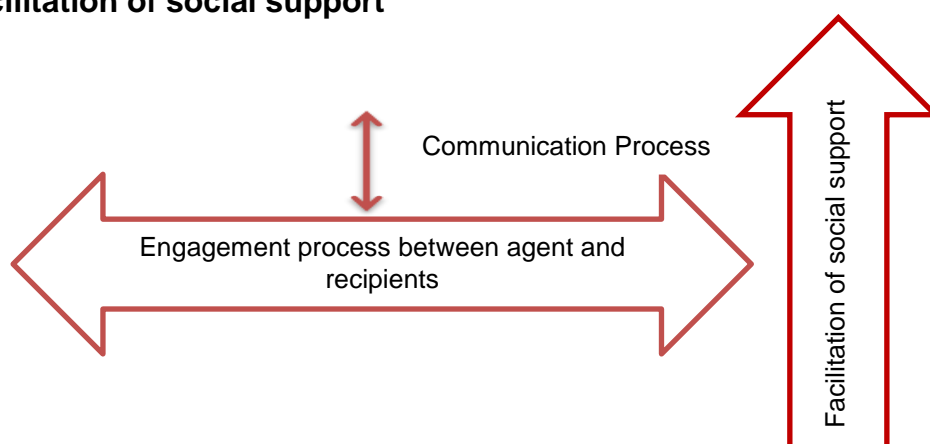


FIGURE 6.5: Facilitation of social support

As indicated in Chapter 5 (see 5.4), **facilitation of social support** refers to a process of making it easy for a pregnant learner to receive help that is empowering and enabling, given and communicated by a social network of teachers, parents, professional nurses and other learners to which she belongs, in order to raise her esteem and increase her feelings of being competent to overcome challenges to access education and health services. The professional nurse initiates an engagement process between the agent (professional nurse) and the recipient (pregnant learner) during which the professional nurse identifies the pregnant learner and her need for social support. The agent, being the professional nurse, initiates individual communication with the pregnant learner who is the recipient. This becomes the entry point of communication, as well as Phase 1 to Phase 3 of the model.

The double arrows show that communication runs throughout the model from Phase 1 to Phase 3. Communication in health care is important as it promotes nurse-patient relationships, sharing and management of information, confirmation and response to emotions, management of uncertainty, decision making and patient self-management (Street & Epstein 2008:245-255). As Smith (2015:454), Boykins (2014:40) and Spitzberg (2013:127) indicate, communication builds relationships and improves access to care as it fosters partnerships between health care providers, clients and their families. In this model, the professional nurse uses communication, which is one of the standards of nursing practice (Boykins 2014:40), to build relationships with the pregnant learner, her teachers, parents, professional nurses from the local PHC clinic and DoBE officials. It is through communication that stakeholders will understand their roles and expectations in the social network. Communication further enables the pregnant learner to actively participate in the social network that is available to provide her with social support by raising her concerns and needs.

6.8.5 Phase 1: Initiation of a social network

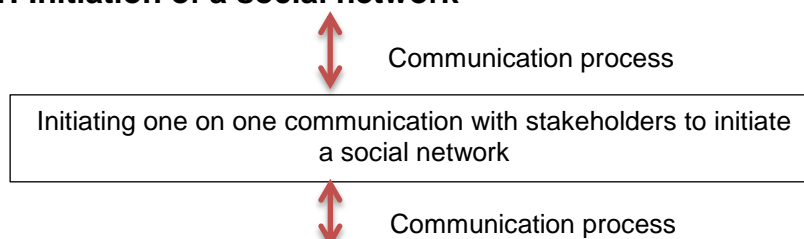


FIGURE 6.6: Initiation of a social network

The professional nurse is a member and leader of the school health team which visits secondary schools to provide a package of school health services, including health education and counselling on reproductive health services (Department of Basic Education & Department of Health 2012:12). The professional nurse becomes aware of pregnant learners by receiving referrals from teachers who identified some pregnant learners. Other pregnant learners approach the professional nurse on their own as they receive health education and counselling from members of the school health team.

During individual counselling of the pregnant learner, the professional nurse inquires about her parents, as well as her teachers who can be approached to provide social support for the pregnant learner. With the consent of the pregnant learner, the professional nurse then approaches her parents and the identified teachers in order to initiate individual communication with them as they are important role players in the social network required to provide social support to the pregnant learner.

The role of the professional nurse is to identify other stakeholders, such as professional nurses at the local PHC clinic where the pregnant learner will be referred for ANC, as well as relevant officials from the DoBE to initiate individual communications with them so that they are included in the social network that will provide social support to the pregnant learner. Initiating individual communication with professional nurses at the local PHC clinic and with relevant DoBE officials is a process that involves making appointments with them and later visiting them at their places of work.

During this phase, the professional nurse explains to stakeholders the role of a school health nurse in facilitating provision of social support for pregnant learners,

the teachers, the parents, and other stakeholders to pave the way for the formation of a social network. Social support, as defined in Chapter 4, means helping and encouraging, as well as the help and encouragement provided to people facing difficulties by other people they are living and connected with in the community, so that those receiving social support can succeed in achieving their goals. The roles of the school health nurse as indicated in the *Integrated School Health Policy 2012* document, include provision of health education and health promotion, health assessment and screening of learners, as well as provision of services such as treatment of minor conditions, referrals and provision of condoms and contraceptives for dual protection (Department of Basic Education & Department of Health 2012:12-16).

The professional nurse further explains to each of the role players how they can participate in the social network to provide social support to pregnant learners. Pregnant learners can participate in the social network by making their pregnancies known to their parents and teachers as soon as they become aware they are pregnant. Pregnant learners should not hide their pregnancy, wait for teachers and parents to discover on their own, or delay to divulge. After divulging their pregnancy to their parents and teachers, pregnant learners should be eager for assistance. Parents, on the other hand, can participate in the social network by making themselves approachable so that their pregnant daughters can divulge their pregnancy to them. Thereafter the parents inform the teachers about the pregnancy. Parents should also be willing to talk to the professional nurse about their pregnant daughters.

Teachers can participate in the social network by being open to talking to parents as well as being willing to receive information on how to relate with a pregnant learner. They should also show acceptance of pregnant learners by refraining from talking negatively about these learners. Professional nurses at the local PHC clinic can participate in the social network by being willing to accommodate pregnant learners when they come to the clinic for ANC. They can do this by arranging with pregnant learners to visit the clinic outside school hours, such as late afternoons or during weekends. Officials from the DoBE can participate in the social network by being willing to meet with the professional nurse and being willing to attend meetings with

the other members of the network where they can share information on how to support pregnant learners so that they continue attending school.

The aim of these individual meetings between the professional nurse and other stakeholders is ultimately to get buy-in of the stakeholders into a social network and provide them with a new beginning in which they can manage the presence of pregnant learners in secondary schools. The phase ends when the pregnant learner, her parents, teachers and other stakeholders individually understand the need to provide social support to pregnant learners through the formation of a social network.

6.8.6 Phase 2: Formation of a social network

During this phase, communication process continues and professional nurse engages the pregnant learner, her parents and the teachers, as well as the local PHC clinic professional nurses and the DoBE officials in order to form a social network.

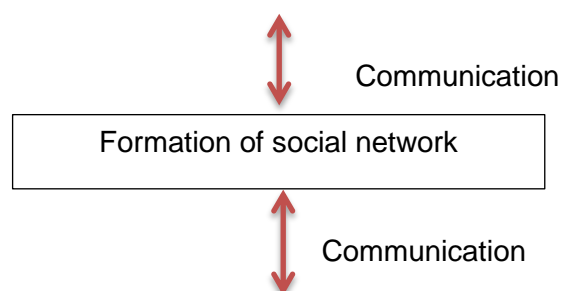


FIGURE 6.7: Formation of social network

Social network refers to the web of social relationships that surround individuals or linkages between people that provide social support (Heaney & Israel 2008:190). The professional nurses organise the training, seminars and workshops to make them aware of the needs of the pregnant learner. The pregnant learner, her parents and teachers, as well as the local PHC clinic professional nurses and the DoBE officials, form a social network by discussing the form of support that each one can provide to the pregnant learner while working together as a social network. Working together as a social network will enable the forms of support from the various members of the newly formed social network to be coordinated.

As the social network develops, the professional nurse plays a less dominant role and allows its members to take control of the process as they increasingly become knowledgeable. Members of the social network take control of the process by organising meetings where they plan and share information on how they can provide coordinated social support to the pregnant learner without waiting for the professional nurse to organise the meetings. The professional nurse continues to communicate with the social network members and the pregnant learner individually, but also as a social network. The professional nurse communicates with the pregnant learner during school health visits to find out if she is still participating in the formation of the social network and also to evaluate her health status. Constant telephone calls, emails and visits to individual members of the social network enables the professional nurse to find out if each member is still prepared to participate in the formation of the social network to provide social support to the pregnant learner. This is done as part of monitoring and evaluation of the process as well as to support and encourage members to form the social network.

The phase ends when the social network is formed into a recognised structure ready to provide social support to an anxious pregnant learner by individual members. A recognised structure is a school-based team whose purpose is to provide social support to pregnant learners. Members of this team are employed in various departments, but they meet at the school to support pregnant learners. The team is recognised by the Department of Health, the parents, and the DoBE as the structure available to provide social support to pregnant learners as well as school health teams to provide other components of the school health package.

6.8.7 Phase 3: The provision of social support

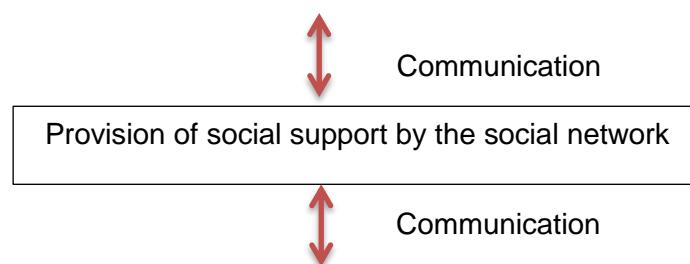


FIGURE 6.8: Provision of social support by the social network

Social support is defined in earlier as verbal and nonverbal communication between providers and recipients that reduces fears about a situation, and helps to enhance a perception of personal control in one's life. It is further defined as a network of family, friends, neighbours and community members that are available in times of need to give psychological, physical and financial assistance (Mattson & Hall 2011:182-184). The social network that is available to provide social support to a pregnant learner in her time of need consists of parents, teachers, professional nurses and officials from the DoBE. During this phase members of the social network provide social support to a pregnant learner as described below.

The professional nurse, as the agent and the leader of the school health team which visits secondary schools, provides counselling to a pregnant learner and encourages her to belong to and communicate her needs and concerns openly to the social network. The professional nurse further provides information and coordinates the actions of the members of the social network. Professional nurses at the local PHC clinic support a pregnant learner by, during her first ANC visit, planning her subsequent ANC visits outside school hours so that she does not miss her classes. They should also provide her with a letter or official note indicating to teachers at school that the pregnant learner has been to the ANC clinic and the date of her next visit.

The parents provide emotional support to the pregnant learner at home by showing acceptance of her unplanned pregnancy and by refraining from showing her anger and blame for being pregnant. They provide physical and financial support to the pregnant learner by buying her loose-fitting school uniforms and arranging for her transport to the local clinic for ANC and delivery. Supportive parents should also continue to pay school fees for their pregnant daughters and protect them against negative remarks from members of the community. They further communicate openly with the professional nurse and the teachers about their daughter's pregnancy. This is done to support her to continue attending school and in the end deliver a healthy baby.

Teachers, as members of the social network, also provide emotional support to the pregnant learner at school by showing her acceptance and by encouraging her to

continue attending school and openly expressing her needs. They support her by being willing to accommodate her at school and by being considerate of her pregnancy status during times of physical activity. They should also provide her with educational support on the lessons she had missed while attending ANC. Supportive teachers protect pregnant learners from sarcastic remarks by other teachers and learners at school. Teachers should also communicate with DoBE officials, the parents and the professional nurse about the pregnant learner. The DoBE officials can support pregnant learners by acknowledging the existence of pregnancy among learners, by empowering teachers to manage learner pregnancy, and by making the infrastructure of the school supportive to the health of all learners generally, and in particular, to those who are pregnant.

The pregnant learner as the recipient and member of the social network submits herself to the support offered by the social network. She communicates her needs openly to the professional nurse, her parents and the teachers and, as a result, she gets social support. The pregnant learner becomes content as her goals of remaining in school to acquire an education and of delivering a healthy child, will be achieved.

In Phase 1, the pregnant learner was anxious but filled with hope of achieving her goals, and in Phase 3 she is pleased as she is receiving the necessary support to achieve those objectives. This phase ends with an empowered pregnant learner who belongs to a social network. She is empowered to access ANC services while continuing to attend school. Social support, as Mattson and Hall (2011:182-184) indicates, improves coping, esteem and belonging. Facilitation, as mentioned in Chapter 4, is an empowering process and, as such, the outcome of this model is an empowered pregnant learner as well as empowered members of the social network.

6.8.8 Outcome

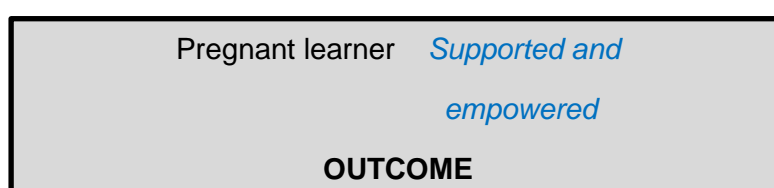


FIGURE 6.9: Outcome

The outcome is a pregnant learner who is supported and empowered. The pregnant learner shows characteristics of empowerment that, according to Hermansson and Martensson (2011:815) and Holmstrong and Roing (2010:170) include: improved coping, a sense of control over life, an increased sense of hope, self-esteem, improved quality of life and positive outcome.

6.9 EVALUATION OF THE MODEL

This model was submitted to a panel of experts made up of five professional nurses with a responsibility to provide school health services, two teachers and two academics for evaluation using the steps suggested by Chinn and Kramer (2011:234-248) as discussed below. All five professional nurses hold nursing degrees and were pursuing postgraduate studies in public health. The two teachers were employed at a school which participated in the Safe and Caring Child-Friendly Schools Programme and were members of a committee that was implementing the project. The Safe and Caring Child-Friendly Schools Programme addresses learner pregnancy, amongst others (UNICEF South Africa 2009:20). Those teachers had been participating in the project for more than five years and had attended some workshops on learner pregnancy. The two academics hold doctoral degrees and were professors of nursing with knowledge and experience of model development. Both were senior lecturers with expertise in qualitative research methods and had supervised many masters and doctoral students.

6.9.1 How clear is this model?

This question addresses the clarity and consistency of the presentation of the model. All the members of the panel agreed that the model was clear. A professional nurse said: *“The model is clear in a sense that it states where the initiation of social support will start and how it will be facilitated to reach an outcome”*. A teacher added: *“The model is so clear because it highlights every stakeholder’s responsibility in supporting the pregnant learners so that they could gain their confidence and learn effectively”*. The two academics indicated that major concepts in the model were clearly defined and formed clear relationships that fitted well with the structure of the model. The assumptions and purpose of the model were found to be compatible with other

elements of the model. One of them said: *“The presentation of the model is consistent. The major concepts are clearly defined and the definitions are clear and coherent. Assumptions and purposes are compatible with other elements in the model. All the concepts and relationships fit within the structure of the model.”* One of the academics indicated that a concept such as social support was borrowed from social work discipline, but is used appropriately in this model. Members of the panel agreed that the diagram provided represented the overall structure of the model clearly, however, one of the academics said: *“The model looks upside down to me; I would put the agent and the recipient on top and the terminus or outcome at the bottom”*. The researcher finds it logical to put the agent and recipient at the bottom where the facilitation process begins while the outcome is on top indicating the end result of facilitation.

6.9.2 How simple is this model?

A simple model has fewer relationships while a complex one has numerous relationships between the concepts. One of the academics indicated that the model is simple as it contains only two relationships and five concepts by saying: *“Two relationship; with the pregnant learner and facilitation of social support. Organised in two-way arrows that indicates two-way communication and feedback”*. All members of the panel noted that the model is logical, simple and easy to follow as it clearly shows how the concepts relate to each other. An academic said: *“Model is not complicated but easy to follow elements, especially concepts and how they are related in an organised manner and model is easy to grasp”*. A professional nurse added: *“It is very understandable and the layman can also understand the context of the model”*

6.9.3 How general is this model?

A general model has a wide scope of application while a specific one has a narrow scope of implementation. All the professional nurses found the model to be general while one of the two teachers found it specific. A professional nurse who found the model general said: *“The model can be used in the whole country”*. Another added: *“It is very applicable to the current situation that is happening in schools with*

pregnant learners". A teacher who found it specific said: *"It is not general but specific because people in the social team with expertise will individually support the learner and the learner will be equipped from all their knowledge spearheaded by a qualified nurse"*. A general model is useful as it enables application in other disciplines. One of the two academics found the model to be general as it can be used by nurses, social workers and teachers in their professional practices by saying: *"Nurses, teachers and social workers can use it"*. The academic further indicated that the purpose of this model reflects a nursing outcome. Another suggested that this model can be used in the nursing profession and other health related professions by saying: *"This model can be used in the nursing profession and other health related professions. The purpose or purposes reflect nursing and other professions related to health"*.

6.9.4 How important is this model?

This question addresses the extent to which a model leads to valuable nursing goals in practice, research and education. One of the two academics indicated that the purpose of the model is important to nursing and is valuable to society. Another said: *"The model can be used at any level of care, be it in the clinic, hospital, community and at the Department of Health. The model can also be used or applied to nursing practice, nursing education, and administration and research. The purpose of this model is also important to the nursing profession. It can be utilised to achieve the goals of the nursing profession theoretically and practically"*. A teacher indicated that the model is important as it will help pregnant learners regain *their confidence and lead them to participate actively in learning activities* by saying: *"This model is so important as pregnant learners were receiving less attention and they were left to be on their own throughout their gestation period. So they will now receive proper, quality information from professional stakeholders, and as a result their confidence will be regained or restored and learning will be effective"*. The professional nurses found the model important as it will assist pregnant learners to continue attending school, ANC, and deliver in a health facility. These will lead to an educated and healthy mother of a healthy child. This is what the professional nurse said: *"The model is so important as it will improve and assist learners not to leave school because of stigmatization or lack of support. Teachers and parents will also*

understand the importance of supporting pregnant learners academically and socially. It also will assist teachers in understanding challenges undergone by pregnant learners. Nurses will also support in offering ANC services after school or even at school". Another professional nurse added: This is important to the learner because at the end of the day the learner will be able to accomplish two things at a time, that is a bright future in terms of academic and a healthy baby. And even the mother's health will not be in jeopardy". Parents and teachers will also know how to support pregnant learners while professional nurses at the local PHC clinics will understand why they should attend to pregnant learners during weekends or outside school hours so that these learners will not miss learning activities or forego their ANC appointments.

6.10 CONCLUSION

This chapter described a model to facilitate social support for pregnant learners attending secondary schools in Limpopo Province. The structure of the model, which is made of one structure with three phases, was described as well as the concepts and assumptions on which the model is based. The context and purpose were also described. Comments from a panel of experts who evaluated the model were pointed out. The researcher considered the comments from the panel of experts by making some changes to the model.

The next chapter will present conclusions of the phases of the study, the limitations, the significance of the model to practice, knowledge and policy as well as the recommendations for operationalization of the model in practice, education and research.

CHAPTER 7

CONCLUSIONS, SIGNIFICANCE, LIMITATIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

In Chapter 6 a full description of the model to facilitate social support for pregnant learners attending secondary schools in Limpopo Province was provided. The structure of the model was described as well as the concepts and assumptions on which the model is based. The context and purpose were also described. Comments from a panel of experts who evaluated the model were pointed out.

This chapter presents conclusions of the phases of the study, the limitations, and the significance of the model, as well as the recommendations for operationalization of the model in practice, education and research.

7.2 CONCLUSION OF THE PHASES OF THE STUDY

The aim of this study was to explore and describe the experiences of teachers, parents and learners regarding facilitation of health for pregnant learners and then to develop a model to facilitate social support for pregnant learners attending secondary schools in Limpopo Province in order to attain and maintain health for the mother and her newborn. The study had the following objectives, which were in line with its four phases:

1. To explore and describe the experiences of teachers, parents and secondary school learners regarding facilitation of health for pregnant learners attending secondary schools within the context of the Limpopo Province.
2. To identify and analyse the main concepts related to facilitation of health for pregnant learners that lead to the development of a conceptual framework for a model to facilitate social support for pregnant learners in secondary schools.

3. To develop and describe a model to facilitate social support for pregnant learners attending secondary schools in Limpopo Province.
4. To evaluate the model to facilitate social support for pregnant learners attending secondary schools in Limpopo Province.

The following description of the conclusions of the phases of the study will indicate whether the objectives mentioned above were met.

Phase 1: Exploration and description of the experiences of teachers, parents and secondary school learners regarding facilitation of health for pregnant learners attending secondary schools in Limpopo Province.

This phase is in line with the first objective and was achieved in Chapters 2 and 3 of the study. A qualitative, exploratory, descriptive and contextual theory generating study was conducted using semi-structured interviews to collect data from 25 participants: ten secondary school learners, ten teachers and five parents. Saturation of data determined the number of participants.

Six themes emerged from analysis of the data, and they were discussed with literature control in Chapter 3. The findings showed that there was no formal procedure in the secondary schools to inform teachers that learners were pregnant. Teachers discovered individually that learners were pregnant, and some were willing to support the pregnant learners, although they lacked the necessary skills and were afraid to make mistakes. That posed many dilemmas for the teachers in the secondary schools. Some parents who took part in the study felt that pregnant learners should be allowed to continue attending school while others felt pregnant learners should be expelled as punishment, as protection against harm, and to protect other learners who were not pregnant against the negative influence of pregnant learners. Parents were requested by the teachers to accompany their pregnant daughters to school and some parents felt that school health services should be re-energised to take the role of supporting pregnant learners during school hours. All the parents indicated that they were satisfied with the social support provided by teachers to their pregnant daughters.

Pregnancy amongst secondary school learners is a challenge to teachers, parents and pregnant learners regarding disclosure and offering social support for pregnant learners to continue attending school and remaining healthy. A model is therefore required to facilitate social support for pregnant learners when they inform their parents and teachers of their pregnancy, to facilitate communication between parents and teachers, and to enable pregnant learners to access pregnancy specific health care.

Phase 2: Identification and analysis of the main concepts related to facilitation of health in learner pregnancy which led to the development of a conceptual framework for a model to facilitate social support for pregnant learners in secondary schools.

Phase 2 corresponds with the second objective of the study and was achieved in Chapters 2 and 4. Facilitation of social support emerged as the main concept and other concepts related to it were identified. As suggested by Walker and Avant (2011:162), the identified concepts in facilitation of social support were defined separately to give their dictionary and contextual meanings. Facilitation was defined as an empowering process of enabling, furthering, promoting and easing actions by paving the way and oiling the wheels in order to speed up things while providing supportive efforts by showing ways to overcome barriers. Social support was defined as helping and encouraging, as well as the help and encouragement given to people facing difficulties by other people they are living and connected with in the community, so that those facing challenges can succeed in achieving their goals.

A list of defining attributes was generated for each concept and the lists were later synthesised to form a definition of facilitation of social support. Facilitation of social support was defined as the process of making it easy for a pregnant learner to receive help which is empowering and enabling, given and communicated by a network of teachers, parents, professional nurses and officials from the DoBE to which she belongs, in order to raise her esteem and increase her feelings of being competent to overcome challenges to access education and health services. A model case and a contrary case were constructed and described to clarify the meaning of the central concept facilitation of social support. Finally, related concepts

were identified and then classified by using a list suggested by Dickoff et al (1968:422-423).

Phase 3: Development, description and evaluation of a model to facilitate social support for pregnant learners attending secondary schools in Limpopo Province.

This phase was achieved in Chapters 2 and 5 and corresponds with the third and fourth objectives of the study. The model to facilitate social support for pregnant learners attending secondary schools in Limpopo Province was developed through the steps of theory generating, which are: concept identification and concept analysis, description of relationship statements, evaluation of the model, and formulation and description of guidelines for implementation of the model. The structure of the model, its purpose, context, concepts, nature of its relationships and assumptions were then described using the approach of Chinn and Kramer (2011:185-196). After that, it was submitted to a panel of experts for evaluation who agreed that the model was simple, clear, general and useful to nurses as well as to teachers and social workers in their professional practices to support pregnant learners to achieve education and deliver healthy babies.

7.3 SIGNIFICANCE OF THE MODEL

The model to facilitate social support for pregnant learners attending secondary schools in Limpopo Province is significant as it promotes participation of parents in the education of their children by making parents interact with the teachers. By making the formation of a social network necessary, the model promotes interaction between the role players in education to address learner pregnancy and can also be useful in addressing other challenges. The model will empower teachers and make their work environment more enjoyable by giving them skills related to the facilitation of social support for pregnant learners. Teachers and professional nurses will interact and learn from each other as the model makes it necessary for them to interact. One of the strengths of this model is that it is facilitated by a professional nurse, but it can also be facilitated by a teacher when a professional nurse is not available. The other strength of the model lies in the fact that it can be applied in the

whole country although it is based on research findings from Limpopo Province. This becomes possible as the findings are supported by literature from other provinces of South Africa.

7.4 LIMITATIONS

The first limitation of this study relates to the fact that data was collected from pregnant learners and teachers from three township schools in only one local municipality in Limpopo Province, although the researcher had permission to collect data from all secondary schools in the province. The number of secondary schools visited was limited by saturation of data. This has led to some experiences of participants from different secondary schools in the rural areas not being collected and remaining unknown.

The second limitation is that all the parents interviewed were employed full-time, and their experiences could be different from those of unemployed parents since employed parents spend less time with their daughters compared to parents who are not employed. Participants from other racial groups in the country were not reached; as such, their experiences remain unknown. Another limiting factor is that data was collected from pregnant learners attending public schools although there are some independent or privately owned schools in the province. Due to the difference in resources between public and independent schools, provision of social support to pregnant learners could be different in the schools. The last limitation has to do with the fact that the model has not been evaluated by being implemented in a practical situation, but it was submitted to a panel of experts for evaluation.

7.5 RECOMMENDATIONS

7.5.1 Guidelines to implement the model in practice

Recommendations for the model to facilitate social support for pregnant learners attending secondary schools in Limpopo Province are discussed regarding the possibility to implement the model in school health services. The discussion will follow the phases of the model.

7.5.1.1 Phase 1: Initiation of a social network

The professional nurse initiates individual communication with the pregnant learner leading to the identification and initiation of individual communication with other role players who are parents, teachers, local PHC nurses and officials from the DoBE. By using communication, which is one of the standards of nursing practice (Boykins 2014:40), the professional nurse invite the role players to form a social network. Once relationships with role players are built, the professional nurse should explain the role of a school health nurse in facilitating the provision of social support to pregnant learners to the individual role players to pave the way for the formation of a social network.

7.5.1.2 Phase 2: Formation of a social network

The professional nurse should organise information sessions to inform and unite role players and make them aware of available informative seminars and workshops. Each role player should become aware what to contribute and then commit to participating in a social network. The role players should begin to organise their meetings and share information on how the social network can provide social support to pregnant learners. The professional nurse should monitor and evaluate the process to form a social network and continue to support and encourage role players to form the social network.

7.5.1.3 Phase 3: The provision of social support

The social network should provide social support to pregnant learners so that they attain a level of health to enable them to continue attending school until they deliver healthy babies. The professional nurse should continue to counsel pregnant learners individually and encourage them to communicate their needs and concerns to members of the social network. The professional nurse should coordinate the forms of support that individual members of the social network provide these learners.

7.5.2 Recommendations for practice

The model to facilitate social support for pregnant learners attending secondary schools in Limpopo Province should be implemented in secondary schools to support pregnant learners continue with schooling and access health services. The model should also be implemented in primary schools as learner pregnancy is also affecting primary schools (Mashaba 2015; Moloto 2015). The school health services package should be expanded to include support to pregnant learners so that they can get ANC in the schools as suggested by some participants in the study. The model has the potential to promote cooperation between teachers, parents and professional nurses working at PHC facilities closer to schools. Professional nurses who provide school health services should encourage other professional nurses in PHC facilities to accommodate pregnant learners who attend ANC after hours and during the weekends. Teachers on the other hand should be willing to accommodate pregnant learners in the schools and should also cooperate with parents and professional nurses.

7.5.3 Recommendations for research

Based on the concern that implementation of the model will lead to an increase in learner pregnancy raised by the audience in a conference where the researcher presented a paper, it is recommended that research be conducted to establish if implementation of social support to pregnant learners will encourage other learners to fall pregnant. It is recommended that further research be conducted on how pregnant learners can contribute to efforts to prevent learner pregnancy in South Africa by sharing their experiences and motivating other learners not to fall pregnant. Research is also needed to explore the acceptability of training teachers on the health needs of pregnant learners as suggested by some participants in the study.

7.5.4 Recommendations for education

Professional nurses working in PHC and school health services, and teachers in primary and secondary schools in Limpopo Province should attend in-service education and seminars on the model to facilitate social support for pregnant

learners attending secondary schools in Limpopo Province. The model should be included in the curriculum for both nursing and teacher training in South Africa so that practitioners go into the field with knowledge.

7.6 CONCLUSION

This chapter provided a summary and conclusion of all the phases of the study and indicated how the objectives were met. It also discussed the limitations of the study as well as its strengths and weaknesses. Guidelines for the implementation of the model in practice were also provided. The chapter also made recommendations for education, practice and research.

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ANNEXURE A

Ethical clearance from the Department of Health Studies at UNISA



**UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE**

HS HDC/185/2013

Date: 29 May 2013 Student No: 803-903-8
Project Title: A model for the facilitation of health for pregnant learners attending secondary schools in Limpopo Province.
Researcher: Sogo France Matlala
Degree: D Litt et Phil Code: DPCHS04
Supervisor: Dr AGW Nolte
Qualification: D Litt et Phil
Joint Supervisor: Dr MA Temane

DECISION OF COMMITTEE

Approved



Conditionally Approved



Prof L Roets
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE

Prof MM Moleki
ACTING ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

ANNEXURE B

Application to Limpopo Department of Education to get permission to collect data from selected schools

Matlala SF
74 Marshall Street
Polokwane
0699
14 June 2013

The Head of Department
Limpopo Department of Basic Education
Private X
Polokwane
0700

Dear Sir / Madam

Permission to collect data from selected secondary schools in Limpopo Province

I am Sogo France Matlala; a PhD student at the University of South Africa (UNISA) conducting research entitled "*A model for the facilitation of health for pregnant learners in South Africa*" under the supervision of Prof Anna Nolte and Dr Annie Temane. I hereby request permission to collect data for my study at selected secondary schools in the Limpopo province. The aim of the study is firstly to determine the experiences of educators, parents and learners regarding facilitation of health for pregnant learners within the context of the Limpopo province and secondly to develop a model to facilitate health on a continuum of care approach, for pregnant learners attending secondary schools in South Africa. The central question that will guide the study will be: "What are the experiences of educators, parents and learners regarding the health of pregnant learners and what can be

done to facilitate health for pregnant learners attending secondary schools in South Africa?”

Semi-structured individual interviews will be conducted with the prospective participants. Data of the study will be kept under lock and key in a steel cabinet in my office. This data will be kept till the end of study and after it has been published. Appointment will be made in advance with prospective participants who will be required to give informed consent to participate. Data from semi-structured interviews will be audio-taped and transcribed verbatim in preparation of data analysis.

I will respect the rights of participants and will inform them of their right to:

- Give informed consent in writing to participate in this study. Withdraw from the study at any time if they so wished.
- Confidentiality and anonymity and privacy.
- Ask questions and clarification from the researcher

I will respect all human rights enshrined in the constitution of this country. No risks or discomfort are envisaged in participating in the study. The study will benefit the province to assist in facilitation of health for pregnant learners. I have obtained and attached an ethical clearance from the Research and Ethics committee of UNISA.

I shall execute the study in strict accordance with the approved proposal requirements of the ethics policy of UNISA, and trust that my application will be favourably considered.

Yours faithfully

Mr Matlala Sogo France

Student Number: 803 903 8

Cell: 084 696 7705

E-mail: 8039038@mylife.unisa.ac.za

ANNEXURE C

Permission from Limpopo Department of Education to collect data from selected schools.



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF EDUCATION

Enquiries: Dr. Makola MC, Tel No: 015 290 9448, E-mail: MakolaMC@edu.limpopo.gov.za.

74 MARSHALL STREET

POLOKWANE

0669

RE: Request for permission to Conduct Research

1. The above bears reference.
2. The Department wishes to inform you that your request to conduct a research has been approved. **TITLE: A MODEL FOR THE FACILITATION OF HEALTH FOR PREGNANT LEARNERS IN SOUTH AFRICA.**
3. The following conditions should be considered
 - 3.1 The research should not have any financial implications for Limpopo Department of Education.
 - 3.2 Arrangements should be made with both the Circuit Offices and the schools concerned.
 - 3.3 The conduct of research should not anyhow disrupt the academic programs at the schools.
 - 3.4 The research should not be conducted during the time of Examinations especially the forth term.
 - 3.5 During the study, the research ethics should be practiced, in particular the principle of voluntary participation (the people involved should be respected).
 - 3.6 Upon completion of research study, the researcher shall share the final product of the research with the Department.
4. Furthermore, you are expected to produce this letter at Schools/ Offices where you intend conducting your research as an evidence that you are permitted to conduct the research.

Page 1 of 2

Cnr. 113 Biccard & 24 Excelsior Street, POLOKWANE, 0700, Private Bag X9489, POLOKWANE, 0700
Tel: 015 290 7600, Fax: 015 297 6920/4220/4494

The heartland of southern Africa - development is about people!

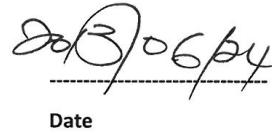
5. The department appreciates the contribution that you wish to make and wishes you success in your investigation.

Best wishes.



Thamaga MJ

Head of Department



Date

ANNEXURE D

Request for informed consent for the participants to participate in the study voluntarily

74 Marshall Street

Polokwane

0699

Enquiries: Matlala SF

Tel: 015 268 3404

Fax: 015268 3384

Cell: 084 696 7705

e-mail: 8039038@mylife.unisa.ac.za

Dear Sir / Madam

Request for your participation in the study

I am a PhD student at the University of South Africa (UNISA) and I hereby request your participation in the study. The topic of my research is: *A model for the facilitation of health for pregnant learners attending secondary schools in South Africa.*

The researcher is: Mr Matlala Sogo France

It is important to participate in this study by taking part in a semi-structured interview where you will share your experiences and suggestions on the facilitation of health for pregnant learners attending secondary schools. The semi-structure interview will be audio taped and will take about 60 minutes of your time. Please do not mention your real name during the interview as this is going to be tape recorded. There is no harm involved in participating in the study and you will not be compensated as well.

The researchers' contact details are:

Tel: 015 268 3404

Fax: 015 268 3384

Cell: 084 696 7705

Email address: 8039038@mylife.unisa.ac.za

I will appreciate your participation in this study.

Matlala SF

Student Number: 803 903 8.

ANNEXURE E

Informed consent for the participants to participate in the study voluntarily

CONSENT TO PARTICIPATE IN THE STUDY

I understand that I have been requested to participate in a research study at the local secondary school. The study aims to determine the experiences of educators, parents and learners regarding facilitation of health for pregnant learners within the context of the Limpopo province and then develop a model to facilitate health on a continuum of care approach, for pregnant learners attending secondary schools in South Africa. Should I agree to participate, it will take about 60 minutes to participate in a semi-structured interview.

I am aware that participation in this study is voluntary. I may withdraw my participation at any time I feel like. I also understand that the data will be kept confidential between the researcher and the promoters/supervisors. However, the result of this study would be published in journals and the thesis would be available in the university library.

I am also aware that there is no compensation for participating in this study.

The purpose of the study has been explained to me. I have read and understood the information contained in this consent form. All my questions have been answered and I agree/disagree to participate in the semi-structured interview.

Signature of participant

Date

Signature of the researcher

Date

ANNEXURE F

Sample transcript of semi-structured interview with teachers

Researcher	What are your experiences of having a pregnant learner in your school?	Coding
Participant:	Eh... Basically my experience eh...is not a positive one eh, with the following reasons that... I am teaching life sciences and we in class most of the time we do practical work and with them practically it is not easy, for an example when we use the apparatus , for an example where we have to use the chemicals, some of them will be complaining of the smell that is bad and whatever.... again I am teaching the creative art in lower grades, the Grade 8, so we have to do the warm-ups every day, before each and every lessons and some of the warm-ups are not ideal for pregnant girls.	
Researcher	What kind of warm-ups?	
Participant	The body warm-ups, so we have to kneel, turn our bodies sideways, and its compulsory, we have to do that every lesson just like now I am from class we have done that. So with the pregnant once you find that they become moody because other learners will be laughing at them, looking at them and they don't appreciate that and as a result I have to treat them differently.	
Researcher:	Normally how do you treat them differently?	
Participant	I will just tell them that they mustn't do anything that they uncomfortable with. I had one learner but she had left in that grade who was not comfortable with the body warm-ups and I just told her do whatever you are comfortable with and the rest don't do them. So sometimes when we have lessons outside the classroom she does not even come so I don't have to	

	tell her to come because I do understand. So at the end, I am not treating learners the same, so it is disturbing.	
Researcher	You mentioned something like people not comfortable with the smell of chemicals.	
Participant	Yes, I am talking about pregnant learners.	
Researcher	So other learners don't have a problem?	
Participant	No, they don't have the problem and every time before I start with the lessons I have to ask them if they are comfortable with what we are doing, you see it's disturbing. It's really disturbing, sometimes they are moody, they just don't want to do the experiments and then they will just say I am not comfortable with that.	
Researcher	And then when you ask them how they feel, do you ask them in front of others or...?	
Participant	Usually I don't say that those who are pregnant, or you because you are pregnant, I will just say, if there is anyone who is not comfortable with this, and then they just say they are not comfortable. Sometimes when we get to the laboratory they just stay in class.	
Researcher	But let's say there is no one who is pregnant in class, you won't ask such a question?	
Participant	No I do, some have those chemicals have got bad smell or what, I have to ask because some have got bronchitis or asthma or, whatever, but those who have got bronchitis or asthma, they don't complain like the pregnant once.	
Researcher	Normally when you have a pregnant learner, how do you become aware that this learner is pregnant?	
Participant	Eh, most of the time I am not aware until it shows. Because, the parents, I don't know if the parents	

	know or they don't know because they don't report.	
Researcher	Oh, parents don't report. So once you become aware, what do you do now?	
Participant	We report it to the principal and then he is the one who will be communicating with the parents concerning that.	
Researcher	So the school reports to parents, when the learner is pregnant?	
Participant	They call the parent, and ask the parent if he is aware, and also tell the parent what our expectations are with that learner.	
Researcher	Normally what are the expectations of the school?	
Participant	That during the last months, I think is from the 8 th month, I think is from the 8th month, parents have for an example, when they are writing examination, the parent must be available...must come to school because anything can happen at that time.	
Researcher	Do they come every day?	
Participant	Yes, as long as the learner is in class	
Researcher	Are you saying they come in the morning and spend the whole day here?	
Participant	Uh huh (yes...), they stay in the office, in the principal's office for emergencies. But it happened once and others just withdraw their kids until they have delivered and then they send their child back to school.	
Researcher	Normally how long after delivery...?	
Participant	A week after delivery, and then like now we have got one though I am not teaching that one. She is staying with the grandmother, so the grandmother withdrew her.	
Researcher:	Why do you think they...?	
Participant	Because they are avoiding to come to school.	

	Because anything can happen and we are not allowed to help her, them. (laugh) because if complications do happen, you have to account.	
Researcher:	Is it being not allowed or not being competent...or?	
Participant	Yah (yes), not competent, for not being competent, then we are not allowed.	
Researcher:	By...?	
Participant:	By the policy. That is the policy.	
Researcher	So now, what would you suggest now should happen in terms of that this learners remain healthy and they attend school until they deliver a healthy baby?	
Participant	What we do here at school is that they must bring the clinic card to the office, they should report so that they principal must be aware that the child is healthy. And then I don't know if in other cases if they don't do that. But I don't think they ever experienced that. What I heard is that they do bring the clinic card, that show that they are healthy and even indicates the exact months.	
Researcher	So the card is taken to the office of the principal.	
Participant	Yes, that is what I heard, though I did not see it. But I heard that they have to bring the clinic card.	
Researcher	But is the principal's office competent to read the card and understand what it says?	
Participant	Well I don't know because I can't (laughs). I think he is just trying to regulate, because should there be a problem, I think they will tell the learner and the learner will not come to school. I just think it's just a matter of regulation.	
Researcher	But did you have any experience where the learner has some complications or delivers in the school premises?	
Participant	No. I think because of the precautionary measures	

	we have taken, then that is why maybe we have never experienced that.	
Researcher	Don't you anticipate cases of... the so called pre-mature delivery, where they will deliver at the 6 th ..., 7 th month?	
Participant	We do, that is our fear, I have got that fear, really, and honestly I have got that fear because anything can happen.	
Researcher	More especially because they are still young.	
Participant	Yes, another problem is that some of the parents are not even aware that their children are pregnant.	
Researcher	Until the school informs them?	
Participant	Yes. We have got cases where the parent... where the learner had to tell the parents because the principal said she must come with the parent because we wanted to ask them if they know that the learner is pregnant because we are experiencing something different from her.	
Researcher	So did you say you become aware by just seeing, the parents don't report?	
Participant:	No. some parents, most of the parents, even when they know they don't report it.	
Researcher:	They just say... allow the kid to come to school?	
Participant	Yes. Because they just say the government said they must come the school.	
Researcher	So what do you suggest should be the practice, in terms of making sure that they remain healthy and attend school?	
Participant	Remaining healthy I cannot say...I don't think it can be guaranteed with pregnancy...that cannot be guaranteed. Because anything can happen anytime beyond medical expectations or the doctor being aware. I don't think er....anything can happen	

	anytime.	
Researcher	But in terms of the school being competent, to deal with pregnancy now, what do you suggest? Like for instance now you are saying you are afraid they may deliver even before the eighth month, what do you think should be in place to make sure that nobody is afraid, everybody is comfortable to say whatever happens we can handle it?	
Participant	I just don't think they should come to school being pregnant, honestly, I don't think they should come to school being pregnant.	
Researcher	Why?	
Participant	Because eh...if I compare today and our days, we were not allowed to come to school being pregnant, and most of the learners won't let themselves be pregnant. They will take precautionary measures not to be pregnant. But today because they know they will just come to school, they just let themselves pregnant. And I think that is a motivation in some way because they know they are going to get money...and they will be coming to school. And to me is even morally wrong.	
Researcher	But I think one reason they are allowed to come is because pregnancy disadvantages the girl child only and the boys... they continue schooling. That is why they say, no, allow them.	
Participant	But I think if they do come to school after delivery the following year its fine. They are not being disadvantaged.	
Researcher	But what about the same year, I mean if they become pregnant this year and then they deliver and come back.	
Participant	After nine months being at home?	

Researcher	No, let's say they attend school until ...	
Participant	I am against that attending school being pregnant. Because...we anticipate a lot of things...	
Researcher	So your suggestion is that	
Participant	And another thing is that they are not even active in class. Most of them do fail. And they fail.... below my expectations.	
Researcher	It's because of what?	
Participant	Because some are shy, and are shy even to even come and ask because they think we don't appreciate them if they are pregnant but we cannot just give them a special attention. We just have to treat them like other children. And then another thing is that they feel humiliated among their peer. Because most of the time, they are obliged to put on the school uniform and then the skirts or the pants are tight and they are just funny. They don't have confidence. So that thing contributes towards their studies, a lot. And every time, other learners are staring and no one will have confidence when other people keep on staring at you.	
Researcher	But beside staring what else do they do...say?	
Participant	I don't think they say anything negative, I don't think so. Not now. They are used to them because there are a lot of them. So...the thing is that they don't have confidence.	
Researcher	But what about giving them a special attention?	
Researcher:	No. I cannot give them a special attention personally...	
Researcher	Not you personally, but the school because schools now allow them to attend.	
Participant	By the way it's not the school that allows them but it is the policy that allows them. Personally I am against	

	<p>that because it will be, in my understanding, a motivation. Because they will be treated special and I think even those who are not pregnant they won't see any reason they can't be pregnant. So, I am against that. Since even I am against the thing that they must come to school. Honestly, honestly, because they will have to stay at home they will come back another year, the following year. And that in a way will prevent them from being pregnant. Because they will have to move with their peer cohort, so as a result that will make them think otherwise.</p>	
Researcher	<p>Is there anything you want to say about this issue of leaner pregnancy and how we can keep them in school and keep them healthy at the same time? Because the argument from the department is that if you expel them from school, you are disadvantaging girls only, not boys, because it is the girl who gets pregnant. The boy continues with the education but the girl is expelled.</p>	
Participant	<p>Keeping them at school and keeping them healthy while pregnant. Ah, I do understand that and I am aware. But the thing is...sometime you may find that, because, they are still immature, sometimes they may not be aware who the father is. Like, there are those cases, some are being abused and they become pregnant because they are sexually abused, they could just be told say it is so and so..., so taking out the boy as well might be true or not true, so that is why I don't think it could work because if the boy says it's not me, the Department of Education can be sued should they tell the boy to stay at home and only to find out later that the boy was, is not the father. So I think that one is very delicate.</p>	

Researcher	Thank you for the information you provided.	
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ANNEXURE G

Sample transcript of semi-structured interview with parents

Researcher	How was your interaction with the school when your daughter was pregnant?	Coding
Participant	The issue itself was a bit difficult when I realised she was pregnant and still continuing to go to school and they discovered at school that she was pregnant...	
Researcher	They discovered? Wasn't it that you told them?	
Participant	They discovered themselves, so when I went to inform her LO teacher she told me they discovered already that she was pregnant. The teacher said I should not make her drop out of school, she said I should leave her to come to school. When that teacher does not see my daughter at school for some days she will call me, when she doesn't see her for about 2 day she will call me and ask where my daughter is. Then I would respond and inform the teacher about my daughter's condition. Then time went on but it was difficult for me and I did not feel comfortable wherever I was as I was afraid something might happen to her while at school.	
Researcher	Did the teachers ever say to you whatever happens to her while at school is not our business?	
Participant	That one they never mentioned	
Researcher	And did they ever say don't worry she is in good hands?	
Participant	Yes that one they mentioned.... this LO teacher said leave her to continue coming to school and if anything wrong happens we know that we have to call the ambulance is we are closer to the hospital and please do not stop her from coming to school. Then she continued attending until the June exams,	

	she delivered on the 9 th in the middle of the exams. Then she spends a week.....	
Researcher	That day was she writing or not?	
Participant	It was on a Saturday and it was late when labour pains started and she had written on a Thursday before and she had no problems. Labour pains started late Saturday afternoon and I had gone to work. I was always feeling uneasy whenever I leave the house so I loaded her airtime and told her to call me whenever there is a problem. I got delayed at work and she started calling me saying she has abdominal pains. I then phoned my cousin to go and be with her as I was far from home at that time. My cousin took her to the hospital and I went to see her at the hospital before I could go home. She delivered early Sunday morning and that week exam was still running. She was supposed to write Physical Science on Tuesday and she was unable, and that week ended, then Friday morning I went to school and told the principal that I came to request that my daughter be allowed to continue with examination on the remaining subjects. Then the principal said he will call the examination committee and will explain to the committee that the child's parent came and so forth and so forth.... I waited at the school and the principal called the exam committee, they discussed and did not have a problem with the request. The principal came back to me and informed me that the committee said she can continue with the exam. He asked when will she be able to come and I said she will come next week Tuesday. That week the LO teacher called me and asked where my daughter was and I answered by	

	saying she had a baby on Sunday and that I reported to the school and she will come to write on Tuesday next week	
Researcher	Allow me to interrupt you.... Is it the LO teacher amongst all the teachers who seemed concerned about your daughter?	
Participant	No...also the principal, it is the principal who sometimes send some physical science pamphlets.	
Researcher	Is the principal a male or a female?	
Participant	A male	
Researcher	What do you think could be reason for the principal to be so concerned about your daughter?	
Participant	I think it was because the principal was aware that my daughter was eager to learn, she participates actively in class....eh. Do you understand? Eh, eh. I think that is why the principal was concerned about her.	
Researcher	While she was still pregnant and attending school, was there anything the teachers were telling her like go to the clinic and so forth or were they making some of the things light for her or were they saying you are a learner and do like other learners?	
Participant	No they did not say to her you are a learner just like other learners. When she missed classes due to going to the clinic they would tell her what lessons she has missed and assist her to catch up.	
Researcher	So they understood that she had to attend the clinic?	
Participant	Yes they did but there was this one teacher who had an attitude and one day spoke in class negatively about my daughter when she was absent and attending the clinic. And the day she came back	

	<p>other learners told he what the teacher said about her and she came home to tell me. I then went to the school and asked the principal that I wanted to see a particular teacher. The principal asked me what the teacher did and I told him what he did and I asked him that he should allow me to face that teacher. I then confronted that teacher and told him to that if he sees my daughter doing something wrong he should call her aside and tell her, rather than talking behind her back. I further told him to focus on teaching, and that if he has finished what he was teaching he should leave the class. Then the principal also reprimanded him and told him that it is wrong to talk about another learner when she is absent from the class, he further told that teacher to be careful of what he says in class as other learners may assume that he is referring to a particular learner like they told my daughter that a particular teacher was talking about her. Now after delivery she went to school when they reopened and attended the first week only, now she has a problem of who will she leave her baby with when she goes to school, she does not trust the people I have requested to take care of her baby.</p>	
Researcher	<p>What I would like to understand is about this policy or practice that says pregnant learners should not be expelled from school, how do you feel about it?</p>	
Participant	<p>Eish err....</p>	
Researcher:	<p>Because in the past when you were pregnant they would expel you from school and now they say you should allow them to continue with schooling</p>	
Participant	<p>For me er... my point of view... I don't find it right because if one is pregnant, many things... at times</p>	

	one is pregnant and is not aware or not sure about counting of dates and they did not tell her how far she is.... So many things can happen. When one is pregnant there are some complications and so it is to give the school a burden. We are burdening the schools with our pregnant children	
Researcher	So you feel the school cannot handle complications?	
Participant	It cannot and will never be able to naturally.... Let's say labour starts while the child is at school and the baby has to be born, people experience labour differently. What if the learner is in labour and keeps quite (does not report) and keeps walking to the toilet and back until it reaches a time where..., before a person delivers many things happen, there is breaking of waters. Will the water break in the classroom, who is going to clean the mess? And should she deliver..... If a person delivers there are many things needed..... Health wise clothes must be worn; there should be scissors for cutting and things to tie and so forth including handling. By the time they reach the hospital... will they use newspapers to wrap the baby? Or will they wrap the baby with her school uniform?	
Researcher	So you feel the school environment is not conducive to....	
Participant	It is not good for a pregnant person... and it has never been and it will never be.	
Researcher	So what is your suggestion for pregnant learners?	
Participant	I am saying when a learner falls pregnant she should be disciplined by saying she must stay home. Otherwise she will know that even if I fall pregnant I will continue with schooling, fall pregnant	

	again and even get social/child support grant. So they should stop them from attending school and make them stay at home... they will come back once they have delivered.	
Researcher	So generally how would you say your child's health was facilitated when she was pregnant?	
Participant:	My child was given good care but as a parent I did not feel comfortable, I was always unsettled wherever I was. As I woman you fell unsettled, you ask yourself about the distance from school to the house, you are worried, worried, always worried that something can happen.. It is that you are always worried, worried, worried. You ask yourself..... so I feel they should stay at home. The first stages are dangerous... dizziness, vomiting, and all such things	
Researcher	So how do you think such things will interfere with schooling?	
Participant	When she start vomiting there it becomes an issue	
Researcher	So do you think educators may not know how to handle her?	
Participant	They may not have time for that, special time and then tomorrow we then see them as uncaring people. I am saying a pregnant person belongs to the hospital... even when one is at home she will go to the hospital whenever she feels unwell.	
Researcher	Thank you	

ANNEXURE H

Sample transcript of semi-structured interview with learners

Researcher	Tell me about your experience of being pregnant while at school.	Coding
Participant	At first eh... it was not good because eh... my classmates were criticising me asking me why did I fall pregnant at this age. And then after some several months it became good because my class teacher used to advise me.	
Researcher	How did the class teacher advised you. What advise...?	
Participant	He said that I must always eat healthy food, exercise and follow my clinic, attendance.., appointments. So I did that. Even the principal was good because at first he was like someone I wasn't used to, wasn't free talking to him because of my behaviour, I was a naughty girl. Then he advised me, he asked me if the father was around, if he would be able to take care of the baby. And also asked me to bring my parents at school so that he could talk to them. So he then.., I told my parents and they came. He asked them if they could get someone to look after me while I am at school because anytime I could deliver. So my mother referred him to my sister, then my sister came. She sat with me here at school, then after some few months I delivered, a baby boy.	
Researcher	So, your sister was accompanying you to school?	
Participant	Yes,	
Researcher	Where would she wait while you are in class?	
Participant	Under the tree there with grandpa..... the security....	
Researcher	So, every day she will accompany you to school?	

Participant	Yes, every day,	
Researcher	Until after school?	
Participant	Yes, at 07h30 until half past one	
Researcher	Ok, what was the purpose of her coming here?	
Participant	For in case I may, I may deliver, if I... may have the pains so that that she can get help from maybe someone at home because she knows everyone. Because the principal said he cannot eh, attend us all the time...	
Researcher	And then when you were in class or when you were expected to participate in activities, how did you experience that?, like learners would do physical exercises and so forth, or move from one class to the other exchanging periods, how did you feel when	
Participant	It was not that hard because I am used to my class mates they like to (inaudible) me and staff, so even if they tease me, I was used to that.	
Researcher	But did you say sometimes they teased you?	
Participant	Yes, they were	
Researcher	And then in terms of physical activities, when learners were doing them, were you also doing them?	
Participant	Some, the easy once, not the hard once	
Researcher	And then the hard once, how did you..., who told you not to do them?	
Participant	My class teacher, the LO teacher told me that I must not to do them, because I might harm the baby...in some way, so I didn't participate. But now I did them because after....after giving birth...	
Researcher	And then eh, you attended school until when?	
Participant	Until my 9 th month	
Researcher	And then you ...you left, delivered today and came	

	back to school?	
Participant	No, I delivered this week on Wednesday and then the following week on Monday I came back.	
Researcher	But you delivered on a Wednesday neh, on Tuesday you were at school?	
Participant	No, I didn't come to school, I went to the clinic for my follow up on Sunday and then the nurse referred me to the hospital and gave me a letter. So I went there and they told me that I can no longer go to school.	
Researcher	And but on Friday you were at school?	
Participant	Yes, on Friday I was at school and then on Sunday I went to the clinic.	
Researcher	So it means you attended school until you deliver	
Participant	Yes	
Researcher	You didn't have to take a leave,	
Participant	No.	
Researcher	Was it because you did not want to or you were still comfortable or what?	
Participant	I was still comfortable at school	
Researcher	Ok...so what do you suggest now should happen with pregnant learners so, what should be there in the school to make the comfortable all the time? Or are you happy with the way things are?	
Participant	Yes they are, they should at least tell the learners not to tease them, because if you are teased being pregnant at school is not good. Because some of the learners will tease you, you find that you are depressed and sometimes you don't know if you are fit to be in that school or maybe you should stay at home until you give birth.	
Researcher	But who makes the other people at school aware that you are pregnant. Who makes the teachers	

	aware, who makes the learners aware that you are pregnant? Or how do they know that you are pregnant? How do the principal, the teachers know, how do other learners know?	
Participant	The principal just saw me, I don't know how; but he came to my class and asked for me and he asked me if I am pregnant. Then... I asked myself that how could he ask me that because he is a man. Then I answered him I said yes. And he said to me that I must bring my parents. I said it is ok, there is no problem. So it was.... By that time my tummy was already showing. It showed after a long so.	
Researcher	So you didn't go and tell themYou didn't even tell your teacher, the principal and then your parents, did you tell them I am pregnant?	
Participant	Yes, I told my mother,	
Researcher	But then the issue of telling the school? The parents did not decide to tell the school?	
Participant	No	
Researcher	You did not tell the school?	
Participant	No	
Researcher	But the school said you must bring the parents?	
Participant	Yes, after telling them that I am pregnant.	
Researcher	So, why didn't you decide to tell the school?	
Participant	I didn't think it was necessary to tell the school	
Researcher	So you thought it was not their business?	
Participant	Yes, it was my business.....I will deal with them and come back to school	
Researcher	Ok, the issue of you continuing to attend, you didn't think it will interfere with your schooling, with how they would want to run the school...?	
Participant	No because many learners were pregnant, but they never ask their parent, and I was so shocked that	

	why could the principal ask for my parents, is it because I am naughty or....I didn't know what was happening, but he asked for my parents but other learners' parents I never saw them.	
Researcher	So you thought it was only you?	
Participant	Yes it was only me.	
Researcher	So it is not the practice of the school?	
Participant	No,	
Researcher	Or maybe they came you didn't see them?	
Participant	No, they didn't come.....I am always at the gate, when someone enters I could see that this person is not always at the school....so I didn't see anything, so I even asked my friends why most of the girls at school are pregnant but I never saw their parents. Then the other friend of mine said it is because are naughty, so I think that is why the principal has asked for your parents.	
Researcher	Now what would you suggest should be done by the school, Department of education, to make sure that pregnant learners are taken care of at school, what do you suggest. If you had powers to make laws and rules, which rules would you make to make sure that pregnant learners are taken care of.	
Participant	I think they should call someone to look after them,	
Researcher	They should call the third person?	
Participant	Yes, because it is important. They don't know when you will deliver, the doctor might say you will deliver on the, maybe on the 11 th but never deliver and wait until maybe the 19 th then you deliver 'cause I, my doctor said I will deliver on the 2 nd of April but I delivered on the 16 th of April	
Researcher	You are saying somebody should accompany you to school?	

Participant	Yes, so that if a mistake happen that person assist her	
Researcher	Assist her to deliver?	
Participant	No, not to assist her to deliver. Maybe to take her to the hospital, nearest hospital, because the principal told me he is not eh, he won't do that because it is interfering with his work.	
Researcher	So, nobody at school you think is competent to assist with delivery	
Participant	No, because they said that no one at school will assist to deliver a baby. So maybe someone from your family should accompany you to school.	
Researcher	But now if you had the powers to make rules, which rules would you make related to pregnant learners attending school? Imagine you had powers	
Participant	They should come to school, pregnant learners, but when they are 8 months pregnant, they should stop coming to school. Because the 9 th month is approaching, we don't know what might happen at that time.	
Researcher	But something can happen even before 9 months. Are you aware that at 7 months, 8 months something can happen?	
Participant	Yes, but in the school they said at 8 months someone must accompany you, not 7 months....	
Researcher	How do they know that you are at 8 months because you hide your pregnancy and so forth?	
Participant	They just ask and you might even lie and say you are 8 months even though you are 7 or 8 so that no one is coming to school.	
Researcher	So then if that is the case, what do you suggest?	
Participant	They must also ask for eh.....eh... clinic card to see if you are really telling the truth	

Researcher	Can they read it?, are you sure they can read and understand it?, is it written in simple language and do they understand what is 7 months what is 8 months, what happens at 9 months?	
Participant	Yes, there is a line that shows that this is 8 months, this is 9 months then you go to the scale, to the baby and it shows that they attended to you.	
Researcher	But does it show when are you likely to give birth?	
Participant	Not the one from the clinic but from the doctors yes, it shows 'cause you can even do a sonar, yes it writes on the bottom there, on that, between this date and that date, she might deliver, then between this and this she can stay at home so that she can deliver....then you see when she is fit.	
Researcher	Thank you, is there anything you would like to add just in relation to pregnant learners attending school and wanting them to remain healthy?	
Participant	Yes. They should be free in school when they are pregnant because they shouldn't take anything into consideration what other people might say, because others could say because some might be hurtful because you can listen to them but don't take them serious otherwise you might start thinking of other things. Because I have many friends, most of them don't have babies. I don't give in to peer pressure. My best friend she had a miscarriage last year and now she has a baby who was delivered this Sunday.	
Researcher	So is she a learner as well here?	
Participant	Yes, they mustn't even, they mustn't take them into consideration otherwise you will do things that you will regret later, some like abortion, 'cause some will say why did you make a baby while you are still a	

	baby yourself...They don't know the responsibilities of caring for the baby.... Now I can see that, what the baby need... and it's nice to have a baby.	
Researcher	Thank you, thank you.	

ANNEXURE I

Confidentiality Agreement for Independent Coder

Research title: A model to facilitate social support for pregnant learners attending secondary in South Africa

- I understand that all the material I am asked to code is confidential
- I understand that the contents can only be discussed with the researcher.
- I will not keep any copies of the information nor allow third parties to access them.
- I will delete all transcripts and other relevant files from my computer after coding.

Independent Coder's signature: _____

Independent Coder's name: _____

Date: _____

Researcher's signature: _____

Researcher's name: _____

Date: _____

The Independent Coder will be given a copy of this form to retain for his/her records

ANNEXURE J

Sample Newspaper articles on learner pregnancy in South Africa

Teen, pre-teen pregnancies still rife

July 12 2015 at 01:08pm

By Charmel Payet [Comment on this story](#)



Number of female learners attending ordinary schools who fell pregnant by grade and year

Year	Grade 3 (Age 10)	Grade 4 (Age 11)	Grade 5 (Age 12)	Grade 6 (Age 13)	Grade 7 (Age 14)	Grade 8 (Age 15)	Grade 9 (Age 16)	Grade 10 (Age 17)	Grade 11 (Age 18)	Grade 12 (Age 19)	Total
2007	39	306	287	850	2027	5133	7727	12084	12341	9403	49707
2008	53	110	274	788	1885	4608	7803	12463	12219	9426	49629
2009	17	68	226	666	1556	3995	7483	12530	12824	16053	48590
2010	109	307	297	571	1403	3290	6343	11116	12201	8039	45276
2011	26	51	122	383	1041	2828	5465	8957	9988	7649	36702
2012	8	23	83	275	756	2111	4409	7543	8280	6678	29965
2013	189	211	250	364	663	1571	3293	5658	5653	4024	22286

Source: Annual Schools Survey 2007 - 2013

Durban - South Africa has a huge teenage pregnancy problem, with girls as young as 10 routinely falling pregnant.

Professor Akim Mturi of the North-West University presented a talk "Is South Africa on track to win the war against teenage pregnancy?" at the 10th annual Population Association of Southern Africa conference held at the University of KwaZulu-Natal this week.

Presenting his research from 2007 to 2013, Mturi said in 2013, 22 286 girls had fallen pregnant, slightly fewer than in 2012 when 29 966 girls were pregnant while at school.

In 2011, 36 702 teenagers were pregnant, compared with 45 276 in 2010. The girls were as young as 10 (in Grade 3) and as old as 19 (in Grade 12).

Despite the decrease over the years, the figures were still alarming. Mturi said his qualitative study found that most girls fell pregnant "by mistake" or a result of external pressure from peers and partners.

He said the use of contraceptives was rare for young women who had not borne a child, with most interviewed having a negative attitude towards abortion.

The majority of the participants were still attending school when they got pregnant.

"Teenage pregnancy is a social, economic and health challenge in many countries, both developed and developing. The UN Population Fund reports that 7.3 million girls under the age of 18 give birth every year in developing countries."

He said the objective of the study was to evaluate the trend of teenage pregnancy in South Africa and assess government initiatives to deal with the issue.

He also hoped to provide suggestions that would help in winning the war against teenage pregnancy.

Mturi said in South Africa the effect of the apartheid system (labour migration, fragmented family structures, poverty and inequality) meant black girls and boys, especially in rural areas, still grew up facing a number of challenges.

As a result they started having sex early, unaccompanied by contraceptive use.

He acknowledged the government's efforts to deal with the issue by introducing life orientation programmes at schools, and allowing pregnant girls to attend, and to return to complete their schooling after giving birth.

Mturi added the government also provided family planning services without any restrictions, and legalised induced abortion.

However, more needed to be done to win the war against teenage pregnancy.

"The curriculum of the life orientation in schools is being revamped and the importance of communication between parents and their teenagers on sexual matters should be reinforced.

"Provision of family planning services to teenagers needs to be improved.

"The negative attitude to induced abortion among teenagers needs to be changed. They should be made responsible for their actions," he said.

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Sunday Tribune

Turning tide against unwanted pregnancies a national responsibility: SAMA

Rdm News Wire | 09 September, 2015 17:32

The South African Medical Association (SAMA) said on Wednesday government and health professionals could not be blamed for the country's high incidence of unplanned pregnancies, as this was "our personal, family, community and national responsibility"

It said it had noted with concern reports based on Statistics SA data on unplanned pregnancies, notably teenage pregnancies, exceeding 99,000 pregnancies in 2013.

"Distressingly some are occurring in primary and secondary schools," said Dr Mahlane Phalane, SAMA general secretary.

This issue was "primarily neither a health nor education issue, rather it is a societal one. The report may be the tip of an iceberg with many pregnancies not recorded.

"Parents and society need to stand up and take responsibility with the greatest responsibility falling on the youth."

Dr Phalane said, "It is heart-breaking to see a teenager losing her uterus through a life-saving hysterectomy because of a septic back street abortion.

"It is sad to see young women lose their career opportunities because of unplanned or unwanted pregnancies.

“The youth should focus their high energy on their education, skills development and nurturing their talents. Parents should play a pivotal role in leading this, and government’s role is to provide the necessary support.

“South Africa has a sizable youth population and for their sake as well as our country, we should all stand up and take action to turn the tide against teenage pregnancies.”

Teenage pregnancy on agenda

August 23 2015 at 10:53am

By Siyabonga Mkhwanazi [Comment on this story](#)

Johannesburg - The pregnancy of schoolgirls is back on the agenda of the government after the ANC has re-asserted the right of pregnant teenage learners to continue with their studies until they have completed them.

In the discussion documents of the ruling party released this week before its national general council – a mid-term policy review conference – the ANC has thrown the matter back in the hands of provinces.

The ruling party has proposed that “intervention measures” be put in place to reduce the levels of pregnancy in schools.

However, it strongly objects to the exclusion of learners from school once they fall pregnant. “The Department of Basic Education and provincial education departments are implementing a comprehensive programme focusing on sexual reproductive health and education outcomes to keep girls in schools,” says the discussion document.

During the 2013/14 financial year alone there were almost 21 000 pregnant schoolgirls across the country with the majority from Gauteng.

Out of all provinces Gauteng had more than 5 209 pregnant teens followed by Mpumalanga with 3 196 and KwaZulu-Natal with 2 993.

The discussion document adds that the Department of Basic Education has to give progress reports on this matter.

This was in response to another policy initiative to curb school pregnancy by introducing intervention measures.

“The Department of Basic Education has come up with a draft policy for the prevention and management of learner pregnancy,” says the document.

“This policy is an alternative to the previous policy that punished learners for falling pregnant,” it continues.

“The proposed new policy considered the rights of the learner to education, dignity and the right to privacy,” adds the document.

This policy was to be sent to all the provincial departments of education.

The ruling party maintains that there are no objectionable facts on why pregnant learners should be denied the right to go to school.

There has been concern from various advocacy groups on the high rate of pregnancy among schoolgirls and for the government to exclude them from school until they have given birth.

But the Deputy Minister of Basic Education, Enver Surty, asserted this policy of keeping pregnant learners at school.

In Parliament this week Surty told MPs, during question time to ministers in the social cluster, that there would be no basis for the government to keep pregnant learners out of school.

Instead, the focus for the government was on sex education to bring down the high level of pregnancy among young girls.

The discussion document has called for provinces to engage frankly with the policy draft on learner pregnancy.

School pregnancy has also been under serious discussion recently after the Minister of Basic Education released figures on the pregnancy rate in Parliament in March.

The government is under pressure to reduce the high level of pregnancy among schoolgirls.

The almost 21 000 learners who fell pregnant last year was a serious cause for concern.

The government is also concerned by “sugar daddies” who use cash as an inducement to tempt schoolgirls into having sex.

In KwaZulu-Natal, the provincial government has introduced a media campaign to warn teenage girls to avoid such men.

Political Bureau

State ups fight to curb teen pregnancies

March 23 2015 at 10:37am

By Botho Molosankwe [Comment on this story](#)

Johannesburg - The Gauteng Department of Education is considering providing schoolgirls with contraception in the form of an implant to curb the scourge of teenage pregnancies.

The department said female pupils continued to fall pregnant even though sex education formed part of the curriculum.

Education MEC Panyaza Lesufi said his department was working with the Gauteng Department of Health to check whether they could introduce the implant at schools.

He said that if the department were to go ahead with the plan, it would be voluntary and no one would be forced to get it.

“We are now finalising an agreement with the Department of Health that will allow us to manage teenage pregnancy. They have a product, an implant, and you put it underneath your armpit. If you consent as a learner and if you consent as a parent, I am told it prevents a learner from falling pregnant for three years,” said Lesufi.

He said although the department did not expel pregnant girls, he was worried about teenage pregnancy.

Gauteng has two hospital schools that cater for pregnant pupils who are in their third trimester.

That is because when they’re that far along in their pregnancy, they’re not allowed to attend normal school and have to enrol at hospital schools and pay the fees.

Lesufi said the enrolment numbers at the schools in Joburg and Pretoria had gone up steadily.

“Teenage pregnancy worries me. I recently visited these schools and it shocks me that you see young learners at the age of 15 and 16 falling pregnant easily. When I interview them, you can see that it’s the socio-economic conditions they find themselves in.”

Lesufi said his department was looking at offering the implant to willing schoolgirls with the consent of their parents.

He admitted that the authorities could not prevent more schoolgirls from becoming mothers prematurely and that the implant would not solve all the problems that came with unprotected sex.

“My worry is that it’s not only pregnancy; if you have that thing you will see a rise in STDs (sexually transmitted diseases) because people believe ‘I can’t fall pregnant’ and, therefore, (not use condoms).

“We are in discussions to deal with all other matters.

“(The implant) must not be a passport for you to now engage freely (in unprotected sex) because you know you can’t fall pregnant.

“Sometimes you solve one problem by creating another problem,” he said.

Department of Education spokeswoman Phumla Sekhonyane) said the implant was just one method to prevent teenage pregnancy that they were exploring and was on the table for discussion.

“Like the MEC said, it has pros and cons.

“It will help teenager pregnancy, but what policy is there for boys, because it takes two to fall pregnant?” she asked.

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New policy on pupil pregnancies

July 24 2015 at 03:08pm

By Leanne Jansen [Comment on this story](#)

Durban - A new draft policy which sets out how schools should support pregnant pupils and protect them from discrimination is expected to be published for public comment before the end of this year.

The policy is expected to put an end to schools expelling or excluding pregnant pupils, and will emphasise that pupils have the right to remain at school during and after their pregnancy.

The new draft policy is expected to deviate substantially from the 2007 policy, which stated that a pupil who was aware that a peer was pregnant should immediately inform the school.

According to the old policy, pregnant pupils may be “required” to take a leave of absence, which could extend to two years. “No learner should be readmitted in the same year that they left school due to a pregnancy,” the 2007 policy states.

It was at the SA Aids Conference in Durban that the Basic Education Department had in passing referred to the draft policy being in the works.

Spokesman Elijah Mhlanga confirmed on Thursday that the document was in the process of being refined, and that a review of the old policy had become necessary because of cases in which schools asked pregnant pupils to leave school entirely, or for a certain period.

One such case, in the Free State, went all the way to the Constitutional Court.

The Free State schools Welkom High and Harmony High were ordered to review policies which sought to keep two pupils out of the classroom for the duration of their pregnancies. Two years ago, the Equal Education Law Centre intervened when two pregnant girls from a Gauteng school were forced to be absent from school before giving birth, and for three months afterwards.

The pupils were also asked to pay a R200 deposit for use in case of an emergency.

The centre argued that the matter highlighted the need for clarity - at a national level - on how schools should assist pregnant pupils and ensure that the girls finished school.

In a parliamentary reply to a question posed by DA MP Sonja Boshoff, Basic Education Minister Angie Motshekga disclosed that 20 000 South African schoolgirls had fallen pregnant last year - 3 000 of whom lived in KwaZulu-Natal. A study co-authored by a University of Cape Town professor found that of a sample of 673 girls aged 15 to 18 who were childless in 2008, the teens who later became mothers had twice the odds of dropping out of school by 2010, and nearly five times the odds of failing to matriculate.

The study, published last month in the journal *Studies in Family Planning*, is the work of UCT professor Tom Moultrie and Professor Ian Timaeus of the London School of Hygiene and Tropical Medicine.

Timaeus and Moultrie used data from South Africa's National Income Dynamics Study for their work, which suggested that in South Africa interventions which addressed poor school performance would also reduce teenage pregnancies.

Their study affirmed how pregnant pupils were treated varied between provinces, and from school to school. Some teachers were against having pregnant girls and teenage mothers at school even when it contradicted the school's official policy.

Timaeus and Moultrie argued that late enrolment at school, and having repeated grades, raised girls' chances of giving birth as teenagers.

It was girls from low-income backgrounds attending fee-charging schools who were most likely to be behind at school, and at highest risk of becoming mothers as a result.

One explanation was that those girls who were failing at fee-charging schools (who often came from poorer backgrounds) might experience greater stigmatisation and alienation from the schooling system than low achievers at no-fee schools.

Basic Education's new draft policy will emphasise the right to education, to dignity, and to privacy. It will seek to reduce unintended pregnancies among pupils, and arm teenage mothers with the knowledge to make informed choices on health care during pregnancy and after giving birth.

It is expected to stipulate that each school appoint a teacher who pupils may talk to about preventive measures and health care during pregnancy - in a confidential and non-judgmental manner.

Pupils who decided to take a leave of absence from school were to be allowed to do so.

The Mercury

Teen pregnancies hit 99 000 a year

2015-09-06 06:30

Sipho Masondo - **City Press**

More than 99 000 schoolgirls fell pregnant in 2013 – a rate of about 271 for every day of that year. This is a dramatic increase from the 81 000 pupils who fell pregnant the previous year and 68 000 in 2011. The latest figures, released by Stats SA as part of its General Household Survey focusing on schools, have triggered something of a panic among education officials, who are calling it an “alarming crisis”. Due to statistical lag, the figures for last year are not yet available. The SA Council for Educators (SACE), the department of basic education and Gauteng education MEC Panyaza Lesufi have labelled the figure a “crisis” and “unheard of”. They have re-emphasised the need for drastic improvement in sexual education and access to contraceptives such as condoms. In response to this crisis, Lesufi said he accepted the blame for the programme of sexual education (part of the life orientation curriculum) not yielding dividends. “We need a drastic review of [sex education] programmes. The entire social cluster of government should take the report seriously and do something about it.”

The report, he said, showed that parents were not guiding, supporting and monitoring their children. “It is an alarming situation, and is unheard of.” He said it would, however, be unfair, narrow and shallow to expect the department to deal with the problem on its own. “It’s a societal issue,” he said.

Department spokesperson Elijah Mhlanga said parents, guardians and schools should intensify education on the matter. He added that statistics indicated that sexual debut happened even earlier than previously thought among young people. Without protection, that led to pregnancy and sexually transmitted infections. “It is indeed a crisis that so many of our learners fall pregnant and their education gets negatively affected,” said Mhlanga.

He added that although there were measures in place to deal with the problem, the department was working on further strategies. “The emphasis of the policy is on education, care and support for learners. One of the proposals in the policy is to make condoms available where necessary and under specific conditions, and this includes both primary schools and high schools. Statistics also show that even at primary school level, learners are falling pregnant,” he said. He added that the department had published a draft HIV- and TB-management programme in schools. Though most of the pregnancies would have resulted from sex among the youngsters themselves, the figures have once again cast a spotlight on teachers having sex with, and impregnating, their pupils. This offence carries the mandatory sanction of dismissal. The SACE’s chief executive, Rej Brijraj, said last year the council found 56 educators guilty of different cases of misconduct. Twenty-eight had their sentences suspended, 18 were struck off the roll of registered teachers for definite periods and 10 were axed from the profession. Most of those who were axed or struck off the roll had been found guilty of having sexual relations and impregnating pupils. Brijraj said many cases of teachers impregnating schoolgirls went unreported. “The main reason some teachers get away with impregnating pupils is because they strike deals with parents and promise to marry the girls or pay them huge amounts of money in return for silence,” he said.

Lesufi, who was appointed to his position in May last year, said he had already dismissed a number of teachers who were found guilty of having sexual relations and impregnating pupils. One of those schoolgirls who was pregnant in 2013 was a pupil at a high school in Stanger, KwaZulu-Natal. Her principal is the father of her baby. He is still a principal at his school. A senior administrator in the education department in KwaZulu-Natal said the principal, whose name is known to City Press, remained in his job because he was a senior member of teachers’ union Sadtu. “His punishment was having his salary suspended for three months. The girl was moved to another school in Umlazi.” But the department denied knowledge of the principal impregnating the girl. Spokesperson Sihle Mlotshwa said “the case of impregnating a learner was never brought before the department”. “We will have to investigate these serious allegations. What was brought before the department was an alleged relationship with the learner. He was charged with improper conduct. The learner didn’t give any evidence. [The principal] pleaded guilty on that charge and was then sanctioned,” said Mlotshwa.

In a similar case in Setlagole, North West, a principal allegedly impregnated one of his pupils. However, no complaints were laid against the principal as he had bought the family's silence, according to people close to the case. A senior official in the education department in North West said: "The Public Protector also investigated the issue, but the family did not cooperate, because the principal was supporting them financially. A teacher at the boarding school, outside Mahikeng, said the principal would bring the girl into one of the servants' quarters and sleep with her there. He actually slept with many schoolgirls there." The principal could not be reached for comment. Mhlanga said society needed to deal harshly with adults who impregnated learners. "There are cases where adult men target young girls."

Gauteng has highest number of school pregnancies

Times LIVE | 27 March, 2015 11:53

Angie Motshekga, minister of Basic Education, has informed parliament that the province with the highest number of school pregnancies is Gauteng.

Motshekga was responding to a parliamentary question by DA MP Sonja Boshoff about the school pregnancy statistics in the country.

According to The Sowetan, Motshekga revealed that there were 20,116 school girls who fell pregnant in the past year. Of these, about 400 were primary school girls.

Eastern Cape had the second highest number of teen pregnancies at 3,898 followed by Mpumalanga with 3,196. The lowest rates were North West at 278 and Free State with 325.

The Northern Cape and Western Cape shared the remainder of 7,500 school pupils.

Basic Education spokesperson Elijah Mhlanga said pupils were not having sex on their own.

"There are adults involved in many cases. The department alone cannot solve the problem.

We need a mindset change, responsible parenting from everyone," said Mhlanga.

The number of teen pregnancies had increased following a dip from 94,000 in 2011 to 13,000 in 2012 to 20,000 in 2013.

ANNEXURE K

Editing Confirmation Letter



Between The Lines
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3 NOVEMBER 2015

To whom it may concern:

I hereby confirm that I have edited the thesis of Sogo France Matlala, entitled: "A MODEL TO FACILITATE SOCIAL SUPPORT FOR PREGNANT LEARNERS ATTENDING SECONDARY SCHOOLS IN SOUTH AFRICA". Any amendments introduced by the author or supervisor hereafter, is not covered by this confirmation. The author ultimately decided whether to accept or decline any recommendations made by the editor, and it remains the author's responsibility at all times to confirm the accuracy and originality of the completed work.

Leatitia Romero
(Electronically sent – no signature)

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