TEENAGE PREGNANCY: PSYCHOSOCIAL AND EDUCATIONAL IMPLICATIONS

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DECLARATION

I declare that this dissertion of the Degree of Master of Education (Psychology of Education) in the department of Education Psychology at the University of Natal (Pietermaritzburg) hereby submitted; has not previously been submitted by me for a Degree at this or any other University; that it is my own work in design and execution and that all material contained herein has been duly acknowledged.

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SIGNED BY:-

DATE:-

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AN ABSTRACT

The present study explored the psychosocial and educational implications of teenage pregnancy for a group of school going mothers. A questionnaire was administered to 20 teenage mothers who are school going. These mothers attended a traditionally African school and are in grade 12. Issues covered by the questionnaire were subjects' prior exposure to sexuality education, attitudes towards such education in schools, the role played by their parents in imparting sexuality education to them, social-emotional-health and educational risk factors of teenage mothers. Possible support structures were also explored.

A high percentage (85%) of the sample did not receive sexuality education from their parents. The main source of sexuality education was their peer group. All of the sample experienced socio-psychological risk factors such as shock, anxiety, frustration, loneliness, depression and guilt. These were experienced both during and after their pregnancy. Results indicated that the subjects' prior exposure to sexuality education was inadequate They also experienced a lack of social and psychological support. The attitude of subjects was that they favour the introduction of sexuality education into traditionally African schools

In conclusion, it is hoped that the study will assist educators to gain insight into the needs and problems of teenage mothers. There is an urgent need of guidance and support for teenagers in traditionally African Schools.

CONTENTS

LIST OF TABLES

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND AND OBJECTIVES

In any society in which a large percentage of adolescents are sexually active, the risk of pregnancy is high. These teenagers are high risks medically, socially and educationally.

Teenage pregnancy is recognised as a problem internationally. Nash (1990) argues that the United States of America has the highest teenage pregnancy rate of any Western nation with a 95/1000 estimated incidents and more than 1 million teenagers becoming pregnant annually. Great Britain and Canada lie in second and third place with an estimated 45/1000 of the teenage population.

The high incidence of teenage pregnancies in South Africa (S.A.) has also evoked concern. Fourie (1993) reported that two in three teenage girls in S.A. fall pregnant. Mlangeni (1991) argued that in 1989 South Africa had the highest teenage pregnancy rate in Africa. An average of 30 babies are delivered daily in Kwa-Zulu Natal hospitals. About 25 % of these deliveries are to teenage mothers. In the former Transkei hospitals, a quarter of all women delivering during 1986 and 1987 were teenagers (Buolt & Cunningham , 1991). From January to June 1990, 24 % of the antenatal care clients in the Baragwanath Hospital which caters for Soweto were teenagers (Ntombela, 1992). Du Plessis (1991) reported that black women were reproducing at a very young age and 53.2 % of first births occur during the teenage years. These statistics demonstrate the extent of teenage pregnancy in S.A.

Teenage pregnancy is seen as a major medical, mental health, and social problem (Mayekiso, 1991). Pregnant teenagers run a higher risk of complications during pregnancy.

They are physically and psychologically not ready to assume the burden of reproduction and child care. Furthermore, sexually transmitted diseases (STD's) including Human Imuno Deficiency Virus (HIV) are on the increase. In modern society, adolescence is a stressful time of life and the demands of being an adolescent and those of being a mother are often divergent. The youngster who tries to be both at once may compromise one or fail at both (Mayekiso , 1991).

When a teenager becomes pregnant she is at risk for not completing her education. She may thus be unqualified for work and her children may suffer in later life. The socio-economic consequences of teenage pregnancy have their particular result for the country as a whole. The birth of a child may bring about dramatic changes in the life-style of a black teenage girl and her family. Teenage mothers are frequently deserted by the fathers of their babies and thus may become economically dependant on others in their family or neighbourhood (Ntombela,1992).

Teenage mothers and their babies may be at risk of the combined ill effects of pregnancy and child birth. The teenage body is still growing and may not afford to share this growth with a baby. Delivery is often difficult due to a small pelvis and a "ceasar"may be necessary.

Given this context public, medical and social awareness is vital to address this social problem. The lack of sexuality education in traditionally African schools may contribute to a high level of teenage pregnancy. The curriculum should meet students' health needs and social adjustment problems as well as individual academic requirements. There is a need to clarify the needs and problems of these teenage mothers. Moreover, the management of these scholars by guidance teachers needs exploration.

1.2 AIMS OF THE STUDY

The aim of the study is to explore the psychosocial and educational implications of teenage pregnancy in a group of school going mothers.

The purpose of the study is to assist school counsellors to gain insight into the needs and problems of teenage mothers within an educational system.

In addition it is hoped that the study will bring to the attention of planners of education the absence of sexuality education programmes in traditionally African schools and highlight the needs of teenage mothers within the educational system.

1.3 THE PROBLEM AREA

In the literature review attention will be given to the lack of sexuality education in traditionally African schools, the apparent failure of parents to impart sexuality education to their adolescents, psychosocial-emotional risks, health risks, educational experiences of teenage mothers and areas of potential support available to them.

The question of responsibility will be raised, for example, in traditionally African schools, sexuality education has often been confined to facts about reproduction in animals. In the present syllabus human reproduction comes at the end of the session on mammals. The biology teachers have to cope with all the questions and emotions arising from such lessons, often without any help and without the time to elaborate.

Ideally schools should not take over the parent's role in sexuality education, but the school and home should complement and enhance each other. School sexuality programmes should supplement those given at home. Unfortunately, schools are expected to do more today because parents are not assuming their share of this responsibility.

Usually students receive sexuality knowledge from their peer group as schools and most parents in the community lack the skills and information needed to empower their children for responsible sexuality. Many parents do not know what to teach or how to provide the experience conducive to such learning.

This situation is dangerous. Children are left to learn about sexuality through their peers and they may absorb and perpetuate the myths, misconceptions and faulty attitudes of past generations. Although young people profess to know it all, their behaviour belies this. They are bombarded with sexuality messages by the mass media. Because of their lack of knowledge and understanding they find themselves in situations they had not expected nor intended and as a result have to cope with the consequences of irresponsible or casual sexual behaviour that can have profound effects on their lives and those of their families.

The researchers contention is that to withhold factual information from children in an attempt to preserve innocence may prove harmful. To do this shows a lack of acceptance of the fundamental nature of human sexuality and understanding that children may be far more shocked when discovering certain facts from friends than if they are explained in a caring and sensitive way by their own parents. When children formulate a question they may already have some idea of an answer or will invent one for themselves if not provided with the factual information.

Devenish (1992) argued that the "comfortable" approach of withholding information about sexual matters has not been shown to be an effective method of reducing the incidence of teenage pregnancy or the trauma associated with it. Educators and parents who claim that sexual education would increase promiscuity or experimentation may not be correct as the future of an increasing number of children is being hampered by teenage pregnancy.

This situation is exacerbated by the fact that the teenage years are fraught with difficulties and are often extremely painful. The pursuit of autonomy and independance includes a struggle for peer-group acceptance could lead to friction with the family, school and influential others. Acceptance by others is important for these all have an impact on the value and belief systems of the teenager.

This study hopes to demonstrate that for the modern teenager exploring emotional development will require a certain sensitivity. This includes a willingness to recognise that today's teenagers are faced with a more diverse and demanding world. An honest glimpse back into one's own past, although difficult, may also be important to enable educators and parents to remember what it was like to be a teenager. This exercise will perhaps help parents and educators to avoid making assumptions about todays teenager's feelings. It is not just bodies that are changing but also the way teenagers think, feel and act.

The question of sexuality education comes at an important stage in society's development. Kilander (1989) points out that the increasing incidence of STD's including HIV, throughout South Africa is of great concern . Although there is a worldwide focus on the devastating disease HIV, other STD's such as herpes, gonhorrhoea and syphilis, can have equally disastrous effects on health including infertility, chronic infection and at worst, death. There are also sound economic reasons for preventative measures as the cost of treating STD's, or AIDS is enormous.

Went (1985) reports that health risks are higher among teenage mothers. The World Health Organisation quoted the following figures:- About 500 000 women die from causes related to pregnancy and birth every year. Teenage mothers and their children are particularly at risk of the combined ill effects of pregnancy and childbirth. Young mothers under 18 years are at higher risk of medical problems during pregnancy and childbirth. The adolescent body is still growing and cannot afford to share this growth with a baby. The delivery is often difficult due to their small pelvis.

Any pregnant woman needs to alter her life-style to accomodate her change of status to motherhood. She may need extra iron or more rest. Many of these teenage mothers are in a financial and social crisis making it unlikely that they will make these necessary changes.

Once we see education as life skills based, we may see that the lack of adequate knowledge reaching the child can lead not just to a knowledge gap, but to life styles that may take considerable effort to unlearn. When information is not provided children develop innaccurate concepts which may be psychosexually damaging in later life. These ideas are not often corrected by later knowledge but merely covered up and passed on to the next generation.

1.4 AN OUTLINE OF CHAPTERS

Chapter One was an introductory chapter outlining the background, aims and objectives and problem area of the thesis. Chapter Two covers a discussion of related research literature.

Chapter Three outlines the research design and methodological procedures followed in this study. In Chapter Four the results of the study are presented. Chapter Five interprets the results and a discussion of the results and the possible relations between the findings of this study and those of other researchers is presented. Chapter Six concludes the study by examining the limitations of the research design. Recommendations for future research are made.

1.5 CONCLUSION

Education for responsible sexual behaviour should include factual information about anatomy, physiology, sexual development, responses and the development of value-clarification, problem solving, decision making and negotiation skills.

Sexuality education cannot and should not be seen in isolation, but should rather be regarded as an essential part of life skills training. It needs to be included in a comprehensive guidance programme, including other ubiquitous problems in the lives of teenagers such as drugs, alcohol, and smoking.

Sexuality education should guide children towards healthy attitudes that develop concern and respect for others. It must enable them to make sound decisions about sexual behaviour based on knowledge and understanding about their own sexual identity and interpersonal relationships.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The aim of this chapter is to contextualize the study to be described in terms of the relevant literature. The literature review will focus on sexuality education in traditionally African schools; the parents' role in imparting sexuality education to adolescents; the social; emotional and health risks factors; and educational experiences of teenage mothers. Moreover, areas of support for these teenagers will be considered.

2.2 SEXUALITY EDUCATION IN TRADITIONALLY AFRICAN SCHOOLS

In guidance syllabuses, the relationship issues are touched upon .The reality, however, is that in traditional African schools sexuality education is rarely addressed. This study deals with this reality in assuming that sexuality education is absent in most traditional African schools.

Barros (1989) argues that we should not give sex education, but sexuality education. Sexuality education does not only provide information on reproduction, anatomy and physiology, but aims to equip young people with interpersonal and life skills. When armed with both knowledge and skills young people are better prepared to establish meaningful relationships. He reported that in a study in four American schools, it was found that the provision of an integrated program of sexuality education and access to contraceptives lowered the rate of unintended pregnancies.

Louw, Weitz and Radebe (1995) point out that in traditionally African schools sexuality education is not part of the curriculum. They argue that teachers may feel that it is not their responsibility but that of the parents. Furthermore, teachers may avoid sexuality education because it is such a sensitive topic and they do not really have the courage or training to present it. The teachers may argue that talking about sex at school will make the parents angry, will cause the pupils to become sexually active at an earlier age thus increasing the possibility of teenage pregnancies and possible HIV-infection.

But it would seem that IGNORANCE does not guarantee innocence. Problems such as teenage pregnancies, rape, sexual abuse and HIV continue to escalate in our communities. Knowledge does not constitute permission but it may protect where as ignorance cannot.

Koegh (1990) argues that children are exposed to sexual messages in their daily lives, their knowledge about human sexuality is incomplete and riddled with myths and superstitions. Their main source of knowledge is other children who talk about sex in a vulgar and scary way. He reports that adult role models and the influence of the mass media, have left children confused about the moral and ethical issues surrounding sexual behaviour.

Moloinyane (1996) attributes, in part, the escalation of teenage pregnancy to the following:- Even although there are family planning clinics in the townships and the nurses advise teenagers on how to prevent pregnancy, many girls just don't want to use prevention methods. There are myths about contraception. Many girls believe that the injection will make them fat and unattractive to boys and some believe that the 'Pill' will make them sterile so they won't be able to have children later in life.

She argued that the reason for the shocking increase in teenage pregnancy is the lack of sexuality education at school and in the home. Most teenagers find it hard to discuss these issues with their parents. In her sample girls were afraid to visit clinics because they were scared that their parents would find out.

Sapire's (1995) study suggests that many people fear that providing sexuality education and information about contraceptives as well as services will encourage early sexual activity and promiscuity. He however, argues that it is the lack of sexuality education in schools and at home, restrictions placed on teenagers access to contraceptive services and confused messages about sex which are the factors contributing to the high teenage pregnancy rate.

He argues that teenagers exposed to sexuality education are no more likely to engage in sexual intercourse than are those who have not been. Those who have had this exposure are more likely to use contraceptive methods.

Nash (1990) supports the results of Sapire's study by reporting that the non-use of contraceptives is related to ignorance, lack of awareness of the consequences of sexual activity and the lack of accessibility of suitable services. He interviewed 30 teenage mothers. They reported that the pregnancies were unplanned, sexual information was insufficient and contraceptive options were ignored. This supports the analysis of teenage pregnancy patterns in Cape Town and the Ciskei by Roberts and Rip (1993) who found that by the age of 20 years, 49% of women had had their first pregnancy. They attributed this to a lack of sexuality education.

Mfono (1995) argues that in African communities tradition placed the onus of giving sexuality education to the girl on the mother and other adult female members of the community. Educating the boy was the responsibility of the father and other male members of the community. Blame was put squarely on the mother when an out of wedlock pregnancy occurred. This responsibility kept mothers on their toes making them keen to get their daughters married before any accidents happened.

In African societies in South Africa, especially among the Zulu and the Xhosa, adolescent sexuality was acknowledged and allowed expression through intercrural intercourse called "ukusoma". The girls remained virgins, a fact which was monitored regularly by the older women in the community. Intercrural sex satisfied the girl's lover who was also taught not to demand more. It also provided the desired outlet for the passions of teenage romances without upsetting the required norm of the preservation of the girl's virginity. The occasional slips which occurred were dealt with within the existing institutional framework as follows:

The parents of the boy had to pay two cows and one goat to the father of a girl. As a penalty for damaging her or causing the pregnancy. The boy was also outcasted by his peer group. He was not allowed to join them in certian community functions like weddings. Instead he was supposed to join old grandfathers. It was a severe punishment according to the African culture.

With the advent of Christian values being introduced to cultural practices sexual chastity was emphasized. Any form of pre-marital sexual indulgence had an unclean label attached to it. Thus even "ukusoma" had to go. This vilification of pre-marital sex brought about the present reticence about addressing it. The mothers 'clammed up' as how could they discuss something unclean with their daughters. All they told them was to keep away from boys and to keep their bodies pure because they were God's temples.

So far the goal of remaining pure has proved to be elusive to many young girls to say the least. Mfono (1995) argues that none of the governments of developed countries with a lower incidence of teenage pregnancies have achieved this goal by preventing sexual activity and encouraging chastity. Only the United States has tried this with a poor record. Countries like Sweden, Canada, Scotland and Netherlands adopted policies directed at reducing teenage pregnancies through sexuality education and contraception rather than by trying to inhibit teenage sexual activity.

Sapire (1995) argues that children are exposed to a more "sexual" environment at a younger age. They start dating at a younger age and there is a tendency towards less influence from parents and religious institutions. They are subjected to advertisements, films, literature, music etc with a strong sexual connotation.

Knowledge about sexual matters is passed on continuosly through verbal and non-verbal messages from everyone around the teenager including family, friends and the media. He argues that to withold factual information from children in an attempt to preserve innocence may prove harmful. The result of this is that they seek answers from friends ill-equiped to provide correct factual answers. Part of being a child is to be inquisitive, witholding information encourages children to want to know more anyway.

Modern trends seem to be that these accidents which were feared in the past are occuring more frequently. This is clearly a situation in which new ways and means of coping with the problem of teenage pregnancy will have to be devised because the older ways will no longer do.

Weideman (1996) reported that teenage pregnancy is still on the increase in S.A. probably because many young girls do not realise that just one sexual encounter can leave them pregnant. Excuses like - "you never fall pregnant the first time", "it just happened", or "you cannot fall pregnant if you just have sex occasionally" stand in the way of the effective prevention of unwanted teenage pregnancies.

Venter (1990) proposes that teenagers who know less about sexuality education are likely to experiment. With the information teenagers get from the media and their peer group, they usually end up with an unbalanced view of their sexuality, and we have to try to redress that inbalance.

In conclusion, the findings of the various investigations have supported the view that sexuality education can help in lowering the rate of teenage pregnancy. They agree that teenage pregnancy is on the increase because of lack of knowledge and proper guidance. Researchers also support the interventionist perspective.

2.3 THE PARENTS' ROLE IN IMPARTING SEXUALITY EDUCATION TO ADOLESCENTS.

Researchers agree that parents have the most crucial role to play in sexuality education. The best sexuality education is given at home in a secure, loving and respectful environment. Unfortunately, only a minority of parents actually talk about sexuality to their children because they are too embarrassed or uninformed. Mayekiso (1992) reported that some parents are too embarrassed to discuss it with their children because of their own upbringing that such talk is dirty and wrong. They lack the necessary skills and information to empower their children. While parents hold the prerogative of influencing the young person's sexual behaviour in one way or the other, it is imperative for parents to resolve communication gaps and to demystify sex.

Zelnile, Kantner and Ford (1991) proposed that parents should instil healthy, positive attitudes and be approachable so that children will feel free to go to them with questions. They believe that children who can communicate with parents are likely to delay sexual activity to an appropriate time.

Oosthuizen (1990) attributed the lack of parent-adolescent communication about sexuality matters to the refusal of many parents to acknowledge that children have sexual feelings from the moment of birth which continue with them as they grow towards adulthood.

In the final analysis it is the parent's prerogative based on personal conviction to decide whether to advocate sexual abstinence for their daughter or to allow sexual activity with the necessary precautions against pregnancy. The second choice is an extremely difficult one for many parents whereas the first one is apparently an extremely difficult one for most adolescents. There should be a compromise between the two parties.

Fairy tales about storks bringing babies are outdated. They only make parents loose their credibility to the child's peer group which is much more open about such matters even if frequently misinformed.

Mfono (1995) found that parents scold their children when asking about their sexuality. One of the respondents in his study said "My mom is the kind of person who if you mention sex, turns all red and clams up".

Visser (1996) found that there was a lack of control by parents over the behaviour of their children. For example, his sample consisted of 27 respondents, only ten respondents were allowed by their parents to date their boyfriends. Fifteen parents objected to their daughters' relationship because they either did not approve of the boyfriends or because they thought their daughters were too young to be involved in a relationship. However these parents took no action to keep their daughters from seeing their boyfriends. Only two respondents answered that their parents forbid them to see their boyfriends.

Mayekiso's (1992) findings showed that a high percentage of her sample had no knowledge about any form of contraception. About 85% did not have knowledge about contraception.

Nash (1990) reported that teenagers who are pregnant do not inform their parents becuase they may be either afraid or did not realize that they were pregnant.

Various suggestions have been made by researchers as to how this problem might be addressed. Barros (1989) suggests a specific programme for teenagers and adults. In the teenage program, there are two sections. The first being the clinical component where all reproductive health matters are handled such as the human body, intercourse, pregnancy and contraception. The second section is the educational part where teenagers are taught communication skills including how to say no, the

dangers and responsibilities of unwanted pregnancies and the options available. The adult course is called "Systematic Training for Effective Parenting". Adults are given guidance to improve communication with teenagers and how to answer difficult questions which adults often find embarrassing.

Another communication channel which needs to be kept open is between parents and other professional groups.

The family medical practitioner has a role to play in sexuality education. De Groot (1991) argues that traditionally sexuality education has been viewed as the parents' responsibility with few health professionals becoming involved other than on a curative basis. Until relatively recently, the training of medical students also ignored sexual issues, reinforcing the belief that these issues fell outside the doctor's range of practice. Nevertheless, many doctors have wanted to become involved in sexuality education but fear of patients' responses has been a major deterrent.

Doctors without such training may provide health education by telling patients what to do and when to do it. Such an approach is counter-productive.

If doctors really want to meet the needs of their patients, the topic of sexuality cannot be ignored. People are increasingly demanding the right to make what is called an informed choice. Young people require information about sexuality from the time they start asking questions until adulthood. This should include preparing them for puberty, helping them to cope with their bodily changes and associated feelings and assisting them to make informed decisions about their sexuality.

Mfono (1995) found that parents lack enthusiasm and courage in the area of sexual guidance and this creates a vacuum. It leaves the family planning practioner with the

uncomfortable decision of what to do about the child under 18 years who knocks at their door for help. The person under 18 years is a legal minor and major decisions affecting her health should ideally be taken by her parent or guardian.

This means that parents who distance themselves from their adolescent's sexual activity allow the young person to fall prey to the hazard of teenage pregnancy or force other adults to make uncomfortable decisions which are actually the parent's responsibility.

Schools could be platforms for exchange of ideas. Different approaches to the problem of teenage pregnancy could be discussed, alternatives weighed and compromises considered. The situation may call for sharing views, for innovation and co-operation. This is particularly important if one looks at the risk factors involved in teenage pregnancy.

2.4 SOCIAL, EMOTIONAL, HEALTH AND EDUCATIONAL RISK FACTORS OF TEENAGE MOTHERS.

Being a teenager is supposed to be a fun time. The teenager is supposed to grow up and become an adult without the responsibilities that go with adulthood. Having a child when you are a teenager can result in serious problems arising. Many pregnant teenagers land up on the street because they are thrown out of the house by their angry and disappointed parents. Their friends no longer visit them and they have to get used to a life of washing nappies, breastfeeding and constant crying.

Mlangeni (1991) reported the socio-psychological consequences which the pregnant teenager may experience viz:-

*SHOCK- occurs at learning that she is pregnant.

*EMOTIONAL PROBLEMS - having to deal with the unwanted pregnancy.

*DEPRESSION - as she may be ostracised by her family, friends and boyfriend, - the very people that she needs support from.

*CAREER LOSS - she may not complete her studies.

*LOSS OF GOOD JOB OPPORTUNITIES - she may not get a job.

The potential physical consequences of a young girl becoming pregnant include:-

* Birth difficulties because of her youth.
* The risk of contracting sexually transmitted diseases.
* Suffering from pregnancy induced hypertension.
* Carcinoma of the cervix.

There are not many alternatives available to the pregnant teenager on how to resolve the situation. If they should decide on marriage statistics reveal that there is a high divorce rate among these couples. This is probably due to the fact that they are not able to cope with the responsibilities of marriage and parenthood. If the child is being raised by the parents or the grandparents it could lead to more poverty and problems. Raising a child as a single parent can cause stresses and strains on both the mother and the child. Another alternative is for the child to be given up for adoption or for foster care. The most recent option is that of abortion.

If the teenage mother returns to school, she is no longer considered a child. She may experience problems with the care of her child, especially if she is from a disadvantaged community and this could mean frequent absences from school. When the teenage mother does not resume her schooling, but has to earn a living in order to care for the child financially, this has an even greater impact on her lifestyle and development into adulthood (Ntombela 1992)

Seabela (1990), along with other researchers (Boult 1990, Mlangeni 1991, and Ntombela 1992) agree that teenage motherhood retards or prevents the development

of the potential and self-fulfilment of the teenagers involved as well as that of their children.

Visser (1996) conducted research on the experiences of teenage mothers. He reported that all the respondents (27) were unhappy or disappointed when they discovered their pregnancy. They all regarded it as unplanned and unwanted. This supports the result of Ntombela's study, where 80% of respondents were sad about their pregnancy. He found that the parents of the teenage mothers reacted in different ways when they realized that their daughters were pregnant. Three respondents mentioned their parents being very upset:-

-"My father wanted me to leave the house. Said he couldn't feed an extra mouth. My mother eventually covered for me."

-"My parents were cross with me and gave me no help. After the baby I got myself a job and my own lodging on my employer's ground. A friend looks after the baby".

A further eighteen respondents (including thirteen scholars) reported their parents being initially angry and upset, but after a while resignedly accepting the fact of their daughter's pregnancy. The high number (24) of respondents who did not experience rejection by their parents, corresponds to Ntombela's finding that 89.7 % of the pregnant teenagers experienced no rejection by their parents or family (Ntombela, 1992). This findings furthermore supports Boult and Cunningham's (1991) suggestion that parents (or grandparents in the case of children living with the latter) are upset and often outraged or deeply disappointed, but that they take no decisive action or sanction those concerned. In time the child is welcomed into the family. The remaining six respondents did not really know what their parents felt, suggesting a surprising lack of communication:-

-" I do not know if they were very upset or what. They probably thought I was foolish to get myself into this kind of trouble."

-" I think they felt sad about me not completing school. But it happened to my two elder sisters as well. Maybe they got used to it."

Such statements support Viljoen's (1994) suggestion that there is a lack of involvement of black parents in the primary socialization of their children and that children are deprived of loving care and support in personal problems.

Viljoen (1994) found that pregnant teenagers experience changes in three aspects. Firstly, practical changes such as an interruption in their schooling and the financial implication of pregnancy and parenthood. Secondly, changes in their mental state, mainly feelings of unhappiness. Thirdly changes in their social lives. Practical changes were primarily related to schooling. He reported that the pregnant teenagers grieved over an educational career that had been cut short. They continued attending school until the sixth or seventh month of their pregnancy. Some looked for job because of the financial implications of their impending motherhood. But most of them resumed their schooling after having given birth. They experienced many problems:- They could not find any one to look after their baby. They could not fully concentrate on their schoolwork especially when baby is sick. They were uncertain about their future. They were frequently absent from school.

Visser (1996) found that all respondents (27) who were teenage mothers felt robbed of their adolescence, their education possibilities in future and their chances for a good life socio-economically. All respondents did not experience their pregnancy as positive. All respondents were confused as they felt youthful, but were regarded as adults in thier community. This corresponds with previous findings that pregnancy and motherhood during adolescence compounds the stresses of the two normative developmental stages and endangers the successful resolution of either one (Committee on Adolescence, 1986). The demands of being an adolescent and those of being a mother are often divergent. The youngster who tries to be both at once may compromise one or the other or fail at both.

In most cases Visser (1996) reports that family members promised to look after the baby while they attended school again.

This indicates a certain tolerance among family members of teenage pregnancies. But there was frustrations related to arranging daycare for their babies. The persons responsible for baby care were not always available which brought about frequent changes in the daycare programme.

Roux (1995) supports these results by reporting that in his sample the responsibility for arranging daycare was a burden. The babies were looked after by mothers, grandmother and neighbours while the teenager was at school. Friends also offered help and were paid for looking after the children by the parents of teenage mothers.

Financial problems featured strongly among adolescent mothers. They depended on help from parents and other family members. They were often deserted by their boyfriends. The boyfriends did not want to accept responsibility for giving care or emotional support to their girlfriends or their children. Visser (1996) reported that all the respondents (27) in his research experienced the above negative experiences.

Research also suggests that teenage mothers are to a certain extent uninvolved with their children. Although mother-child bonding may occur, its usefulness as a base for moving into the larger world may be weakened. Where there is no solid or continuing relationship with the child's father it becomes even more difficult to teach the child skills in maintaining interpersonal relationships.

The teenage mothers' lack of emotional involvement with their children may be due to their own weak mother-child bonding. It may also be attributed to the fact that they are young mothers themselves. Another reason may be their involvement in school activities or at the work place, which leaves them little opportunity to be actively involved in the rearing of their children. Although teenagers adjust to motherhood to some extent, teenage pregnancy is defined as a problem by the black teenage mothers themselves (Ntombela, 1992).

Poor self-image and lack of self esteem and feelings of helplessness may occur. Martin (1989) claims that pregnant adolescents have a greater risk of drug and alcohol experimentation.

The friends' reaction to pregnancy also suggested an absence of intimacy or caring. All the respondents (27) interviewed by Visser (1996) experienced negative reactions by friends:-

* My friends thought it was stupid of me to get myself into this kind of trouble, having to leave school etc."
* My friends laughed at me, saying I should have known better. They did not feel sorry for me."

Given the severity of risk factors in this group of teenagers the development of support structures would seem to be of the utmost importance.

2.5 POSSIBLE SUPPORT STRUCTURES

According to Mlangeni (1991) there is a need to provide a support group system in the community, for example, Youth Organisation. Before urbanisation, blacks had a good social institution of peer support. He also advocates educational programmes such as the Department of National Health and Population Development drama plays. Parent education is also an important part in order to improve their communication with their children. Males are being involved in order to teach them responsibility. It is not just the girl's fault if she should fall pregnant. He also suggests that there should be closer liaison between all people who deal with youth.

Peer counsellor training on how to form healthy relationships may also be an important support structure.

Mlangeni (1991) found that there is a need for communities to provide opportunities so that young people can be kept actively involved in sports and recreation, thereby reducing the risks of them becoming bored and turning to sex. He also suggests radio and television series which aim to educate the youth. Subjects such as teenage pregnancy, raising a baby and family relationships should be dealt with.

Ntombela (1992) suggested that public and private welfare agencies should initiate training schemes that would provide these young women with marketable skills.

Society cannot stand by and remain indifferent to these childrens' plight. They are all victims of their circumstances and unwitting perpetrators of poverty.

Mntaka (1995) reports that there is a new drive to re-introduce the traditional virginity test or "ukuhlolwa". The virginity inspections are carried out by a panel of inspectors made up of older women from the local community. During the inspection the maidens put on traditional clothing and are asked to lie on their backs on a grass mat with knees bent, baring their genitals (ubuntombi nto) Those who are virgins receive certificates. The inspectors are carefully chosen and are very experienced at this job. They also advise the girls to keep away from males, and if they have boyfriends, not to allow them to take away their pride by having sex. This is a traditional form of sexuality education.

According to Mntaka (1995) the revival of the traditional test is part of an international trend in which young people vow to stay virgins until they are married. In Washington in America 250 000 people recently signed cards saying they promised to remain sexually pure until married. These were attached to little sticks and planted in the lawns of Capitol Hill. A world-wide pro-chastity movement called TRUE LOVE WAITS was formed in America in 1993 and a branch was opened in South Africa in August, 1994. The cards say "Believing that true love waits, I make a pledge to God, myself, my family and my future spouse to be sexually pure until

marriage. By the grace of God". Such programmes, however, should not fail to also provide sexuality education at a broader level.

The previous findings supported the fact that teenage pregnancy is to a large part unplanned. Most notably, mothers do not receive support from the fathers of their children. Attempts to prevent pregnancy should be coupled with counselling services for teenage mothers and effective methods of getting young fathers to accept financial and emotional responsibility for their children. The provision of adequate child care facilities should receive the highest priority.

2.6 CONCLUSION

This chapter attempted to show that in essence, the function of sexuality education is to encourage the development of pride in each adolescent and his or her chosen life style. This education should include preparing the individual for the physical changes of adolescence, protection against guilt and exploitation by providing the necessary information and skills, removing fears and misconceptions regarding sexuality, informing and providing insight into one's sexuality attitudes, beliefs and values. Support for teenage mothers should also receive attention.

CHAPTER 3

RESEARCH DESIGN

3.1 INTRODUCTION

This chapter examines the methodology utilized in the study. It considers the research instrument which was chosen by the researcher. The specific and general advantages and disadvantages for choosing the particular instrument are explained. The research procedure and the sample are also described.

3.2 METHOD OF RESEARCH

3.2.1 RESEARCH INSTRUMENT

The research instrument of choice in this study was the questionnaire method. This method was favoured for the reasons below.

A questionnaire is a self-report instrument used for gathering information about variables of interest to an investigator (Keeves, 1998). This method of investigation is based on three assumptions:

a) the respondent can read and understand the questions or items.
b) the respondent possesses the information to answer the questions or items.
c) the respondent is willing to answer questions or items honestly.

Keeves (1988) maintains that what can be included in a questionnaire is almost without limit. The content will however be limited by the interests of an investigator, what can reasonably be asked in a questionnaire and time constraints.

The questionnaire needs to be relevant at two different levels: to the study goals and to the individual respondents.

The general advantages of using questionnaires are as follows:- Questionnaires are research instruments preferred by some for collecting data because as Herbert and Herbert (1990) put it, they can be given to small and large numbers of people simultaneously.

The specific advantages of using questionnaires are as follows:- In particular to this study, the questionnaire allows confidentiality. They allow respondents to be more honest in their responses. The questionnaire method allows the researcher to check that the questions are not ambiguous. It is important to word each question carefully and to pretest all questions before the actual study. The problem with ambiguously worded questions is that the researcher may get answers to what are really two or more different questions, as different respondents respond to a question in different ways. The researcher can adjust the level of wording and choose the style of language best suited for the sample. In addition to clarity, the key factor in question writing is parsimony. There is always time to examine questions for bias, sequence, clarity and face validity (Marshall and Rossman, 1989). Fraenkel and Wallen (1990) add that standardised wording and order of questions means that each question will mean the same thing to everyone and that responses can be compared.

Questionnaires are also recommended because, as Herbert and Herbert (1990) state, they allow the respondent to answer from his or her point of view, selecting what is relevant to him or her.

The general disadvantages of questionnaires are as follows:- With no supervision while filling in the questionnaire, the respondent may leave some questions unanswered.

It is difficult to gather spontaneous first opinions as the respondent has an opportunity to erase a hasty answer that he or she later decides is not diplomatic.There is also a possibility that the respondents may misread and misunderstand the question.

A design of question order devised by the researcher to eliminate response bias may be ruined by a respondent who reads the entire questionnaire before answering, skips some questions or does not answer questions in the order in which they are presented.

Bher (1989) states that questionnaires are on the whole instruments that provide information of a subjective nature, validity and reliability of which are difficult to determine.

Bias according to Herbert and Herbert (1990) result from the fact that the questionnaire designer includes his or her choice of questions and in some cases a range of pre-specified answers in a questionnaire for his or her study.

Because of the sensitive nature of the information required for this study, the questionnaire method was adopted. Steps to avoid the weaknesses mentioned above were taken as far as possible.

3.2.2 CONSTRUCTION OF THE QUESTIONNAIRE

The questionnaire was designed by the researcher with due consideration to the aims of the study. The questionnaire for this study comprised three parts. The aims of Part One of the questionnaire was to establish the following:-

* The age of the teenage mother, the age of the baby and the father
* It also investigates the subjects' prior sexuality education history.

The aims of Part Two of the questionnaire was to establish the following:-

* To explore the subjects' prior and current psychosocial and educational circumstances.
* Attempts to find out whether or not scholars who are teenage mothers experienced social, emotional and educational problems.
* It also investigated their current circumstances.

The aims of Part Three of the questionnaire was to find the following:-

* To explore the previous role of guidance support and the views of these teenagers on what role guidance could play in assisting them.
* It tries to find whether or not they have received any sexuality education from guidance teachers in the past and how they think guidance teachers could have assisted them.

A well devised questionnaire takes much time and effort. In the present study the target population were second language English speakers, the questions were therefore phrased in simple English so that they could be easily understood by all respondents.

The researcher aimed for a well-organised questionnaire with clear questions, response options which were easily selected and there was a natural ordering or flow to questions that kept the respondent moving toward completion of the questionnaire.

Other factors that were considered were that the questionnaire should be attractive and present minimal problems for the respondents.

Factors taken into account when constructing a questionnaire are described below:- The researcher ensured the language suitability, clear questions and tried to avoid

bias. The researcher also ensured that the questionnaire was relevant, non-ambiguous and had a clear answer categories that were easy to respond to. The respondents were also given the opportunity to give their reasons and these were dealt with qualitatively. Long questions were avoided. See Appendix 1 for an example of the questionnaire.

3.3 PROCEDURES

The research site was at the school where the researcher is teaching. The researcher obtained permission to conduct the research from school management. The questionnaire was examined by the school manager. The researcher is a trained guidance teacher who ensured that the sensitive nature of the study was respected at all times.

A sample of teenage girls was identified. The sample of 20 all attended the same school and were all mothers of babies. The age range of the subjects was from 17 to 20 years. All were in grade 12.

The researcher asked the respondents to gather at the laboratory after school. The researcher informed the respondents that he wanted to understand more about scholars who are teenage mothers. He explained to them that the aim of the study is to find out how to lower the incidence of teenage pregnancy. Another aim expressed was to find out what they expected from guidance teachers or counsellors and how these scholars can be helped to overcome the difficulties they are experiencing.

It was made clear to them that the aim was not to embarrass them but to give them a chance to help others in the future. They were informed that the study was to be anonymous and that they should not record their names on the questionnaire.

The researcher ensured that informed consent was obtained. All the respondents agreed to share their experiences with the researcher.

They were requested to sit apart from each other so that there would be no disturbance among them. The questionnaires were administered by the researcher to respondents. The researcher was present throughout the session available to answer any questions or to claify the procedure.

After the completion of the questionnaire, a debriefing session was held. The researcher thanked them for their co-operation. The completion of the questionnaires took one hour

3.4. CONCLUSION

Frequency distributions were calculated for the quantitative questions. Since the questionnaire constituted qualitative and quantitative questions, qualitative data was analyzed inductively. This means data analysis does not search out evidence to prove hypotheses the researcher holds before entering the study. Rather, abstractions are built as the particulars that have been gathered come together

The results of the responses to questions in the questionnaire were analyzed descriptively. These questions supplement the quantitative data, giving more information and increasing the researcher's understanding of the qualitative response.

CHAPTER 4

RESULTS AND ANALYSIS

4.1 RESULTS OF PART ONE OF THE PUPIL QUESTIONNAIRE

Part One investigated the subjects prior sexual education history. Subjects had to tick the appropriate answer. Some questions required the respondents to give reasons for their answer.

Question 1.

Table 1: Distribution of results to question whether they favour or not the introduction of sexuality education at traditionally African schools.

	Number	Percentage
Yes	20	100%
No	-	-
Total	20	100%

Deductions from question 1:

* Twenty subjects (100%) felt that they favoured the introduction of sexuality education at traditionally African schools.

  The reasons given by the subjects revolved around the following key concerns:-

* They felt that sexuality education would make them aware of the dangers and problems of early pregnancy.
* It would help them to avoid unplanned pregnancy which brings hardship,poverty and adoption of babies by welfare departments.
* They felt that there is a need because most of the students are afraid to talk with their parents about sexuality education or vice versa.
* So teachers could help them.

* It could help to lower the rate of teenage pregnancy and limit promiscuity.
* They also expressed the belief that sexuality education would help them to gain knowledge about how to form healthy relationships and keep their virginity.

Question 2

Table 2: Distribution of results to question which attempts to find out whether their parents educated them about sexuality issues or matters.

	Number	Percentage
Yes	3	15%
No	17	85%
Total	20	100%

Deductions from question 2:

* Only three subjects (15%) agreed that parents educated them about sexuality issues or matters.
* They said the aim of their parents was to warn them so that they would not get pregnant.
* Seventeen respondents (85%) agreed that parents did not educate them about sexuality issues or matters.

The reasons given by these 17 respondents revolved around the following responses:-

* The parents were not aware that they had boyfriends and did not suspect that they were having a love affair.
* Parents believed that sexuality education would promote promiscuity or experimentation.
* Parents thought they were young and not grown up enough for sexuality education.

Question 3

Table 3: Distribution of results to question which attempts to find out whether the students were brave enough to ask parents about sexuality issues before their pregnancy.

	Number	Percentage
Yes	3	15%
No	17	85%
Total	20	100%

Deductions from Question 3:

* Only three respondents (15%) had asked their parents about sexuality matters before their pregnancy.

  The reasons given were as follows:-

* They said they wanted knowledge about sexuality education.

  Seventeen respondents (85%) had not asked their parents about sexuality education. The reasons given:-

* They did not ask because they feared that the response from parents would be that they are insane, rude, naughty and would be regarded as a "dirty girl".
* Parents have dignity and one can not just face them and ask about sexuality matters.
* It is hard to talk to parents.
* They were afraid because parents would realize that they had boyfriends.
* It is a taboo to talk about sexuality education at home.
* Parents often scolded them and they were afraid to ask for advice.

  It is of interest that they report that their parents scolded them and they were not given correct answers when comparing with answers from their peers.

Question 4.

Table 4: Distribution of results to the question whether they think it is wrong and dirty to discuss sexuality matters with parents or teachers.

	Number	Percentage
Yes	-	-
No	20	20
Total	20	100%

Deduction from Question 4:

* Twenty respondents (100%) felt that it was not wrong and dirty to discuss sexuality matters with parents or teachers.

Question 5

Table 5: Distribution of results to question whether parents were aware that they had boyfriends.

	Number	Percentage
Yes	13	65%
No	7	35%
Total	20	100%

Deductions from Question 5:

* Thirteen respondents (65%) mentioned that parents were aware of their boyfriends.
* Seven respondents (35%) said parents were not aware of their boyfriends.

Question 6

Table 6: Distribution of results to question which attempts to find out whom they discussed their sexuality matters or issues with.

	Number	Percentage
Peers	17	85%
Mothers & Peers	3	15%
Total	20	100%

Deductions from question 6:

* Seventeen respondents (85%) discuss sexuality issues with their peers.
* Three respondents (15%) discuss thier sexuality matters with both mothers and peers.

Question 7

Table 7 : Distribution of results to question which attempts to find out whether they had knowledge of different types of contraceptives before their pregnancy.

	Number	Percentage
Yes	-	-
No	20	100%
Total	20	100%

Deduction from question 7:

* Twenty respondents (100%) did not have knowledge of contraceptives before their pregnancy.

Question 8

Table 8: Distribution of results to question which tries to find out whether they were aware of the fact that first sexual intercourse could lead to pregnancy.

	Number	Percentage
Yes	-	-
No	20	100%
Total	20	100%

Deduction from question 8:

* Twenty respondents (100%) did not know that first sexual intercourse could lead to pregnancy.

Question 9.

Table 9: Distribution of results to a question which attempts to find out whether prevention by injection causes fatness.

	Number	Percentage
Yes	14	70%
No	6	30%
Total	20	100%

Deductions from question 9:

* Fourteen respondents (70%) felt that prevention by injections result in fatness.
* Six respondents (30%) did not believe that prevention by injections result in fatness.

Question 10

Table 10: Distribution of results to question which attempts to find out whether prevention by pills results in being sterile.

	Number	Percentage
Yes	6	30%
No	14	70%
Total	20	100%

Deductions from question 10:

* Six respondents (30%) felt that prevention by pills causes sterility.
* Fourteen respondents (70%) believed that it does not result in sterility.

Question 11 [1]

Question 11 was an open ended question. which tries to find out the disadvantages of contraceptives. The following reasons were given:

* Sometimes contraceptives cause sterility.
* They cause fatness and looseness of thighs, the body becomes full of water.
* They cause the disability of a baby.

Question 12

Table 12: Distribution of results to question which attempts to find out whether they did use contraceptives before they got pregnant.

	Number	Percentage
Yes	5	25%
No	15	75%
Total	20	100%

Deductions from question 12:

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1 Question 11 has no table, however, the table numbering is in sequence.

* five respondents (25%) stated that before they got pregnant they were using contraceptives.
* Fifteen respondents (75%) were not using contraceptives.

Question 13

Table 13 : Distribution of results to question whethr they were afraid or not to visit family planning clinic

	Number	Percentage
Yes	15	75%
No	5	25%
Total	20	100%

Deductions from question 13:

* Fifteen respondents (75%) were afraid to attend family planning clinic.
* Five respondents (25%) were not afraid to attend family planning clinics.

Reasons for being afraid revolved around the following:-

* They were ashamed because they were very young.
* They thought the nurse could embarrass them.
* They were too young for contraceptives.
* They are afraid of parents.
* Contraceptives destroy the body.
* They thought nurses would scold them.
* Friends told them that even if you prevent you still got pregnant.
* They were afraid of disadvantages of contraceptives like fatness.

Of the five respondents who were not afraid one said family planning clinic could help her to prevent pregnancy. The other four did not give reasons.

Question 14

Table 14: Distribution of results to question which attempts to find out whether or not their pregnancies were planned.

	Number	Percentage
Planned	-	-
Unplanned	20	100%
Total	20	100%

Deductions from question 14:

* Twenty respondents (100%) felt that the pregnancies were unplanned.

  The reasons they gave revolve around the following:-

* It came as a surprise and they thought it would not happen to them.
* The boyfriend said he was against contraception and nothing would happen.
* They were ignorant in sexuality education.
* They were experimenting.
* They were not prepared to have a child.
* Parents did not educate them in sexuality matters and they expressed regret about this.
* No one told them what would happen

Question 15

Table 15: Distribution of results to question which attempts to find out whether their parents were prescribing time for closing gates and being strict at home.

	Number	Percentage
Yes	14	70%
No	6	30%
Total	20	100%

Deductions from question 15:

* Fourteen respondents (70%) agreed that their parents were prescribing time for locking gates and being strict but they still got pregnant.
* Six respondents (30%) reported that their parents were not prescribing time for closing gates and were not strict.

With regard to subjects' prior sexuality education, it is clear that they lack sexuality education. The school and most parents do not provide it. They learn about it from peers. They have misinformation about sexuality education, e.g. about contraceptives, incorrect myths etc. Seemingly, they were prepared to learn about sexuality education but both parents and school were not providing it.

4.2 RESULTS OF PART TWO OF THE PUPIL QUESTIONNAIRE

Part Two of the questionnaire explored the students psychosocial and educational circumstances. It investigated health risk factors, psycho-social factors and their educational circumstances. Part Two also covers the time when they realised that they were pregnant and their current circumstances.

Question 16

Table 16: Distribution of the results to question whether they informed parents when they discovered that they were pregnant.

	Number	Percentage
Yes	-	-
No	20	100%
Total	20	100%

Deduction from question 16:

* Twenty respondents (100%) did not inform parents about their pregnancy.

  Reason given:-

* They said they were afraid.

Question 17

Table 17: Distribution of results to question who realized among family members that they were pregnant.

	Number	Percentage
Mother	13	65%
Father	-	-
Sister	7	35%
Brother	-	-
Total	20	100%

Deductions from question 17:

* Thirteen respondents (65%) reported that their mother realized their pregnancy.
* Seven respondents (35%) were noticed by their sisters.
* None were noticed by father or brothers.

Question 18

Table 18: Distribution of results to question whether they realized themselves that they were pregnant.

	Number	Percentage
Yes	6	30%
No	14	70%
Total	20	100%

Deductions from question 18:

* Six respondents (30%) did realize their pregnancy.
* Fourteen respondents (70%) did not realize their pregnancy.

Question 19

Table 19: Distribution of results to question which attempts to find out whether conflict occurred at home because of their pregnancy or not.

	Number	Percentage
Yes	12	60%
No	8	40%
Total	20	100%

Deductions from question 19:

* Twelve respondents (60%) reported that their pregnancy resulted in conflict at home.
* Eight respondents (40%) did not report that conflict occurred at home.

Question 20

Table 20: Distribution of results to question which attempts to find out the reaction of thier parents.

	Number	Percentage
Angry	8	40%
Expelled	1	5%
Accepted	11	55%
Total	20	100%

Deductions from question 20:

* Eight respondents (40%) reported that their parents were angry.
* One respondent (5%) was expelled from home.
* Eleven respondents (55%)reported that parents supported them.

Question 21

Table 21: Distribution of results to question whether their friends supported them or not.

	Number	Percentage
Yes	8	40%
No	12	60%
Total	20	100%

Deductions from question 21:

* Eight respondents (40%) reported that their friends supported them..
* Twelve respondents (60%) reported no support from friends.

Question 22

Table 22: Distribution of results to question which attempts to find the reaction of their neighbours.

	Number	Percentage
Gossiped	6	30%
Laughed	7	35%
Supported	7	35%
Total	20	100%

Deductions from question 22:

* Six respondents (30%) were gossiped about by their neighbours.
* Seven respondents (35%) were laughed at by their neighbours.
* Seven respondents (35%) were supported by their neighbours.

Question 23.

Table 23: Distribution of results to question which attempts to find whether they were emotionally distressed when they realized they were pregnant.

	Number	Percentage
Yes	20	100%
No	-	-
Total	20	100%

Deductions from question 23:

* Twenty respondents marked by (100%) agreed that they were emotionally distressed when they realised their pregnancy.

Question 24.

Table 24: Distribution to question which tries to find out whether they experienced anxiety.

	Number	Percentage
Yes	20	100%
No	-	-
Total	20	100%

Deduction from question 24:

* Twenty subjects (100%) experienced anxiety. All agreed that they still experience anxiety.

Question 25

Table 25: Distribution of results to question whether they were frustrated or not

	Number	Percentage
Yes	20	100%
No	-	-
Total	20	100%

Deduction from question 25:

* Twenty respondents (100%) experienced frustration. They agreed that even at present they feel frustrated because the demands of a baby are not easy.

Question 26

Table 26: Distribution results to question whether they experienced lonely and helpless feelings because of their pregnancy.

	Number	Percentage
Yes	20	100%
No	-	-
Total	20	100%

Deduction from question 26:

* Twenty subjects (100%) experienced loneliness and helplessness. Even at present especially when there is no one who gives help in terms of the needs of the babies.

Question 27

Table 27: Distribution of results to question which attempts to find out whether they were depressed or not.

	Number	Percentage
Yes	20	100%
No	-	-
Total	20	100%

Deduction from question 27:

* Twenty respondents (100%) experienced depression. They all agreed that they still experience depression.

Question 28

Table 28: Distribution of results to question whether they felt guilty or not as a result of their pregnancy.

	Number	Percentage
Yes	20	100%
No	-	-
Total	20	100%

Deductions from question 28:

* Twenty subjects (100%) felt guilty when they were pregnant.

Question 29

Table 29: Distribution of results to whether or not they thought of abortion, adoption, suicide and alcohol abuse or not.

	Number	Percentage
Abortion	9	45%
Adoption	1	5%
Suicide	1	5%
Alcohol Abuse	-	-
None of the above	9	45%
Total	20	100%

Deductions from question 29:

* Nine respondents (45%) thought of abortion.
* One respondent (5%) thought of adoption.
* One respondent (5%) thought of suicide.
* No one thought of alcohol abuse.
* Nine respondents (45%) never thought of abortion, adoption, suicide or alcohol abuse.

Question 30

Table 30: Distribution of results to question which attempts to find whether they experienced feelings and thoughts of confusion.

	Number	Percentage
Yes	20	100%
No	-	-
Total	20	100%

Deduction from question 30:

* Twenty respondents (100%) experienced feelings and thoughts of confusion.

Question 31

Table 31: Distribution of results to question whether they experienced emotional problems or not.

	Number	Percentage
Yes	20	100%
No	-	-
Total	20	100%

Deduction from question 31:

* Twenty respondents (100%) reported experiencing emotional problems

Question 32

Table 32: Distribution of results to question whether they felt they lost their childhood when they got pregnant.

	Number	Percentage
Yes	20	100%
No	-	-
Total	20	100%

Deductions from question 32:

* Twenty respondents (100%) felt that they lost their childhood when they got pregnant.

Question 33

Table 33: Distribution of results to question how they felt when they realised their friends were attending parties, different functions etc while they were looking after the baby.

	Number	Percentage
Yes	13	65%
No	7	35%
Total	20	100%

Deductions from question 33:

* Thirteen respondents (65%) were hurt when they observed their friends attending parties, different functions etc while looking after the baby.
* Seven respondents (35%) were not hurt.

Question 34

Table 34: Distribution of results to a question which attempts to find out who looks after their babies

	Number	Percentage
Mother	11	55%
Grand Mother	7	35%
Neighbour	-	-
Friend	-	-
Creche	2	10%
Total	20	100%

Deductions from question 34:

* Eleven respondents (55%) reported that thier babies are looked after by mothers while they are at school.
* Seven respondents (35%) reported grandmothers looked after their babies.
* Two respondents'(10%) babies are sent to creche.

Question 35

Table 35: Distribution of results to question whether the father of the baby is still a scholar.

	Number	Percentage
Yes	14	70%
No	6	30%
Total	20	100%

Deductions from question 35:

* Fourteen respondents (70%) of the fathers are scholars.
* Six respondents (30%) of the fathers are not scholars.

Question 36

Table 36 : Distribution of results to question whether the boyfriends are working or not.

	Number	Percentage
Yes	3	15%
No	17	85%
Total	20	100%

Deductions from question 36:

* Seventeen respondents (85%) of the fathers are not working.

* Three respondents (15%) report fathers are working.

Question 37

Table 37: Distribution of results to question which attempts to find out who helps with financial assistance.

	Number	Percentage
My Parents	6	30%
Brother	2	10%
Sister	2	10%
Grand Mother	4	20%
Grand Father	1	5%
Boyfriends Parents	4	20%
Boyfriend	1	5%
Total	20	100%

Deductions from question 37:

* Six respondents (30%) report their parents helped with financial assistance.
* Two respondents (10%) are supported by a brother.
* Two respondents (5%) are assisted by grandmothers.
* Four respondents (20%) are supported by friend's parents.
* One respondent (5%) is supported by a boyfriend

Question 38

Table 38: Distribution of results to question whether the person who looks after the baby is paid or not.

	Number	Percentage
Yes	2	10%
No	18	90%
Total	20	100%

Deductions from question 38:

* Two respondents (10%) report that the person who looks after the baby is paid.
* Eighteen respondents (90%) report that the person is not paid.

Question 39

Table 39: Distribution of results to question whether the boyfriends left them after realising their pregnancy or not

	Number	Percentage
Yes	12	60%
No	8	40%
Total	20	100%

Deductions from question 39:

* Twelve respondents (60%) were left by their boyfriends.
* Eight respondents (40%) report that the boyfriends did not leave them.

Question 40

Table 40: Distribution of results to question whether they concentrate at school when their baby is sick

	Number	Percentage
Yes	-	-
No	20	100%
Total	20	100%

Deductions from question 40:

* Twenty respondents (100%) report that they are not concentrating when the baby is sick.

Question 41

Table 41 : Distribution of results to question which attempts to find whether they have had enough time for both child and studies

	Number	Percentage
Yes	-	-
No	20	100%
Total	20	100%

Deductions from question 41:

* Twenty subjects (100%) report that they are not having enough time for both child and their studies.

Question 42

Table 42: Distribution of results to question to whether teacher punishes them when they are absent because of problems concerning their babies.

	Number	Percentage
Yes	4	20%
No	16	80%
Total	20	100%

Deductions from question 42:

* Four respondents (20%) felt that the teachers should punish them when they are absent because of problems concerning their babies. Reasons given:-
* Because the teacher is not part of the problem concerning their children so he should punish us.
* Sixteen subjects (80%) expected teachers to sympathise with them.

Question 43

Table 43: Distribution of results to question on whether it is acceptable to attend school while pregnant.

	Number	Percentage
Yes	7	35%
No	13	65%
Total	20	100%

Deductions from question 43:

* Seven subjects (35%) felt that it is acceptable to attend school while pregnant. *
  Thirteen subjects (65%) felt that it is not acceptable to attend school while pregnant.

With regard to psychosocial circumstances, they had experienced frustration, emotional ditress, depression, anxiety, loneliness and helplessness. They agree that they still experience the above psychosocial circumstances becuase the demands of a baby are not easy. Moreover, they did not receive any counselling or psychological help. There are no educational psychologist in traditionally African schools.

When it comes to their educational circumstances, they do not have enough time for both babies and studies. They are usually absent from school because of the problems concerning their babies e.g. sickness, an abscence of the aunt who looks after the baby etc. They loose concentration during lessons at school.

4.3 RESULTS OF PART THREE OF THE PUPIL QUESTIONNAIRE

Part Three of the questionnaire explores the previous role of guidance support and the views of these scholars on what role guidance could play in assisting them.

Question 44

Table 44: Distribution of results to question whether guidance is offered or not.

	Number	Percentage
Yes	-	-
No	20	100%
Total	20	100%

Deductions from the above table 44:

* Twenty respondents (100%) mentioned that guidance is not offered at school.

Question 45

Table 45: Distribution of results to question whether sexuality education should be a subject on its own.

	Number	Percentage
Yes	20	100%
No	-	-
Total	20	100%

Deductions from question 45:

* Twenty respondents (100%) felt that sexuality education should be a subject on its own.

Question 46

Table 46: Distribution of results to a question whether it should be taught in training colleges and universities.

	Number	Percentage
Yes	20	100%
No	-	-
Total	20	100%

Deduction from question 46:

* Twenty respondents (100%) felt that it should be introduced in training colleges and universities.

Question 47

Table 47: Distribution to question whether it should be included as only a chapter in a guidance book or not.

	Number	Percentage
Yes	-	-
No	20	100%
Total	20	100%

Deductions from question 47:

* Twenty respondents (100%) felt that it should not be just a chapter in guidance but rather a full subject.

Question 48

Table 48: Distribution of question which attempts to find out whether they feel that they know how to form healthy relationships.

	Number	Percentage
Yes	7	35%
No	13	65%
Total	20	100%

Deductions from question 48:

* seven respondents (35%) felt that they know how to form healthy relationships.
* Thirteen subjects (65%) felt that they are unable to form healthy relationships i.e. love affairs which do not destroy their future.

Question 49 [2]

Question 49 is an open question attempting to find out what role they think should be played by parents in educating them. Responses revolved around the following:-

* They must advise their children with truth and explain what happens in life.
* Parents must not hide the information and they should make the students aware of dangers.
* They must not give corporal punishment to children because it does not help but they must ensure that sexuality education is given.
* We should perform cultural functions which assist in lowering teenage pregnancy.
* A girl has to get advice from her mother. A boy has to receive advice from his father.

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[2] Question 49 has no table, however, the table numbering is in sequence

Question 50

Table 50 : Distribution of results to question whether in their view the lack of communication between parents and children leads to increased teenage pregnancy

	Number	Percentage
Yes	20	100%
No	-	-
Total	20	100%

Deduction from question 50:

* Twenty respondents (100%) expressed the view that lack of communication between parents and children leads to increased teenage pregnancy.

Question 51

Table 51: Distribution of results to question whether they need emotional support from counsellors or not.

	Number	Percentage
Yes	20	100%
No	-	-
Total	20	100%

Deductions from question 51:

* Twenty subjects (100%) felt that they need emotional support from counsellors. Reasons given revolved around the following:-
* They want someone to share their problems with
* They need advice.
* They need support in order to cope with the difficulties they face.

Question 52

Table 52 : Distribution of results to question whether they think the introduction of sexuality education program could help or not.

	Number	Percentage
Yes	20	100%
No	-	-
Total	20	100%

Deductions from question 52:

* Twenty respondents (100%) felt that the introduction of sexuality education program could help to lower teenage pregnancy.
* All responded by saying that sexuality education would give them knowledge.

Question 53

Table 53 : Distribution of results to question whether sexuality education program could encourage teenage pregnancy or not.

	Number	Percentage
Yes	-	-
No	20	100%
Total	20	100%

Deductions from question 53:

* Twenty subjects (100%) felt that the introduction of a sexuality education programme would not encourage teenage pregnancy.
* They said sexuality education would eliminate ignorance and knowledge is power.

Question 54

Table 54: Distribution of results to question whether they think problems such as teenage pregnancies, rape, sexual abuse and HIV will be lowered if sexuality education is provided.

	Number	Percentage
Yes	20	100%
No	-	-
Total	20	100%

Deductions from question 54:

* Twenty respondents (100%) felt that teenage pregnancies, rape, sexual abuse and HIV will be lowered if sexuality education is provided.

Question 55

Table 55: Distribution to question whether or not they favour inclusion of information on reproduction, anatomy and physiology as a content of sexuality education program.

	Number	Percentage
Yes	20	100%
No	-	-
Total	20	100%

Deductions from question 55:

* Twenty respondents (100%) favoured the inclusion of information on reproduction, anatomy and physiology as content of a sexuality education programme.

Question 56

Table 56: Distribution to question whether or not they have interpersonal and life skills e.g. how to say "NO".

	Number	Percentage
Yes	8	40%
No	12	60%
Total	20	100%

Deductions from question 56:

* Eight subjects (40%) felt that they have interpersonal and lifeskills eg, how to say NO.
* Twelve subjects (60%) felt that they do not have interpersonal and life skills e.g. how to say NO.

Question 57

Table 57 Distribution of results to question whether or not the African ritual of virginity testing should be performed.

	Number	Percentage
Yes	11	55%
No	9	45%
Total	20	100%

Deductions from question 57:

* Eleven respondents (55%) agreed that the African ritual of virginity testing should be performed. Reasons given revolved around:-
* The aim is to lower the rate of teenage pregnancy.
* Nine respondents (45%) felt that it should not be performed. Reasons:-
* Now days there are few virgins and many children will be embarrased.

Question 58

Table 58: Distribution of results to question which attempts to find out whether or not abortion is a solution for unplanned teenage pregnancy.

	Number	Percentage
Yes	3	15%
No	17	85%
Total	20	100%

Deductions from question 58:

* Three respondents (15%) felt that abortion is a solution for unplanned teenage pregnancy.
* Seventeen respondents (85%) felt that abortion is not a solution for unplanned pregnancy. Reasons revolved around:-
* the fact that baby is God's gift, no one has a right to destroy it.

Question 59

Table 59: Distribution of results to question which attempts to find out how they spent their spare or free time before their pregnancy.

	Number	Percentage
Parties	3	15%
Visiting Friends	13	60%
Sports & Recreation	1	5%
Film & Video	4	20%
Total	20	100%

Deductions from question 59:

* Three respondents (15%) attended parties during their free or spare time,
* Thirteen respondents (60%) visited their friends druing their sports or free time.

* One respondent (5%) attended sports and recreation. Four respondents (20%) used it to watch flims and videos.

4.4 CONCLUSION

The views of the sample are that sexuality education should be taught in traditionally African school. The introduction of sexuality education programmes could help to lower teenage pregnancy. The parents have a role to play in imparting sexuality education to their teenagers. They also feel that the Department of Education should employ educational psychologist or counsellors in traditionally African schools

CHAPTER 5

DISCUSSION

5.1 INTRODUCTION

The aim of the study was to explore the psychosocial and educational implications of teenage pregnancy for a group of school going mothers.

The purpose of the study is to assist educators to gain insight into the needs and problems of teenage mothers within the educational system.

In addition it is hoped that the study will bring to the attention of planners of education the absence of sexuality education programmes in traditionally African schools and to highlight the needs of teenage mothers within the educational system.

This chapter will discuss the findings of this investigation and make comparisons with the findings of other researchers.

5.2 INTERPRETATION OF RESULTS

5.2.1 SUBJECTS' PRIOR EXPOSURE TO THE SEXUALITY EDUCATION AND ATTITUDES TOWARDS SUCH EDUCATION IN SCHOOLS

Part one of the questionnaire attempted to explore what exposure the subjects had had to knowledge about sexuality prior to their pregnancy. It also explored their attitudes towards sexuality education in schools

The results of Question 1 which reflects the samples' attitude towards the introduction of sexuality education in traditionally African schools, reveals that the subjects strongly (100%) support the introduction of such programmes into the school curriculum (Table 1). Reasons given revolved around the following concerns: They said that they needed advice about sexuality matters.

They felt that sexuality education would make them aware of the dangers and problems of early pregnancy. It would help them to avoid unplanned pregnancy which brings hardship, poverty and adoption of babies. They expressed a need for sexuality education because most of the respondents are afraid to talk with their parents about sexuality education (vice versa.) They suggested that it could help to lower the rate of teenage pregnancy and limit promiscuity. They also expressed the belief that sexuality education would help them to gain knowledge about how to form healthy relationships and keep their virginity.

The above confirms Louw, Weitz and Radebe (1995) view that ignorance does not guarantee innocence.

Young people are expected to make informed decisions about their lives and thus they should be supplied with pertinant information. Obviously with something as important as having a baby they should be given the necessary information so that they may make an informed, responsible decision and resist negative influences from their peers. Armed with both knowledge and skills, young people are better prepared to establish meaningful relationships.

This result is important as it is often difficult for educators to decide whether sexuality education should be given or not.

To gain the confidence necessary to participate in sexuality education courses, it is essential that educators acquire both knowledge of human sexuality and the absolute assurance that they are doing the right thing in teaching this to teenagers. This may help to eliminate doubts which teachers may have.

Sexuality education should guide children towards healthy attitudes that develop concern and respect for others. This should enable them to make sound decisions about sexual behaviour based on knowledge and understanding about their own sexual identity and interpersonal relationships.

Consideration, understanding and tolerance in relationships should be stressed. Ideally young people could be made to understand that they must take responsibility for their own actions in order to avoid being hurt or hurting others who care for them.

Educators play a prominent role throughout the formative years of childrens' lives and the subject of sexuality arises inevitably during school classes. The truth is that whether or not provision is made for formal sexuality education in the classroom, it continues in the playground. The function of the school is to compliment not to replace the family in this matter. Formal sexuality education should only be given in schools with parental knowledge and co-operation.

A high percentage (85%) of the sample did not receive sexuality education from their parents. Only 3% of the sample had received sexuality education from their parents. (Table 2) supports the findings of Mayekiso (1992) and Oosthuizen (1990) in that subjects reported that parents are too embarrassed to discuss sexuality education with them. It is possible that parents lack the necessary skills and information to empower their children.

Many parents may be shy about such matters or may not take the time to speak to their children about growing up and how to form healthy relationships. This area is one in which further research is required.

Parents undoubtely have the most crucial role in the sexuality education of their children. The best sexuality education can be given at home in a secure and respectful manner. Unfortunately, the results of this study shows that only a minority of parents in this sample actually talk about sexuality to their children. Thus parents too may need to be helped to understand and be made comfortable about giving such education in their homes.

In addition results indicate that few (3%) of the subjects sought such information from their parents (Table 3).

Reasons given by the respondents supported the findings of Mfono (1995) and Mayekiso (1992). They felt that parents regard sexuality as dirty and wrong. The reasons given by the subjects suggest that there maybe a communication breakdown between parents and teenagers. Mfono (1995) found that it was a taboo to talk about sexuality education at home, and parents scolded them if the subject was raised. As a result they were afraid to ask.

The (3%) of the sample who asked their parents were those subjects who were given sexuality education by their parents (Table 2). Communication with their parents was therefore present.

It is interesting to note that in traditional African life, sexuality education was taught to children. The boys were taught by men and girls by women. This reflects Mfono's (1995) findings that with the advent of Christian values, sexual chastity was stressed. Any form of sexuality education was regarded as unclean. However the sample themselves felt that the discussion of sexuality matters with parents or educators is not dirty or wrong (Table 4). These results could indicate a change of attitude in the younger generation.

Of note is the fact that in this sample a high percentage (65%) of parents were aware that their teenagers were involved in a relationship (Table 5) This corresponds with Visser's (1996) findings that parents may lack control over the behaviour of their children and that they took no action to keep their daughters from seeing their boyfriends. The findings support Viljoen's (1994) suggestion that there is a lack of involvement of black parents in the primary socialization of their children and that children are deprived of support in the development of personal patterns of sexual behaviour.

As a result of this situation a high percentage of the sample (85%) did not receive education from parents.

These results correspond with Koeg (1990), Mlangeni (1991) and Barros's (1989) findings that the source of sexuality education was other peers (Table 6). Teenagers experience a tremendous amount of peer pressure. Many teenagers do not want to feel excluded and so they enter into sexual intercourse in order to feel accepted.

Results of the study reflect how poorly prepared the sample were for such relationships. All respondents had poor knowledge of contraception (Table 7). Reasons given confirms Moloinyane's (1996) findings that many girls do not use contraceptives because of myths about contraceptives. Many young women find it difficult to accept that they need contraception at all. If they have been brought up to believe that premarital sex is wrong, they may not intend to have intercourse until it actually happens. Some teenagers are ambivalent about their sexuality activity and view sexual intercourse as an unexpected irresistible occurrence rather than an anticipated event. They do not plan ahead. In essence the non use of contraceptives may be related to ignorance, lack of awareness of the consequences of sexual activity and inaccessibility of suitable services.

The results of the study show that (100%) of the sample did not know before their pregnancy that first sexual intercourse could lead to pregnancy (Table 8). This supports the findings of Weideman (1996) that teenage pregnancy is still on the increase in S.A. probably because many young girls do not realise that just one sexual encounter can leave them pregnant. Ignorance and misinformation about sexuality is one of the major causes of teenage pregnancy. The provision of sexuality education could help to eliminate myths like "you never fall pregnant if you just have sex occasionally", "It just happened" etc. These are misconceptions and misinformation shared by peers. By denying contraception to the sexually active teenagers, we may defeat our object. Providing contraceptives is not intended to encourage teenagers to have sex but to protect those who do not want pregnancy.

Reasons given for not using contraception supported Moilanyane's (1996) findings that teenagers do not like to use contraceptives for various reasons which are sometimes incorrect (Table 9,10 and Question 11). A high percentage of the sample (70%) felt prevention by injection would cause fatness. Other reasons reflected incorrect information such as contraceptives cause sterility and disability of a baby. A high percentage of the sample (75%) did not use contraceptives before they got pregnant. (Table 12) support Nash's (1990) and Sapire's (1995) results that the non-use of contraceptives is related to ignorance and misinformation.

Results also support Nash (1990), Sapire (1995) and Moloinyane's (1996) findings that teenagers have misinformation about family planning (Table 13). A high percentage (75%) of the sample were afraid to attend family planning clinics. The subjects gave the following reasons:- They were ashamed because they were very young. They thought nurses would embarrass them. They were too young for contraceptives. They were afraid of parents. Friends told them that even if you prevent you still get pregnant.

This is unfortunate as family planning clinics do not only deal with giving contraceptives but also provide sexuality education. It is a source of advice about healthy relationships and information about diseases such as HIV. Sexuality education should be provided in traditionally African schools because teenagers are in day to day contact with educators. Teenagers trust educators more than strangers at family planning clinics.

All of the sample did not plan their pregnancies (Table 14). The results also confirm the findings of Ntombela (1992) and Visser (1996) that teenage mothers were unhappy and regarded their pregnancy as unplanned and unwanted. This results confirms too the findings of Nash (1990) when he interviewed 30 teenage mothers and found that their pregnancies were unplanned. The subjects were asked to give reasons why they regard their pregnancies as unplanned. The reasons revolved around the following:-

It came as a surprise and they thought it would not happen to them. The boyfriend said he was against contraception and nothing would happen. They were too young to have a baby. Parents did not educate them in sexuality matters and they regretted this. No one told them what would happen.

As Louw, Weitz and Radebe (1995) argued knowledge does not constitute permission but it may protect, whereas ignorance cannot. Parents lock the gates and check on teenagers hoping that they are looking after the teenager, and would prevent pregnancy. But a high percentage (70%) of the sample confirmed that their parents were prescribing time for locking gates but yet they still got pregnant (Table 15). Perhaps sexuality education would have been more effective.

5.2.2 PSYCHOSOCIAL CIRCUMSTANCES

All of the sample were scared to inform their parents about their pregnancy (Table 16). This confirms Nash's (1990) findings that teenagers are afraid to inform their parents about their pregnancy. Many of the subjects themselves were unaware of their own pregnancy (Table 18). Thus supporting Nash's (1990) findings. They were unaware of the signs and symptoms of pregnancy. Once again reflecting a lack of knowledge about sexuality.

Results shows that a high percentage (60%) of the sample reported that their pregnancy caused conflict among family members. This finding supports Vissers's (1996) in that teenage pregnancy lead to conflict among family member e.g. the father lay the blame to the mother for failing to educate her daughter. The father also may punish mother for failing to advise the girl. Nevertheless approximately half of the sample's parents later accepted the situation (Table 20). The teenage mother is usually assisted by family members in rearing the child. About half of the samples babies are looked after by the teenagers' mothers and 35% by grannies (Table 34). Family support was also given financially to (95%) of the respondents. Only (5%) were assisted financially by their boyfriends (Table 37).

From the above it is clear that parents show mixed messages in the following manner. By accepting the children of unmarried girls, the parents negate their ban on sex and babies before marriage. Moreover parents are not prepared to force the teenage mother into unwanted marriage simple to cover up her pregnancy. A hasty marriage is unpopular with most parents. Therefore the messages received by young girls are inconsistent.

Teenage mothers may lose their peer support during and after pregnancy. A high percentage of the sample (60%) were not visited by their friends during and after the pregnancy (Table 21). This confirmed the findings of Visser (1996) that they are ridiculed and mocked by their friends and they are regarded as adults in their community. They felt as though they lost their childhood when they got pregnant. They were hurt when they observed their friends attending parties, different functions etc while looking after the baby.

Friends' reaction to their pregnancy suggest an absence of intimacy or caring. Neighbours also showed bad feeling towards them as (30%) reported being gossiped about and (35%) were laughed at by their neighbours (Table 22). It is clear that the social life of these teenage mothers becomes difficult and may be rejected by their communities. This may result in low self esteem. Visser also found that teenage mothers do not experience their pregnancies as positive. They were confused as they felt youthful but were regarded as adults in their community.

All the subjects (100%) were shocked when they realised they were pregnant (Table 23). This supports findings of Mlangeni (1991) whose subjects experienced shock at learning that they were pregnant. Pregnancies were regarded as unplanned and unwanted. This supports the results of Ntombela's study where (80%) of the subjects were very unhappy and disappointed at discovering their pregnancy (Ntombela 1992).

Results also supported findings of Mlangeni (1991) that the teenagers experienced socio-psychological risks such as shock, anxiety, frustration, loneliness, helplessness, depression, guilt, thoughts of confusion and emotional problems (Table 24,27,28,29,30 and 31). All of the sample experienced socio-psychological risks. All reported that they are still experiencing them. During their pregnancy (45%) of the sample thought of abortion and (5%) thought of suicide (Table 29).

In traditionally African schools, there are no counsellors or psychologists to deal with socio-psychological risks such as the above. They remain untreated. This supports the findings of Boult (1990) that teenage mothers experienced higher health risks like hypertension, anaemia, schizophrenic and character disorder. The subjects said they still experience frustration because the demands of the baby are not easy to cope with. Moreover (70%) of the sample's boyfriends are still scholars and (85%)of the samples' boyfriends are not working (Tables 35 and 36). These results confirm the findings of Visser (1996) that financial problems feature strongly among teenage mothers. They are left by their boyfriends. They are no responsibility and emotional support they receive from their boyfriends.

5.2.3 EDUCATIONAL CIRCUMSTANCES

All of the samples reported that they lose their concentration at school when their baby is sick (Table 40). Moreover they do not have enough time for both the child and studies (Table 41). This results supports Seabela (1990), Mlangeni (1991) and Ntombela (1992) that teenage motherhood retards or prevents the development of the potential and self-fulfilment of the teenagers involved. This also further confirms the view of The Committee on Adolescence (1986) that the demands of being an adolescent and those of being a mother are often divergent and the youngster who tries to be both at once may compromise one or the other or fail at both.

Teenage mothers expect educators to sympathise with them when they are absent of problems concerning their babies.

A high percentage (80%) felt that educators have to be considerate (Table 42). It is acceptable that educators have to help teenage mothers with their school work to avoid too much disruption in their education.

Before the new South African Act No 84 of 1996, learners who fell pregnant were requested by school management to leave the school. They were allowed to re-attend in the following year. The aim of this school policy was to discourage pregnancy among the youth. But it failed because many teenagers still got pregnant. But the new South African Act of 1996, No 84 allows teenagers to attend school while pregnant. It tries to protect the right to access to education. This does not always happen in reality and opinions differ. A high percentage (65%) of the subjects themselves felt that it is wrong to attend school while pregnant. They gave the following reasons:- They believed that if there is a pregnant learner in class, they tend to fall asleep. It is disgraceful. It does not look nice if a learner has a big stomach. Unexpected delivery may occur during school hours. It encourages teenagers to get pregnant because they know they could continue with their education while pregnant.

5.2.4 GUIDANCE SUPPORT AND THEIR VIEWS ON WHAT ROLE GUIDANCE COULD PLAY IN ASSISTING THEM

Guidance is generally not offered in traditionally African schools (Table 44). Mfono (1995) argued that the department of education had introduced guidance programmes which were unacceptable and rejected by learners and educators. This could help to explain why there is a resistance on the part of schools to allocate time to such programmes.

The researcher supports Mfono (1995) in this view as guidance books in our schools are precsriptive and largely not relevant to the needs and experiences of the learners. It is hoped that the introduction of LIFE ORIENTATION in curriculum 2005, may solve this problem.

The whole sample (100%) favoured the introduction of sexuality education as a subject on its own and not just as a chapter in a guidance book (Table 45 and 47). But this differs with the view of Sapire (1995) who suggests that it should be part of life skills in a guidance programme. Nevertheless it gives us a picture that the learners express a need for a sexuality programme that is a subject on its own. Sapire's view may be more relevant in that sexuality education should be included in a comprehensive guidance programme including other issues in the lives of teenagers such as drugs, alchohol, suicide, etc. becuase these problems are related in one way or another.

The subjects believed that the role of parents should be as follows: Parents must advise their children with truth and explain what happens in life. Parents must not hide the information and they should make teenagers aware of dangers. They must not give corporal punishment to children because it does not help but they must ensure that sexuality education is given. There should be performance of cultural rituals which assists in lowering teenage pregnancy. A boy has to receive advice from his father (Table 49).

It is clear that the majority of parents do not communicate with their teenagers about sexuality matters. This is confirmed by the study which shows that 100% of the sample felt that lack of communication between parents and children lead to an increase in teenage pregnancy (Table 50). This in turn supports the findings of Oosthuizen (1990) where he attributed the lack of parent - adolescence communication about sexuality matters to the refusal of many parents to acknowledge that children have sexual feelings from the moment of birth which continue as they grow towards adulthood.

All of the sample (table 51) felt that teenage mothers who are scholars need counsellors at school. They gave the following reasons:- They want someone to share their problems. They need advice. They need support in order to cope with the difficulties they face.

All subjects (100%) did not believe that sexuality programmes would encourage pregnancy (Table 53). Instead it would eliminate ignorance and lower problems such as rape; sexual abuse and HIV.

An interesting result was that (55%) of the sample favoured the re-performance of the African ritual of virginity (Table 57). This confirms the findings of Mfono (1995) that many Africans support the re-introduction of sexuality virginity testing. It is interesting to note that the majority of the sample favoured the introduction of education in traditionally African schools and virginity customs at home in an attempt to lower teenage pregnancy.

5.3 CONCLUSION

In old traditional communities, teenage pregnancy was very rare, and a great shame. The reason was that mothers, grandmothers and elder sisters gave sexuality education to young females. Educating the boy was the responsibility of the father and other male members of the community. Traditional practices such as virginity testing were prelavant.

But when Christianity was introduced, this custom and others such as the intercrural intercourse called "ukusoma" which ensured that the teenagers remained virgins, were rejected by the Church. Sexual chastity was emphasized. Mothers were unable to discuss something unclean with their daughters.

When the traditional way of life was no longer followed, there was a gap left. No one gave sexuality education to the majority of African children. That gap should be filled both by educators and parents. Recent research has shown that the following can be identified as contributing to the high teenage pregnancy rate: lack of sexuality education in traditionally African schools and at home, restriction on teenage access to information about contraceptive services and peer group pressure.

CHAPTER 6

CONCLUSION

6.1 MAJOR CONCLUSION FROM STUDY

This study has described the effects of the lack of sexuality education in a traditionally African school. The lack of sexuality education in school and at home, restrictions on teenage access to contraceptives and confused messages about sex may contribute to the incidence of teenage pregnancy.

The study has highlighted some of the major factors that may be contributing to the alarming high incidence of teenage pregnancy. Most importantly parents do no impart sexuality education to their teenagers. They lack the necessary skills to empower their children.

The subjects said that the pregnancies were unplanned, sexual information was insufficient, contraceptive options were ignored and they had not recognised the implications of intercourse for themselves or for their infants.

The study largely supports the results of previous studies done in this area.

The study suggests that there is a need for the introduction of sexuality education in traditionally African schools. This would help teenagers to be aware of the dangers and problems of early pregnancy. This would help the teenagers to make informed decisions about their lives. Sexuality education may eliminate ignorance and lower problems such as rape, sexual abuse and HIV. There is a communication breakdown among parents and teenagers. It is a taboo to talk about sexuality education at home. They experienced a tremendous amount of peer pressure.

Teenage mothers experienced socio-psychological risks such as shock, anxiety, frustration, loneliness, helplessness, depression, guilt, thoughts of confusion and emotional problems during their pregnancies.

These socio-psychological risks are complicated by the fact that the demands of the baby are not easy to cope with and the mother may be ostracised by her family, boyfriend and friends. This means that they are ostracised by the very people they need for support. Teenage mothers need someone with whom to share their problems and to support them in order to cope with the difficulties they face. Counsellors at school could play that role.

Ignorance and misinformation about sexuality is one of the major causes of teenage pregnancy. The provision of sexuality education may also eliminate myths.

Traditional cultures and customs which discourage early teenage pregnancy may need to be revisited.

6.2 LIMITATION OF STUDY

The sample in this study was small. It consisted of a small group of teenage mothers who are all attending the same school. The questionaire was long. Some terms like depression may lead to confusion. It did not include the teenage fathers who are scholars. Therefore, the findings cannot be generalized to a wide population except if done with extreme caution.

Validity and reliability was difficult to assess as most people do not want their private life to be investigated or explored. It was an advantage that the sample know and trust the researcher.

6.3 IMPLICATIONS FOR FUTURE RESEARCH

Future research may be done to include teenage fathers who are scholars, the parents, of teenage mothers and fathers, nurses and educators .

Such data would allow for a fuller understanding of the communities attitudes towards teenage pregnancy and sexuality education.

6.4 RECOMMENDATIONS

The researcher hopes that the results and discussions presented in this study may stimulate further research. The following recommendations are proposed:-

Sexuality education should be introduced in traditionally African schools. The Department of education should employ counsellors at traditionally African schools. This would help teenage mothers who are learners and learners in general to receive life skills training. Too little has been given in the past.

Parents should be empowered with skills of communicating with teenagers about sexuality matters.

An attempt to lower teenage pregnancy should be coupled with counselling services for teenage mothers and effective methods of getting young fathers to accept financial and emotional responsibility for their children. The provision of adequate child-care facilities should receive the highest priority.

Because of the seriousness of the problem and shortage of staff it is vital for the community to be involved. The use of voluntary health care workers should be explored and ways of expanding the service to rural areas should be considered.

Programmes for group interaction such as youth camps and community theatre could be used to improve the quality of life for adolescents and facilitate a meaningful contribution to their development and to the development of the country as a whole.

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APPENDIX

APPENDIX 1 QUESTIONNAIRE

PART ONE : PERSONAL PARTICULARS AND SUBJECTS' PRIOR SEXUALITY EDUCATION.

SUBJECTS NO.	AGE OF BABY	AGE OF SUBJECTS	AGE OF THE FATHER

QUESTIONS : PLEASE TICK BY USING "X"

1. Do you favour the introduction of sexuality education in school curriculum?

YES ☐ ☐ **NO**

Please give reason for your answer.

APPENDIX 1 cont'd

2. **Did your parents educate you about sexuality issues or matters?**

YES ☐ ☐ **NO** (2)

Please give reason for your answer.

3. **Did you ask your parents about sexuality issues or matters before your pregnancy?**

YES ☐ ☐ **NO**

Please give reasons for your answer.

4. **Is it wrong or dirty to discuss sexuality matters with parents or teachers?**

YES ☐ ☐ **NO** (3)

Please give reasons for your answer.

5. **Were your parents aware that you had a boyfriend?** Do you have a boyfriend

YES ☐ ☐ **NO**

6. **Who did you discuss sexuality matters with?**

PEERS ☐ ☐ **MOTHERS & PEERS** (4)

7. **Did you have full knowledge about different types of contraceptions before your pregnancy?**

YES ☐ ☐ **NO**

APPENDIX 1 cont'd

8. **Did you know that the first sexual intercourse result to pregnancy before your pregnancy?**

YES ☐ ☐ **NO**

9. **Does the prevention by injection result to fatness of person?**

YES ☐ ☐ **NO** (5)

10. **Does the prevention by pill result to sterilization of person?**

YES ☐ ☐ **NO** (6)

11. **What are the disadvantages of using contraception?** (7)

12. **Did you consider using contraceptives before you get pregnant?**

YES ☐ ☐ **NO**

13. **Were you afraid to visit family planning clinic before you get pregnant?**

YES ☐ ☐ **NO**

Please give reasons for your answer.

14. **Was the pregnancy planned?**

YES ☐ ☐ **NO**

Please give reasons for your answer.

15. **Were your parents strict in a sense that they prescribed the time for closing gates at home?**

YES ☐ ☐ **NO** (8)

PART TWO : PSYCHOSOCIAL AND EDUCATIONAL CIRCUMSTANCES

APPENDIX 1 cont'd

16. **Did you inform your parents that you are pregnant?**

YES ☐ ☐ **NO**

Please give reasons for your answer.

17. **Who realized that you were pregnant among family members?**

Mother/Father/Sister/Brother

☐ ☐ ☐ ☐

18. **Were you aware of your pregnancy?**

YES ☐ ☐ **NO**

19. **Was there any conflict among family members because of your pregnant?**

YES ☐ ☐ **NO**

20. **What was the reaction of parents?**

Angry ☐ **Accepted** ☐ **Expelled** ☐

21. **Did your friends visit you during time of pregnancy?**

YES ☐ ☐ **NO**

22. **What was the reaction of your neighbours?**

Gossiped ☐ **Laughed** ☐ **Supported** ☐

23. **Were you shocked when you realized that you were pregnant?**

YES ☐ ☐ **NO**

24. **Did you experience anxiety during your pregnancy?**
Do you still experience anciety?

YES ☐ ☐ **NO**

YES ☐ ☐ **NO**

APPENDIX 1 cont'd

25. **Where you fustrated as a result of your pregnancy?**
Do you still feel frustrated? Please give reason.

YES ☐ ☐ **NO**

YES ☐ ☐ **NO**

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26. **Did you feel lonely and helpless as a result of your pregnancy?**
Do you still feel lonely and helpless? Please give reason.

YES ☐ ☐ **NO**

YES ☐ ☐ **NO**

27. **Were you depressed as a result of your pregnancy?**

YES ☐ ☐ **NO**

28. **Did you feel giulty because of pregnancy?**

YES ☐ ☐ **NO**

29. **Did you think of the following when you realize that you are pregnant?**

Abortion ☐ **Adoption** ☐ **Suicide** ☐ **Alcohol** ☐ **None of the above** ☐

30. **Did you experience feelings and thoughts of confusion?**

YES ☐ ☐ **NO**

31. **Did you experienced emotional problems?**

YES ☐ ☐ **NO**

32. **Did you feel loosing your childhood?**

YES ☐ ☐ **NO**

33. **Did you feel hurt when you realize your friends attending parties, different functions etc. while looking after the baby?**

YES ☐ ☐ **NO**

APPENDIX 1 cont'd

34. Who is looking after your baby while at school?

Mother ☐ Grandmother ☐ Neighbourer ☐ Friend ☐

35. Is your boyfriend a scholar?

YES ☐ ☐ NO

36. Is your boyfriend working?

YES ☐ ☐ NO

37. Who gave you a financial assistance?

My Parents ☐ Brother ☐ Sister ☐ Grandmother ☐ Grandfather ☐ Boyfriend's Parents ☐ Boyfriend ☐

38. Is a person who looks after a baby paid?

YES ☐ ☐ NO

39. Did your boyfriend leave you after realizing your pregnancy?

YES ☐ ☐ NO

40. Do you concentrate to your lessons when your baby is sick?

YES ☐ ☐ NO

41. Do you have enough time for both child and your studies?

YES ☐ ☐ NO

42. Do you expect the teacher to punish you when absent because of problems concerning your baby?

YES ☐ ☐ NO

43. Is it correct to attend school while pregnant?

YES ☐ ☐ NO

APPENDIX 1 cont'd

PART THREE : EXPLORE THE PREVIOUS ROLE OF GUIDANCE SUPPORT AND THE VIEWS OF THESE TEEN-AGERS ON WHAT ROLE GUIDANCE COULD PLAY IN ASSISTING THEM.

44. Is guidance as subject offered at your school?

YES ☐ ☐ **NO** (9)

45. Is sexuality education suppose to be a subject on its own?

YES ☐ ☐ **NO** (10)

46 Is it supposed to be taught in training colleges and universities?

YES ☐ ☐ **NO**

47. Is sexuality education suppose to be included as a chapter in guidance?

YES ☐ ☐ **NO** (11)

48. Do you know how to form healthy relationship?

YES ☐ ☐ **NO** (12)

49. What role should be played by parents in preventing teenage pregnancy?

_____

_____

_____

_____

50. Is it the lack of communication between parents and children which lead to increase to teenage pregnancy?

YES ☐ ☐ **NO** (13)

51. Do you need emotional support from counsellors at school?

YES ☐ ☐ **NO**

Please give reasons.

_____

_____

_____

_____

APPENDIX 1 cont'd

52. **Do you think the introduction of sexuality education program will help to low teenage pregnancy?**

YES ☐ ☐ **NO**

Please give reasons.

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53. **Do you think the introduction of sexuality education programm will encourage teenage pregnancy?**

YES ☐ ☐ **NO**

Please give reasons.

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54. **Do you think the problems like teenage pregnancies, rape, sexual abuse and HIV will be lowered when sexuality education provided?**

YES ☐ ☐ **NO**

55. **Do you support the inclusion of information on reproduction, anatomy and physiology as a content of sexuality education program?**

YES ☐ ☐ **NO**

56. **Do you know the interpersonal and life skills eg. how to say "NO".**

YES ☐ ☐ **NO**

57. **Do you think the African ritual of virginity test should be re-performed?**

YES ☐ ☐ **NO**

Please give reasons.

APPENDIX 1 cont'd

58. **Is abortion a solution for unplanned teenage pregnancy?**

YES ☐ ☐ **NO**

Please give reasons.

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59. **How were you spending your spare or free time before your pregnancy?**

Parties	**Visiting Friends**	**Sports & Recreation**	**Film and Video's**
☐	☐	☐	☐

Alcohol
drug abuse