

**ATTITUDES OF LEARNERS AT TWO
LIMPOPO PROVINCE HIGH SCHOOLS
TOWARDS TEENAGE PREGNANCY**

ANGELINA MAPHULA

**NORTH WEST UNIVERSITY
FACULTY OF HUMAN AND
SOCIAL SCIENCES
DEPARTMENT OF PSYCHOLOGY
M.SOC.SCIENCE (CLINICAL
PSYCHOLOGY)**

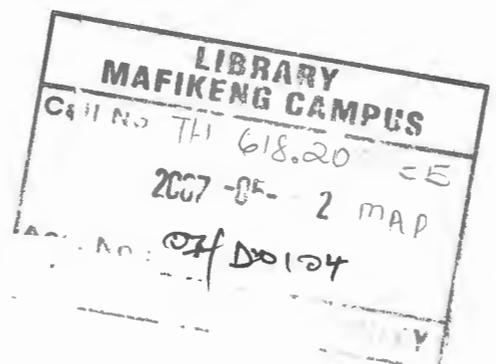
**SUPERVISED: Ms S. NIEMAND
CO-SUPERVISOR: Dr Q M. TEMANE**

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**The attitudes of learners at two Limpopo
Province high schools towards teenage
pregnancy**

ANGELINA MAPHULA

**Submitted in partial fulfilment of the
Degree of M. Soc. Science (Clinical
Psychology), in the Faculty of Human &
Social Sciences at the North West
University, Mafikeng Campus**

Supervisor: Ms S. Niemand

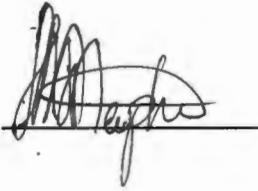
Co-Supervisor: Dr Q M. Temane

Date of submission: October 2006

Declaration

I, ANGELINA MAPHULA, declare that the mini-dissertation for the degree in Masters of Social Sciences (Clinical Psychology) at the North West University hereby submitted, has not previously been submitted by me for any degree at this or any other University, that is my own work in design and execution and that all natural contained herein has been duly acknowledged.

Signature

A handwritten signature in black ink, appearing to read 'A. Maphula', written over a horizontal line.

ANGELINA MAPHULA

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First and foremost, I would like to thank God Almighty, who gave me strength and made it possible for me to do this study.

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Dedication

I would like to dedicate this research study to my only Husband, (Mr Rufus Maphula) and my only son, Usinkhangwe Maphula. I never stopped loving you during the time I was away from you, while pursuing my studies. Thank you for the understanding, love, care, support and strength that I received from you during this time of my life. This research document is dedicated to you and I wish you both all the best for the future. You are my family and I thank God to have you both through his grace. I love you so much and always.

Abstract

The purpose of the study was to investigate the attitudes of learners of the Limpopo Province towards teenage pregnancy. A quantitative descriptive research approach was used, in which a questionnaire served as the primary source for data collection. The research sample consisted of 120 teenagers, between the ages of 13 years to 19 years. Sixty (60) females, and 60 males, were randomly selected from the school register of two schools. Permission was obtained before undertaking the study from the District Manager of the Department of Education, School principals in collaboration with their staff and SGB. Consent was also obtained prior to participating from learners. The questionnaire was distributed to the learners by a student researcher and the teachers. The data analysis was done by using the Statistical Package for Social Sciences (SPSS). The finding of the study indicated a positive attitude towards teenage pregnancy, for the majority of learners. There were also indications of more positive attitudes towards teenage pregnancy among younger learners, than those of older learners. More positive attitudes towards teenage pregnancy were also found among males, whereas females were less positive towards teenage pregnancy. The study concludes with recommendations regarding the implementation of strategies to deal with the pregnancy rates more effectively; considering the stage of development within which teenagers find themselves, generally.

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CHAPTER 1

1.1. INTRODUCTION

The aim of this study is to investigate the attitudes of learners at two Limpopo Province high schools towards teenage pregnancy. Teenage pregnancy has long been a worldwide problem, as indicated by research done in South Africa. Studies done in Africa and South Africa, indicate such a rise in the prevalence rate of teenage pregnancies, that it has become a great concern; not only the concern of parents, but also a societal concern (Chaserlitans and Livenecoley, 1998; Dryfoos, 1998).

Health Care Services in general are faced with enormous challenges and where the problem of teenage pregnancies is concerned, Health Care Services are facing increasingly more challenges, with the increase in sexual risk-taking behaviour among teenagers. There are also indications in literature that teenagers are becoming sexually active at earlier ages than before (Henshaw, 2004; Hammerle, 1992). Gitterman, (2001) also reports that teenagers are reluctant to utilize Health Care Services, available to them.

Apart from the challenges presented to Health Care Services, teenage pregnancies also have widespread affects on the Educational system and Economical conditions of the country. Teenage childbearing has stretched health care resources, has challenged the nation's ability to provide affordable housing, has increased the burden on school systems and had made a significant reduction in poverty, nearly impossible. Teenage childbearing has also contributed to an alarming high school dropout rate, to the swelling numbers of single- parent households and to a large number of children living economically, emotionally and intellectually impoverished lives. Consequently, it has contributed to the growth of the under-class by enlarging the ranks of the unemployable and the criminal. Teenage pregnancy also poses extreme and far-reaching costs on society (Hammerle, 1992).

The most significant factor that underlies the continuity gap between the financial well-being of teenagers and education is also escalating (Checkland, 1999, Gitterman, 2001 & Harris 1997). These authors found that teen parents, for example, leave school earlier and have lower lifetime earnings than peers who delay having children. Children of teen parents are more likely to experience health, social, educational and behavioural problems than the children of older (stable) mothers. Faulrner & Senanayake (2003) indicate that teenage pregnancy causes feelings of denial, guilt, shock and despair. Eisther and Lamb (1996) maintain that being a father or a mother comes with various stresses and problems especially when one does not have financial stability to support the child. Adolescent pregnancy and parenthood continue to be a major public and health concern because of the potentially adverse consequence of these conditions on individuals, families and society. Studies show that teenage pregnancy often has long-term psychological, educational and socio-economic effects on the adolescents.

Carlson, Abagnale, and Flatow, (1993); Miller, Gard, Painkoff, & Peterson (1992) stipulate that adolescent pregnancy is a social problem that has a negative impact on minority communities and is a key factor leading to poverty. The private event of pregnancy and parenting, for adolescents is transformed into public issues and they pose perplexing policy decisions (Gitterman, 2001). Harris (1997) argues that this type of poverty some feel is brought on by the social welfare system, which encourages early childrearing by offering cash assistance to women who have non-marital births. It is poverty, that some feel is less deserving of public sympathy because it is the result of behaviour that runs counter to traditional values involving marriage and family. Research shows that teenage pregnancies of teenagers who grow up in poor families, begin at a younger age than non-poor teenagers.

Felice and East (1996) maintain that black teenagers have historically had a higher pregnancy rate than their white peers. The higher pregnancy rate among blacks is due to the higher rates of sexually experienced individuals and blacks are considerably less likely, than whites, to use contraceptives or to use them effectively. In 1990 the birth rate among black adolescents was almost four times that of white adolescents. Therefore

teenage pregnancy particularly among the black population is an important health and social issue that need research from different perspectives.

1. 2 STATEMENT OF THE PROBLEM

In South Africa the incidence of teenage pregnancy is escalating and one third of all pregnancies are related to under 19s (Anon, 1997). A research study conducted in South Africa by Kaufman et al. (2001) confirms that more than 30% of 19 year old, have given birth at least once. The early involvement of African teenagers in full sexual relations is confirmed both by birth statistics and a recent AIDS-related survey (Preston-Whyte & Zondi, 1991).

The desire of traditionally-minded young black people in South Africa to prove their virility by fathering children and the pressure felt by girls to prove their love and fertility by conceiving have been well documented (Kau, 1989; Preston-Whyte & Zondi, 1991).

Preston-Whyte and Zondi (1991) maintain that it is no longer merely a matter of lowering the birth rate among teenagers and mitigating the familial and psycho-social problems created by teenage pregnancy but it is also unprotected sexual activity constitutes a serious risk not only to the individual but to the local community and eventually to the survival of humanity at large.

Strong, Devault & Sayad, (1998) indicate that the dramatic increase in sexual activity among adolescents and the lag in the adoption of effective contraceptives have resulted in a great number of pregnancies in young females even though sexual expression is an essential component of healthy human development for individuals.

In confirmation Kaufman et al. (2001) on a study done in Kwazulu Natal maintains that teenage pregnancy rates continue to be alarming despite the fact that education about access to birth control is more prevalent than at anytime in history. Teenage pregnancy is also a major contributor to the alarming increase rates in maternal death and morbidity

rates. In Africa, 24% - 40% of all women have their first child before the age of 18 years and up to 40% of all children are unwanted at birth. A study done in Zambia shows that one third of the adolescents became pregnant by the age of 17 years. Henshaw (2004) maintains that teenage conception has been identified as a problem for society teenagers, however, little attempt has been made to see it from the perspective of the teenagers themselves.

1.3 RATIONALE OF THE STUDY

1.3.1 SOUTH AFRICA STATISTICS

South Africa is experiencing the problem of teenage pregnancy in all the provinces. The table below shows that the Limpopo Province has the highest rate of teenage pregnancy. Therefore there is a clear indication that research should be done so that effective implementation of programmes can alleviate this problem.

1.3.2 YEARS, PROVINCES AND TEENAGE PREGNANCIES PERCENTAGES

Table 1

Year	EC	FS	GP	KZN	LP	MP	NC	NW	WC	Total %SA
1991	13.1	14.9	12.9	15.3	16.4	13.5	12.8	12.6	11.8	14.6
1998	18.2	12.6	9.5	16.7	20.2	25.2	18.0	13.4	16.4	16.4
2002	12.5	15.9	13.3	21.8	29.8	27.1	9.3	17.1	12.0	19.1

The table above indicates the percentage of all live births during a specific year to women younger than 20 years of age. The table also differentiates between teenagers from rural areas and urban areas who got pregnant in 1998 there were 20.9 in rural areas and 12.5 in urban areas. Looking at the statistics from Limpopo province, it is clear that the pregnancy rate is very high (<http://www.hst.org.za/healthstats/2/data>).

Kaufman et al (2001) maintains that teenage pregnancy can be addressed only if the teenagers' attitude was taken into serious consideration and if it was accepted that for the majority of teenagers, full sexual relations occur early. Although a number of studies were done on the effects of teenage pregnancy on adolescents, it seems there is still a gap, in research, in South Africa on the attitude of teenagers towards pregnancy, specifically in the Limpopo areas.

1.4 RESEARCH QUESTIONS

- What are the learners' attitudes towards teenage pregnancies?
- Are there gender differences in attitudes towards teenage pregnancies?
- Are there age differences in attitudes towards teenage pregnancies among different age groups?

1.5 RESEARCH OBJECTIVES

- to determine the attitudes of learners towards teenage pregnancies.
- to determine if there are gender differences in attitudes towards teenage pregnancies.
- to determine if there are differences in attitudes towards teenage pregnancies among different age groups.

1.6 ASSUMPTIONS

- The attitudes of the majority of learners towards teenage pregnancies are positive.
- The attitudes of male learners are more positive towards teenage pregnancies, than those of female learners.
- The attitudes of younger learners are more positive towards teenage pregnancies than the attitudes of older learners.

1.7 OPERATIONAL DEFINITIONS

Teenage pregnancy

Teenage (adolescent) pregnancy has been defined as “unintended or unplanned pregnancy concept involving a person or persons aged 13 to 18 years” (Hornby, 1995, p. 1115)

Attitudes

Scholl (2002) defines attitudes as mental predispositions to act, that is expressed by evaluating a particular entity with some degree of favor or disfavor. Individuals generally have attitudes that focus on objects, people or institutions. Attitudes are also attached to mental categories. Mental orientations towards concepts are generally referred to as “values”.

Steward (1992) maintains that an attitude is a pattern of more stable mental views, opinions or interests established by experience over a period of time. Attitudes are likes, dislikes, affinities or aversion to objects, people, groups, situations and ideas. Attitudes:

- are a person’s general evaluation of something.
- help to explain how ready one is to do something.
- precede consistency in behaviour.
- can be related to preferences and
- do change overtime.

Adolescent

Kaplan and Sadock (1998) refer the term “adolescent” to the developmental stage between childhood and adulthood. It is derived from the Latin word “adolescere” that

means “to grow up”. The words, “adolescence” and “teenagers” are usually regarded as interchangeable terms.

Sexual behaviour

Kaplan and Sadock (1998) suggest that sexual behaviour is affected by factors like relationships with others, by life circumstances and by the culture in which an individual lives. In this study, sexual behaviour refers to the way adolescents in the Limpopo area conduct their sexual practices and their attitude towards teenage pregnancy.

CHAPTER 2

2. LITERATURE REVIEW

In this chapter the world wide and regional prevalence of teenage pregnancy are highlighted. In-depth review of attitudes and their theoretical context are discussed. Adolescents' developmental issue, in a theoretical context, is also reviewed as well as the influences on teenagers' decision-making process, with regard to their sexual practices.

2.1 PREVALENCE OF TEENAGE PREGNANCY IN SOUTH AFRICA (SA)

Teenage pregnancy emerged as a social problem within the social policy debates and in the literature somewhat later in South Africa as compared to United States. Research on the subject was extremely scant in the late 1970's, with an increase during the 1980's. Presently there is much interest in the area, and substantial amount of work has been undertaken. Most researchers see teenage pregnancy as having negative sequelae, they quote the disruption of schooling, poor child outcomes, health risks associated with early pregnancy, demographic concerns and marriage/or other relationship difficulties.

While some of the research on teenage pregnancy in South Africa specifically addresses the consequences of early pregnancy,, much of the literature starts with the basic assumption that teenage pregnancy has negative consequences and is therefore a social problem. However, other researches indicate that not all scholars share such a negative view of teenage pregnancy. Studies show that with proper family support, teenage pregnancy is not always devastating for all population.

Kau (1989) maintains that teenage pregnancy continues to be one of the disturbing and complex social problems facing the community of South Africa. As a result, there is still a need for research, in order to implement relevant programs to alleviate this problem.

Adolescent sexuality is experienced today as far more complex and very different from the recent but distant past in relation to the available contraceptive, AIDS and many other factors (Checkland, 1999). Referring to Table 1 above, it is clear that teenage pregnancy in South Africa is an alarming problem.

2.2 PREVALENCE OF TEENAGE PREGNANCY IN UNITED STATES OF AMERICA (USA)

Research shows that United States of America had the highest teenage pregnancy rate in the past, however, current evidence shows that teenage pregnancy rate in the USA has declined as compared to the past. Studies done in 1976 show that every year, over a million US teenage girls became pregnant. Eight percent of them were unmarried and fewer than half chose to have an abortion. UNICEF, (1998) indicated that pregnancy rates has continued to decline, showing that the rate dropped 19 percent from its peak in 1991 (116.5) to 94.3 per 1,000 of teenagers aged 15-19 in 1999.

In reviewing the declines in pregnancy among teenagers in particular, it may be useful to consider some of the factors that USA used to deal with the problem of an increasing rate of teenage pregnancy.

- (a) The first one was changing teenager's attitude towards premarital sexual activity – many public and private efforts have focused teenager's attention on the importance of pregnancy prevention through abstinence and responsible behaviour.
- (b) The second one is the introduction of new, easier to use effective birth control methods adopted by some sexually active teenagers.
- (c) The third is the major economic expansion in the 1990s, increasing economic opportunity for teenagers. This economic opportunity may have given teenagers a reason to value education and work more (National Vital Statistics Report, 2001).

Previous research also indicated that the global average birth rate per 1000 females aged 15-19 years is 65% with wide regional variation (UNICEF, 1998; UNIFPA, 1999).

2.3 ATTITUDES

Attitudes are part of the foundation of social psychology. Researchers have proposed several theories to explain how attitudes are developed and how they can be changed. Attitudes are viewed as central concept, especially regarding a person's social behaviour (Collins, 1998). Attitudes are seen as the source of all social behaviour, as it provides a mechanism for cultural patterns of behaviour. Two very important views for the purpose of this research study are firstly, that attitudes are learned and secondly, that attitudes are subject to change. It is important to mention that according to Collins (1998), attitudes can be changed or modified, even in the case of well established attitudes. The conclusion for the purpose of this study is then that changed or modified attitudes may lead to more favourable or more unfavourable responses within specific situation.

Considering the fact that attitudes are seen as changeable, it is important to also refer to the model of Fishbein & Ajzen. The model of Fishbein & Ajzen, shows that attitudes are determined by two factors, namely, intentions and subjective norms (Louw, 1997).

Apart from the role of intentions and subjective norms in the determination of attitudes, all other levels of psychological functioning, including cognitions and affections, form important components of attitudes (Ajzen, 2001). The cognitive evaluation or perception of a situation or object, and the affective evaluation of a situation or object may add to the degree of goodness or badness in which an object or situation is experienced. This evaluation is stored in the memory of the person.

In addition attitudes are also affected by the beliefs of the group of people, associated with. Social influences play a vital role with regard to the fact that people conform as a means of fitting in with the group and following the group's norms, regarding behaviour.

Ajzen (2001) maintains that attitudes are comprised of four components, namely:

Cognitions- Cognitions are our beliefs, theories, expectancies, cause and effect beliefs, and perceptions relative to the focal object.

Affect- The affective component refers to our feeling with respect to the focal object such as fear, liking, or anger.

Behavioral Intentions- Behavioral intentions are our goals, aspirations, and our expected responses to the attitude object.

Evaluation- Evaluations are often considered the central component of attitudes. Evaluations consist of the imputation of some degree of goodness or badness to an attitude object. When we speak of a positive or negative attitude toward an object, we are referring to the evaluative component. Evaluations are function of cognitive, affect and behavioral intentions of the object. It is most often the evaluation that is stored in memory, often without the corresponding cognitions and affect that were responsible for its formation and the behaviour is seen to be primarily a function of belief and subjective evaluations (Ajzen, 2001).

When studying attitudes, social influence play a vital role with regard to the fact that people conform as a means of fitting in with the group and following the group's norms, regarding behaviour.

There are two explanations offered for conformist behaviour, namely:

Theory of normative influence – maintains that people conform because they want to be accepted. This is the desire to be liked or loved. Therefore a person might conform to a group in order to gain favour, approval and acceptance because he/she does not want to stand out or risk shame and criticism. The researcher believes that it is a reasonable assumption that normative influences operate to increase the salience or power of forces that facilitate conformity hence the rate of teenage pregnancy increases (Louw, 1997; Baron & Bryne, 1994).

Theory of information – maintains that we depend on others for the perceptions we have of the world. Furthermore people constantly check their understanding against the perspectives of others especially in situations that are ambiguous, a person relies on the way other people interpret reality (Louw, 1997; Baron & Bryne, 1994).

2.4 ATTITUDE CHANGE AND PERSUASION

Attitude change and persuasion form an important part of this study since its implementation can result in a change of attitudes of teenagers towards teenage pregnancies, which may lead to a drop in the high prevalence rate of this problem in South Africa. Louw (1997) maintains that the way to solve common social problem is through the use of persuasive communication, that is communication that sets out to change people attitudes and behaviour. Three important factors to consider are, the communicator, the content of the message and the medium of communication that will determine whether people will respond positively to attitude change.

To influence decision-making toward an attitude change and behaviour, one of the three components of decision-making must be targeted: criteria, alternatives, cause/effect and beliefs (cognitions).

Attitudes are also attached to categories. Objects (people, things, etc.) placed in a category are assigned the attitudes associated with that category. A change agent can either attempt to change the attitudes associated with a category, thus changing the target attitude regarding an individual element in that category for example, (premarital sex is bad) or use the strategy of differentiation whereby the agent attempts to remove the attitude object from a category and place it into a category with a more desirable attitude or create a sub-category with a different attitude structure that allows the target to hold dissimilar beliefs of the main category, (for example, economic empowerment or education first) . It is believed that the manner in which teenagers affirm or disaffirm their self-concept and the decision-making process has a strong impact on the affect response and ultimately determines behaviour towards sexuality, which may result in pregnancy (Ajzen, 2001; Louw 1997; Petty, Wegener, & Fabrigar, 1997).

2.5 THEORIES ON ATTITUDES

2.5.1 NON-CONSISTENCY THEORIES

Non-consistency theories are centred on learning and cognition. They emphasize that attitudes have adaptive significance to the people who hold them.

The learning theory states that attitudes are learned through reinforcement or congruity. If an activity has been highly regarded in the past, attitude toward it will likely be strengthened (Steward, 1992).

2.5.2 DISSONANCE THEORY

Individuals usually attempt to maintain consistency among components of attitude and between attitudes and behaviour. When consistency exists, a condition termed cognitive dissonance develops. Individuals should be motivated to make some changes to reduce this cognitive dissonance.

In changing cognitions, what is done is to create cognitive dissonance between the cognition you are presenting and the one that the target presently holds. When this dissonance is created, the target can either discredit the presenter or change his/her cognition to eliminate the dissonance (a simplification, but one that helps us develop a working model). Whether the target changes his/her cognition or discredits the communicator is largely a function of the communicator's credibility.

2.5.3 COGNITIVE CONSISTENCY THEORY

Cognitive consistency theory explains the development of attitudes as follows: an individual's attitudes toward a class of objects is determined by particularly the role those objects have come to play in facilitating responses which reduce the tension of particular motives and which resolve particular conflicts (Petty et al, 1997).

Cognitive consistency theory maintains that the underlying foundation for cognitive consistency theories is that people have a need to organize, simplify and integrate their perceptions and cognitions. If one or more of the individual's cognition does or do not fit in with others in specific dynamic field or unified structure, then the state of psychological tension is produced, creating discomfort. Thus the individual attempts to create harmony within his/her belief and between his/her behaviour and others (Steward, 1992).

Foster and Louw-Potgieter (1991) maintain that if the two people in question hold the same attitude, then there is balance and thus motivation exists to keep the balance. It is predicted that in such instances one of the following options will be taken, either the attitudes in the system will be changed or a cognitive distortion or misconception will take place. In addition, Louw (1997) maintains that people want their behaviour to reflect their beliefs and attitudes.

2.5.4 BEHAVIOUR THEORIES

Behaviour theories also have their interpretation of attitude formation and change. Steward (1992) maintains that theorists that support this paradigm conceptualise attitudes in terms of stimulus and response and thus base their work on the findings of early behaviour theorist, such as Skinner and Pavlov. He emphasizes two main learning processes, classical conditioning and operant conditioning (Steward (1992). The classical conditioning involves four basic elements. The unconditioned stimulus always leads to unconditional response. The neutral stimulus, which does not normally result in a specific response, will, if repeated pair with the unconditioned stimulus and cause the same response as the unconditioned stimulus did originally.

The basic process in operant conditioning is reinforcement, which takes place when a desirable occurrence, which follows a specific behaviour is followed by pleasant consequences, it is likely that the specific behaviour will be repeated. For example,

teenagers will continue having positive attitudes towards teenage pregnancy if they perceive it as desirable (Steward, 1992).

2.5.5 FUNCTIONAL THEORIES

Steward (1992) functional theories assert that attitudes serve a useful purpose and when they are no longer useful, new ones will be adopted. They feel that man struggles for goals and will adjust attitudes to meet those goals.

Motivational constructs state that there is an adjustive function of motivation. Steward (1992) maintains that people adjust attitudes to minimize harm and maximize happiness. This serves an ego-defensive function as it helps protect to one's self-respect.

In addition, attitudes also serve a value-expressive function because one struggles with being true to one's beliefs. The knowledge function is served because this helps please man's need for a structured world. Katz pointed out three advantages of this theory, namely:

- It looks at personality, not mere exposure to media.
- It doesn't oversimplify and say attitudes are caused by one thing.
- It recognizes motivation for behaviour (Steward, 1992).

The researcher believes that if teenagers can be goal-orientated with regard to their education, they will postpone risky sexual relation so as to attain their education before bearing children and as a result the problem of teenage pregnancy will be reduced or alleviated.

2.6 ADOLESCENT/TEENAGER IN A THEORETICAL CONTEXT

2.6.1 DEVELOPMENTAL STAGE OF ADOLESCENTS/TEENAGERS

According to Keogh (1988) “adolescence” is a period of significant growth and change when teen still need the comfort and safety of the family, but at the same time are beginning to discover both their independence and the pressure of peer influence.

In most instances, due to individual and cultural differences, the ages at which adolescence begins and ends do vary (Kaplan and Sadock, 1994; Louw, 1991).

Louw (1991) maintains that adolescence begins during puberty, when rapid physical growth begins, the reproductive organs begin to function, sexual maturity is reached and secondary sexual characteristics appear. Socially, adolescence ends when the individual begins to fulfil adult roles like following a career and starting a family. The individual then becomes independent and self-provident. Psychologically, adolescence ends when the person is aware of his/her own identity, is emotionally independent of his/her parents, has developed his/her own value system and is capable of establishing an adult friendship.

Garder, Millstein & Wilcox (1990) view adolescence as a period at which teenagers move from more protected experience of childhood into a period of extremely rapid physical, psychological and social change. It is therefore expected that for an individual to enter adulthood, she/he should acquire new social skills that will enable him/her to handle mature interpersonal intimacy without jeopardizing his/her normal developmental needs.

Goodburn and Ross (2000) regard adolescence as a time when the individual’s long-term health-related behaviours are formed. This includes sexual practices and it is shown by the above definition that adolescence is mainly characterized by biological, social and psychological developmental changes that vary in both males and females. The onset of

adolescence is clearly signated by the beginning of physical and sexual development, while its ending is less marked as it passes through the period of preparation for adulthood roles and behaviours of a given society.

2.6.2 ADOLESCENTS IN THEORETICAL CONTEXT

Ashmore and DaBoca (1986) note that the period prior to puberty is a time in which the gender identities of both male and female are at their zenith. The onset of physiological sexual maturity however may dramatically alter the stability of all aspects of this identity. The sweeping biological changes of puberty must be adjusted to and this adaptation may ultimately comprise a significant portion of adult gender identity.

2.6.3 ERICKSON'S VIEW OF ADOLESCENTS

Ashmore and DaBoca (1986) maintain that one of Erickson's most important discoveries was the adolescence identity crisis, which has been the focus of considerable, biological/hormonal changes which produce in adolescents a new sense of self-awareness. Adolescents gain a fresh awareness of themselves as individuals, as sexual mates, as potential workers and parents and as new persons. According to Erickson, new attractions towards the opposite sex awaken and a search for ideas and people who are trustworthy begins. New expectations for the self are adopted and these self-images tend at first to be very flexible, often changing with time, place and situation. The cognitive confusion that accompanies these changes Erickson terms "identity crisis".

In addition, the ego development has up to this point prepared the adolescent for the burden of self-identity. That is, earlier resolutions of psychosocial crisis prepare and refine the child's psychological architecture for the heavy burden of establishing a sense of personal identity. The adolescent's identity will ultimately reflect the earlier achievements/non-achievements of trust, autonomy, initiative and industry. The earlier

resolutions promote an appreciation of conformity and the ability to develop into the future (Ashmore and DaBoca, 1986).

Green (1989) maintains that adolescent psychosocial crisis reflects the opposition between the need to determine a self-identity and the profusion of possible social identities supported by the culture. On the other hand the parents of adolescents know well the sublime irony of that age, teenagers often plead that adults are intolerant and rigid while they themselves proclaim intolerance from those who do not support their own stereotyped ideas, rock idols and ideological proclivities.

Adolescent often attempt to resolve their identity crisis by experimenting with different roles, values and relationships. Those who achieve a sense of personal identity come through the crisis with a sense of self-worth that reflects their self-defined value to society. Those who fail this crisis may continue throughout adulthood to be intolerant and immature in their treatment of and attitude towards others who are different (Green, 1989).

Steward (1992) maintains that identity development depends on our physical stage, our encounter with society and the societal roles we play and our internal ordering of these experiences. Steward (1992) also added that the task of establishing one's identity is especially critical during this stage because of the change in physical maturation and society's demands on teenagers. This is the stage whereby young people are searching for meaning in their life (Steward, 1992).

It is also important to note that no dramatic changes take place in intellectual functioning during adolescence. The ability to understand complex problem develops gradually. Piaget (as cited in Gregory & Jess, 2002) maintains that adolescence is the beginning of the stage of formal operational thought, which may be characterized as thinking that involves deductive logic. However research shows that the ability of adolescents to solve problems is a function of accumulated learning and education (Gregory & Jess, 2002).

2.6.4 PSYCHOANALYTIC VIEW

Nash, Stoch & Harper (1990) maintain that psychoanalytically adolescent stage is the period when ego synthesis and culminates in the development of ego identity. This time is also described as the time of life when the body changes its proportions radically, when genital maturity floods the body and imagination with all manner of drives, when intimacy with the other sex approaches and is, on occasion, forced on the youngster and when life lies before one with variety of conflicting possibilities and choices.

Psychoanalytically teenage pregnancy may result from a subconscious effort to satiate a mother's wish for a baby, or as a form of identification and competition with her, especially if the teenage girl herself was the product of an unplanned pregnancy. This theory of identification with the mother as predisposing to early sexual activity was strengthened by the findings of Alade (1989) that 62.5% of pregnant teenagers surveyed in Ile-Ife, Nigeria, prove that matrilineal societies have high teenage pregnancy rates. However it was also argued that teenage pregnancy might also result from unresolved oedipal conflicts with her father, social peer pressure especially in cultures where fertility is highly valued and where there is a lack of emotions derived from the superego like the feelings of guilt and shame (Nash, Stoch & Harper, 1990).

2.6.5 FACTORS THAT INFLUENCE SEXUAL PRACTICE OF TEENAGERS

2.6.5.1 SOCIO-CULTURAL FACTORS

Romer, Black, Ricardo, Feigelman, Kaljee, Galbraith, et al. (1994) maintain that differences in the onset and progression of sexual activity are directly related to the existing social influences on teenagers. Louw and Edwards (1994) indicate that among other factors that contribute to an individual's development, the environment has more weight than the genetic factors. An individual is seen as behaving within his/her social experiences. Then, she/he acts within the framework of constraints that are determined

mainly by the effect of the socialization. Therefore sexual attitudes and behaviour are largely learned.

The cultural practices of every society have an influence on appropriate behavioural conduct that can prevent teenage pregnancy. Webb (1997) maintains that the influence of specific cultural sexual practices and the potential of various traditional activities increase the incidences of teenage pregnancies. These cultural practices and beliefs are thought to be inculcated into the upbringing of the teenagers.

The researcher realized that the Limpopo area (Venda in particular) is a very remote and poor area where there is inadequate availability of recreational facilities, a situation that could encourage a teenager's involvement in risky behaviour, like unsafe practices as a form of leisure.

2.6.5.2 DECISION-MAKING PROCESS AMONG TEENAGERS

Research confirms that there remain many different factors involved in teenager's decision-making process about their developing attitudes towards sex and their resultant behaviour. Despite a lack of maturity, such opinions and attitudes are bringing about definite views and sexual behaviour patterns in teenagers as young as 12 or 13 who are becoming fully sexually active (Henshaw, 2004).

Teenagers may acknowledge that pregnancy is a consequence of sexual activity and that it is a problem in their communities but this awareness does not necessarily motivate consistent preventative behaviour. Furthermore, without reinforcing the idea of cautionary behaviour before every sexual encounter, the importance of sexual responsibility and consistent contraceptive use is completely undermined (Kunkell et al, 1999).

2.6.5.3 THE ROLE OF THE FAMILY IN TEENAGE PREGNANCY

Black teenagers, both girls and boys feel quite more strongly that having children provides greater marital success, approval from others and personal security. Most parents are not free to talk about sexual issues with their children in the rural areas hence parents become victims of their own inadequate training. Seemingly, teenagers acquire attitudes and definition of self from the influence of significant others. Social norms are mediated and reinforced by the social influence of close friends.

The factors that were found to be playing a role in teenagers' sexual behaviour in the home environment include:

- Nature of parents' communication on sexual-related matters.
- Peer influence.

❖ Nature of parents' communication on sexually related matters

Parents are regarded as the first people on whom children have to model their socialization behaviours. Louw and Edwards (1994) maintain that parents have a direct effect on their children's behaviour through the type of training they provide, through operant conditioning and observational learning. Most studies, however have shown that parents have difficulty in communicating with their children, especially on issues related to sexual matters.

Officers from the Department of Health (2000) have observed in some parts of the country that discussion between parents and children was poor especially in the rural areas. In examining the parental involvement in imparting sexual knowledge to adolescents aged 15 and 16, Mayekiso & Twaise (1993) established that the majority of the adolescents (58%) attributed the high rate of teenage pregnancy to lack of communication between parents and their children about sexual matters. Parents are unable to communicate sexual issues because they themselves were socialized that way.

❖ Peer influence

Weber (1992) maintains that an adolescent's peer group is the most important determinant in his/her value system development. On their way towards their gradual independence from their parents, the peer group serves to set standards and behaviour limits. The reinforcements provided by the parents usually take the form of social acceptance and popularity. Kelly (2000) maintains that socialization is the powerful tug of adolescent peer pressure and the strong voice of societal pressure to achieve success in relationships.

Furthermore Goodburn & Ross (2000) maintain that adolescence is a time of sexual experimentation and coming of age, the peer group serves to facilitate such. The experimentation also includes the sexual practices the members of the group partake in, therefore the group serves as the source of information, especially on sexual-related matters.

Previous researches have documented findings related to the differences in male and female teenager sexual activities. Most of the findings show that males tend to be more sexually active as compared to females (Department of Health, 2000; Barlow and Durand, 1995; Weber, 1992). Studies reveal that males begin sexual intercourse much earlier in age than females. Louw (1991) noted that, this occurs due to the sexual drive in boys which is probably stronger and more noticeable than in girls.

2.7 CONCLUSION

For the purpose of this study the researcher aligned with the functional theory of attitudes of how people strive to achieve goals and how they adjust their attitudes to attain those goals. The researcher will also use Erikson's view of developmental issues of adolescents as a base for teenagers' behaviour.

CHAPTER 3

3. METHODOLOGY

This chapter is concerned with data collection, which includes the research design, the sample population and how it was drawn, measuring instrument, statistical analysis and ethical consideration.

3.1 RESEARCH DESIGN

The study employed a survey design as the plan for the whole research process. Babbie (1998) describe survey as a method of collecting information directly from people about their ideas, feelings, plans, and beliefs. A descriptive research type was used by the researcher to describe the attitudes of the learners towards teenage pregnancy.

3.2 SAMPLING

A sample is one of the most important aspects to consider in conducting a survey research. According to Nachmias (1992) a sample is any subset of sampling events from a population. The sampling technique employed was random sampling. Random sampling is a process of selecting a sample in such a way that all individuals in the defined population have an equal and independent chance of being selected for the sample. In other words every individual has the same probability of being selected and the selection of one individual in no way affects the selection of another individual.

A total of 120 participants who appeared on the admission lists were randomly selected from Kolokoshani High School learners and Tshifulanani Progressive High School learners in the Limpopo province. The sample comprised of black males and females learners whose ages range from 13 years to 19 years.

3.3 INSTRUMENT & DATA COLLECTION

A questionnaire was used to gather information. A structured closed-ended questionnaire was utilized to measure the attitude of the participants towards teenage pregnancy. Unstructured open-ended questionnaire were also utilized. To determine whether the participants would experience any difficulties in answering the questions, a pilot study involving 10 learners was carried out in two schools. The results of the pilot study indicate that the method of data collection was relatively valid and reliable. The exercise was to make sure that question items were comprehensible.

The questionnaire was arranged into content sub-sections. It comprised of a covering letter which explained the purpose of the study and gave an assurance of confidentiality, then consent form for each participant to sign, then Section A and Section B.

Section A – Demographic questions on age, gender, marital status and others.

Section B – Questions that elicited learners' attitude towards teenage pregnancy.

A questionnaire was chosen as the research instrument because it allows for anonymity of participants, which possibly leads to more honest answers in sensitive sexual activity matters.

3.4 PRODEDURE

The questionnaire was distributed to the learners by a student researcher and the teachers. The student researcher first gave participants a brief background about the purpose of the study. It was clearly explained that there would be no right or wrong answer and that no names were required as the researcher's interest is only in finding learners' attitude towards teenage pregnancy. Participants were guaranteed confidentiality with their answers.

3.5 DATA ANALYSIS

Nachmias & Nachmias (2000) state that analysis involves synthesizing the information a researcher obtains into a coherent description of what she or he had observed or discovered. Data of this study was analysed and interpreted using Statistical Package for Social Sciences (SPSSNEW, 12.0 version) and descriptive statistics was used to analyse the data captured. Descriptive statistics is usually used to summarize quantitative data in a form that is relatively understandable.

3.6 ETHICAL CONSIDERATION

Louw & Edwards (1994), Welman & Kruger (1999) maintain that the first step in research administration is for the researcher to obtain informed consent of the subject beforehand. Louw & Edwards (1994), “informed consent” means that the subject... fully understand what the nature and dangers of the research are and there-after his or her voluntary consent to taking part in the research.

Permission was requested and obtained from the concerned authorities the District Manager of Vhembe district schools (Department of Education), before embarking on this research. Permission was also obtained from the principal, staff and the governing bodies of the two schools. Each participant signed a consent form agreeing to participate in this study. The nature, purpose and the benefit of the study were clearly explained. Participants were also assured of the confidentiality of the information they will provide.

Participants were also informed that in case one of the participants becomes affected by participating, there would be a psychologist available for therapy and follow-up. The researcher arranged with the University psychologist whose contact details were distributed to each of the participants.

CHAPTER 4

4. RESULTS

This chapter contains the results of the study. Bless & Higson (2000) explain descriptive statistics as the general presentation of data into graphs and tables using scores that indicate a relationship among variables of a specific sample, in this case, the 120 learners who belong to the sample drawn.

Objective 1 – General attitude of learners towards teenage pregnancy

Table 2

Gender

	Frequency	Percent
male	50	50
Female	50	50
Total	120	100.0

Table 2 above indicates the representation of the sample learners according to sex, 50% were females and 50% were males.

Figure 1

Age

Figure 1 below indicates the distribution of the sample according to age. 72% of the participants' ages ranged between 16-18 and 14% of the participants' age were 19 years and another 14% of the participants' ages ranged between 13-15 years.

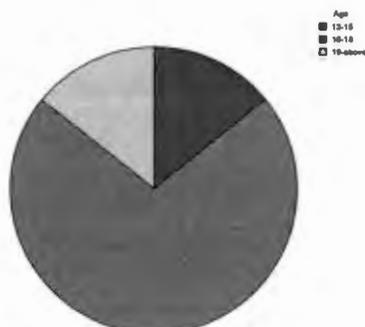


Table 3

Marital status

	Frequency	Percent
single	118	98.3
Married	2	1.7
Total	120	100.0

Table 3 above indicates that a total of 98% of learners were single, 2% were married.

Table 4

Level of education

Table 4 below indicates that 42% of learners are in Grade 11, 33% of learners are at Grade 12 and 25% of learners are doing Grade 10.

	Frequency	Percent
grade 10	30	25
grade 11	50	42
grade 12	40	33
Total	120	100.0

Figure 2

Do you know about teenage pregnancy?

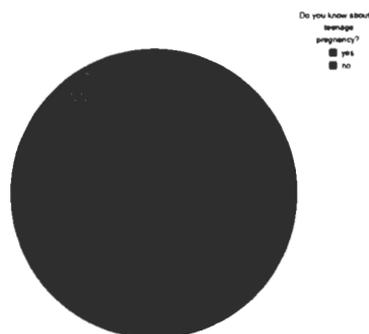


Figure 2 above indicates that 88% of learners know about teenage pregnancy and 12% of learners do not know about teenage pregnancy. This indicates that the majority of the learners know about teenage pregnancy.

Figure 3

Do you know a teenager who is pregnant in your school?

The figure below indicates that 92% of the learners know someone (a teenager) who is pregnant in their school, whereas 8% of the learners do not know (a teenager) who is pregnant in their school.

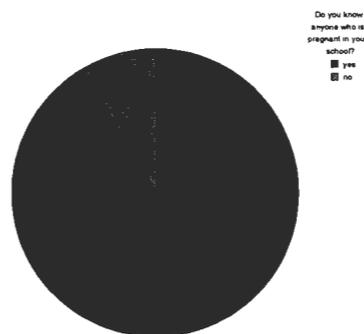


Table 5

Do you know a teenager in your community who is pregnant?

	Frequency	Percent
yes	104	86.7
no	16	13.3
Total	120	100.0

Table 5 above indicates that 87% of the learners know a teenager who is pregnant in their community while the other 13% do not know a teenager who is pregnant in their community. This also indicates that there is high rate of teenage pregnancy in this area.

Figure 4

Do you know a teenager who is either related to you, is a friend or a neighbour, who is pregnant?

The figure below indicates that 33% of learners have teenage friends who are pregnant, 24% of the learners have a teenage neighbours who are pregnant. 20% of learners indicated that they know a teenager from their community/location who is pregnant, 14% of learners have a teenage relative who is pregnant and 8% have sisters who are pregnant.

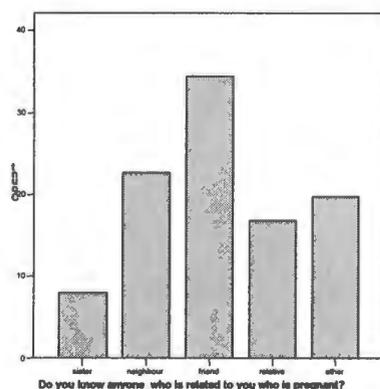


Figure 5

Is teenage pregnancy a matter of choice or pressure?

Figure 5 below indicates that 54% of teenage pregnancy occur out of pressure, while 38% of other learners believe that teenage pregnancy occur out of choice and the other 8% believe that teenage pregnancy occurs because of the influence of friends.

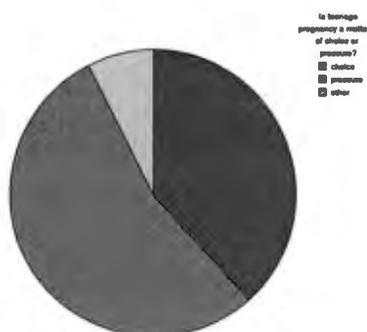


Table 6

Is teenage pregnancy a good thing?

	Frequency	Percent
yes	16	13.3
no	104	86.7
Total	120	100.0

Table 6 above indicates that 87% of learners do not think teenage pregnancy is a good thing whereas 13% of the other learners think that teenage pregnancy is a good thing.

The high percentage of learners who said teenage pregnancy is not a good thing indicate that teenage pregnancy destroys one's future and they also believe that a teenager is too young to have a child due to the fact that s/he is not responsible enough. Most of them also emphasized that a teenager does not have the finances to support a child which brings a burden to the parents it result in poverty for the family.

Figure 6

Does teenage pregnancy lower the morals of the society?

The figure below indicates that 75% of learners think that teenage pregnancy lowers the morals of the society and 25% of learners think that teenage pregnancies do not lower the morals of the society.

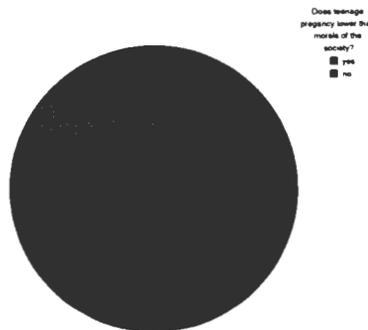


Figure 7

Have any of your parents discussed the topic of teenage pregnancy with you?

The figure below indicates that 70% of the learners have had a discussion about teenage pregnancy with their parents, whereas 30% of learners have not discussed teenage pregnancy with their parents.

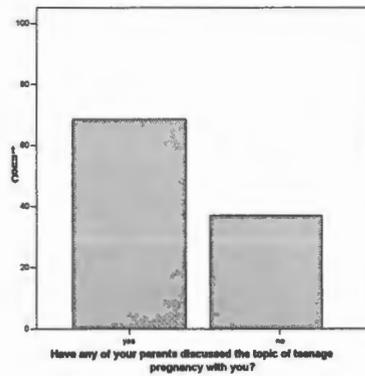


Figure 8

Would your parents discuss pregnancy with you if you wanted to discuss it?

Figure 8 below indicates that 52% of learners believe that their parents can discuss the topic of teenage pregnancy if they ask them to, while 11% of learners believe that their parents would not discuss teenage pregnancy issues even if they asked them to and 37% of learners are not sure.

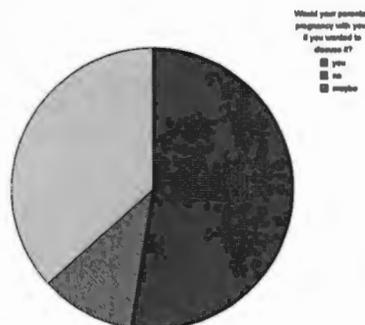


Figure 9

In your circle of friends, if a girl gets pregnant, whose problem is it normally?

Figure 9 below indicates that 34% of the learners believe that if a girl falls pregnant, it is the girl and her family's problem, 22.5% of the learners believe that it is the problem of both families, while 21% of learners believes that it is the girls' problem, 20% of learners believes that it is the girls' and the boys' problem and lastly 2.5% believe that it is the boys' problem if a girl falls pregnant.

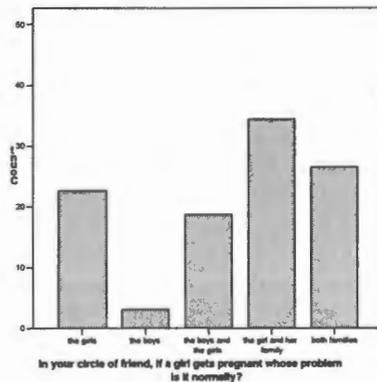


Figure 10

If a teenager got pregnant, what do you consider her to have been?

The results indicate that 28% of learners do not care because it is the pregnant girl's problem, 25% of learners think that she was unlucky, 23% of learners think that she was used, 19% of learners think that she was stupid, 4% of learners said they do not make any judgement when a teenage girl gets pregnant and lastly 1% said it is bad luck for the teenager who is pregnant.

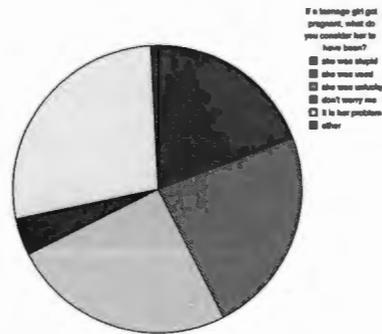


Table 7
Do you like sex?

	Frequency	Percent
yes	52	43.3
no	68	56.7
Total	120	100.0

Table 7 above indicates that 57% of learners do not like sex, while 43% of learners do like sex. As this happens to be a sensitive question to teenagers, the majority who responded in the negative, might have done so as in giving an affirmative answer it might make them feel uncomfortable. Thus, not much should be read into these findings, as they do not necessarily suggest that those who responded in the negative do not participate in sexual activities. The next question however gives evidence that many learners engage in sexual activities.

Figure 11
Have you ever had sexual intercourse?

Figure 11 below indicates that 69% of learners have had sexual intercourse, whereas 31% of learners have not engaged in sexual intercourse.

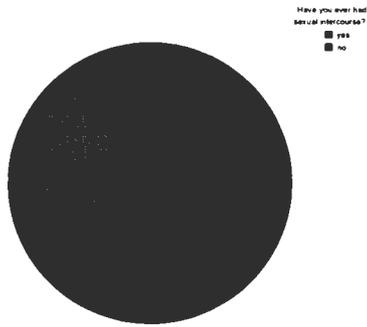


Table 8

If the answer is yes, how old were you the first time you had sex?

	Frequency	Percent
13-15	51	42.5
16-18	31	25.8
19 yrs	1	.8
Total	83	69.2
Missing System	37	30.8
Total	120	100.0

Table 8 above indicates that 43% of learners had sex when they were between the ages of 13-15 years, while 26% of learners indicated that they engaged in sexual intercourse when they were 16-18 years and 1% confirmed that they had sex when they were 19 years of age, whereas 31% denied ever having had sexual intercourse. This confirms that teenagers engage in sexual intercourse at an early age.

Figure 12

How old was your partner?

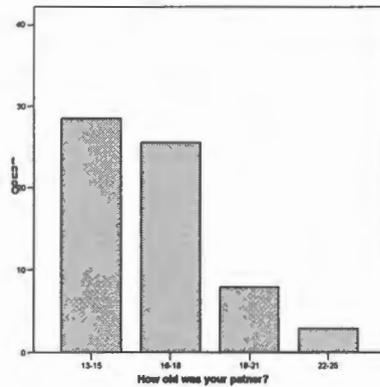


Figure 12 above indicates that 29% of learners engage in sexual intercourse with partners whose ages range between 13-15, 28% of learners engage in sexual intercourse with partners whose ages range between 16-18, 9% engage in sexual intercourse with partners whose ages range between 19-21 and 3% engage in sexual intercourse with partners whose age ranges between 22-25. The other 31% of learners have never engaged in sexual intercourse.

Figure 13

Did you plan to have sex or it just happened?

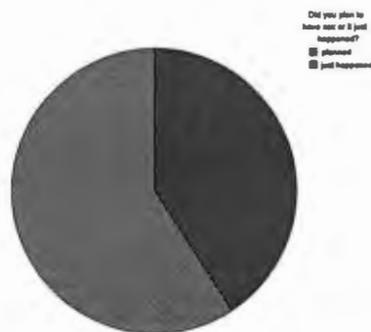


Figure 13 above indicates that 41% of learners engaged in sexual intercourse accidentally (unplanned sexual intercourse) while 28% of learners indicated that they had planned to have sexual intercourse.

Table 9

When you had sex for the first time, did you know that pregnancy could take place?

	Frequency	Percent
yes	42	35.0
no	41	34.2
Total	83	69.2
Missing System	37	30.8
Total	120	100.0

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Table 9 above indicates that 35% of learners engaged in sexual intercourse with the knowledge that they could fall pregnant/impregnant, while 34% of the learners engaged in sexual intercourse without the knowledge that they could fall pregnant/impregnant the girl.

Figure 14

When last did you have sexual intercourse?

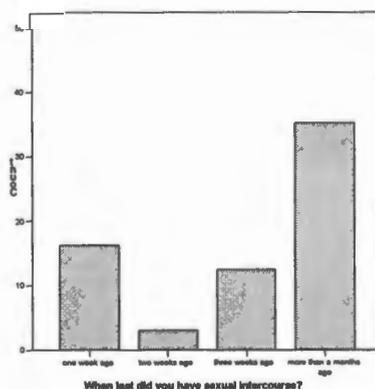


Figure 14 above indicates that 37% of learners last had sexual intercourse more than a month ago, 16% of learners had sexual intercourse a week ago, 12% of learners had sexual intercourse three weeks ago and 3% of learners engaged in sexual intercourse two weeks ago.

Table 10

Suppose a friend spoke to you about his/her sexual activities, would you discourage him/her?

	Frequency	Percent
yes	50	41.7
no	70	58.3
Total	120	100.0

Table 10 above indicates that 58% of learners would not discourage their friends about engaging in sexual activities while 42% of learners said they would discourage their friends about engaging in sexual activities.

Table 11

Would you consider abortion if you are pregnant or if you impregnated a girl?

	Frequency	Percent
yes	22	18.3
no	98	81.7
Total	120	100.0

Table 11 above indicates that 82% of learners would not consider having abortion if they fall pregnant accidentally while 18% of learners said they would consider abortion if they fall pregnancy unexpectedly.

Figure 15

I would feel great if pregnant or if impregnated a girl.

Figure 15 below indicates that 37% strongly disagreed, 30% of learners disagreed while

4% strongly agreed and 8% agreed with the above statement. 21% of learners were not sure.

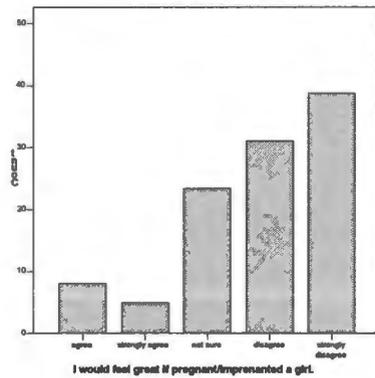


Figure 16

Teenage pregnancy is embarrassing for yourself and your family.

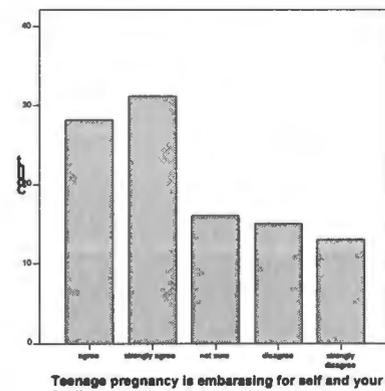


Figure 16 above indicates that 32% of learners strongly agreed and 29% of learners also agreed, while 13% disagreed and 11% of learners strongly disagreed with the above statement and 15% of learners were not sure.

Table 12

Getting pregnant/a girl pregnant is the best thing that could ever happen to a teenager.

Table 12 below indicates that 47% of learners strongly disagreed and 24% of learners also disagreed with the above statement while 8% of learners agreed and 3% strongly agreed and 18% of learners were not sure.

	Frequency	Percent
agree	10	8.3
strongly agree	4	3.3
not sure	21	17.5
disagree	29	24.2
strongly disagree	56	46.7
Total	120	100.0

Figure 17

Before a girl gets married, she must prove that she is fertile (can make a baby)

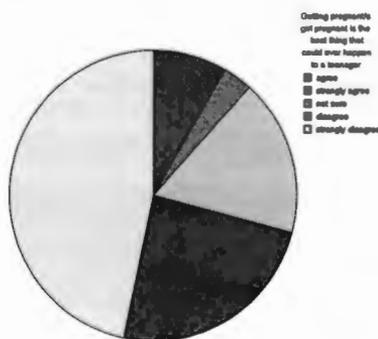


Figure 17 above indicates that 26% of learners agreed and 17% of learners strongly agreed with the statement while 22% of learners strongly disagreed and 13% also disagreed, 22% of learners were not sure.

Figure 18

It is the duty of a girl to protect herself against pregnancy before marriage.

Figure 18 below indicates that 43% of learners strongly agreed and 35% also agreed with the statement while 8% strongly disagreed and 5% disagreed, 9% of learners were not sure.

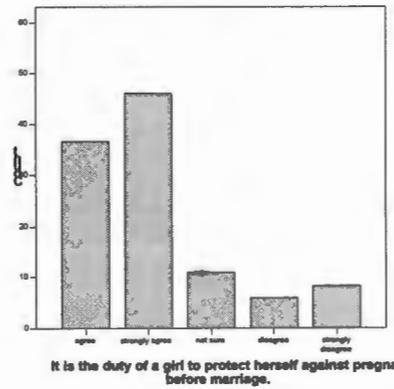


Figure 19

If pregnancy occurs, both the boy and the girl must be expelled from school.

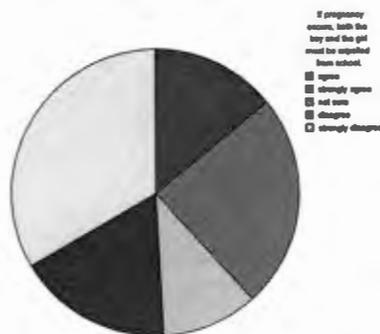


Figure 19 above indicates that 33% of learners strongly disagreed and 18% also disagreed while 24% of learners strongly agreed and 14% also agreed, 11% of learners were not sure.

Figure 20

Using contraceptives is the responsibility of the girl alone.

Figure 20 below indicates that 26% of learners disagreed and 25% of learners strongly disagreed while 18% of learners agreed and 9% strongly agreed, 22% of learners were not sure.

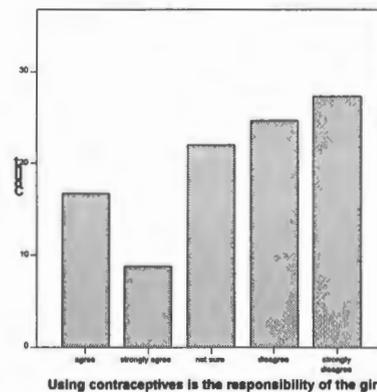


Figure 21

It is a good thing to make sure that your partner uses something to protect herself against pregnancy before you have sex with her.

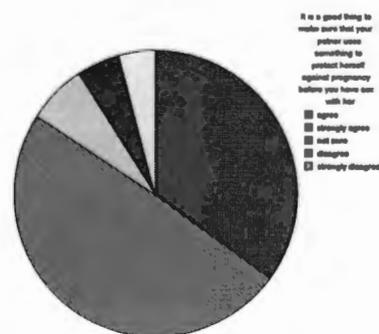


Figure 21 above indicates that 49% of learners strongly agreed with the statement and 35% also agreed while 5% of learners disagreed and 4% also strongly disagreed, 7% of learners were not sure.

Figure 22

It is the right for 13 year old teenagers to have sexual intercourse if they have strong affection for each other.

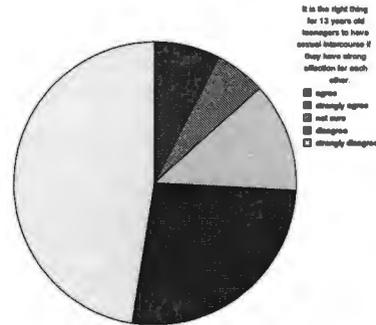


Figure 22 above indicates that 47.5% of learners strongly disagreed and 27% of learners disagreed while 7.5% of learners agreed and 6% strongly agreed, 12.5% of learners were not sure.

Table 13

Eighteen (18) years should be the minimum age for becoming a mother.

Table 13 below indicates that 30% of learners strongly disagreed and 22% also disagreed while 15% agreed and 8% of learners strongly agreed, 26% of learners were not sure.

	Frequency	Percent
agree	18	15.0
strongly agree	9	7.5
not sure	31	25.8
disagree	26	21.7
strongly disagree	36	30.0
Total	120	100.0

Figure 23

I prefer this age to be the minimum age to become a mother/father.

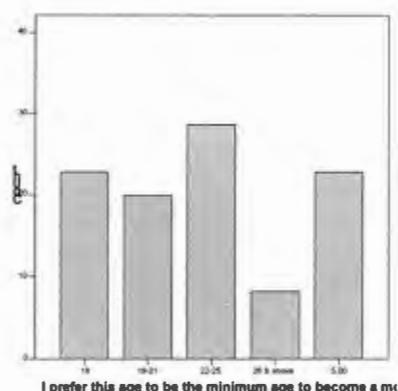


Figure 23 above indicates that 30% of learners believe that 22-25 years of age should be the minimum age to become a parent, 22% of learners believe 18 years is the minimum while 18% of learners believes 19-21 years is the minimum age, 8% of learners believe that 26 years and above is the preferred minimum age to become a parent, while 22% were not sure.

Table 14

Motherhood and fatherhood should be a carefully exercised choice, not an accident.

	Frequency	Percent
agree	46	38.3
strongly agree	50	41.7
not sure	14	11.7
disagree	6	5.0
strongly disagree	4	3.3
Total	120	100.0

Table 14 above indicates that 42% of learners strongly agreed with the statement, 38% of learners agreed while 5% of learners disagreed, 3% of the other learners strongly disagreed and 12% of the other learners were not sure.

Figure 24

Teenagers who are pregnant need help, support and sympathy.

Figure 24 below indicates that 42.5% of learners agreed and 31% strongly agreed while 8% strongly disagreed and 7% disagreed, 12% of learners were not sure.

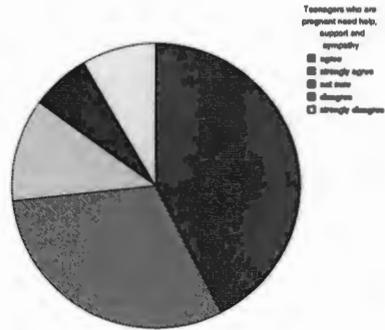
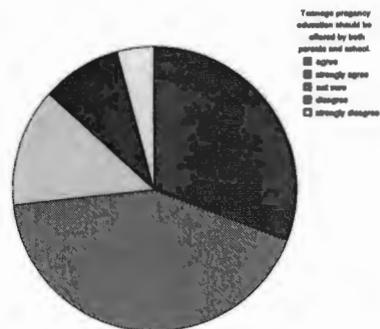


Figure 25

Teenage pregnancy education should be offered by both parents and school.

Figure 25 below indicates that 43% of learners strongly agreed and 31% agreed while 9% of learners disagreed and 4% strongly disagreed, 13% of learners were not sure.



Objective 2 and 3 – Is there gender and age differences in learners attitude towards teenage pregnancy?.

Data is presented in cross tabulation tables but some of the investigated items will be omitted as their role is deemed to be less important to the discussion. “F” represents the frequency and “P” represents the percentage.

F=Frequency

P=Percentage

Table 15

Is teenage pregnancy a matter of choice or pressure?.

		Is teenage pregnancy a matter of choice or pressure?						Total	
		choice		pressure		other			
Gender		F	P	F	P	F	P	F	P
	male	23	19.1	32	26.6	5	4.1	60	50
	Female	16	13.3	40	33.3	4	3.3	60	50
Age	13-15yrs	11	9.1	6	5	0	0	17	14.1
	16-18	29	24.1	51	42.5	6	5	86	71.6
	19yrs	6	5	8	6.6	3	2.5	17	14.1
Total								120	100

Table 15 above indicates that 33% of female learners thought that teenage pregnancy was a matter of pressure and 27% of male learners also agreed while 19% of both males thought that teenage pregnancy was a matter of choice while 13% of females said the same and 7% of other learners said it was a matter of influence from friends.

The data also indicate that 43% of 16-18 year old learners believe that it is a matter of pressure, 7% of 19 year old learners and 5% of 13-15 year old learners also believe that teenage pregnancy is a matter of pressure. On the other hand, 24% of 16-18 year old learners believe that it is a matter of choice, 9% of 13-15 year old learners also agreed

and 5% of 19 old learners also believe that teenage pregnancy is a matter of choice while 7.5% of other learners said it was friends' influence that lead to teenage pregnancy.

Table 16

Is teenage pregnancy a good thing?.

		Is teenage pregnancy a good thing?				Total	
		yes		no			
Gender		F	P	F	P	F	P
	male	15	12.5	45	37.5	60	50
	Female	1	0.8	59	49.1	60	50
Age	13-15yrs	1	0.8	16	13.3	17	14.1
	16-18	11	9.1	75	62.5	86	71.6
	19yrs	4	3.3	13	10.8	17	14.1
						120	100

Table 16 above indicates that 49% of female learners said teenage pregnancy was not a good thing and 38% of male learners also agreed that teenage pregnancy was not a good thing. On the other hand 15% of male learners indicated that teenage pregnancy was a good thing while only 1% of female learners said the same. This indicates that the majority of learners do not see teenage pregnancy as a good thing although male learners have a more positive view about the issue than female learners.

The data also indicate that 63% of learners whose ages range between 16-18 said teenage pregnancy was not a good thing, 13% of learners whose ages range between 13-15 also agreed and 11% of 19 year old also said teenage pregnancy was not a good thing.

On the other hand 9% of learners whose ages range between 16-18 said teenage pregnancy is a good thing, as well as 3% of those who are 19 years and 1% of the ones whose ages range between 13-15. This indicates that the majority of learners think teenage pregnancy is not a good thing.

Table 17

Does teenage pregnancy lower the morals of the society?.

	Does teenage pregnancy lower the morals of the society?				Total	
	yes		no			
	F	P	F	P	F	P
Gender						
male	37	30.8	23	19.1	60	50
Female	53	44.1	7	5.8	60	50
Age 13-15	16	13.3	1	0.8	17	14.1
16-18	63	52.5	23	19.1	86	71.6
19 yrs	11	9.1	6	5	17	14.1
Total					120	100

Table 17 above indicates that 44% of female learners said that teenage pregnancy lowered the morals of the society, 31% of male learners also said the same, while 19% of male learners said that teenage pregnancy did not lower the morals of the society and 6% of female learners said the same. This also confirms that even though the general view of learners is negative, male learners have a more positive view on the issue than female learners.

On the other hand, 53% of learners whose age range between 16-18 said that teenage pregnancy lowered the morals of the society, 13% of the learners whose ages range between 13-15 also said the same and 9% of the 19 years old also agreed that teenage pregnancy lowered society's morals. The data also indicates that 19% of learners whose ages range between 16-18 said teenage pregnancy did not lower society's morals, 5% of 19 years old also agreed and 1% of the learners whose ages range between 13-15 also said teenage pregnancy did not lower the morals of the society. Therefore this indicates that teenagers know that teenage pregnancy is inappropriate but that does not stop them from engaging in sexual activities.

Table 18

Do you like sex?.

	Do you like sex?				Total	
	yes		no			
Gender	F	P	F	P	F	P
male	41	28.3	19	15.8	60	50
Female	11	15	49	40.8	60	50
Age 13-15	9	7.5	8	6.6	17	14.1
16-18	33	27.5	53	44.1	86	71.6
19 yrs	10	8.3	7	5.8	17	14.1
Total					120	100

Table 18 above indicates that 41% of female learners said they do not like sex, 16% of male learners said the same, while 28% of male learners said they like sex, 15% of female also said the same.

On the other hand, 44% of learners whose ages range between 16-18 said they do not like sex, 7% of learners whose ages range between 13-15 also said the same and 6% of 19 years old also said they do not like sex, while 28% of learners whose ages range between 16-18 said they like sex, 8% of the 19 years old also said they like sex and 7% learners whose ages range between 13-15 said the same.

Table 19

Have you ever had sexual intercourse?.

	Have you ever had sexual intercourse?				Total	
	yes		no			
	F	P	F	P	F	P
Gender						
male	48	40	12	10	60	50
Female	35	29.1	25	20.8	60	50
Age 13-15	16	13.3	1	0.8	17	14.1
16-18	53	44.1	33	27.5	86	71.6
19 yrs	14	11.6	3	2.5	17	14.1
Total					120	100

Table 19 above indicates that 40% of male learners confirm that they have had sexual intercourse, 29% of female learners also said the same while 21% of female denied ever engaging in sexual intercourse, 10% of male learners also denied.

On the other hand, 44% of learners whose ages range between 16-18 said they have had sexual intercourse, 13% of learners whose ages range between 13-15 also said the same and 12% of 19 years old also agreed that they have had sexual intercourse, while 27.5% of learners whose ages range between 16-18 denied ever engaging in sexual intercourse, 2.5% of 19 years old also denied and 1% of the learners whose ages range between 13-15 also said they have never had sexual intercourse. This indicates that teenagers engage in sexual intercourse at an early age because only 1% of the learners whose ages range between 13-15 said they have not had any sexual intercourse.

Table 20

If your answer is yes, how old were you the first time you had sex?.

	If the answer is yes, how old were you the first time you had sex?						Total	
	13-15		16-18		19 yrs			
Gender	F	P	F	P	F	P	F	P
male	31	25.8	16	13.3	1	0.8	48	40
Female	20	16.6	15	12.5	0	0	35	29.1
Age 13-15	14	11.6	2	1.6	0	0	16	13.3
16-18	33	27.5	19	15.8	1	0.8	53	44.1
19 yrs	4	3.3	10	8.3	0	0	14	11.6
Total							83	69.16
Missing							37	30.8

Table 20 above indicates that 26% of male learners engaged in their initial sexual intercourse when they were 13-15 years old, 17% of female learners also had their first sexual intercourse while aged of 13-15 while 13% of male learners said they had first sexual intercourse when they were within 16-18 years of age, 12.5% of female learners also said the same and only 1% of male learners said they had delayed sexual intercourse until they were 19 years of age. 31% said they had never had sexual intercourse.

On the other hand, 28% of learners whose ages range between 16-18 said they engaged in sexual intercourse when they were within the ages of 13-15, 12% of learners whose age ranges between 13-15 said they also engaged in sexual intercourse when they were within the ages of 13-15, while only 3% of 19 years said the same. 15% of learners whose age ranges between 16-18 said that they had sexual intercourse when they were within the ages of 16-18, 8% of the 19 years old also said the same. This also confirms that younger learners engage more in sexual intercourse than older learners, hence their relative immaturity is likely to result in more teenage pregnancies.

Table 21

How old was your partner?.

	How old was your partner?								Total	
	13-15		16-18		19-21		22-25			
Gender	F	P	F	P	F	P	F	P	F	P
male	31	25.8	16	13.3	1	0.8	0	0	48	40
Female	4	3.3	18	15	10	8.3	3	2.5	35	29.1
Age 13-15	11	9.1	4	3.3	1	0.8	0	0	16	13.3
16-18	20	16.6	26	21.6	5	4.16	2	1.6	53	44.1
19 yrs	4	3.3	4	3.3	5	4.16	1	0.8	14	11.6
Total									83	69.16

Table 21 above indicates that 26% of male learners said that the age of their partners fall within 13-15, 3% of female learners said the same, 15% of female learners indicate that their partners fall within the ages of 16-18, 13% of male learners said the same, 8% of female learners indicated that their partners fall within the ages of 19-21 while only 1% of male learners indicated the same, 3% of female learners indicated that their partner were within the ages of 22-25. This clearly indicates that sexual intercourse for these learners was among similar aged partners.

On the other hand, 17% of learners whose age range between 16-18 indicated that their partners were within the ages of 13-15, 9% of learners whose ages range between 13-15 also said the same and 3% of 19 year olds also said that their partners were within the ages of 13-15. 22% of learners whose ages range between 16-18 indicated that their partner were within the ages of 16-18, 3% of both the 19 year olds and those whose ages fall within 13-15 years also said their partners were within 16-18 of age. 4% of 19 years old and those whose ages fall within 16-18 indicated that their partner were within 19-21 years of age, while only 1% of learners whose ages fall within 13-15 said the same. 2% of the learners whose ages range between 16-18 indicated that their partner were within

the age of 22-25 while 1% of 19 year old learners said the same. This indicates that teenagers get involved sexually with their age group at an early age.

Table 22

Did you plan to have sex or it just happened?.

		Did you plan to have sex or it just happened?				Total	
		planned		just happened			
Gender	male	F	P	F	P	F	P
		Female	21	17.5	27	22.5	48
		13	10.8	22	18.3	35	29.1
Age 13-15		6	5	10	8.3	16	13.3
	16-18	18	15	35	29.1	53	44.1
	19 yrs	10	8.3	4	3.3	14	11.6
Total						83	69.16

Tables 22 indicates that 22.5% of male learners indicated that sexual intercourse just happened, 18% of female learners also said the same, while 17.5% of male learners indicated that they had planned to have sex, 11% of female learners also said the same.

On the other hand, 29% of the learners whose age ranges between 16-18 indicated that it just happened, 8% of 13-15 old learners also said the same and 3% of 19 year old learners indicated that it just happened. 15% of 16-18 years old learners indicated that they had planned to have sexual intercourse, 8% of 19 year old learners also said the same and 5% of 13-15 year old learners also indicated that they had planned to have sexual intercourse. This indicates that most teenagers engage in sexual intercourse accidentally which result in escalated teenage pregnancy.

Table 23

When you had sex the first time, did you know that pregnancy could take place?.

		When you had sex the first time, did you know that pregnancy could take place?				Total	
		yes		no			
Gender	male	F	P	F	P	F	P
		Female	17	14.16	31	25.8	48
		25	20.8	10	8.3	35	29.1
Age	13-15	4	3.3	12	10	16	13.3
	16-18	31	25.8	22	18.3	53	44.16
	19 yrs	7	5.8	7	5.8	14	11.6
Total		83	69.16				

Table 23 above indicates that 21% of female learner indicated that they knew that pregnancy could take place, 14% of male learners also indicated the same while 26% of male learners indicated that they did not know that pregnancy could take place when they had their first sexual intercourse, 8% of female learners indicated they also did not know that pregnancy could take place.

On the other hand, 26% of 16-18 year old learners indicated that they knew that pregnancy could take place, 6% of 19 year old learners also said the same and 3% of 13-15 year old learners also indicated that they knew, while 18% of 16-18 year old learners indicated that they did not know that pregnancy could take place, 10% of 13-15 year old learners also said the same and 6% of 19 year old learners indicated that they did not know that pregnancy could take placed during their first intercourse.

Table 24

When last did you have sexual intercourse?.

	When last did you have sexual intercourse?								Total	
	one week ago		two weeks ago		three weeks ago		more than a months ago			
	F	P	F	P	F	P	F	P	F	P
Gender male	14	11.6	3	2.5	4	3.3	27	22.5	48	40
Female	6	5	0	0	11	9.16	18	15	35	29.1
Age 13-15	5	4.16	1	0.8	1	0.8	9	7.5	16	13.3
16-18	11	9.1	0	0	13	10.8	29	24.16	53	44.16
19 yrs	4	3.3	2	1.6	1	0.8	7	5.8	14	11.6
Total									83	69.16

Table 24 above indicates that 12% of male learners had last engaged in sexual intercourse a week ago, 5% of male learners also said the same, 2.5% of male learners indicated that they had engaged in sexual intercourse two weeks ago, while 9% of female learners indicated that they engaged in sexual intercourse three weeks ago, 3% of male learners also said the same, 22.5% of male learners indicated that they had engaged in sexual intercourse a month ago and 15% of female learners said the same.

On the other hand, 9% of 16-18 year old learners indicated that they had engaged in sexual intercourse a week ago, 4% of 13-15 years old learners also said the same and 3% of 19 year old learners also said the same. 2% of 19 year old learners indicated that they had had sexual intercourse two weeks ago and 1% of 13-15 year olds indicated the same. 11% of 16-18 year olds learners indicated that they had sexual intercourse three weeks ago, 1% of both 19 year old and 13-15 year old learners said the same. 24% of 16-18 year old learners indicated that they had sexual intercourse a month ago, 8% of 13-15 year old learners also said the same and 6% of 19 year old learners also indicated that they had had sexual intercourse a month ago.

Table 25

I would feel great if I am pregnant/impregnated a girl?.

		I would feel great if I am pregnant/impregnated a girl.										Total	
		agree		strongly agree		not sure		disagree		strongly disagree			
		F	P	F	P	F	P	F	P	F	P	F	P
Gender	male	8	6.6	4	3.3	20	16.6	10	8.3	18	15	60	50
	Female	1	0.8	1	0.8	5	4.1	26	21.6	27	22.5	60	50
Age 13-15		0	0	0	0	4	3.3	9	7.5	4	3.3	17	14.1
16-18		7	5.8	4	3.3	16	13.3	24	20	35	29.16	86	71.6
19 yrs		2	1.6	1	0.8	5	4.16	3	2.5	6	5	17	14.1
Total												120	100

Table 25 above indicates that 8% of the male learners agreed that they would feel great if they impregnated a girl while 3% of male learners strongly agreed, 1% of female learners indicated that they would feel great if they became pregnant and 1% strong agreed. On the other hand, 22.5% of female learners strongly disagreed and 22% of female also disagreed. 15% of male learners strongly disagreed and 8% of male learners disagreed. 17% of male learners did not know how they would feel if they impregnated a girl and 4% of female learners also were not sure how they would fell if they fall pregnant.

The data indicate that 6% of 16-18 years old learners indicated that they would feel great if they became pregnant and 2% of 19 year old learners also said the same. 3% of 16-18 year old learners strongly agreed that they would feel great and 1% of the 19 year olds indicated the same. 20% of 16-18 year old learners disagreed, 8% of 13-15 years old learners also disagreed and 3% of 19 year old learners also disagreed, while 29% of 16-18 year old learners strongly disagreed, 5% of 19 year old learners strongly disagreed and 3% of 13-15 year old learners also strongly disagreed. 13% of 16-18 years old learners

were not sure, 4% of 19 years old learners were also not sure and 3% of 13-15 years old learners were not sure how they would feel if they fell pregnant or impregnated a girl.

Table 26

Before a girl gets married she must prove that she is fertile (can make a baby)

		Before a girl gets married she must prove that she is fertile (can make a baby).										Total	
		agree		strongly agree		not sure		disagree		strongly disagree			
Gender		F	P	F	P	F	P	F	P	F	P	F	P
male	Female	22	18.3	11	9.1	14	11.6	6	5	7	5.8	60	50
		9	7.5	9	7.5	13	10.8	9	7.5	20	16.6	60	50
Age 13-15		7	5.8	1	0.8	4	3.3	3	2.5	2	1.6	17	14.1
16-18		18	15	17	14.1	20	16.6	11	9.1	20	16.6	86	71.6
19 yrs		6	5	2	1.6	3	2.5	1	0.8	5	4.16	17	14.1
Total												120	

Table 26 above indicates that 18% of male learners believe that before a girl gets married, she should prove that she is fertile, 7.5% of female learners also agree, 9% of male learners strongly agree, 7.5% of female learners also strongly agree that a girl should prove that she is fertile before getting married. On the other hand, 17% of female learners strongly disagreed, 6% of male learners also strongly disagreed. 7.5% of female learners disagreed and 5% of male learners also disagreed. 11% of male learners were not sure and 11% of female learners were also not sure whether a girl should prove her fertility before marriage.

The data indicate that 15% of 16-18 years old learners agreed that before a girl gets married she should prove that she is fertile, 6% of 13-15 year old learners agreed and 5% of 19 year old also agreed. 14% of 16-18 years old strongly agreed, 2% of 19 year old learners strongly agreed and 1% of 13-15 year old learners also strongly agreed. On the other hand, 17% of 16-18 year old learners strongly disagreed, 4% of 19 year old learners

strongly disagreed and 2% of 13-15 year old learners also strongly disagreed. 9% of 16-18 year old learners disagreed, 2.5% of 13-15 year old learners disagreed and 1% of 19 years old learners also disagreed. 17% of 16-18 years old learners were not sure, 3% of 13-15 years old learners were not sure and 2.5% of 19 years old learners also were not sure.

Table 27

Using contraceptives is the responsibility of the girl alone?.

		Using contraceptives is the responsibility of the girl alone.										Total	
		agree		strongly agree		not sure		disagree		strongly disagree			
Gender		F	P	F	P	F	P	F	P	F	P	F	P
Gender	male	17	14.1	7	5.8	10	8.3	17	14.1	9	7.5	60	50
	Female	5	4.16	4	3.3	16	13.3	14	11.6	21	17.5	60	50
Age 13-15		4	3.3	1	0.8	4	3.3	6	5	2	1.6	17	14.1
16-18		13	10.8	9	7.5	20	16.6	22	18.3	22	18.3	86	71.6
19 yrs		5	4.16	1	0.8	2	1.6	3	2.5	6	5	17	14.1
Total												120	100

Table 27 above indicates that 14% of male learners agreed that using contraceptives is the responsibility of the girl alone, 4% of female learners also agreed while 6% of male learners strongly agreed and 3% of female learners also strongly agreed. 18% of female learners strongly disagreed, 8% of male learners also strongly disagreed. 14% of male learners disagreed and 12% of female learners also disagreed. 13% of female learners were not sure and 8% of male learners also were not sure.

11% of 16-18 year old learners agree, 4% of 19 year old learners agree and 3% of 13-15 years old learners also agree. 8% of 16-18 years strongly agree 1% of both 19 years old and 13-15 year old learners also strongly agreed. 18% of 16-18 year old learners disagreed, 5% of 13-15 year old learners disagreed and 3% of 19 year old learners also

disagreed. 18% of 16-18 year old learners strongly disagreed, 5% of 19 year old learners strongly disagreed and 2% of 13-15 year old learners also strongly disagreed. 16% of 16-18 year old learners were not sure, 3% of 13-15 year old learners were not sure and 2% of 19 year old learners also were not sure.

Table 28

Motherhood and fatherhood should be carefully exercised choice not an accident?.

		Motherhood and fatherhood should be a carefully exercised choice not an accident.										Total	
		agree		strongly agree		not sure		disagree		strongly disagree			
Gender		F	P	F	P	F	P	F	P	F	P	F	P
Gender	male	22	18.3	23	19.1	7	5.8	5	4.16	3	2.5	60	50
	Female	24	20	27	22.5	7	5.8	1	0.8	1	0.8	60	50
Age	13-15	6	5	8	6.6	2	1.6	1	0.8	0	0	17	14.1
	16-18	33	27.5	38	31.6	8	6.6	4	3.3	3	2.5	86	71.6
	19 yrs	7	5.8	4	3.3	4	3.3	1	0.8	1	0.8	17	14.1
Total												120	100

Table 28 above indicates that 20% of female learners agreed that motherhood should be a carefully exercised choice not an accident, 18% of male learners also agreed. 23% of female learners strongly agreed and 19% of male learners also strongly agreed. 4% of male learners disagreed and 1% of female learners disagreed while 3% of male learners strongly disagreed and 1% of female learners also strongly disagreed.

The data also indicate that 28% of 16-18 year old learners agreed, 6% of 19 year old learners agreed and 5% of 13-15 year old learners also agree. 32% of 16-18 year old learners strongly agreed, 7% of 13-15 year old learners strongly agreed and 3% of 19 year olds learners also strongly agreed. 3% of 16-18 year old learners disagreed, 1% of both 19 year old and 13-15 year old learners disagreed. 3% of 16-18 year old learners strongly disagreed, 1% of 19 year old learners strongly disagreed. 7% of 16-18 year old

were not sure, 3% of 19 year old learners were not sure and 2% of 13-15 year old learners also were not sure.

CHAPTER 5

51. DISCUSSION OF RESULTS

This chapter reviews the findings of the study as reported in the preceding chapter. It should be remembered that the main purpose and focus of this study was to investigate the attitude of learners at two Limpopo province high schools towards teenage pregnancy. The results are evaluated and interpreted as they relate to the aim of this study and as compared to other related previous studies.

5.2 SUMMARY OF MAJOR FINDINGS

What is the general attitude of learners towards teenage pregnancy?

Kelly (2000) indicates that testosterone is at the highest levels during adolescence as compared to any other time of life. These high levels of testosterone are associated with sexual activities that more often than not result in sexual behaviours. Therefore, sexual intercourse in adolescence is a natural process that ought to take place.

The findings of this study indicate that 57% of learners did not like sex and 43% indicated that they liked sex while 69% of the learners indicated that they have had sexual intercourse. The majority of learners indicated that teenage pregnancy is a matter of pressure and from those who agreed to have had sexual intercourse, 41% of learners indicated that it just happened and 35% did not know that pregnancy could take place from sexual intercourse.

Studies conducted by Kelly (2000) indicate that adolescents' behaviour has not changed over the years despite their knowledge about the dangers and negative consequences of teenage pregnancy.

This study indicates that the majority of learners have knowledge about teenage pregnancy, because 87% of learners indicated that teenage pregnancy is not a good thing and 75% of learners indicated that teenage pregnancy lowers the morals of the society. The majority also indicated that teenage pregnancy is embarrassing for family and self.

Furthermore the findings of this study indicate that 42% of learners strongly agree that motherhood and fatherhood should be carefully planned, not an accident and 38% also agree while 5% of learners disagree and 3% strongly disagreed. This indicates that teenagers know that pregnancy is a huge step but still it does not prevent them from risky sexual behaviours which result in pregnancy. 58% of learners indicate that if their friends speak about their sexual activities, they would not discourage them while 82% of learners indicate that if they fall pregnant or impregnated a girl, they would not consider abortion as an option.

On the other hand 26% agreed that before a girl gets married, she must prove that she is fertile, 17% strongly agreed while 22% strongly disagreed and 13% disagreed. This is an indication that learners positive attitude towards teenage pregnancy that precedes behaviour. The desire of traditionally minded young black men in South Africa to prove their virility by fathering children and the pressure felt by girls to prove their love and fertility by conceiving have been well documented (Kau, 1989; Preston-Whyte and Zondi, 1991).

Therefore high incidence of teenage pregnancy is the result of risky behaviour that teenagers undertake driven by their sexual drive. Therefore it is clear that the majority have positive attitudes towards teenage pregnancy and hypothesis one is confirmed.

Is there age difference in attitudes towards teenage pregnancy?

Research indicates that over the past decade the median age of first intercourse has fallen by four years for women and three years for males. This steady decline in age of sexual debut is explained only in part by a trend towards earlier age of menarche. Study

conducted by Oliver and Hyde, (1993) indicates that a sample of college students who were asked about their age of first sexual intercourse, 85% of the male and 71% of the female indicated that they had already had sexual intercourse

Studies conducted by Vundule, Maforah, Jewkes and Jordaan, (2001) suggest that at least 50% of teenagers in South Africa are sexually active by the age of 16. Vundule et. al (2001) indicates that both girls and boys experience considerable same sex peer pressure to be sexually active. Study also indicated that 76% of girls and 90% of the boys were sexually active.

The findings of this study indicate that 43% of learners indicated that they were 13-15 years when they first had sexual intercourse and 26% indicated that they were 16-18 years old when they had sexual intercourse and only 1% indicated that they had sexual intercourse when they were 19 years of age. This is an indication that most teenagers have sexual intercourse at an early age while their partners also range in the same age group.

The findings of this study show that learners attitude towards teenage pregnancy is more generally to early sex. Therefore, younger learners have more positive attitudes towards teenage pregnancy than older learners, thus confirming hypothesis 2. One of reasons for this is that younger teenagers may not have sufficient cognitive skills to foresee risks in sexual relations and their failure to understand the implications of sexual behaviour.

Is there gender difference in attitudes towards teenage pregnancy?

A study conducted by Breakwell and Millward, (1997) indicate that 38% of the girls and 45% of the boys in their survey were already sexually experienced. This study also revealed that teenagers have reasonable knowledge about the anatomy and development of reproductive organs at puberty but lacked sex counselling which resulted in their failure to understand the implication of sexual behaviour. Out of the 69% of learners who said they have had sexual intercourse, 40% were males. The result also indicates that

male learners engage in sexual activities earlier than female learners, 26% of male learners had sexual intercourse while they were 13-15 years old while only 3% of female learners said the same. The finding of this study indicates that male learners have more positive attitudes towards teenage pregnancy than female, thus confirming hypothesis 3 of this study.

CONCLUSIONS

The researcher concludes that the study has been useful in the sense that information was obtained regarding students' attitude towards teenage pregnancy. Moreover, so many other issues have emerged with regard to the causes of sexual behaviours, among teenagers, which lead to teenage pregnancy. This information may help to understand the cognitions and beliefs of adolescents who engage in unprotected sexual intercourse. Consistent with previous studies of pregnant adolescents, the results of this study may also help policy makers to implement policies and strategies that motivate teenagers to avoid pregnancy.

CHAPTER 6

6. RECOMMENDATIONS AND LIMITATIONS

This chapter covers recommendation and limitations of this study.

6.1 RECOMMENDATION

In view of the finding of this study and to improve the quality of adolescent life, the following recommendations, deduced from the survey of the literature and to a large extent, from the general needs of the respondents emanating from the survey questionnaire are made. These are:

- A comprehensive and balanced sexuality education programme should be developed and implemented in Limpopo secondary schools with the aim of teaching students about their sexual responsibilities in the society.
- Adolescents need to gain on understanding and insight into the emotional, social and moral factors involved in human sexuality. A comprehensive approach to sex education should prevail where emphasis is placed on value formation and the decision-making process necessary to live a goal-orientated life.
- Sex education should go beyond mere biological information where only dangers of risky sexual behaviours are highlighted, but in addition, highly trained personnel are needed to meet and be sensitive to the real and personal needs of the learners. Emphasis should be placed on the following:
 - ❖ responsible sexual behaviour,
 - ❖ responding assertively to peer pressures for sexual intercourse and unsafe sex,
 - ❖ informed sexual decision-making with regard to abstinence and safer sex and
 - ❖ critically evaluating reasons for delaying sexual intercourse or practising abstinence.
- Programmes to be implemented need to take cognisance of social factors which affect attitude towards sex education courses in school. Traditional and cultural

attitudes and the multi-cultural sexual needs and prohibitions in society particularly among the adolescents must be addressed.

- Programs for parents should be developed so that they can learn parenting skills to educate their children about issues relating to sex and sexual behaviour in general.
- The fact that the whole of South Africa is faced with the problem of teenage pregnancy, it is suggested that programs should be implemented nation wide as part of general educational curriculum for both public and private schools.
- Teenagers need to receive relevant and constructive education and support necessary to postpone early fatherhood and motherhood until they are psychologically, emotionally and financially capable of supporting children.

All of the above can be achieved through the following:

- Media campaign
- Drama in schools
- Videotapes
- Posters and pamphlets
- Books and magazines
- Workshops to equip young people to be assertive and committed to emphasis on attaining goals first before bearing children.

6.2 LIMITATIONS

The following limitations were identified during the process of the study:

- This research was conducted in two schools at the Limpopo Province whose socio-economic status was not considered.
- The outcomes of the study may not be generalized to other learner population in other institutions. The sample was drawn from a single geographic location and thus represents a relatively restricted range of community and school conditions.

Future research should include a larger and more diverse sample. Additional research including learners from other race groups would help broaden the generalisation of the findings

- The questionnaire was written in English, this could have had a role on the understanding, the response rate and answers that were given by the research population as English is a second language to all the participants.

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TO: THE DISTRICT MANAGER IN THE DEPARTMENT OF EDUCATION

FROM: MAPHULA ANGELINA

DATE: 24 MAY 2005

RE: REQUEST TO CONDUCT A RESEARCH STUDY USING YOUR LEARNERS

I, Maphula Angelina, a Masters student in clinical psychology at the University of North West request a permission to conduct a research on your learners. As part of my training, I am requested to submit a mini-dissertation. The research will focus on: **ATTITUDES OF LEARNERS TOWARDS TEENAGE PREGNANCY.** The purpose of this study is to find out what learners think about teenage pregnancy and their attitudes towards it, which will help the policy makers to implement relevant programs to alleviate the problem of teenage pregnancy in our communities.

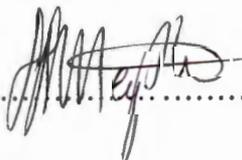
I hereby ask for permission to conduct this study using two of your schools, which is Kolokoshani High School and Tshifulanani Progressive High School.

I will be grateful if my request can be considered. If you require any further information, please contact me on this number (018) 389-2426 during office hours or 0725643666.

Thank you in anticipation of your positive response.

Yours sincerely

MAPHULA ANGELINA

Signature.....

Student Psychologist

**DEPARTMENT OF EDUCATION
DZONDO CIRCUIT OFFICE**

Ref:.....

Dzondo Circuit Office

Enq: R. Mphphu.....

Private Bag 1406

Tel:015 9652007

Lwamondo

0985

03 October 2005

TO WHOM IT MAY CONCERN

This is to certify that Angelina Maphula has applied to conduct research on teenage pregnancy in Dzondo Circuit Schools.

We would therefore request all school Managers in our Circuit to allow her to conduct research for her Masters degree since it will help us in preventing or getting strategies to combat teenage pregnancies in the future.

Thank you


Circuit Manager

TO: PRINCIPAL AND STAFF (KOLOKOSHANI HIGH SCHOOL)

FROM: MAPHULA ANGELINA

DATE: 24 MAY 2005

RE: REQUEST TO CONDUCT A RESEARCH STUDY USING YOUR LEARNERS

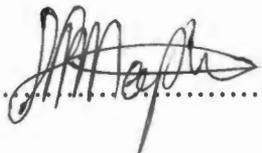
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A sample of 60 learners is required for this study of age ranging from 13 to 19 from any grades. I assure you that all information will be dealt with total confidentiality and a copy of this research will be submitted to your institution on completion.

I will be grateful if my request can be considered. If you require any further information, please contact me on this number (018) 389-2426 during office hours or 0725643666.

Yours sincerely

MAPHULA ANGELINA

Signature


Student Psychologist

TO: PRINCIPAL AND STAFF (TSHIFULANANI PROGRESSIVE HIGH SCHOOL)

FROM: MAPHULA ANGELINA

DATE: 24 MAY 2005

RE: REQUISITION TO CONDUCT A RESEARCH STUDY USING YOUR LEARNERS

I, Maphula Angelina, a Masters student in clinical psychology at the University of North West request a permission to conduct a research on your learners. As part of my training, I am requested to submit a mini-dissertation. The research will focus on: **ATTITUDES OF LEARNERS TOWARDS TEENAGE PREGNANCY.** The purpose of this research is to find out what learners think about teenage pregnancy and their attitudes towards it, which will help policy makers to implement relevant programs to alleviate this problem in our communities.

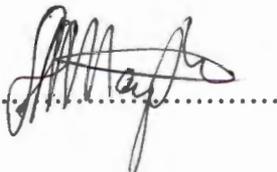
A sample of 60 learners is required for this study of age ranging from 13 to 19 from any grades. I assure you that all information will be dealt with total confidentiality and a copy of this research will be submitted to your institution on completion.

I will be grateful if my request can be considered. If you require any further information, please contact me on this number (018) 389-2426 during office hours or 0725643666.

Yours sincerely

MAPHULA ANGELINA

Signature



University of North West

Private bag x 2046

Mmabatho

2735

Dear Student

My name is Mrs Maphula Angelina, a Master's student in Clinical Psychology at the University of North West at the Department of psychology. I am undertaking this research study as part of my program.

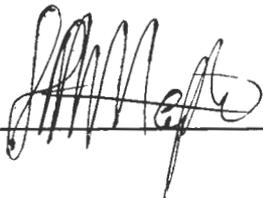
The study examines attitudes of learners towards teenage pregnancy. You have been selected and your participation in this study is very important. When you receive the questionnaire complete it and submit it.

Your responses are confidential, no names or individual information is needed. If you have any questions or concerns feel free to ask and dial these numbers (018) 389 2426 during office hours or 0725643666.

Yours sincerely

MAPHULA ANGELINA

Signature



A handwritten signature in black ink, appearing to read 'Maphula Angelina', is written over a horizontal line.

Student Psychologist

CONSENT FORM

From: Mrs Maphula Angelina
Trainee Psychologist

RE: ATTITUDES OF LEARNERS TOWARDS TEENAGE PREGNANCY.

Dear Student

Kindly complete the consent form below

I declare that I understand the contents of this study. I understand the aims and objectives of this research. I am also aware of the ethical considerations that participation is voluntarily and that all information to be given should be real and will be confidential.

I agree to take part

Student signature

Date

Section A (Mark with an X on the relevant answer)

BIOGRAPHICAL INFORMATION

1. Gender

Male	
Female	

2. Age

13-15	
16-18	
19 years old	

3. Marital Status

Single	
Married	
Divorced	

4. Level of education

Grade10	
Grade11	
Grade 12	

Section B (Mark with an X to the relevant answer)

5. Do you know about Teenage pregnancy?

Yes	
No	

6. Do you know a teenager who is pregnant in your school?

Yes	
No	

7. Do you know a teenager in your community who is pregnant?

Yes	
No	

8. Do you know a teenager who is either related to you, is a friend or a neighbour who is pregnant?

Sister	
Neighbour	
Friend	
Relative	
Other	

If your answer above is other please specify _____

9. Is teenage pregnancy a matter of choice or pressure?

Choice	
Pressure	
Other	

If your answer above is other please specify _____

10. Is teenage pregnancy a good thing?

Yes	
No	

If the answer above is No, explain why _____

11. Does teenage pregnancy lower the morals of society?

Yes	
No	

12. Have any of your parents discussed the topic of teenage pregnancy with you?

Yes	
No	

13. Would your parents discuss pregnancy with you if you wanted to discuss it?

Yes	
No	
May be	

14. In your circle of friends, if a girl gets pregnant, whose problem is it normally?

The girls	
The boys	
The boys and the girls	
The girls and her family	
Both families	

15. If a teenage girl got pregnant, what do you consider her to have been?

She was stupid	
She was used	
She was unlucky	
Don't worry me	
It is her problem	
Other	

If your answer above is other please specify _____

16. Do you like sex?

Yes	
No	

17. Have you ever had sexual intercourse?

Yes	
No	

If the answer is no, skip to question No 18

- If the answer above is yes how old were you the first time you had sex?

12- 15 years old	
16-18 years old	
19 years old	

- How old was your partner?

12- 15 years old	
16-18 years old	
19-21 years old	
22-25 years old	
26 & above	

- Did you plan to have sex or it just happened?

Planned	
Just happened	

- When you had sex for the first time, did you know that pregnancy could take place?

Yes	
No	

- When last did you have sexual intercourse?

One week ago	
Two weeks ago	
Three weeks ago	
More than a month ago	

18. Suppose a friend spoke to you about his/her sexual activities, would you discourage him/her?

Yes	
No	

19. Would you consider abortion if you are pregnant or if you impregnated a girl?

Yes	
No	

20. I would feel great if I fell pregnant or if impregnated a girl.

Agree	
Strongly Agree	
Not sure	
Disagree	
Strongly Disagree	

21. Teenage pregnancy is embarrassing for yourself and your family.

Agree	
Strongly Agree	
Not sure	
Disagree	
Strongly Disagree	

22. Getting pregnant/a girl pregnant is the best thing that could ever happen to a teenager.

Agree	
Strongly Agree	
Not sure	
Disagree	
Strongly Disagree	

23. Before a girl gets married she must prove that she is fertile (can make a baby).

Agree	
Strongly Agree	
Not sure	
Disagree	
Strongly Disagree	

24. It is the duty of the girl to protect herself against pregnancy before marriage.

Agree	
Strongly Agree	
Not sure	
Disagree	
Strongly Disagree	

25. If pregnancy occurs, both the boy and the girl must be expelled from school.

Agree	
Strongly Agree	
Not sure	
Disagree	
Strongly Disagree	

26. Using contraceptives (pregnancy prevention measures) is the responsibility of the girl alone.

Agree	
Strongly Agree	
Not sure	
Disagree	
Strongly Disagree	

27. It is a good thing to make sure that your partner uses something to protect herself against pregnancy before you have sex with her?

Agree	
Strongly Agree	
Not sure	
Disagree	
Strongly Disagree	

28. It is the right for 13 year old teenagers to have sexual intercourse if they have strong affection for each other.

Agree	
Strongly Agree	
Not sure	
Disagree	
Strongly Disagree	

29. Eighteen (18) years should be the minimum age for becoming a mother.

Agree	
Strongly Agree	
Not sure	
Disagree	
Strongly Disagree	

30. I prefer this age to be the minimum age to become a mother/father.

18 years old	
19-21 years old	
22-25 years old	
26 & above	
Not sure	

31. Motherhood and fatherhood should be a carefully exercised choice not an accident.

Agree	
Strongly Agree	
Not sure	
Disagree	
Strongly Disagree	

32. Teenagers who are pregnant need help, support and sympathy.

Agree	
Strongly Agree	
Not sure	
Disagree	
Strongly Disagree	

33. Teenage pregnancy education should be offered by both parents and school.

Agree	
Strongly Agree	
Not sure	
Disagree	
Strongly Disagree	

7. INTEGRATION OF FINDINGS

John's background indicates that he is not coping with mainstream education. During the interview and assessment, John had difficulties following test instructions. He was only oriented to person. Based on history, clinical impressions and test results, John seems to be functioning within the moderate range of mental retardation.

8. RECOMMENDATION

1. It is recommended that John should be placed in a special school where they will cater for his special needs.
2. He can also benefit from vocational or manual and social skills training. This means that John will be fairly proficient in self-care skills but he will need constant nominal supervision.
3. John is also referred to eye-clinic for assessment and further management and intervention.

A. Maphula

Intern Clinical Psychologist

15 September 2006

Poodhun S.E.A

Senior Clinical Psychologist

15 September 2006