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**ASSESSING THE IMPLEMENTATION OF LEARNER PREGNANCY
POLICY IN HIGH SCHOOLS IN THE LICHTENBURG AREA**

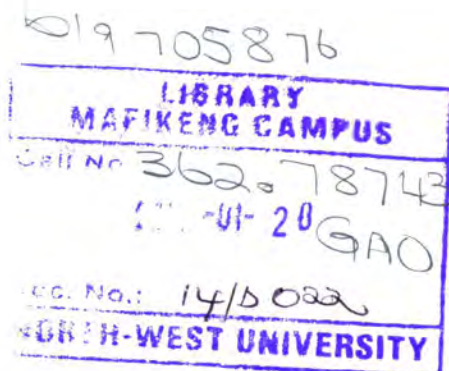
BY

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**SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTER OF EDUCATION IN EDUCATIONAL PSYCHOLOGY IN
NORTH – WEST UNIVERSITY**

SUPERVISOR: DR: I.M. LOATE

YEAR: 2013



DEDICATION

I declare that dissertation for the degree of Masters of Education in Educational Psychology at the North- West University hereby submitted, has not been previously submitted by me for a degree at this or any other University, that it is my own work in design and execution and that all materials contained herein have been duly acknowledged.

Violet Keitumetse Gaoaketse

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ABSTRACT

Learner pregnancy is regarded as a major concern and a serious threat to gender parity in education. Addressing learner pregnancy is not a challenge facing only Department of Education, it is a battle that requires the active involvement of all stakeholders that is educators, Non – governmental organisation, Department of Education, Health and Social Development.

The rate of learner pregnancy in public schools, prompted the Department of Education to release the policy of Learner Pregnancy Policy which ensures the rights of pregnant learners to continue with schools. The policy is based on prevention and management.

This research study investigate how schools implement learner pregnancy policy. The objectives of the study are:

- To investigate how schools encourage the prevention strategies of learner pregnancy policy;
- To investigate how schools manage learner pregnancy;
- To identify how Department of Education are involved in monitoring of the schools in implementing the pregnant learner policy.

The study was conducted in four targeted high schools in the Lichtenburg area. A qualitative approach and quantitative approach was used. Questionnaires and interviews were used as instruments. A purposeful sampling of 100 educators and 10 managers was selected. Statistical Package for Social Sciences was used for data analysis. The Findings of the study revealed that schools are not doing enough to provide learners with prevention strategies of learner pregnancy; Even though the policy encourages managers and educators to support learners who are pregnant, educators and managers still need to encourage pregnant learners to continue with their education when they are pregnant in line with the policy. Department of Education does not monitor and evaluate the effectiveness of the policy regularly in schools.

Recommendation of the study revealed that: Learners must be engaged in extra mural activities to keep them busy, Educators and managers must help, support and encourage pregnant learners to continue with their education and that the Provincial Department of Education must appoint a person at the department to

monitor the effectiveness of the policy in schools, to visits schools regularly and to ensure their compliance.

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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 Introduction

A policy on learner pregnancy is extremely important in health education as sexual activity begins early for most South African's teenagers. National health statistics indicate that about half of females aged 15 –19 are sexually active (Zuberi, Sibanda & Fergusson, 2001: 135). The prevalence of learner pregnancy is a major concern in many countries (Senderowitz & Paxman, 2001:31). Learner pregnancy has been cited as a reason why girls drop out of school and it is also a constraint in the achievement of the millennium development goals of universal higher education and gender equality in education by 2015 (Education Sector Policy, 2008:123). In 2007, The Department of Education in South Africa designed a pregnancy policy for the public schools, Measures for the Prevention and Management of Learner Pregnancy.

A policy on learner pregnancy is important, because it assists learners to make sound choices about reproductive issues. This allow learners to make informed decisions. The policy also empowers affected learners about their rights to education and highlights strategies of managing the effects of learner pregnancy in schools. In the first instance, and above any other measure, a clear and consistent message should be communicated that learners should abstain from engaging in sexual intercourse. This could avoid the risk of sexually transmitted diseases, including HIV and AIDS, as well as the negative impact of a pregnancy on the future life chances for girls. Educators, parents, guardians and the public should therefore strongly advise learners to avoid early sexual encounters. (Department of Education, 2007:2).

However, it is recognised that unplanned pregnancies may occur, and thus the measures also provide for procedures and guidelines to be followed in cases where learners fall pregnant (Department of Education, 2007:2). The measures are underpinned by three important principles of the Constitution: the right to equality, the right to education and the rights of the child. However, there is a need to assess the extent of the implementation of learner pregnancy policy.

1.2 Background information

Measure for the Prevention and Management of Learner Pregnancy in schools have become necessary because of the Department of Education's concern about learner pregnancies in public schools. The Department of Education recognises the responsibility and influence of the education system in this regard and, within the community at large, and this document aims to clarify the position regarding learner pregnancies.

It is the Department of Education's intention to provide an environment in which learners are fully informed about reproductive matters and have the information that assists them in making responsible decisions. In addition, the Department of Education intends to inform affected learners about their rights to education, and to the support teachers should render to such learners in managing the effects of their pregnancy in schools. The policy gives detailed information about the support that schools and Provincial Education Departments should give to pregnant learners (Department of Education, 2007:7)

The researcher obtained statistics from the Department of Education Auxiliary Services Directorate EMIS Unit in the North-West Province to identify schools with pregnant learners. In this study the researcher used high schools in Lichtenburg. Schools A, B, C and D to show the prevalence of learner pregnancy in high schools from 2009 – 2012. This is evident from the statistics in Table 1.1 below which shows learner pregnancy in those schools.

Table 1.1 Statistics of learner pregnancy from 2009 -2012

Table 1.1

YEARS	SCHOOLS				
	A	B	C	D	TOTALS
2009	13	3	27	19	62
2010	16	20	10	20	66
2011	21	17	14	15	67
2012	20	19	16	14	69
TOTALS	70	59	67	68	264

Source: Department of Education Auxiliary Services directorate

EMIS Unit 2 2009-2012

Pregnancy among learners has shown prevalence in schools A, B, C, and D. The total number of pregnant learners in schools A,B,C, and D in 2009 it was sixty-two (62), in 2010 it was sixty- six (66), in 2011, it was sixty- seven (67), and 2012 the number was sixty- nine (69). This prevalence in number of pregnancies have motivated the researcher to assess the extent of how learner pregnancy policy is being implemented in high schools.

1.3 Statement of the problem

The Department of Education has released a learner pregnancy policy document, Measures for the Prevention and Management of Learner Pregnancy (2007),because of its concern about learner pregnancies in public schools. This policy is intended to assist educators mainly in prevention of learner pregnancy. The management part includes the support schools should give to pregnant learners, because according to the Department of Education, these pregnant learners must not be expelled from schools (Department of Education,2007:4). Despite the policy, which is anchored on

prevention of pregnancy, learners still fall pregnant. The problem of this study is to assess the extent of the implementation of Learner Pregnancy Policy in high schools.

1.4 Research questions

The Key Research Question is:

What is the extent of the implementation of learner pregnancy policy in high schools?

1. What are the prevention strategies reflected in the learner pregnancy policy?
2. How do schools manage learner pregnancy?
3. How does the Provincial Department of Education monitor the schools in implementing the pregnant learner policy?

1.5 Aim of the study

The main aim of the study was to assess the extent of the implementation of learner pregnancy policy.

1.5.1 Objectives

1. To investigate how schools encourage the prevention strategies reflected in the learner pregnancy policy.
2. To investigate how schools manage learner pregnancy.
3. To identify how the Provincial Department of Education monitor the schools in implementing the pregnant learner policy.

1.6 Significance of the study

Through this study, schools become aware of the need to teach learners about health education so as to avoid infections that are sexually transmitted, abstinence, and how to use contraceptives. In keeping with the multiple spheres of influence on learner sexual behaviour, a number of prevention interventions have been instituted in South Africa. These include school-based sex education, and peer education programmes to ensure that all learners, in South Africa, whatever their situation, receive information about prevention of pregnancy. Prevention programmes should give information and education that teach learners to delay pregnancy (Kirby, 2000:134).

In cases where prevention measures fail and learners do fall pregnant, the education system is obliged to manage the situation by balancing the best interests of the individual against those of other learners, educators the school and its community (Department of Education, 2007:4). Schools will establish procedures to deal with pregnant learners. Schools will avoid any action that may constitute unfair discrimination against pregnant learners. Schools should encourage pregnant learners to continue with their education. Schools will ensure that a record of learner pregnancies is maintained and that reports are submitted to the relevant authorities in the provincial Department of Education. "Educators will continue to offer educational support to the learner within, reasonable limits, and in whatever ways possible given the particular context (Department of Department, 2007:8)."

School managers will ensure that the implementation of pregnant learner policy is applied well in the school. The Provincial Department of Education will monitor this to capture the rate of pregnancy in schools, so as to evaluate the effectiveness of this policy on any other intervention programmes.

Parents and guardians may not be excluded from their responsibilities regarding their pregnant child, they will have to take the lead in working with the school to support and monitor their child's health and progress (Department of Education: 2007).

1.7 Theoretical framework of the study

The theoretical framework of this research is based on Bronfenbrenner's Social Ecology theory, which states that a learner or child is embedded in several environmental systems that are dynamically interdependent (Lu, 2009: 123). The theory posits that there is a continual interaction of social environmental systems in developing a child.

The Social Ecology theory assumes that the effectiveness of health promotion (i.e. pregnancy prevention) can be enhanced through multi-level intervention packages that combine both behavioural and environmental modification strategies. In applying Social Ecology Theory to pregnancy prevention and management, two key elements will be emphasised:

First, it is important to integrate health promotion interventions across multiple life domains, such as open communication at home, delaying sexual activity and

supporting contraceptive use at school, teaching sex education and academic enrichment programmes.

The second key element includes opportunities for enhancing community well-being in cases, where prevention measures fail. The emphasis on policy implementation is regarding the need to support pregnant learners. In this study the researcher will use this theory to investigate how the learner pregnancy policy is implemented in targeted schools and how other countries implement the pregnant learner policy as compared to South Africa (Brindis, 2005: 46).

1.8 Delimitation and limitation

1.8.1 Delimitation

The researcher will choose schools which had pregnant learners from 2009 to 2012, at Lichtenburg Area Office. From those schools the researcher will use Principals, Deputy Principals, Heads of Department for Life Orientation, Life Orientation educators and class educators who had experience of pregnant learners in their classrooms.

1.8.2 Limitation

Due to the small size of the sample, the results may not be representative, and will not be used for generalization purposes although they can be useful in similar contexts.

1.9 Definition of terms

Policy: Policy is a set of decisions which are oriented towards a long – term purpose or to a particular problem <http://www.fao.org/Wairdocs/>. Accessed 24- 04 2013.

Policy Implementation: Policy implementation is the stage of policy – making between the establishment of a policy and the consequences of the policy for the people whom it affects Wiki – answers – com / q / wh...

In this study policy implementation entails how educators, school managers, implement the pregnant learner policy in schools (Department of Education, 2007:6).

Learner Pregnancy: Refers to the learners who become pregnant while still at school.

In this study, Learner Pregnancy refers to learners who become pregnant while still in high school (Department of Education, 2007:4).

High School: A school attended after elementary school or junior high school and usually consisting of grade 9 or 10 through 12.

In this study, high schools start from grade 8 to 12. Age ranges from 16 years to 18 years

1.10 Population

Population is the group to which the results of the study are intended to apply (Fraenkel & Wallen, 2000:103). The population of this study consists of all high school educators in Lichtenburg Area with a total number of 430 educators. This area has 17 high schools.

1.11 Sampling

In this study the researcher used only Life Orientation educators and class educators who had pregnant learners in the previous two years in the school. Purposive sampling was used in this study. In purposeful sampling the researcher selects particular elements from the population that will be representative or informative about the topic of interests (McMillan & Schumacher, 2001:175). On the basis of the researcher's knowledge of the population, the researcher used her judgement about which participants should be selected to provide the best information to address the aim of the research. The researcher first decided who in the school is essential to a study of the problem (Ary, Jacobs, Razavieh & Sorensen, 2006:472).

The sample will consist of sixty (60) educators of the four schools that had pregnant learners out of four hundred and thirty educators in Lichtenburg Area Office. School A consists of 15 educators, School B = 17 educators, C = 15 and D = 13 educators. The population of the study will be 60 ($n = 60$).

1.12 Validity

The use of questionnaires and interviews in this study was to ensure that the research questions measure what they are supposed to measure (Ary, Jacobs, Razavieh & Sorensen, 2006:435).

The procedures for checking on or enhancing validity includes using a variety of instruments to collect data. Data was collected through questionnaires from educators of four high schools in the Lichtenburg Area and also data was collected through an interviews from managers of those four high schools.

In this study validity or trustworthiness of the study was ensured by using triangulation which means using multiple data collection procedure method to access information that might be missed when using one data collecting instruments. Triangulation has raised an important methodological issue to control bias in answering research questions by the participants (Golfshani, 2003:603).When a conclusion is supported by data collected from a number of different instruments, its validity is thereby enhanced (Frankel & Wallen, 2000:506).

1.12.1 Reliability

Reliability refers to the consistency of measurement, the extent to which the scores are similar over different forms of the same instrument of data collection (Golfshani, 2003:599).The more consistent the responses, the higher the reliability (Ary, Jacobs, Razavieh & Sorensen,2006:440).

In this study the use of triangulation methods was to help the researcher to ensure the consistency of answering questions with the same participants after a period of time or to administer two different forms of the questionnaire to the same participants (Ary, Jacobs, Razavieh & Sorensen, 2006:440).

1.13 Ethical consideration

A letter of consent will be obtained from the University to provide assistance to collect data for statistics of learner pregnancy from the Statistics Department of Education Auxiliary Services directorate EMIS Unit and from four targeted schools in Lichtenburg. The letter of consent and permission to conduct interviews will be outlined to the informants before the data collection process takes place. The

informants will also be given enough information on the purpose and expected benefits of the study.

The informants will therefore be assured of the confidentiality of the obtained data from interviews and questionnaires. Anonymity of their names in the research will be guaranteed (Cohen, Manion & Morrison, 2001:61). Participation will be voluntary and the informants will be free to withdraw from participating in the research whenever they feel like doing so.

1.14 Data analysis

Data analysis in qualitative research is collected using complex sources of narrative or visual data. Nachmias and Nachmias (2000) state that analysis involves synthesising the information a researcher obtains into a coherent description of what she had observed or discovered. In this study data will be analysed using descriptive statistics. This will comprise of graphs, tables, percentages and diagrams indicating how learner pregnancy policy is implemented in schools in Lichtenburg Area. Descriptive statistics is usually used to summarize quantitative data in a form that is relatively understandable. Descriptive statistics focus on describing, summarising or explaining data (Johnson & Christensen, 2008:443).

In this study, the researcher will focus more on interpretation using words than on calculations from interviews. The researcher will use narrative more than numbers. Data from the questionnaires will be transformed into frequencies and tables and relationships using descriptive statistics.

1.15 Organisation of the study

Chapter 1: Problem Orientation and Introduction.

This chapter provides the introduction to the chapter. It includes the background of the study, statement of the problem, aim of the study, research questions, delimitation & limitations, the research design, validity and reliability, ethical consideration, data analysis and organisation of the study.

Chapter 2: Implementation of learner pregnancy policy

The above will be based on a literature study that will include learner pregnancy policies in different countries and their implementation in their schools. The countries are Namibia, Zimbabwe, Cameroon, Australia and America. The last section of this chapter will discuss the South African learner pregnancy policy.

Chapter 3: Research Design and Methodology

The chapter discusses the research design and methodology employed in conducting the research. The population, sampling and data collection procedures and ethical issues are discussed.

Chapter 4: Data Presentation and Interpretation

The chapter includes data analysis, interpretation of the collected data. The results of the study will be put into perspective in the form of discussions in this chapter.

Chapter 5: Summary, Findings, Recommendations and Conclusions

This chapter will include the conclusions of the research and recommendations of the study.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The policy for prevention and management of learner pregnancy in schools has become necessary because of the Department of Education's concern about learner pregnancies in public schools. The policy is firmly anchored within a prevention context, the prevention and reduction of pregnancy in order to promote learning, development and healthy lifestyles for all learners. Educators and the public should therefore strongly advise learners to avoid early sexual encounters.

The policy highlight the importance of sexuality education programmes, and peer education among learners. However, it is recognised that unplanned pregnancies may occur, and thus the policy also provides for procedures and guidelines to be followed in cases where learners do get pregnant (Department of Education,2007:20).

Learner pregnancy can be tackled by implementing proper strategies that will prevent learners from getting pregnant. Tsai and Wong,(2003:123) explain that health care providers need to design intervention programmes that empower schools and society in general, so that they can play an important role by providing all necessary information on prevention strategies such as sex education and the use of contraceptives. Schools also need more training for teachers regarding sex education and therefore, the society will be more open on sexual health issues and it will not be regarded as a taboo (Tsai & Wong, 2003: 123).

In an attempt to tackle learner pregnancy among other measures that have already taken, the Department of Education can also fund pilot programmes in schools with high pregnancies aiming at reducing the risk of social exclusion and poverty that arises from learners (Limmer, 2005:146).The aim of those specifically designed programmes is to empower pregnant learners to develop self-esteem (Hawksley, 2000:146). Learner pregnancy is a public health issue and therefore appropriate measures need to be taken in order for pregnant learners not to be isolated which may lead to their social exclusion (Taylor, 2001: 134). Pregnant learners need to be supported by educators (Taylor, 2001:135).

The aim of a health promotion plan is to reduce the number of conceptions amongst school girls in the age group 15-18 by trying to raise their awareness on sexual health issues. This will be done by offering learners more information in a convenient, friendly and familiar environment. The objective will be to set up an easy accessed drop in clinic near schools where learners feel that they can go during their breaks with the aim to discuss contraception and other sexual health issues in confidential without them being criticised about their actions. Information will be given regarding sexual health, learner pregnancy and its consequences. It will be run by friendly, approachable, and non-judgemental professionals who are always available to discuss any raised issue with learners in a non-paternalistic way (Andalo,2005:187).

Learners' sexual health promotion can be effective when accurate and up to date knowledge is offered to learners by responsible professionals who follow evidence based practice (Jolley, 2001:125).

As Carter (2002) suggests, learner pregnancy could be tackled effectively only when integrated nursing interventions were involved. This approach promotes a multi-disciplinary model of care where a number of different practitioners work collaboratively with the aim to prevent, manage, implement, monitor, and evaluate the care that needs to be offered to learners. Therefore, it is very important that educators, school nurses and other agencies work together effectively and inform parents about the content of sex education programmes they implement at schools (Lynch, 2004:147).

A brief overview of the theoretical framework of the study will be discussed. The focus is on the prevention, management and monitoring of the implementation of the pregnant learner policies in different countries, for example: America, Australia, Namibia, Zimbabwe, Cameroon and then South Africa. A review and analysis of different constitutional and policy provisions that have implications for the provision of public schools of pregnant learners has been undertaken. The objectives of the study were discussed throughout the chapter

1. To investigate how schools encourage the prevention strategies reflected in learner pregnancy policy;
2. To investigate how schools manage learner pregnancy; and

3. To identify how the provincial Department of Education monitor the schools in implementing the pregnant learner policy.

2.2 Debate in policy implementation

The debate of learner pregnancy has to be tackled from two ends – helping learners to avoid conception (Prevention) on the one hand, and helping them to deal with conception(Management), on the other. The Department of Education must look into the availability of school nursing, provision of career guidance and social workers in schools, as educators are not trained to deal with pregnant learners. A recent national review of sexuality education recommends that, "educators should be given further guidance about content and methods in teaching about sexuality," and schools should establish expert educators (Smith, Kippax, & Aggleton, 2000:38).

Furthermore, many educators have not learned techniques that have proven to be most effective in helping learners postpone the initiation of sexual activity and use contraception when they do have sex (Kirby, 2001:147)

There are two planks to the policy of mitigating the consequences of learner pregnancy. The first is the 1996 South African Schools Act, which made it illegal to expel pregnant learners (Department of Education, 2007:2). Learners could remain in school until the end of their pregnancy. The second aspect of the policy is aimed at support and guidance that educators must give to pregnant learners.

Table 2.1 Summary of the rate of learner pregnancy in the following countries including South Africa.

Countries	%
America	35.2
Australia	17
Namibia	15
Cameroon	17
Zimbabwe	16
South Africa	16

Adapted from Jackson and Abosi (2007), Kaufman, Dewet and Standler (2001) Panday, Renchod & Letsoalo. 2009 and Bayona and Kannndji – Murangi (1996)

Learner pregnancy in these countries: America, Australia, Namibia, Cameroon, Zimbabwe and South Africa will be tackled as follows: Legal issues, then Prevention, Management and Monitoring of the pregnant policy.

2.3 Learner pregnancy in America

America has the highest rates of learner pregnancy. Learner pregnancy costs America \$ 7 billion; annually. The vast majority of learner pregnancies are about 4 out of 5 and are unintended, according to the Department of Education in America. In 2007, the latest year for which statistics are available, 84 of every 1,000 learners in America became pregnant (Department of Education 2007:145).

2.3.1 Legal issues in America

In America, the right of pregnant learners to continue education is based on two Acts in parliament, which all American states and districts are compelled to adopt and implement in their schools. Through the Educational Amendments Act of 1972, referred to as Title IX and the Women's Educational Equity Act (WEEA) of 1975, any discrimination against pregnant learners is prohibited(Shavers, 2005:122).

Out of the realisation that the girl learner was more disadvantaged in terms of access to education, feminist activists in America used the provisions of the 1972 Educational Amendments Act (Title IX) and the 1975 Women Educational Equity Act (WEEA) to call for school based educational programmes for pregnant learners (Schweitzer, 2000:123).

Shavers,(2005:156) adds that in order to enforce the legal provision, each school had a voluntary Title IX co-ordinating committee that played the role of facilitating communication between schools and communities. Issues handled by the committee include gender equity, explaining the provisions and implications of Title IX to students, handling grievances on sex discrimination, adjusting facilities to comply with non- discrimination of pregnant learners, and making recommendations on affirmative action, school policies and procedures on gender equity. Title IX was, therefore, influential in the democratisation of education for pregnant learners. A pregnant learner is allowed to remain in school as long as she desires, or until the eighth month of pregnancy, or when she is unable to remain in school for any medically proven reasons (Shavers,2005:170).

The main provisions of Title IX, which extend the right to equal educational access and treatment to pregnant learners, are that:

- Pregnant learners should have same rights to continue with their education.
- It is prohibited to exclude or expel pregnant learners from any school programme, course or extracurricular activity. This affirms their right to legally

remain in all regular school programmes; and districts are mandated to monitor the policy and their implementation strategies.

Legally, Title IX of the 1972 Educational Amendments is the one provision which gives pregnant learners the same rights as other learners. Based on Title IX (part 86: 40) a school may not discriminate against any learner in its educational programme because of the learner's pregnancy (Pillow, 2004:189).

2.3.2 Prevention of Learner Pregnancy in America

Every year, nearly a million American students become pregnant. Pregnancy rates among students in America are substantially higher than among students in other

developed countries. This occurs because Americans students use contraceptives less than their counterparts in other countries (Wolf, 2002:85).

To prevent pregnancy, learners were given information about sex and pregnancy prevention. Learners were encouraged to use birth control and can easily obtain contraceptives (Meier, 2000:85).

The topic of sex education is the subject of much contentious debate. Some schools provide “abstinence – only” education and virginity pledges are increasingly popular. Most public schools offer “abstinence – plus” programmes that support abstinence but also offer advice about contraception (Shavers, 2005:5).

Two main forms of sex education are taught in American schools: Comprehensive and abstinence- only. Comprehensive sex education covers abstinence as a positive choice, but also teaches about contraception. Abstinence- only sex education tells learners that they should be sexually abstinent until they finished school (Lamar, 2008:285).

The Department of Health and Human Services approved 155 million dollars in funding for comprehensive sex education programmes designed to prevent learner pregnancy. The money is being awarded to schools, and districts. These grants will support the replication of student pregnancy prevention programmes that have been shown to be effective through rigorous research as well as the testing of new, innovative approaches to combating learner pregnancy.

For students who choose to engage in sexual activity, the primary mode of preventing pregnancy becomes correct use of contraceptives. One policy that has been used to increase rates of contraceptive use is Title IX. Title IX of the 1970 public health service act provides family planning services for those who do not qualify for medical aid by distributing “funding to a network of public, private and non- profit entities (in order to provide) services on a sliding scale based on income.”

Studies indicate that internationally, success in reducing learner pregnancy rates is directly correlated with the kind of success where learners know they can go to obtain information and services. They can get there easily and are assured of receiving confidential, non- judgemental care, and these services and contraceptive suppliers are free or cost very little. In addressing high rates of unplanned learner pregnancies,

students agree that the problem must be confronted from both the biological and cultural contexts (Lamar, 2008: 132).

Students need reasons to believe that delaying pregnancy is in their best interests. The task of the schools is not only to persuade learners to wait, but to provide every learner with other positive and rewarding options so that she can personally see the benefits of waiting. Eight out of 10 Americans believe that sex education should be taught in schools, and seven out of 10 believe that such courses should include information about contraception (Kirby, 2001:140).

2.3.2.1 School based Sex education programmes

A variety of school – based sex education programmes have been developed in an effort to reduce the rate of unintended student pregnancy (Allen, Hoggson, & Philliber, 2002:137).

2.3.2.2 Teen Outreach Programme

Is a school – based programme for students that was designed originally to prevent early pregnancy and to encourage regular progress in school. It became a problem and the “life options” tradition of student pregnancy prevention programmes. The programme has two main components: use a curriculum in small group discussion sessions led by a facilitator, and involvement of students in volunteer services (Allen, Hoggson, & Philliber, 2002:138).

2.3.2.3 Postponing Sexual Involvement Programme

The above was also added to prevent learner pregnancy. The purpose was to give learners more skills in using the information provided through the previously developed knowledge – based program. In particular, the postponing component was designated to improve the ability of students to deal with social and peer pressures that lead them into sexual involvement. The postponing sexual involvement component was based on the social influence model, which holds that students are more likely to engage in negative behaviours because of social and peer pressures rather than lack of knowledge about the harmful effects of such behaviours (Howard, & McCabe, 2001:84).

The postponing sexual involvement education program differs from other sex education programmes in several major ways. The postponing sexual involvement is not value free. It starts with a given value that students ought not to be having sexual intercourse. Everything in the program is designed to support the value of not beginning sexual intercourse at a young age (Howard & McCabe, 2001:86).

The results of the programme's evaluation showed that students who were taught on combined programmes on human sexuality, including contraceptive information, and programmes on postponing sexual involvement, not only were significantly more likely to postpone sexual involvement, than those who did not undergo the programme, but also were more likely to use contraceptives, if they did have sex (Howard, & McCabe, 2001: 87).

2.3.2.4 School – Linked Reproductive Health Services Programme

The School- Linked Reproductive Health Services programme was aimed for the primary prevention of student pregnancy (Hardy & Zabin, 2000:183). The program was planned to serve two major purposes. It sought to design and implement a program that could reduce the rate of unintended conception through education, counselling and it sought the success of that activity through rigorous process.

2.3.2.5 Sex Education in America

Sex education has taken on new urgency in recent years. Eight out of 10 Americans believe that sex education should be taught at schools, and seven out of 10 believe that such courses should include information about contraception (Kirby, 2001:145). Student pregnancy, its consequences and prevention are topics generally covered as part of sex education. Sex education and other programmes embrace abstinence, delaying the age of first intercourse, increasing consistent and effective contraceptive use, and increasing condom use (Kirby, 2001:145).

2.3.2.6 Facts about sex education

Sex education programmes provide an average of about 42 hours of teaching in that subject. About five of those hours are devoted to discussion of birth control methods. Eighty – eight percent of all sex education courses cover contraceptive methods, but only 52 percent provide information about where to obtain birth control. Eighty – nine

percent of educators who teach sex education have received special training on that subject, but most say they need more help to effectively teach about preventing pregnancy. Several national surveys indicate that learners who receive sex education are no more likely to be sexually active than their peers who have not had sex education (Meier, 2000:85).

2.3.2.7 Programme goals and objectives

The program goal was to prevent student pregnancies. Consistent with the goal of preventing student pregnancy are the following more specific objectives: Help students acquire the social skills to resist sexual pressures, help students personalize the risks of early sexual involvement, and increase students' use of an effective contraceptive at first sexual intercourse.

2.3.3 Management of Learner Pregnancy in America

Where pregnancy does occur, the focus is on support. The right of pregnant learners to continue education is based on two Acts of parliament, which all American states and districts are compelled to implement in their schools. Through the Educational Equity Acts (WEEA) of 1975, any discrimination against pregnant teens in schools is prohibited (Shavers, 2005:15). Title IX was, therefore, influential in the democratisation of education for pregnant students from America, Australia and other Western European countries. A pregnant student is allowed to remain in school as long as she desires, or until the eighth month of pregnancy or when she is unable to remain in school for any medically proven reasons. (Shavers, 2007:15) outline a section of Title IX, which directly caters for the educational right of American pregnant students.

2.3.4 Monitoring of Department of Education in implementing the pregnant learner policy in America

Districts are mandated to monitor the policy and its implementation. Title IX inspectors that work through the equal opportunities commission at district level, must support teachers in implementing pregnant learner policy (Pillow,2004:155) The Women's Educational Equity Act (WEEA) stipulates that all educational institutions be provided with financial and technical assistance to design, adopt and implement the policy, programmes and practices (Shavers, 2005:140).

2.4 Learner pregnancy in Australia

Learner pregnancy continues to be a problem in Australia. Current preventive strategies and clinical services in this domain of learner health in Australia are deficient. In Australia, school practice is guided by Gender Equity: A framework for Australian schools, and by administrative instructions and guidelines which require schools to support pregnant learners to complete their education (Skinner, & Hickey, 2003:179).

Schools are encouraged to develop responses which meet their local circumstances and the needs of pregnant learners. This may include the development of interagency linkages with district and community service organisations. Some such agencies are registered with the department as training and professional development providers (Ling, 2002:123).

2.4.1 Legal issues in Australia

All students attending Australian Capital Territory government schools, including pregnant students, should have equal access to educational programmes. The Sex Discrimination Act, NO. 4 of 1984 guarantee the rights of pregnant learners to attend school. In particular, section 21, parts (1) and (2) state: EDUCATION; (section) 21.

It is unlawful for an educational authority to discriminate against a pregnant student on the ground of the student's pregnancy:

- (a) By refusing or failing to accept the pregnant student's for admission as a learner;
- (b) in terms or conditions on which it is prepared to admit the pregnant learner,
- (c) by expelling the pregnant student; and
- (d) by subjecting the student to any other detriment.

2.4.2 Prevention of learner pregnancy in Australia

Students need reasons to believe that delaying pregnancy is in their best interests. The task of the school is merely to persuade students to wait, but to provide every student with other positive and rewarding options so that she can personally see the benefits of waiting.

Educators must teach students about pregnancy prevention programmes that include discussions of abstinence, contraception and school- based sex education (Ling, 2002:134).

2.4.3 Management of learner pregnancy in Australia

The system philosophy of the Australian Capital Territory Department of Education and Training has general principles which state within system guidelines each school should deal with those matters which concern its own students. Schools should establish procedures to deal with pregnant students (Skinner, & Hickey, 2003:145).

Each case should be approached by taking into account any special circumstances, including the nature of the institution and any special requirements of the student.

Students who are pregnant should be encouraged to remain in the school setting for as long as possible as to maximise their educational opportunities and enhance their life choices. The last day of attendance should be negotiated between the principal and the family and taking account of individual circumstances. Special arrangements should be made, where necessary, to ensure that the student's education continues (Department of Education, 2000:120).

The matter of confidentiality should be discussed with the student and parents when the school is notified of the pregnancy. If confidentiality is requested, this request should be obtained in writing, should the situation arise where it seems advisable to involve others, then the issue of confidentiality should be renegotiated (Department of Education, 2000:122).

2.4.4 Monitoring of Department of Education in implementing the pregnant learner policy in Australia

The Department of Education employs an interagency referral process manager to assist schools to develop appropriate linkages. The department does not collect data on schools to track outcomes for pregnant students. Schools are guided by the policy and guidelines for Gender Equity in the Social Justice in Education Statements (Department of Education, 2000:151).

Two papers have been produced to assist schools to support pregnant students: The Educational Implications (1991); and Pregnant Girls, the Social Justice Action plan Discussion paper No 10 (Department of Education, 2000:115).

2.5 Learner pregnancy in Namibia

The problem of learner pregnancy among school learners is a major concern in Namibia. Learner pregnancy has been cited as a constraint in the elimination of gender disparities in education, and in the achievement of the Millennium Development Goals of universal primary education and gender equality in education by 2015 (Government of the Republic of Namibia, 2002:223).

A revised policy on learner pregnancy is extremely important as sexual activity begins early for most Namibian learners. National health statistics also indicate that about half of girls aged 15- 18 are sexually active, 6 percent of girls say they had sex before age 15. The new policy on learner pregnancy has taken into account these issues and is designed to minimise learner pregnancy (Ministry of Education, 2009:225).

2.5.1 Legal issues in learner pregnancy policy in Namibia

Namibian Constitution, Article 20(1) of the Namibian Constitution states that“ all persons shall have the right to education”. The right to education has been interpreted on an international level as including the right of a learner not to be discriminated against or “disciplined” because of pregnancy, and the United Nations Commission on Human Rights has called upon all UN members to eliminate obstacles which limit access to education by pregnant learners (Legal Assistance Centre, 2008:230).

Courts in Namibia have found that even a temporary suspension on the basis of pregnancy is impermissible discrimination in respect of the right to education. The policy outlines the roles and responsibilities of various stakeholders affected by the prevention and management of learner pregnancy (Legal Assistance Centre, 2008:231).

The goal of the policy is to improve the prevention and management of learner pregnancy in Namibia, with the ultimate aim of decreasing the number of learner pregnancies, increasing the number of learner pregnancies and increasing the number of learners who complete their education.

This goal may be subdivided into the following points:

1. To increase learner education about sexual responsibility and sexual health to help prevent learner pregnancies;
2. to create a policy of inclusion and support for learners in cases where pregnancy has occurred; and
3. to promote the continued education of pregnant learners (Ministry of Education, 2009:4).

2.5.1.1 Policy Provisions

This policy has been divided into two sections – prevention and management. The management section has been further subdivided to address issues pertaining to pregnant learners, the school and the government (Ministry of Education, 2009:5).

To support the effective implementation of this policy, the Ministry of Education will strive to allocate one or more dedicated counsellors to each school, with the goal of providing at least one counsellor per 500 learners. Where schools have less than 500 learners it may be possible to have one counsellor serving a cluster of schools. It may also be necessary in specialist schools that the learner's counsellor ratio be lower than 500:1 (Ministry of Education, 2009: 6).

As further support for implementation, all pre-service teacher education programmes shall offer specialisation courses in counselling and ensure that Life Orientation and Learning support are taught by qualified educators. All qualifying teachers should have the appropriate competencies and attitudes to deal with the needs of pregnant learners (Ministry of Education, 2009:14).

Education for all (EFA) in Namibia, has the ultimate aim of decreasing the number of learners. "Education for All" refers to an international adopted at a world conference held in Jomtien, Thailand in 1990 which includes the goal of "eliminating gender disparities in primary and secondary". In Namibia, one of the national strategic objectives to advance this EFA goal is to decrease the rate of dropouts due to pregnancy among school girls. Namibia's National Plan of Action (2002-2015) for Education for All identifies several activities which could contribute to achieving these objectives:

- Publicise and implement the policy on learner pregnancy and encourage learners to continue with their studies for as long as possible.
- Sensitise educators, principals, school boards, inspectors in order to reduce the stigma of pregnancy.
- Explore options which would allow pregnant learners to complete their education, and increase access to reproductive health services.

The three principles of Namibian plan of Action for Education for all are equality, access, quality and democracy (Government of the Republic of Namibia, 2002:231).

2.5.2 Prevention of learner pregnancy in Namibia

Policy places a very strong emphasis on prevention, which includes the encouragement of abstinence. It is anticipated that implementation of the prevention section of the policy will be the primary mechanism for reducing the incidence of learner pregnancies (Ministry of Education, 2009:7).

Factors which can lead to early pregnancy include peer pressure, “sugar daddy” relationships, lack of parental love and guidance, failure of parents to discuss sex with their children, lack of recreational activities for youth and alcohol abuse. Pregnancy amongst learners should be discouraged. This must be accomplished by appropriate prevention measure and not by punishment of pregnant learners (Ministry of Education, 2009:7).

It is envisioned that schools can assist in the prevention of learner pregnancies through the provision of reproductive and sexual health education, and by creating an atmosphere in which young people are protected from exploitation and taught that all relationships must be based on mutual respect for the dignity of the individual (Ministry of Education, 2009:7).

Measures to prevent and reduce the number of learner pregnancies are a critical component of this policy. Schools shall provide education on sexual and reproductive health, as well as holistic life skills programmes. It is essential to engage support for preventative measures from families, the community and organisations such as churches and non – governmental organisations as learner pregnancy affects the entire community and cannot be successfully managed by the school alone (Ministry of Education, 2009 :8).

2.5.2.1 Reproductive and sexual health

Schools shall strive to ensure that learners are educated about the benefits of abstinence, the risks of engaging in sexual activity at a young age, appropriate use of contraceptives and the right to free and informed choice in respect of sexual matters. A trained and full-time Life Orientation educator is required to adequately fulfil this task. However, as an interim measure, the principal should designate at least two specific teachers or teacher – councillors for this task. All such personnel should be role models with whom learners can easily identify, and they should encourage active learner participation in discussing these issues (Tjombonde, 2002:7).

All educators should also be informed by principals and education officials of in-service training opportunities for improving their knowledge and skills pertaining to education on sexual and reproductive health issues and given reasonable opportunities to participate in such training.

(a) Life Orientation educator

The full-time Life Orientation educator or educator – counsellors designated by the principal, shall also liaise with local reproductive health information in appropriate forms. School children should receive age – appropriate reproductive and sexual health information on a regular basis. Schools must ensure that informal education on child abuse and protective measures is started from Grade 1. Schools must ensure that formal education on child abuse and sexuality is started from Grade 5, as indicated by the Life Orientation curriculum.

The principal shall ensure that lessons in Life Orientation are included in the school timetable and are taught by trained and full – time Life Orientation educators where possible. The lessons should include information on sexual and reproductive health, gender equality, mutual respect in relations, self – esteem and the right to sexual autonomy. Girls shall be targeted from information on how to avoid placing themselves in situations of sexual vulnerability, such as by accepting gifts from older men.

Schools shall be encouraged to supplement life skills programmes with additional life skills and sexual health programmes such as Windows of Hope, My Future My Choice and other programmes offered by non – governmental organisations and community-based organisations, whenever possible. The principal should work with the

programme organisers on strategies to increase the number of teenagers, with the aim of ensuring that all learners participate in these programmes during their education (Tjombonde, 2002:8).

2.5.3 Management of learner pregnancy in Namibia

In cases where prevention measures fail and learners become pregnant, the school shall endeavour to manage the situation by supporting pregnant learners. This process should be collaborative between the school, the pregnant learner and their parents (Legal Assistance Centre, 2008: 9).

Each situation shall be assessed and evaluated individually, with sensitivity to the learner's health, support and the timing of the delivery in relation to the school calendar. The school shall respect each learner's right to confidentiality to ensure that the best interests of the pregnant learner are met. Schools must confront this situation by rendering support to pregnant learners. The learner will need support to continue with their education until the time of confinement. (Legal Assistance, 2008:9).

The aim of this policy is to ensure that the female learner, who becomes pregnant, is treated equally and fairly. If the pregnant learner is a boarder in a government school hostel, she will be entitled to stay in the hostel for the period that she is attending school under the same conditions as would have applied if she did not fall pregnant. She will not however, be permitted to stay in the hostel if she is in need of specialised medical care which cannot be provided in the hostel (Legal Assistance, 2008:10).

2.5.4 Monitoring of Department of Education in implementing the pregnant learner policy in Namibia

The Directorate responsible for school inspections will develop a format, based on the National Standards and performance indicators for schools in Namibia, for schools to report on the extent to which this policy has been implemented, and on constraints to implementation. Each school shall annually submit this report to the regional office, via the inspector of Education. The reports shall be studied by the Inspector of Education, who shall follow up any matter of concern with the school and report in writing to the Regional Director on the nature of follow-up (Ministry of Education, 2009:21).

The ministry will compile annually a summary extraction from reports on the implementation of this policy for discussion with ministry staff, local health care providers, relevant non-governmental organisations, community-based organisations and other stakeholders involved in the sector. This summary shall be included in the Ministry of Education's Annual Report (Ministry of Education, 2009:21).

The Ministry of Education shall keep statistics on learner pregnancy and complaints about the implementation of this policy. These statistics must be disaggregated by age and region. The data will be collected as part of the existing Ministry of Education monitoring procedures. These statistics shall be included in the Ministry of Education's Annual Report (Ministry of Education, 2009:22).

2.6 Learner pregnancy in Cameroon

In Cameroon, pregnant learners have the right to negotiate the duration of their absence with their school, and can arrange for extra classes so that they do not lag behind in their school work during the agreed period of absence from school.

The school must be considerate about attendance by pregnant learners to allow them to complete school without neglecting their health. Class educators must provide curriculum packages for use during absence if requested by the pregnant learner (Seif, 2007:43).

2.6.1 Legal issues in Cameroon

The starting point for the right to education in Cameroon is Article 20(10) of the Cameroon Constitution which states that "All persons shall have the right to education". This provision echoes guarantees of the right to education in the universal Declaration of Human Rights (Becker, Maador & Haring, 2000:123).

The right to education is guaranteed by the Cameroon Constitution and must be read together with Article 10 of the Cameroon Constitution which, echoes several international conventions and guarantees freedom from discrimination:

(a) No persons may be discriminated against on the grounds of pregnancy at school.

An additional buttress to the right to education is found in Article 95(e) of the Constitution, which commits the state to adopting policies which ensure that "every

citizen has a right to fair and reasonable access to public schools and services in accordance with the law” with education being a key public service (Becker, Bruhns, Maasdor & Haring, 2000:123).

2.6.2 Prevention of learner pregnancy in Cameroon

The policy was based on two aspects: prevention and management. It places a very strong emphasis on prevention, which includes the encouragement of abstinence and the communication of values such as gender equality and respect for individual autonomy. It is anticipated that implementation of the prevention section of the policy will be the primary mechanism for reducing the incidence of learner pregnancies (Becker, Bruhns, Maasdor & Haring, 2000 :130).

Pregnancy can only be prevented if teachers, learners and parents co-operate and when teachers at schools talk to their learners on how to prevent pregnancy and the effect babies have on girls who fall pregnant at an early stage.

(a) Schools must be safe and secure environments where students feel protected against sexual harassment and coercion. The role of teachers and school guidance counsellors is to provide an alternate and possibly more accessible source of information and advice on reproductive health and contraception for learners.

(b) There are two programmes on enhancing learners; Life Orientation in relation to relationships and sexuality; the “Window of Hope” programme aimed at 10 -14 year olds, and my future my choice programme aimed at teenagers aged 15-18 years. The Window of Hope; programme is designed to help teenagers in the targeted grades to develop life skills such as decision making, managing emotions, resisting peer pressure and building self-esteem. ‘My future my choice’ makes use of peer educators and includes segments on contraceptives and on the consequences of early pregnancy (Becker, Bruhns, Maasdor & Haring, 2000:135).

2.6.3 Management of learner pregnancy in Cameroon

Where pregnancy does occur, the focus is on support rather than punishment. The policy allows pregnant learners to stay in school. It takes into consideration the support and guidance that the pregnant learner must receive. School – based sex

education, parenting and peer programmes show consistent positive impact (Speizer, Colvin, 2003:159).

2.6.4 Monitoring of Department of Education in implementing the pregnant learner policy in Cameroon

The Ministry of Education shall ensure that annual training in counselling skills is provided for all counselling staff. All education sector staff, but in particular those responsible for the counselling and support of learners, should be compassionate, empathetic, accepting, competent and self – motivated (Ministry of Education, 2008:120).

Educator – counsellors should provide special guidance and support to pregnant learners. Regions must ensure that counselling and support services are provided at all schools in the region. The regional school counsellors are responsible for the monitoring and support of school – based teacher – counsellors (Ministry of Education, 2008:120).

2.7 Learner pregnancy in Zimbabwe

The increase in the rate of learner pregnancy in Zimbabwe is very high (Chigona & Chetty, 2008:121). The average rate of learner pregnancy in Zimbabwe can be rounded off to 16percent. Schools need to limit the impact of pregnancy on learners and to provide an enabling environment. Such an environment will necessarily involve providing support (Chigona & Chetty, 2008:123).

2.7.1 Legal issues in Zimbabwe

The constitution and Acts of parliament on education in Zimbabwe uphold the right to education for pregnant learners, The Constitution of Zimbabwe, 1980 (Zimbabwe Education Act Chapter 25.04,1987).The Education Act, Chapter 25.04 of 1987, states that every learner has the right to education, no discrimination in school admission and every learner has the right for admission to nearest government primary and secondary school.

Through the MoESC policy Circular Minute p.35 (1999), the government of Zimbabwe outlines provisions that allow pregnant learners to continue with their education. This policy is in line with the country's National Gender Policy which directs education and training sectors to "provide facilities and a policy framework to enable girls who fall pregnant to continue with their education" (Ministry of Youth Development, Gender and Employment Creation, 2004:8).

According to subsection 5.2 of the policy circular, it states that educators should assist pregnant learners to stay in schools as long as possible. As a way of reducing stigma, school heads are directed to counsel pregnant learners (MoESC Policy Circular Minute, 1999:35).

The principle of non-discrimination in all spheres of life is catered for in Article 23 of the Zimbabwean constitution. Sub –section 23(i) (b) directs that no learner shall be treated in a discriminatory manner by any person, even when acting by virtue of a written law or performing public functions or authority. Subsection 23(2) outlaws any form of discrimination on the grounds of pregnancy (The Constitution of Zimbabwe, 1980). Accordingly, discrimination of pregnant learners is prohibited.

2.7.2 Prevention of learner pregnancy in Zimbabwe

Prevention programmes, such as school based sex education, abstinence and the use of contraceptives should be offered to learners, and should provide information and education that builds upon the learners own knowledge, skills, values and attitudes.

The high enrolment rates of learners in the school setting, provides an important access point for interventions on sexual and reproductive health. Most learners have not initiated sexual activity and for some, schooling coincides with the onset of sex. As such, the high coverage of learners in the school setting provides an important leverage point to delay the onset of sex and to ensure that those who are sexually active are able to adequately protect safer sex techniques.

2.7.3 Management of learner pregnancy in Zimbabwe

Educators must ensure that pregnant learners receive supportive care and are directed towards the social support they need. At least one member of staff shall be identified as a support person in respect of each instance of pregnancy. This staff

member should be identified by the individual learner, or by the principal if the learner has no preference Ministry of Youth Development (Gender and Employment Creation, 2004:130).

The support person can be a teacher – counsellor or any other staff member with whom the learner feels comfortable. Any staff member who is uncomfortable with being asked to act as a support person, should discuss the issue with the principal should the situation arise. An adult from outside the school system may be identified to be the support person, if appropriate. The support person shall be tasked to discuss the matter empathetically and non-judgmentally, and to either provide counselling or direct the learner to someone who will be able to provide counselling Ministry of Youth Development (Gender and Employment Creation, 2004: 134).

2.7.4 Monitoring of Department of Education in implementing the pregnant learner policy in Zimbabwe

Ministries which will support the Ministry of Education in the implementation of this policy are the Ministry of Health and Social services and the Ministry of Gender Equality .Child relevant ministries shall assign a social worker and nurse to oversee a school or cluster of schools and assist with the implementation of this policy in that school cluster (Ministry of Education, 2009:446).

In addition, the Ministry of Gender Equality and Child Welfare have an important role to play in the prevention and Management of learner pregnancy as detailed below:

- Ministry of Health and Social Services provide learners with information on pregnancy prevention.
- Ministry of Gender Equality and Child Welfare provide social services to the pregnant learners and to liaise with the school in the management of the best interest of all stakeholders (Ministry of Education, 2009:148).

2.8 Learner pregnancy in South Africa

In South Africa, learner pregnancy is regarded as a major concern and a serious threat to gender parity in education(Panday,Makiwane,Ranchod& Letsoalo,2009:145). Learner pregnancy was perceived to be a problem that limits the life opportunities of girls at schools and, in so doing, contributes to gender inequality and perpetuates the

subordinate position of girls. Reducing rates of learner pregnancy is thus a part of the millennium development goals (Dilwyn, 2007:39).

The high proportion of unintended pregnancies for learners in South Africa remains a serious problem. Pregnant learners face serious health, socio-economic and educational challenges. In accordance with the Constitution, the South African Schools Act, and the Promotion of Equality and Prevention of Unfair Discrimination Act (N0 4 of 2000); school children who are pregnant will not be unfairly discriminated against (Department of Education, 2007:2).

The Department of Education developed a comprehensive strategy towards addressing learner pregnancy in South Africa and outlined definitive interventions for implementation through the schooling system. The education system must prevent learners from falling pregnant, and where prevention fails, pregnant learners should not be denied access to education. This is entrenched in law in South Africa through the constitution and schools Act of 1996.

Schools shall be expected to provide support to pregnant learners by helping them to complete their education, by encouraging learners to attend school every day and to stay on in school. Life Orientation should take a major role in counselling pregnant learners (Department of Education, 2007:3).*

2.8.1 Legal issues in South Africa

The constitutions and Acts of parliament on education for South Africa uphold the right to education for every learner, including pregnant learners (Constitution of South Africa, Number 108, Department of Education, 2005:7).

The Constitution of the Republic of South Africa 1996, Number 108 provides for no unfair discrimination on any grounds of pregnancy, protection of learners' to education and social development, the right to education and equal access to further education. South African Schools Act 1996, Number 84, states that Provincial MEC to ensure enough schooling for all and Public schools to admit without unfair discrimination (Department of Education, 2007:3).

The constitution points to non – sexism and equality is important in that pregnant learners' rights are guaranteed. Section 9 of chapter 2, (Bill of Rights) has relevant

clauses that protect pregnant learners from any form of discrimination in education (Constitution of the Republic of South Africa, 1996; Sub-sections 9(1) indicates that, everyone is equal before the law and has the right to equal protection and benefit of the law; Sub – section 9(3) instructs that the state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including pregnancy (Constitution of the Republic of South Africa, Act No 4. 2000:7).

Furthermore, the state is required by sub – section 9(4) to make national legislation that prevents unfair discrimination against pregnant learners. The direct reference to pregnancy in this section legally protects pregnant learners over and above the protection granted by equality of treatment and unfair discrimination. Thus, the provision for pregnant learners to continue with their schooling during pregnancy is legitimated by the country's supreme law (Department of Education, 2007:7).

2.8.2 Prevention of learner pregnancy in South Africa

The policy responses to learner pregnancy since democracy in 1994 have focused on empowering learners to prevent pregnancy. The Department of Education strongly advocates abstinence from sexual activity among learners. Programmes emphasising abstinence, should be in place in all public schools (Department of Education,2007:2).

Abstinence should also be taught along with contraception so that learners understand they have the right to choose. Teaching learners that it is okay to say “no” to sex until they are ready, will help to decrease the numbers of learner pregnancies (Department of Education,2007:2).

The Department of Education strives to ensure that learners are educated on the outcomes of engaging in sexual activity, and to assist learners to make choices that protect their health. It also supports their access to educational opportunities (Department of Education, 2007:3).

Prevention programmes should be offered in collaboration with NGO,s and other agencies, and should provide information and education that builds upon the learner's own knowledge, skills, values and attitudes (Department of Education, 2007:3). As a targeted prevention measure, schools should provide special guidance and support to vulnerable or troubled learners, who are most at risk (Department of Education, 2007:3).

The National Curriculum statement provides for comprehensive Life Skills programmes in the Learning Area Life Orientation, which is compulsory from Grade R-12. The Life Orientation Education is a programme that deals with topics that affect each and every learner and educator. Life Orientation programmes include the following topics: Learner pregnancy, including contributory factors, consequences and prevention. Life Orientation deals with any issue that affect learners (Department of Education, 2007:3).

Prevention programmes should also involve parents through:

- (a) Their involvement in the governance of the school and in the development of the school's Code of Conduct, with specific strategies to eliminate learner pregnancy;
- (b) Providing information and support through schools newsletters, circulars and meetings; and
- (c) Supporting healthy lifestyles through positive role modelling, encouraging learners to participate in sporting and cultural activities, and advocacy and awareness on the positive consequences of a healthy lifestyle.

Peer education must be emphasised and incorporated in any intervention programme due to proven ability as a method to tackle such issues in an open manner, and to change both attitudes and behaviour. Prevention programmes include school – based sex education, parents and peer programmes (Department of Education, 2007:3).

2.8.2.1 School-based sex education

Most learners have not initiated sexual activity and for some, schooling coincides with the onset of sex. As such, the high coverage of learners need an important leverage point to delay the onset of sex and to ensure that those who are sexually active are able to adequately protect themselves (Kirby, Obasi & Laris, 2006:37).

The evidence from international experience is over - whelming that open communication about sex and early sex education are fundamental in positively influencing sexual behaviour (Bhana, Morrel, Shefer & Ngabaza, 2010:157). Schools that tackle learner's sexual health frankly openly and supportively experience fewer of the negative consequences of learner sexual activity, including later initiation of sex

and significant reductions in learner pregnancy (Bhana, Morrel, Shefer & Ngabaza, 2010:157).

Educators, especially Life Orientation educators, are also vitally important in helping learners to know about their options when it comes to sex, because they interact more closely with everyday social issues at school. These educators are expected to provide support and offer guidance on matters including sexuality and pregnancy. Teaching learners about using contraception each and every time they have sex is imperative to healthy sexual relationships. Abstinence should also be taught along with contraception so that learners understand they have the right to choose (Kirby, Obasi & Laris, 2006:39).

(a) Implementation of Sex Education programmes

The high enrolment rates of pregnant learners in the school setting provides an important access point for interventions on sex education. The high coverage of learners in the school setting provides an important leverage point to delay the onset of sex and to ensure that those who are sexually active are able to adequately protect themselves (Kirby, Obasi & Laris, 2006:44).

There was strong evidence for the effect of school – based sex education interventions on learner sexual behaviour. While the interventions did not increase sexual activity, they did report positive effects in delaying sexual activity, reducing the number of sexual partners and, reducing the frequency of sex and increasing condom and contraceptive use (Kirby, 2007:46).

Sex education should form a critical component of a comprehensive strategy towards reducing learner pregnancy. However, a number of steps need to be taken to improve the focus, quality and level of implementation of programmes in South African schools. These include:

- A definitive focus on pregnancy by addressing knowledge and beliefs about contraception, conception and pregnancy.
- Adopting a comprehensive approach that addresses both abstinence and safe sex practices, rather than abstinence - only focus. The focus of the programme

(abstinence or safe sex) should be dependent on the stage of development/ age of the learner, rather than the grade (due to high level of repetition a known risk factor for dropout, and, in turn pregnancy) receive developmentally appropriate message.

- Focusing on both the biological and social risk factors (such as gender power relations, power relations) that lead to early pregnancy.
- Addressing barriers to the full implementation of programmes in schools including raising the level of priority it assumes within the education system, and improving educators' willingness and readiness to deliver the programme.
- Engaging organisations as a support to educators in and outside of the classroom and
- Setting up a number of rigorously – evaluated effectiveness studies that focus on pregnancy as a distinct outcome using biological measures. As a support to comprehensive sex education in schools, an assessment of the availability of condoms in the community should be conducted. Where community availability of condoms to learners is low, consideration should be given to making condoms available through the school system (Kirby, 2007:47).

(b) Parents or guardians

As the primary socialising agents for learners, parents are well positioned to influence the sexual behaviour of their children. Parent - child programmes can influence sexual behaviour, particularly condom use (Kirby, 2007:47).

It has been found that learners who have a good relationship with their parents are less likely to experience a pregnancy. Good communication between parents and their children is the key to ensuring learners make the right decisions when it comes to their sexual activity (Tabi,2002:156).

(c) Peer Programmes

Peer programmes have gained currency over the year as a strategy to intervene with learners' sexual and reproductive health because they take advantage of existing networks of communication and interaction, and because peers have been identified as important determinants in learners sexuality and range of learner risk behaviours.

Peer programmes generally recruit and train a core group of learners who, in turn, serve as role models and sources of information and skills development on learners' sexuality (Speizer, Magnani & Colvin, 2003:157).

2.8.3 Management of learner pregnancy in South Africa

In cases where prevention measures fail and teenagers do fall pregnant, the education system is obliged to manage the situation by balancing the best interests of the individual against those of other learners, educators, the school and the community. The aim of this management plan is therefore to help and support the learner who is pregnant, as well as to assist other learners, staff members and parents who are affected by the pregnancy.

In the first instance, every case must be dealt with confidentially. Parents or guardians should only be informed and involved after consultation with the learner involved, although confidentiality is not an option when the learner or others are at risk. The guiding principle of these management interventions must therefore be an appropriate response in order to evaluate on a regular basis (Department of Education, 2007:4). Schools need to limit the impact of pregnancy by providing support and sexuality education (Panday et al. 2009). Sexualities education approaches should legitimate expressions of sexuality while being careful not to promote pregnancy.

The policy outlines the roles and responsibilities of the four main stakeholders, namely the school, learners, parents and Provincial Education Department in the management of learner pregnancy (Department of Education, 2007:5). Schools are required to shoulder the following responsibilities:

- To strongly encourage learners to continue with their education prior to their pregnancy;
- to avoid any action that may constitute unfair discrimination against a pregnant learner;
- to take measure against any discrimination, hate speech, harassment, and name – calling, and jokes that might destroy the self – esteem or break confidentiality of pregnant learners;
- to provide counselling and guidance services to pregnant learners and their parents in the best interests of the learner; and

- to extend academic support by giving and monitoring the learner's school work during the period of pregnancy.

The DoE (2007), however, states that pregnant learners should be prepared that the community might not readily accept and support their situation because of society's values. The inclusion of this comment by the Department is pre – judgemental and could have a negative influence on pregnant learners' duty bearers who could claim that the negative influence on pregnant learners is a normal phenomenon in society. Although inclusion is the basis upon which the management of school girl pregnancy measures are instituted, pregnant stakeholders are reminded that schools have no medical staff.

A learner who is pregnant, or has reason to believe she may be pregnant, should immediately inform someone in the school, preferably a senior educator designated by the principal. The designated educator or educators should take responsibility for the implementation and management of this policy on behalf of the school.

Where possible, and as soon as possible, the learner should be referred by the school to a health clinic or centre, on a regular basis a record of attendance should be provided to the school. Health professionals should provide advice to the learner regarding any other necessary information.

The major responsibility of the parents or guardians of pregnant learners is assisting learners with support so that the learner can continue with her schooling during her pregnancy (Department of Education, 2007: 6). They have to take the lead in working with the school to support and monitor their child's health and progress. They should therefore ensure that the school is timeously informed about the condition of their child, ensure that she attends a health clinic, and that reports are communicated to the school.

Parents or guardians should take steps to ensure that, as far as possible, their child receives her class tasks and assignments during any period of absence from school, and that all completed tasks and assignments are returned to the school for assessment (Department of Education, 2007: 6).

2.8.4 Monitoring of Department of Education in implementing the pregnant learner policy in South Africa

The Department of Education must provide every school with a copy of the policy, and ensure their compliance. They should also strive to ensure educators and managers are equipped to deal with the many challenges related to learner pregnancy.

2.8.4.1 Monitoring of the Provincial Department of Education in implementing the pregnant learner policy.

1. Provincial Department of Education are requested to ensure that monitoring tools capture the rate of pregnancy in schools, in order to evaluate the effectiveness of the policy and any other intervention programmes.

2. Provincial Department of Education are also encouraged to consult with the Departments of Health and Social Development in order to have a professional nurse or social worker assigned to service a cluster of schools (Department of Education, 2007: 7).

Table 2.2 Shows learner pregnancy rates, 2009-2012 in North- West Province especially in targeted schools of the Study

YEAR CAPTURED	SCHOOLS	NUMBEROF PREGNANT LEARNERS/1000 REGISTERED
2009	A	62
2010	B	66
2011	C	67
2012	D	69
TOTAL		264

Using Education Management Information (EMIS) data from Department of Education, for every 1000 female learners, the table shows that there was a steady increase in

the proportion of learners who had become pregnant during the period 2009-2012. This shows prevalence of learner pregnancy.

2.9 Comparing America, Australia, Namibia, Cameroon, Zimbabwe and South Africa

(a) Legal issues

Pregnant learners in America, Australia, Namibia, Cameroon, Zimbabwe and South Africa all the countries uphold the right to education for every learner, regardless of their pregnancy. They practice the Namibian plan of Action for Education for All which is equality, access, quality and democracy. These countries are underpinned by two important principles of the Constitution: the right to equality and the right to education.

(b) Prevention

All the countries place a very strong emphasis on prevention, which includes the encouragement of abstinence and the communication of gender equality. They put abstinence as a paramount in any intervention programmes.

In all countries the department intention was to provide an environment in which learners are fully informed about reproductive matters and have the information that assist them to prevent pregnancy. They use programmes to prevent learner pregnancy. All the countries have Life Orientation periods that deal with topics such as learner pregnancy, including contributory factors, consequences and prevention. All the countries highlight the importance of sexuality education programmes.

(c) Management

All the countries recognise that unplanned pregnancies do occur, and these must be dealt with in accordance with the policy, allowing for respect and dignity, and continuing education, as well as support and guidance which educators should give to pregnant learner (Department of Education. 2007:1).

The have all gone beyond achieving gender parity, to the extent that girls now make up the majority of enrolments in high schools, especially in public schools. They were all of the idea that pregnancy is amongst the major concerns that pose a serious

threat. Learner pregnancy undermines the department's efforts to ensure that learners remain in school, in order to contribute towards a quality life for all.

They were all of the idea that addressing learner pregnancy is not a challenge facing only Department of Education. It is a battle that requires the active involvement of all stakeholders, if it is to be well fought. These stakeholders include professional nurses, parents and social workers (Department of Education, 2007:1).

All countries joined the rest of the world in ratifying international conventions that seek to redress gender inequalities in education. The enactment of continuation policies for girls who fall pregnant while at school could contribute to the achievement of both the 2005 and 2015 EFA (Education for All) and MDG (Millennium Development Goals) goals of gender equality in education in these countries (Ministry of Youth Development, Gender and Employment creation, 2004 :148).

All countries clearly stipulate that no child shall be refused admission to any school. They strongly emphasises prevention, management and monitoring of the implementation of the policy (Department of Education, 2007:2)

(d) Monitoring

The Department of Education does not visit schools regularly in both countries. The Department of education does not monitor the policy regularly and ensure the effectiveness of the policy. In all countries the Department of Education does not ensure that educators and managers are trained to deal with pregnancy.

Table 2.3 Shows the comparison of Six countries in implementing the pregnant learner policy.

Country	Policy	Main Conditions
America	Title IX .Women's Educational Amendments Act of 1975 and Women's Educational Equity Act of 1975.	1.Every learner has the right to education including pregnant learners. 2. No discrimination in school admission. 3.Continuous education
Australia	Australian Capital Territory. Act, NO. 4 of 1984	1.Right of pregnant learner to attend school. 2.No discrimination against pregnant learners. 3. Continuous education.
Namibia	Legal Assistance Centre. Article 20(1) Namibian Constitution	1.All persons shall have the right to education including pregnant learners. 2.Nodiscrimination against pregnancy. 3.Continuous education.
Cameroon	Legal Assistance Centre. Article 95(e) of the Constitution	1.Right of pregnant learners to stay in public schools. 2.Extra – lessons given during period of absence. 3.No discrimination. 4. Continuous education.
Zimbabwe	The Education Act Chapter 25.04 of	1.Every learner has the right

	1987	to education. 2.No discrimination in school admission. 3.Every learner has the right for admission to nearest public school.
South Africa	DoE(2007) Prevention and Management of learner pregnancy. Schools Act 1996, Number 84	1.Every learner has the right to education. 2.No unfair discrimination. 3.Educators to encourage pregnant learners to continue with schooling.

Adapted from Chilisa (2002) and Hubbard et al.(2008).

2.9.1 Prevention and management of learner pregnancy in various countries

(a) Prevention of learner pregnancy

In America, one policy initiative that has been used to increase rates of contraceptive use, is Title IX. In America they used school based sex education programmes, teen outreach programmes, postponing sexual involvement programmes, School – linked reproductive health services program, sex education and program goals and objectives to prevent student pregnancies.

In Australia, the policy that has been used to increase rates of contraceptives use is Australian Capital Territory Department of Education. They use abstinence, contraceptives, and school – based sex education as programmes to prevent learner pregnancy.

In Namibia and Cameroon the policy that has been used to increase rates of contraceptives use is Legal Assistance. They both used Life Orientation programmes, My Future My Choice and Windows of Hope as programs to prevent learner pregnancy.

In Zimbabwe the policy is the Ministry of Education Sport and Culture, 1999 (MoESC, 1999 Discipline in schools). They use school based sex education, abstinence and contraceptives as programmes for preventing learner pregnancy.

In South Africa, the policy is the DoE (2007) Prevention and Management of learner pregnancy in schools. They use school – based sex education, parents and peer programmes as programmes for preventing learner pregnancy. South Africa includes parents in prevention programmes by their involvement in the governance of the school, and in the development of the school's Code of Conduct, with specific strategies to eliminate learner pregnancy (DoE,2007:3).

(b) Management of learner pregnant policy

Management of learner pregnancy of both countries are based on encouraging learners to continue with education and support from educators. Namibia and South Africa are the only countries that include parents in school management. Namibia includes parents by indicating, that in cases where prevention measures fail and learners become pregnant, the school and parents shall endeavour to manage the situation by supporting pregnant learners. These processes should be collaborative between the school, the pregnant learner and their parents (Legal Assistance Centre, 2008:9).

South Africa includes parents in management by indicating that parents may not be absolved from their responsibilities regarding their pregnant child, and has to take the lead in working with the school to support and monitor their child's health and progress. Parents should ensure that their child's attends a health clinic, and that reports are communicated to the school (Department of Education,2007:6).

(c) Monitoring of Department of Education in implementing the pregnant learner policy in schools.

In America, the Department of Education are mandated to monitor the implementation of learner policy. Schools in America and Australia are guided by the policy for Gender Equality at the Department of Education (Ministry of Education, 2009:141). In Australia the Department of Education employs an interagency referral process to assist schools to develop appropriate linkages.

In Namibia, inspectors at the Department of Education are mandated to monitor the implementation of pregnant learner policy. Inspectors at the districts are supposed to assist educators in implementing the policy in schools (Ministry of Education, 2009:21).

In Cameroon the ministry of education in regions are mandated to monitor the implementation of pregnant learner policy. The ministry of education must ensure that annual training in counselling skills is provided for all counselling staff in schools (Ministry of Education, 2008:120).

In Zimbabwe, Ministries mandated for the implementation of the policy are Ministry of Health, Social Services and the Ministry of Gender Equality (Ministry of Education, 2009:149).

In South Africa, the Provincial Department of Education from the Department of Education are mandated to monitor the implementation of the policy in schools. Provincial Education departments are also encouraged to consult with the Departments of Health and Social Development in order to have a professional nurses or social workers assigned to service a cluster of schools (Department of Education, 2007:7).

2.10 Conclusion

The provisions that uphold every learner the right to education, which South Africa, Namibia, Cameroon, Zimbabwe, Australia and America ratified were outlined and discussed in relation to their implications on the education of pregnant learners.

With this in mind, the researcher proceed to the next chapter, where the researcher will outline and justify the research design, data gathering and data analysis strategies that she employed to achieve her study's objectives and research questions.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter is a discussion of the research design and the procedure of data collection. It specifies the population of the study, and the sampling techniques and how the data collection instruments, a questionnaire and an interview were used in this study.

3.2 Objective of the study

The aim of the study was to assess the extent of the implementation of learner pregnancy policy.

3.3 Research Design

According to Blaster, Hughes and Tight (2000: 58-69) a research design indicates the steps that the researcher will follow in order to complete the study from the beginning to the end. The steps which were followed in this study included construction of the questionnaire and the interview.

Information about how learner pregnancy policy is implemented in high schools was collected through qualitative and quantitative approach.

3.3.1 Qualitative Approach

Qualitative approach relies on the collection of qualitative data (i.e. non-numerical) such as words. The product of qualitative design is usually a narrative report with rich description (detailed writing) rather than a statistical report (Christensen & Johnson, 2008:33).

A qualitative approach tends to analyse data inductively. The kind of data collected in a qualitative approach is the interview. The natural setting is the direct source of data, and the researcher is the key instrument in qualitative approach (Frankel & Wallen, 2000:503).

3.3.1.1 Interview

The interviewer collects the data from the interviewee, who provides data on how the learner pregnancy policy is implemented in schools. An interview was used as it allows direct interaction between the respondents and the researcher. It also permits the researcher to obtain important data, which the researcher cannot acquire from observation data (Johnson & Christenson ,2008:203). The interview allows the researcher to use probes to obtain clarity from respondents.

In this study, the researcher went directly to the four targeted schools to interview principals, deputy principals and heads of the Life Orientation programme on how they implement the pregnant learner policy in their schools.

The researcher collected interview data by using an audio tape recorder, because it is less distracting than taking notes, and it also provides a verbatim record of the participants. Unstructured interviews were used to collect information about the following objectives of the study:

- How schools encourage the prevention strategies reflected in the learner pregnancy policy;
- how schools manage learner pregnancy; and
- how Provincial Department of Education monitor schools in implementing the pregnant learner policy.

3.3.1.2 Content and format of interview

The interview was divided into three Sections:

- Section A was to gather information from management of the four schools on prevention strategies reflected in the learner pregnancy.
- Section B gathered information on Management of learner pregnancy.
- Section C gathered information on how the Provincial Department of Education monitor high schools in implementing the pregnant learner policy.

3.3.2 Quantitative Approach

Wiersma and Jurs (2005:295) concur when they state that a quantitative approach is based on theory testing. They further state that quantitative researchers are more attuned to standardised research procedures and predetermined designs.

In this study, the theory that the researcher is testing will be based on social ecology theory which emphasise two elements: prevention and management. The researcher used questionnaires to find information from educators of the four targeted high schools on how they implement the pregnant learner policy.

3.3.2.1 Questionnaires

The questionnaire is a self-report data collection instrument that each research participant fills out as part of a research study (Christensen & Johnson, 2008: 203).

Questionnaires enhance consistency of response across respondents, as it is easier and faster to answer. It is also easy to analyse because of the fixed format and it allows for anonymity of participants, which possibly leads to more honest answers (Fraenkel & Wallen, 2008:440).

In this study, the researcher distributed questionnaires personally at schools and asked permission from the principals of those four schools to distribute questionnaires to educators. The researcher informed educators that she will collect the questionnaires after two weeks at their schools. Questionnaires were based on the objectives of the study:

- To investigate how schools encourage the prevention strategies reflected in the learner pregnancy policy;
- to investigate how schools manage learner pregnancy; and
- to identify how Provincial Department of Education monitor schools in implementing the pregnant learner policy.

3.3.2.2 Format and Content of the questionnaire

The questionnaire was divided into four Sections

Section A was to gather biographical information about each respondent.

- The section comprises of the respondents' gender, age, marital status and years of teaching experience.

Section B gathered information on prevention strategies reflected in learner pregnancy policy.

- In this section respondents were asked to respond to questions, which were constructed in a choice format. They were asked to respond to questions by indicating their preferred choices. The questions were close ended. The last question was open – ended, e.g. mention other prevention strategies reflected in the learner pregnancy policy.

Section C gathered information from educators on management of learner pregnancy.

- Questions were constructed in a choice format. The last question was open ended, for example mention other ways of managing learner pregnancy in schools.

Section D gathered information on how the Provincial Department of Education monitor schools in implementing the pregnant learner policy.

- Questions were also constructed in a choice format. The last question was open ended, for example mention other ways in which the Provincial Departments of Education can monitor the implementation of learner pregnancy policy in schools.

Mhlanga and Ncube (2003: 59) state that there are two types of questions that can be asked in questionnaires and these are:

- Open – ended questions, allows the respondent to respond in their own words. It allows more freedom of response, it is easier to construct. There are no restrictions, guidelines or suggestions for solutions given (Fraenkel & Wallen, 2000: 440).
- Closed – ended questions are questions which allow the respondents to make a choice among the provided responses (options) for example to make a cross,

encircle an answer. Closed – ended questions may require the respondents to fill in the gaps in statements, rank order given options, Closed – ended questions consist of concrete questions and choices of possible answers, guidelines, and possibilities that allow for very little differentiation (Mhlanga & Ncube, 2003:59). It allows consistency of response across respondents. It is easier and faster to tabulate and it is more popular with respondents (Fraenkel & Wallen, 2000:440).

In this research, both open - ended and closed - ended questions were used in the questionnaire. (Refer to the relevant Appendix A, the end of the dissertation).

3.4 Pre- testing questionnaires

A “pre –test” of the questionnaire can reveal ambiguities, poorly worded questions, questions that are not understood, unclear choices, and can also indicate whether the instructions to the respondents are clear (Frankel & Wallen, 2000:441).

In this study, the researcher pre- tested her questionnaire with a minimum of five educators and from one high school in Mmabatho. This assisted the researcher to check if the questionnaire had any flaws, bias, or any other problem that might be detected from the instrument, as well as to ensure its reliability and validity (Fraenkel & Wallen, 2000:176). Educators who were not going to be respondents in the study were contacted to examine the content of the questionnaires, thus increases validity of the instrument.

The First draft of Questionnaire

Prevention strategies reflected in the learner pregnancy policy:

- Educators must teach learners about prevention of pregnancy;
- prevention programmes should be offered in collaboration with NGOs;
- use contraceptives;
- abstinence;
- learners should be taught to abstain from engaging in sexual intercourse;
- the use of condoms is the correct use of contraceptives;
- schools must teach sex education;
- schools need to be fitted with facilities that will educate learners about unwanted pregnancies; and

- Life Skills programmes should include pregnancy and prevention.

Management of Learner pregnancy:

- Schools should encourage pregnant learners to continue with their education;
- every case must be dealt with confidentiality;
- schools should avoid any action that may constitute unfair discrimination against pregnant learners;
- schools should inform the Department of Social Development about pregnant learners; and
- schools to ensure a record of learner pregnancies is maintained and submitted to relevant authorities.

Monitoring of the Provincial Department of Education in implementing the pregnant learner policy in schools.

- Is the Provincial Department of Education monitor the functioning of learner pregnancy policy in schools?
- Does the provincial Department of Education ensure that monitoring tools capture the rate of pregnancy in schools so as to evaluate the effectiveness of the policy?

Final draft of Questionnaire

Prevention strategies reflected in the learner pregnancy policy:

- Educators need teach learners about prevention of pregnancy;
- prevention programmes should be offered in collaboration with NGOs;
- learners have the right to access accurate information about contraception;
- learners should be taught to abstain from sexual intercourse;
- condoms are used for safe sex practice;
- schools must teach sex education;
- schools need to be fitted with posters that will educate learners about unwanted pregnancies;
- Life Skills programmes should include topics such as learner pregnancy and prevention; and
- mention other prevention strategies of learner pregnancy

Management of Learner Pregnancy

- Schools should encourage pregnant learners to continue their education;
- every case must be dealt with confidentiality;
- schools should do away with hate, harassment of pregnant learners;
- schools should inform the Department of Social Development about pregnant learners;
- schools should ensure that a record of learner pregnancies is maintained and submitted to Education Management Information System;
- Life Orientation educators must be prepared to discuss pregnancy related issues with pregnant learners;
- Life Orientation educators should offer counselling to pregnant learners;
- Life Orientation educators should follow the policy (Measures for the prevention and management of learner pregnancy);
- schools may involve social workers within a school or for a cluster of schools;
- schools may involve professional nurse within a school or for a cluster of schools;
- schools may involve parents of pregnant learners within a school; and
- mention other ways of managing learner pregnancy in schools.

Monitoring of the Provincial Department of Education in implementing the pregnant learner policy in schools.

- Does the Provincial Department of Education ensure the functioning of the pregnant learner policy in schools?
- Does Provincial Department of Education ensure that monitoring tools capture the rate of pregnancy in schools, so as to evaluate the effectiveness of the policy (Measures for the prevention and management of learner pregnancy)?
- Does the Provincial Department of Education provide schools with a copy of pregnant learner policy?
- Do they arrange a professional nurse or social worker to serve on cluster of schools?
- Mention other ways in which the provincial Departments of Education can monitor implementation of learner pregnancy policy in schools.

There was a change that was made in objective one, that is prevention strategies reflected in the learner pregnancy policy, bullet number one, which indicated that educators must teach learners about prevention of pregnancy. It changed to: Educators need to teach learners about prevention of pregnancy. In objective two that is management of learner pregnancy, there was a change in bullet no three, which was : Schools should avoid any action that may constitute unfair discrimination against pregnant learners, action that may constitute unfair discrimination were named that is hate speech and harassment.

Again, in objective two, more information were added e.g., Life Orientation educators must be prepared to discuss pregnancy related issues with pregnant learners, Life Orientation educators should offer counselling to pregnant learners, Life Orientation educators should follow the policy, schools may involve social workers within a school or for a cluster of schools, schools may involve professional nurse within a school or for a cluster of schools, and schools may involve parents of pregnant learners within a school.

There was a change in objective three, Monitoring schools of the Department of Education in implementing the pregnant learner policy: Provincial was added. Is the Provincial Education Departments ensure the functioning of the pregnant learner policy; changes to, Does the Provincial Department of Education ensure the functioning of the pregnant learner policy. More information was added: Does the provincial Department of Education provide schools with a copy of pregnant learner policy and do they arrange professional nurse or social worker to serve on cluster of schools.

First draft of interview was as follows:

SECTION A

How your schools can encourage prevention strategies reflected in the learner pregnancy policy.

SECTION B

How can you manage learner pregnancy in your school?

SECTION C

How the Provincial Education Department are involved in monitoring the school in implementing the pregnant learner policy?

Final draft of interview

Prevention strategies reflected in the learner pregnancy policy

- Which learner pregnancy prevention strategies do you use in your schools?
- Are learner pregnancy prevention strategies included in Life Orientation?
- Which prevention strategies are included in Life Orientation curriculum?
- Are learners taught to abstain from engaging in sexual intercourse?
- Does primary prevention focuses on sexual intercourse?
- Is secondary prevention directed to learners who are already sexually active, through the use and provision of contraception?
- Is the use of condoms the most effective option?
- Are prevention programmes offered in collaboration with NGOs providing information that builds learner's knowledge, skills, values and attitudes

Management of Learner Pregnancy

- How do you support pregnant learners in your schools?
- In which way can pregnancy affect the learner in their performance?
- Do you give pregnant learners special attention or not? If so how? If not, why?
- Do schools ensure that a record of learner pregnancies is maintained and report submitted to the Education Management Information System?
- Do you have a designated educator or educators who take responsibility for the implementation and management of the policy?
- When do you involve parents of the pregnant learners?

How the Provincial Department of Education monitor schools in implementing the pregnant learner policy?

- Does Provincial Department of Education provide schools with a copy of pregnant learner policy?

- Does Provincial Department of Education strive to ensure that educators and managers are equipped with skills of dealing with pregnant learners?
- Does Provincial Department of Education ensure that monitoring tools capture the rate of pregnancy in schools?
- Does Provincial Department of Education evaluate the effectiveness of the policy?
- Does Provincial Department of Education consult with the Departments of health and social developments in order to have a professional nurse or social worker assigned to service a cluster of schools with pregnant learners?

There was a change that was made in section A, objective, one which was: How your schools can encourage prevention strategies of learner pregnancy policy. It changed to: Prevention strategies reflected in the learner pregnancy policy. Section B, objective two, which were: How can you manage learner pregnancy in your school, changes to Management of learner pregnancy. Section C, objective three, How the Provincial Education Department are involved in monitoring the school in implementing the pregnant learner policy, changed to how does the Provincial Department of Education monitor the schools in implementing the pregnant learner policy?

Again there was a change that was made in second draft: leading questions was written, in the first there were no leading questions.

3.5 Population

The population of this study consists of all high school educators in the Lichtenburg Area with a total number of 430 educators. This area has 17 high schools.

3.6 Sampling

Sampling refers to a group in a research study on which information is obtained. Sampling is done to reduce the population to a manageable size (Fraenkel & Wallen 2000:103).

The sample of this study consists of sixty (60) educators of the four schools that had pregnant learners out of four hundred and thirty educators in Lichtenburg Area. School A consists of 15 educators, school B consists of 17 educators, C = 15 and D = 13 educators. The population of the study will be 60 (N =60).

3.6.1 Purposeful Sampling

In this study, the researcher used purposeful sampling. Purposeful sampling means sampling in a deliberate way, with some purpose or focus in mind (Punch, 2009:162). In purposeful sampling the researcher selects particular elements from the population that will be representative or informative about the topic of interests (McMillan & Schumacher, 2001:175). On the basis of the researcher's knowledge of the population, the researcher used her judgement about which educators will provide the best information to address the aim of the research. The researcher first decided who, in the school, is essential to a study of the problem (Ary, Jacobs, Razavieh & Sorensen, 2006:472).

The research sample for this research study is made up of sixty (60) educators out of a population of four hundred and thirty (430) educators from seventeen high schools. Out of seventeen (17) high schools, four schools have been targeted because they had pregnant learners from (2009- 2012). From the four schools only Life Orientation educators and class educators who had pregnant learners in the previous two years in school were used. School A consists of 15 educators, school B consists 17 educators, C consists 15 educators and D consists of 13 educators which gives a total of 60 (N =60).

3.7 Triangulation

Triangulation refers to the use of more than one method of data collection within a single study. Triangulation has raised an important methodological issue to control bias in answering research questions by the participants (Golfshani, 2003: 603).

The study used the questionnaire, interview methods of data collection and documentation. The researcher gets the responses from sixty educators of the targeted high schools by answering questionnaires and also she gets responses from ten management of the targeted high schools by interviewing them on how they assess the extent of the implementation of learner pregnancy policy in their schools.

3.8 Ethical consideration

A permission letter to conduct this study was sought from the school of Postgraduate studies North- West University (See Appendix D). This letter served as an introductory tool for the researcher at the schools.

Permission to conduct the study in schools was sought from the Area Manager at Lichtenburg Area Office Department of Education (See appendix E). This was so because the researcher was dealing with high schools in Lichtenburg

Confidentiality

Informed consent was obtained before the actual interview was conducted (see Appendix B). Before the interview, the researcher introduced herself to the participants, explained the purpose of the study. Respondents were informed that confidentiality will be maintained throughout the study to ensure free and open participation (Cohen, Manion & Morrison, 2001:61).

Voluntarism

Furthermore the respondents were informed that participation was voluntarily and that they are free to withdraw at any time (Fraenkel & Wallen, 2000:45).

Anonymity

Anonymity was maintained throughout the study to ensure free and open participation. Participants were asked not to write their names or those of their schools on the research instrument. It is imperative that the researcher is reminded of the importance of safeguarding the privacy and identity of respondents. Information that is given anonymously ensures the privacy of subjects (Fraenkel & Wallen, 2000: 46).

3.9 Conclusion

The chapter represents an overview of the research design and methodology employed in the study. The questionnaire and the interview were used because of their advantages. Ethical aspects of the study were also examined.

CHAPTER 4

PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter presents the presentation, analysis and interpretation of data on implementation of learner pregnancy policy in Lichtenburg Area. The objective of the study was to investigate how schools encourage the prevention strategies reflected in the learner pregnancy policy, to investigate how schools manage learner pregnancy and to identify how the Provincial Department of Education monitor the schools in implementing the pregnant learner policy.

Data was collected through a questionnaire from Educators of four high schools in the Lichtenburg Area and also data was collected through an interview from managers of those four high schools. A sample of 60 educators was used and Statistical Package for Social Sciences was used to generate the results. From interview a researcher interviewed ten managers. Results are summarised in tables, and percentages.

SECTION A

4.2 Demographical information

This section discusses respondents' demographical information and the results are presented in tables 4.1 below.

4.2.1 Data obtained through the use of the questionnaire

Table 4.1 Demographical data summary (N =60)

VARIABLES		TOTALS
1.Gender	Male	27(45%)
	Female	33(55%)
2.Age	Younger than 30 years	5(8%)
	30-39 Years	25(42%)
	40 -49 Years	25(42%)
	50-59 Years	5(8%)
3.Marital Status	Single	18(30%)
	Married	37(62%)
	Divorced	3(4%)
	Widower	1(2%)
	Separated	1(2%)
4.Years of teaching experience of respondents	5 Years or less	11(18%)
	6 -10 Years	13(22%)
	11 – 20 Years	13(22%)
	16 – 20 Years	18(30%)
	21 Years	5(8%)
5.Highest qualifications	Grade12 and Certificate in Education.	1(2%)
	Diploma in Education	11(18%)
	Advanced certificate in Education	17(28%)
	B.ED Degree	22(37%)
	Masters Degree	1(1%)
	Student teacher	1(2%)
	BSC Education	4(7%)
	B.SC Honours	1(2%)
	B.ED Honours	1(2%)
	B.COM Acc	1(1%)

The respondent of 60 educators was purposefully selected from four high schools in the Lichtenburg area. There was an approximately even distribution between males (N=27) and females (N=33) in each age category. Most of the respondents which were forty- one 25(42%) fell within the age category 30 -39 years, 25(42%) fell within the age category 40 49 years, followed by respondents who were younger than 30 years were 5(8%). Very few 5(8%) respondents were in the age category 50 -59 years.

Most of the respondents in the table above indicate that a total of 18 (30%) of educators were single, 37(62%) were married, 3(4%) were divorced, 1(2%) were widower and 1(2%) were separated. Most of the respondents had 16-20 years with a total of 18(30%) years of experience, followed by 5 years or less with a total of 11(18%), followed by those who have 6- 10 years with a total of 13(22%) and 11- 20 years with a total of 13(22%) and those with 21 years with a total of 5(8%).

Table 4.1 shows that the majority of respondents 22(37%) have a Bachelor of Education degree, 17(28%) have an Advanced Certificate in Education, followed by 11(18%) respondents who hold a diploma in education. 4(7%) of respondents hold Bachelor of Science in Education, 1(2%) of respondents have a grade 12 certificate, 1(2%) hold Honours of Science, 1(2%) hold Honours of Education , followed by 1(2%) respondents who were student teachers, followed by respondents 1(1%) who hold Bachelor of communication in accounting, and lastly, 1(1%) of the respondents has a Masters in Education.

SECTION B

4.3 PREVENTION STRATEGIES REFLECTED IN THE LEARNER PREGNANCY POLICY.

Table 4.2. Summary of prevention strategies reflected in the learner pregnancy policy in percentages frequency (N = 60).

Variables	SA	A	SD	D
1. Contraceptives services should be accessible	30 (50%)	21 (35%)	4(7%)	5(8%)
2. The aim of prevention is to allow pregnant learners to complete their studies	19 (32%)	22(37%)	8 (13%)	11 (18%)
3. Learners have the right to access accurate information about contraception	39 (65%)	20(33%)	1(2%)	0(0%)
4. Life Orientation programmes should include topics such as pregnancy and prevention	28 (46%)	30 (50%)	1(2%)	1 (2%)
5. Schools need to be fitted with posters that will educate learners about unwanted pregnancies	37 (62%)	20 (33%)	2 (3%)	1 (2%)
6. Schools must teach sex education	30 (50%)	21(35%)	5(8%)	4(7%)
7. Condoms are used for safe sex practice	22 (37%)	30(50%)	3(5%)	5(8%)
8. Learners should be taught to abstain from sexual intercourse	30 (50%)	28(46%)	1(2%)	1(2%)
9. Prevention programmes should be offered in collaboration with NGOs	25 (42%)	30(50%)	3(5%)	2(3%)
10. Educators need to teach learners about prevention of pregnancy	36 (60%)	20(34%)	2(3%)	2(3%)

- Contraceptives services should be accessible

The majority of the respondents, 30(50%) said that they strongly agree with the statement, 21(35%) said that they agree that contraceptives should be accessible while 4(7%) strongly disagree with the statement, 5(8%) of the respondents indicated that they disagree with the statement.

Fifty-percent of respondents indicated that they strongly agree that contraceptives services should be accessible to reduce the high rate of learner pregnancy. A full range of preventative services for learner pregnancy should be made available and accessible to learners. In particular, contraception is considered safe and effective.

- The aim of prevention is to allow pregnant learners to complete their studies.

Most of the respondents 22(37%) indicated that they agree with the statement, 19(32%) indicated that they strongly agree that the aim of prevention is to allow pregnant learners to complete their studies while 11(18%) disagree with the statement, 8(13%) strongly disagree with the statement. In accordance with the Constitution, the South African schools Act, and the Promotion of Equality and prevention of unfair discrimination Act (No 4 of 2000), school children who are pregnant will not be unfairly discriminated against.

Thirty- seven percent of the respondents indicated that the council of Education Ministers (In July 2000) issued a statement indicating that pregnant learners may not be expelled from school. They indicated that learners must be encouraged to continue with their education.

- Learners have the right to access accurate information about contraception.

The majority of the respondents 39(65%) state that they strongly agree with the statement, 20(33%) state that they agree that learners have the right to access accurate information about contraception while only 1(2%) stated that they strongly disagree and no respondent disagree with the statement.

Sixty- five percent of respondents stated that educators are also vitally important in helping learners to know about their options when it comes to sex. Teaching

learners about using contraception each and every time they have sex, is imperative to healthy sexual relationships.

- Life Skills programmes should include topics such as learner pregnancy and prevention.

Most of the respondents 30(50%) indicated that they strongly agree with the statement, followed by 28(46%) state that they agree that Life Orientation programmes should include topics such as learner pregnancy and prevention while only 1(2%) strongly disagree and 1(2%) disagree with the statement.

Fifty-percent of respondents strongly agreed that the National Curriculum statement provides for comprehensive Life Skills programmes in the Learning Area Life Orientation, which deals with topics that affect learners such as pregnancy and prevention. The Department of Education strives to ensure that learners are educated about the likely outcomes of engaging in sexual activity, and to assist learners to make choices that protect them to become pregnant during Life Orientation periods.

- Schools need to be fitted with posters that will educate learners about unwanted pregnancies.

The majority of the respondents 37(62%) state that they strongly agree with the statement, 20(33%) indicated that they agree that schools need to be fitted with posters that will educate learners about unwanted pregnancies while 2(3%) strongly disagree with the statement and 1(2%) disagree with the statement.

- Schools must teach sex education

The majority of the respondents 30(50%) said that they strongly agree with the statement, followed by 21(35%) indicated that they agree that schools must teach sex education while 5(8%) strongly disagree and 4(7%) disagree with the statement.

Most of the respondents 30(50%) indicated that the policy highlights that educators must teach learners about sex education. Sex education should form a critical component of comprehensive strategy towards reducing learner pregnancy.

- Condoms are used for safe sex practice.

Most of the respondents 30(50%), indicated that they strongly agree with the statement, 22(37%) indicated that they agree that condoms are used for safe sex practice while 5(8%) strongly disagree with the statement, 3(5%) disagree that condoms are not used for safe sex practice.

Most of the respondents 30(50%) stated that they strongly agree that the availability of condoms, every time learners have sex, will prevent them to become pregnant, prevent them to have HIV and AIDS and also to prevent Sexually transmitted diseases.

- Learners should be taught to abstain from sexual intercourse

The majority of the respondents 30(50%) said that they strongly agree with the statement, 28(46%) indicated that they agree that learners should be taught to abstain from sexual intercourse while only 1(2%) strongly disagree with the statement 1(2%) disagree with the statement.

The majority of respondents 30(50%) said that they strongly agree that the policy indicates that a clear and consistent message should be communicated that learners should abstain from engaging in sexual intercourse. There are many reasons for this, especially the risk of sexually transmitted diseases, including HIV and AIDS, as well as the negative impact of a pregnancy on the future life chances for girls.

- Prevention programmes should be offered in collaboration with NGOs

Most of the respondents 36(60%) indicated that they strongly agree that prevention programmes should be offered in collaboration with NGOs, 20(34%) agree that prevention programmes should be offered in collaboration with NGOs, 2(3%) said that they strongly disagree with the statement, 2(3%) indicated that they disagree with the statement.

Sixty-percent of respondents indicated that addressing learner pregnancy is not a challenge facing only department of Education. It is a battle that requires the active involvement of all role players, if it is to be well fought. Role players include parents, learners, educators, and communities, non-governmental organisations (NGOs), Health and Social Development.

- Educators need to teach learners about prevention of pregnancy

The majority of the respondents 36(60%) strongly agree with the statement while 20(34%) said that they agree with the statement 2(3%) indicated that they strongly disagree with the statement while 2(3%) disagree with the statement.

Sixty-percent of respondents strongly agree that educators need to teach learners about prevention programmes which include sex education and the use of contraceptives.

4.3.1 MORE FINDINGS ON PREVENTION STRATEGIES REFLECTED IN THE LEARNER PREGNANCY POLICY FROM RESPONDENTS THAT WERE NOT INCLUDED IN THE QUESTIONNAIRES ARE AS FOLLOWS:

Learners must be engage in extra mural activities to keep them busy, Sex education must be intergraded in all subjects so that learners must be used to it and openness about sexual intercourse will reduce pregnancy. Invitation of guest speakers to talk to learners about pregnancy is encouraged. Teaching learners about effects of pregnancy and openness of parents to their children about pregnancy are important.

Clinics and hospitals should be involved in schools. Life Orientation educators and NGOs should teach learners about sex and pregnancy. Nurses should visit schools regularly. Parents and pastors should teach children about safe sex. Parents, learners and educators should work together. The community should work together in talking to the learners about pregnancy and retrieval method should be used.

The burning issue in the above paragraph was that the researcher wanted to know what other prevention strategies of the learner pregnancy policy can be used that is not mentioned in the questionnaires from respondents. The researcher wants the respondents to be open in answering the questions. The researcher did not lead the respondents or use closed questions when conducting the questionnaires.

SECTION C

4.4 MANAGEMENT OF LEARNER PREGNANCY POLICY

Table 4.3 Summary of respondents according to Management of learner pregnancy (N =60).

Variables	SA	A	SD	D
11. Schools may involve parents of pregnant learners within the school for a cluster of schools	27 (45%)	28 (47%)	3(5%)	2(3%)
12. Schools may involve professional nurse within the school or for a cluster of schools	18(30%)	34(57%)	4(7%)	4(6%)
13. Schools may involve Social Workers within a school or for a cluster of schools	24(40%)	30(50%)	4(7%)	2(3%)
14. Life Orientation educators should follow the policy of pregnant learners.	34(57%)	18(30%)	3(5%)	4(7%)
15. Life Orientation educators should offer counselling to pregnant learners	29(48%)	20(33%)	5(9%)	6(10%)
16. Life Orientation educators must be prepared to discuss pregnancy related issues with pregnant learners	21(35%)	30(50%)	3(5%)	3(5%)
17. Schools should ensure that a record of learner pregnancies is maintained and submitted to Education Management Information System	36 (60%)	20 (33%)	3 (5%)	1 (2%)
18. Schools should inform the Department of Social Development about pregnant learners	33(55%)	20(33%)	3(5%)	4(7%)
19. Schools should do away with harassment of pregnant learners	20(33%)	38(63%)	1(2%)	1(2%)

20. Schools should do away with hate speech on pregnant learners	34(57%)	20(33%)	3(5%)	3(5%)
21. Every case must be dealt with confidentially	20(33%)	29(48%)	7(12%)	4(7%)
22. Schools should encourage pregnant learners to continue with their education	22(37%)	10(17%)	8(13%)	20(33%)

- Schools may involve parents of pregnant learners within the school or for a cluster of schools.

The majority of respondents, 28(47%) indicated that they agree with the statement that says schools must involve parents of pregnant learners within the school or a cluster of schools, while 27(45%) indicated that they strongly agree with the statement, 3(5%) strongly disagree with the statement, 2(3%) disagree with the statement.

Forty- seven percent of respondents, indicated that parents may not be absolved from their responsibilities regarding their pregnant children, and have to take the lead in working with the school to support and monitor their children's health and progress. Parents should therefore ensure that the school is timeously informed about the condition of their children, ensure that she attends a health clinic, and that reports are communicated to the school.

- Schools may involve professional nurse within a school or for a cluster of schools

Most of the respondents 34(57%) indicated that they agree with the statement, 18(30%) of respondents indicated that they strongly agree with the statement, 4(7%) strongly disagree with the statement, 4(6%) disagree with statement.

Most of the respondents 34(57%) indicated that addressing learner pregnancy is not a challenge facing only the Department of Education. It is a battle that requires the active involvement of all stakeholders, if it is to be well fought. These stakeholders include professional nurses. Professional nurses will help pregnant learners by giving them advice about their health.

- Schools may involve Social workers within a school or for a cluster of schools.

The majority of respondents 30(50%) said that they agree with the statement, 24(40%) indicated that they strongly agree with the statement, 4(7%) said that they strongly agree with the statement and 2(3%) said that they disagree with the statement.

The majority of respondents 30(50%) indicated that learner pregnancy is a battle that requires the active involvement of all stakeholders if it is to be well fought. These stakeholders include social workers. Social workers will give pregnant learners support by counselling and motivating them.

- Life Orientation educators should follow the policy (Measures for the Prevention and Management of Learner Pregnancy).

Most of the respondents 34(57%) indicated that they strongly agree that Life Orientation educators should follow the policy, while 18(30%) said they agree with the statement, 3(5%) strongly disagree with the statement, 4(7%) disagree with the statement.

Fifty- seven percent of respondents indicated that Life Orientation educators should follow the policy by teaching learners about prevention of learner pregnancy. Where prevention measures fail and learners do fall pregnant, these must be dealt with in accordance with the measures, allowing for respect and dignity, and continuing education, as well as support and guidance.

- Life Orientation educators should offer counselling to pregnant learners

Most of the respondents 29(48%) indicated that they strongly agree that Life Orientation educators should offer counselling while 20(33%) said that they agree with the statement, 5(9%) indicated that they strongly disagree with the statement, 6(10%) disagree with the statement.

Most of respondents 29(48%) indicated that, according to the policy, pregnant learners should be offered counselling, advice and guidance.

- Life Orientation educators must be prepared to discuss pregnancy related issues with pregnant learners.

The majority of respondents 30(50%) indicated that they agree with the statement, 21(35%) indicated they strongly agree with the statement, 3(5%) said that they strongly disagree with the statement 3(5%) said that they disagree with the statement.

Fifty-percent of respondents indicated that Life Orientation educators must be prepared to discuss pregnancy related issues with pregnant learners because Life Orientation programmes include topics such as learner pregnancy, including contributory factors, consequences and prevention.

- Schools should ensure that a record of learner pregnancies is maintained and submitted to Education Management Information System.

The majority of respondents 36(60%) indicated that they strongly agree with the statement, 20(33%) said that they agree with the statement 3(5%) indicated that they strongly disagree with the statement, 1(2%) said that they disagree with the statement.

The majority of respondents 36(60%) indicated that according to the policy, records of pregnant learners must be maintained and submitted to Education Management Information System, so that they can keep records of pregnant learners of each school for every year.

- Schools should inform the Department of Social Development about pregnant learners.

Most of the respondents 33(55%) indicated that they strongly agree with the statement that says schools should inform the Department of Social Development about pregnant learner, 20(33%) said that they agree with the statement, 3(5%) said that they strongly disagree with the statement, 4(7%) disagree with the statement.

Fifty- five percent of respondents indicated that schools should inform the Department of Social Development about pregnant learners so that the Department of Social Development can send social workers within schools or for a cluster of schools

- Schools should do away with harassment of pregnant learners.

The majority of respondents 38(63%) said that they agree with the statement, 20(33%) said that they strongly that schools should do away with harassment of pregnant

learners, 1(2%) indicated that they strongly disagree with the statement, 1(2%) indicated that they disagree with the statement.

Sixty- three percent of the respondents believe that schools should strive to ensure the existence of a climate of understanding and respect in regard to unplanned pregnancies.

- Schools should do away with hate speech on pregnant learners.

The majority of respondents 38(63%) indicated that they agree with the statement, 20(33%) indicated that they strongly agree with the statement, 1(2%) said that they strongly disagree with the statement, 1(2%) said that they disagree with the statement.

The majority of respondents 38(63%) indicated that schools should put in place appropriate mechanisms to deal with complaints of unfair discrimination, these may include: name – calling of a sexual nature, or jokes demeaning the dignity of a person, self – image.

- Every case must be dealt with confidentially.

Most of the respondents 29(48%) stated that they agree with the statement, 20(33%) indicated that they strongly agree with the statement 7(12%) indicated that they strongly disagree with the statement, 4(7%) said that they disagree with the statement.

Forty- eight percent of respondents stated that parents of pregnant learners should only be informed and involved after consultation with the pregnant learner involved.

- Schools should encourage pregnant learners to continue with their education

The majority of respondents 22(37%) said that they strongly agree with the statement, 10(17%) stated that they agree with the statement, 20(33%) said that they disagree with the statement, 8(13%) indicated that they strongly disagree with the statement.

Thirty- seven percent of the respondents indicated that in a right – based society, pregnant learners should not be denied access to education and this is entrenched in law in South Africa through the Constitution and schools Act No 4 of 2000. The policy which was released by the Department of Education in 2007 was underpinned by important principles of the Constitution: the right to education. Where unplanned

pregnancies do occur, schools must encourage pregnant learners to continue with their education.

4.4.1 MORE FINDINGS ON MANAGING LEARNER PREGNANCY FROM RESPONDENTS THAT WERE NOT INCLUDED IN THE QUESTIONNAIRES ARE AS FOLLOWS:

Ambulances must be available to all schools to send pregnant learners to clinics when they are not feeling well, or when they are about to deliver their babies. Female educators should talk to pregnant learners about what they are going to experience during their pregnancy period and also they must encourage these learners to continue with their education and encourage them to attend school everyday.

School governing bodies should be actively involved. Parents in school governing bodies should be actively involved in Life Orientation programmes: programmes must include topics such as learner pregnancy, by participating in discussions and activities about the programme at their children's schools. Pregnancy must be incorporated in other subjects so that learners must not only hear about the topic only in Life Orientation periods.

SECTION D

4.5 MONITORING OF THE PROVINCIAL DEPARTMENT OF EDUCATION IN IMPLEMENTING THE PREGNANT LEARNER POLICY IN SCHOOLS.

Table 4.4 Summary of respondents according to how provincial education department monitor schools concerning pregnant learners.

Comment	Response		
	Yes	NO	TOTALS
23. Do they arrange professional nurse or Social Worker to serve on cluster of schools?	14(23%)	46(77%)	60
24. Does the provincial Education Departments ensure that monitoring tools capture the rate of pregnancy in schools?	21(35%)	39(65%)	60
25. Does the Provincial Education Departments ensure the functioning of the pregnant learner policy at schools?	19(32%)	41(68%)	60
26. Does the Provincial Education Departments provide schools with a copy of pregnant learner policy?	23(38%)	37(62%)	60

- Do they arrange professional nurse or Social Worker to serve on cluster of schools?

The majority of respondents 46(77%) indicated that the Department of Education do not arrange professional nurses or social workers to serve on cluster of schools, while only 14(23%) indicated that they do arrange professional nurses or social workers to serve a cluster of schools.

Seventy-seven percent of the respondents indicated that Department of Education do not arrange professional nurses or social workers at schools to serve on cluster of

schools. Life Orientation educators should help and support pregnant learners. They should motivate, advise and counsel pregnant learners.

- Does the provincial department of education ensure that monitoring tools capture the rate of pregnancy in schools?

Most of the respondents 39(65%) indicated that the department of education does not ensure that monitoring tools capture the rate of pregnancy in schools while 21(35%) indicated that the Department of Education ensures that monitoring tools capture the rate of pregnancy in schools.

Most of the respondents 39(65%) indicated that Provincial Department of Education does not ensure that monitoring tools capture the rate of pregnancy in schools because they did not visit schools regularly to monitor the implementation of pregnant learner policy, to monitor whether educators are implementing the pregnant learner policy.

- Does the provincial education departments ensure the functioning of the pregnant learner policy at schools?

The majority of the respondents 41(68%) indicated that the department of education does not ensure the functioning of the pregnant learner policy at schools while 19(32%) indicated that the department of education ensure the functioning of the pregnant learner policy at schools. This is a cause for concern for the researcher in that the Department of Education does not ensure the functioning of the pregnant learner policy while they emphasise that educators must support pregnant learners.

Sixty-eight percent of the respondents indicated that Provincial department does not ensure the functioning of the pregnant learner policy because they did not visit schools regularly.

- Does the provincial department of Education provide schools with a copy of pregnant learner policy?

The majority of respondents 37(62%) said that the Provincial Department of Education does not provide schools with a copy of pregnant learner policy while 23(38%) said that they do provide a copy.

The majority of respondents 37(62%) said that the Provincial Department of Education must ensure that each and every school have a copy of Pregnant Learner Policy.

4.5.1 OTHER WAYS IN WHICH THE PROVINCIAL DEPARTMENT OF EDUCATION CAN MONITOR THE IMPLEMENTATION OF LEARNER PREGNANCY POLICY IN SCHOOLS

Findings accessed from respondents which were not included in the questionnaires are as follows:

The Provincial Department of Education must help and support educators to ensure that the policy is functioning well at schools and to ensure that each and every school have a copy of pregnant learner policy. It must appoint a person to monitor schools. A full time counsellor must be employed. Educators' performance on the implementation of the policy must be monitored on quarterly basis.

4.6 INTERVIEWS

SECTION A

In this section the researcher interpreted data obtained from Management on how learner pregnancy policy is implemented.

4.6.1. Prevention strategies reflected in the learner pregnancy policy

Table 4.5 Which learner pregnancy strategies do you use in your schools?

	Frequency	Percent	Valid Percent	Cumulative Percent
Sex education	4	40.0	40.0	40.0
Abstinence	3	30.0	30.0	70.0
None	2	20.0	20.0	90.0
Contraceptives	1	10.0	10.0	100.0
Total	10	100.0	100.0	

The table above shows that 40% of managers use sex education as a strategy for prevention of learner pregnancy at their schools, 30% encourage learners to abstain from sexual intercourse to prevent pregnancy, 20% do not have any strategy in place and 10% believe contraceptives are effective strategies to use.

The majority of managers said that sex education embrace abstinence, delaying the age of first intercourse, increases consistent and effective contraceptive use, and increasing condom use.

- **Table 4.6 Are learner pregnancy prevention strategies included in LO?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	10	100.0	100.0	100.0

Table above confirms that all the managers concur that prevention strategies are included as topics in a subject Life Orientation.

All managers said that Life Orientation include programmes such as prevention. In this topic learners are taught prevention strategies such as abstinence, sex education and contraceptives. Learners are also taught how to use contraceptives.

• **Table 4.7 Which prevention strategies are included in LO curriculum?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Abstinence and be Condomise	4	40.0	40.0	40.0
Abstinence and contraceptives	4	40.0	40.0	80.0
Abstinence and sex education	1	10.0	10.0	90.0
Sex education	1	10.0	10.0	100.0
Total	10	100.0	100.0	

In the table above 40% represents managers advocating the following strategies: abstinence be faithful and condomise, 40% encourages abstinence and contraceptives, 10% represents managers who represents managers who encourages abstinence and sex education to be taught at schools, 10% represents managers who encourages sex education.

Most of the managers 40% indicated that they emphasised abstinence in their schools. They indicated that abstinence help learners not to become pregnant, condoms help learners not to be affected by diseases such as HIV and AIDS and sexually transmitted diseases and also condoms also prevent learners to become pregnant.

• **Table 4.8 Are learners taught to abstain from engaging in sexual intercourse?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	10	100.0	100.0	100.0

The table above confirms that all managers 100% agreed that learners are taught to abstain from engaging in sexual intercourse.

All managers indicated that learners are taught to abstain from engaging in sexual intercourse because abstinence help learners not become pregnant, help them not to be affected by diseases such HIV and AIDS and sexually transmitted diseases.

- **Table 4.9 Does primary prevention focus on sexual education in schools?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	8	80.0	80.0	80.0
Unsure	2	20.0	20.0	100.0
Total	10	100.0	100.0	

In table above, 80% of managers said yes primary prevention must focus on sexual education in schools, while 20% of managers were not sure.

Eighty-percent of managers said that primary prevention must focus on sexual education in schools, which must be taught by Life Orientation educators. They also mentioned that in 2007, the Department of Education, motivated by a concern for learner pregnancies in public schools, introduced the policy for the prevention of learner pregnancy. The policy emphasises a prevention focus to reduce learner pregnancy, HIV, and AIDS programmes and peer education among learners. All these prevention strategies must be taught during Life Orientation periods.

- **Table 4.10 Is secondary prevention directed to learners who are not pregnant, through the use and provision of contraceptives?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	6	60.0	60.0	60.0
No	3	30.0	30.0	90.0
Unsure	1	10.0	10.0	100.0
Total	10	100.0	100.0	

Sixty-percent of managers said yes, secondary prevention should be directed to learners who are not pregnant, through the use and provision of contraceptives while 30% was not sure.

The majority of managers 60% said that they teach learners who are not yet pregnant to use contraceptives to reduce the rate of pregnancy.

- **Table 4.11 Is the use of condoms the most effective option?**

	Frequency	Percent	Valid percent	Cumulative percent
Yes	5	50.0	50.0	50.0
NO	4	40.0	40.0	40.0
Unsure	1	10.0	10.0	100.0
Total	10	100.0	100.0	

In the table above, 50% of managers agree that the use of condoms is the most effective option, 40% of managers said No to the use of condoms and 10% was not sure.

Fifty-percent of managers said condoms can help to prevent learners to become pregnant, condoms can help learners not to be affected by infections and diseases and that is why they said it the most effective option.

- **Table 4.12 Are prevention programmes offered in collaboration with NGOs?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	9	90.0	90.0	90.0
Unsure	1	10.0	10.0	100.0
Total	10	100.0	100.0	

Ninety-percent of managers said yes prevention programmes are offered in collaboration with NGOs, while 10% was not sure.

The majority of managers said yes, because different NGO's such as nurses, social workers, religious sectors, community leaders, parents will come up with campaigns and awareness to reduce learner pregnancies.

SECTION B

4.6.2 Management of Learner pregnancy Policy

• **Table 4.13 How do you support pregnant learners in your school?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Encourage them to attend lessons as usual	4	40.0	40.0	40.0
Refer them to the clinic	2	20.0	20.0	60.0
Allow them to write examination separately	1	10.0	10.0	70.0
Encourage parents to accompany them to school during the third term of pregnancy	1	10.0	10.0	80.0
Give them extra lessons	1	10.0	10.0	90.0
Offer them counselling and involve their parents	1	10.0	10.0	100.0
Total	10	100.0	100.0	

The majority of managers 40% were of the view that learners should be supported by encouraging them to attend lessons as usual, 20% indicated that learners must be referred to the clinic, 10% said that learners must be allowed to write examination separately, other managers 10% said that parents must be encouraged to accompany learners to school until the third term of pregnancy, followed by those managers 10% who also said that learners must be given extra lessons and lastly 10% of managers said that learners must be offered counselling and parents must be involved.

The majority of managers 40% said that they give pregnant learners support and encourage them to attend schools and lessons regularly, and they encourage them to continue with their education.

- **Table 4.14 In which way can pregnancy affect the learner in their performance?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Decline in performance	3	30.0	30.0	30.0
Daily attendance	2	20.0	20.0	50.0
They become tired	2	20.0	20.0	70.0
Absence from school	1	10.0	10.0	80.0
Complications	1	10.0	10.0	90.0
Lack of concentration	1	10.0	10.0	100.0
Total	10	100.0	100.0	

Thirty-percent of managers was of the view that pregnancy can affect learners in their performance by decline in their performance, 20% said it can affect them by inconsistent lesson attendance, followed by those managers who said that learners become tired, 10% said that learners absent themselves from schools, other managers said that complications and losing focus affect learners in their performance.

Thirty-percent of managers said that pregnancy can affect pregnant learners by declining in their performance, because poor attendance.

- **Table 4.15 Do you give pregnant learners special attention or not?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	5	50.0	50.0	50.0
No	5	50.0	50.0	100.0
Total	10	100.0	100.0	

Fifty-percent of managers stated that they give pregnant learners special attention, while 50%stated that they do not give them special attention because pregnancy is not a sickness and again other learners will think that it is right to become pregnant at school.

Fifty-percent of managers said that they give pregnant learners special attention in certain activities during physical training in Life Orientation periods and also during their absence they give them special lessons.

- **Table 4.16 If yes, what attention do you give to learners?**

	Frequen cy	Perce nt	Valid Percent	Cumulative Percent
No comment	5	50.0	50.0	50.0
Giving them extra classes	1	10.0	10.0	60.0
Physical training	1	10.0	10.0	70.0
There are no facilities or manpower for such	1	10.0	10.0	80.0
Treat them like others	1	10.0	10.0	90.0
Treat them with love	1	10.0	10.0	100.0
Total	10	100.0	100.0	

Fifty-percent of managers did not comment, 10% of managers stated that they give pregnant learners special attention by giving them extra classes, 10% stated that they

give them physical training, 10% said they there are no facilities or manpower for such learners, 10% said they treat them like others, 10% said they treat them with love.

Managers said they give pregnant learners extra lessons.

- **Table 4.17 Do schools ensure that a record of learner pregnancies is maintained and report submitted to the Education Management Information System?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	7	70.0	70.0	70.0
No	2	20.0	20.0	90.0
Unsure	1	10.0	10.0	100.0
Total	10	100.0	100.0	

The majority of managers stated that schools ensure that a record of learner pregnancies is maintained and reports are submitted to the Education Management Information System, 20% of managers stated that records are not maintained, 10% was not sure.

The majority of managers 70% said they submit records of pregnant learners at the (EMIS)Education Management Information System on quarterly basis.

- **Table 4.18 Do you have a designated educator or educators who take responsibility for the implementation and management of the policy?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	7	70.0	70.0	70.0
No	2	20.0	20.0	90.0
Unsure	1	10.0	10.0	100.0
Total	10	100.0	100.0	

The majority of managers 70% said that they have a designated educator or educators who take the responsibility for the implementation and management of the policy, 20% stated that they don't have, 10% was not sure.

Seventy-percent of managers said that they have educators who take responsibility for the implementation and management of the policy. In most schools these educators are senior educators designated by the principal or Life Orientation educators.

• **Table 4.19 Who is assigned to take responsibility for the implementation and management of the policy?**

	Frequency	Percent	Valid Percent	Cumulative Percent
No comment	5	50.0	50.0	50.0
LO teacher	4	40.0	40.0	90.0
All registered teachers	1	10.0	10.0	100.0
Total	10	100.0	100.0	

Fifty-percent of managers did not comment, 40% of managers indicated that Life Orientation is assigned to take responsibility for the implementation and management of the policy, 10% indicated that all registered teachers are responsible.

Forty-percent of managers said that Life Orientation educators are responsible for the implementation and management of the policy because programmes in Life Orientation includes topics such as prevention, learner pregnancy and management.

• **Table 4.20 When do you involve parents of the pregnant learners?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Immediately	5	50.0	50.0	50.0
During the sixth or seventh month of pregnancy	3	30.0	30.0	80.0
During parents meeting	1	10.0	10.0	90.0
No comment	1	10.0	10.0	100.0
Total	10	100.0	100.0	

Fifty-percent of managers stated that they involve parents of the pregnant learners immediately after the pregnant learner has tells the designated educator that she is pregnant, 30% stated that they involve parents during the sixth or seventh month of pregnancy, 10% stated during parents meeting, 10% did not comment.

Fifty-percent of managers said that they involve parents immediately because parents may not be absolved from their responsibilities regarding their pregnant child, they have to take the lead in working with the school to support and monitor their child's health and progress.

SECTION C

4.6.3 Monitoring of the provincial Department of Education in implementing the pregnant learner policy in schools?

- **Table 4.21 Does Provincial Department of education provide schools with a copy of pregnant learner policy**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	5	50.0	50.0	50.0
No	4	40.0	40.0	90.0
Unsure	1	10.0	10.0	100.0
Total	10	100.0	100.0	

Fifty-percent of managers stated that provincial department of Education provide them with a copy of pregnant learner policy, 40% stated that they are not provided with a copy, 10% was not sure.

Managers said that provincial department of Education provide them with copy of pregnant learner policy because they submit record of learner pregnancy on quarterly basis.

- **Table 4.22 Does the Provincial Department of Education strive to ensure that educators and managers are equipped with skills of dealing with pregnant learners?**

	Frequency	Percent	Valid Percent	Cumulative Percent
No	7	70.0	70.0	70.0
Yes	3	30.0	30.0	100.0
Total	10	100.0	100.0	

The majority of managers 70% stated that Department of Education does not ensure that educators and managers are equipped with skills of dealing with pregnant learners, 30% stated that it does.

Seventy-percent of managers said that provincial department of Education does not ensure that educators and managers are implementing the policy well at schools and if they have skills of dealing with pregnant learners.

- **Table 4.23 Does the Provincial Department of Education ensure that monitoring tools capture the rate of pregnancy in schools?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	5	50.0	50.0	50.0
No	4	40.0	40.0	90.0
Unsure	1	10.0	10.0	100.0
Total	10	100.0	100.0	

Fifty-percent of managers said that provincial department of Education ensure that monitoring tools capture the rate of pregnancy at schools, while 40% said that it does not, 10% was not sure.

Most of the managers 50% mention that the department ensures that they monitor the schools to ensure that educators and managers are implementing the policy well although they did not visit the schools regularly. Most of the managers said that the Department of Education needs to employ a special person at the department who will monitor the schools regularly to make sure that the policy is implemented well at schools.

Table 4.24 Does the Provincial Department of Education evaluate the effectiveness of the measures for the prevention and management of learner pregnancy?

	Frequency	Percent	Valid Percent	Cumulative Percent
No	7	70.0	70.0	70.0
Yes	3	30.0	30.0	100.0
Total	10	100.0	100.0	

The majority of managers stated that the provincial department of Education does not evaluate the effectiveness of the measures for the prevention and management of learner pregnancy, while 30% stated that the provincial department of Education does.

The majority of managers said that provincial department of Education needs to employ a suitable person who will visit schools regularly to evaluate the effectiveness of the Learner Pregnancy Policy (Measures for the Prevention and Management of Learner Pregnancy)

Table 4.25 Does the Provincial Department of Education consult with the Department of Health and Social Development in order to have professional nurses or social workers assigned to service a cluster of schools with pregnant learners?

	Frequency	Percent	Valid percent	Cumulative percent
No	6	60.0	60.0	60.0
Yes	3	30.0	30.0	90.0
Unsure	1	10.0	10.0	100.0
Total	10	100.0	100.0	

The majority of managers 60% said that the Provincial Department of Education does not consult with the department of health and social development in order to have professional nurses or social workers assigned to service a cluster of schools with pregnant learners, while 30% said provincial department of Education does, 10% was not sure.

The majority of managers 60% said addressing learner pregnancy is not a problem that affects the Department of Education only. Addressing learner pregnancy is a battle that requires the active involvement of all stakeholders. These stakeholders include other government departments, such as department of health and social development. Managers mention that provincial education needs to consult or to work together with these departments so that schools can have special professional nurses and social workers who are assigned to service schools or cluster of schools with pregnant learners.

4.7 CHAPTER SUMMARY

This chapter covered the presentation and interpretation of the captured data of a sample of 60 respondents comprising educators and 10 managers of the high schools in the Lichtenburg Area. For statistical analysis the captured data was combined in order to obtain an overall picture about the implementation of the pregnant learner policy in high schools in the Lichtenburg area. Tables were used to display the results. Statistical Package for Social Sciences was used for data analysis. Statistical Package for Social Sciences was also used to generate the results for data analysis.

CHAPTER 5

SUMMARY, FINDINGS, RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

The purpose of this chapter was to give a summary of the study, an outline of the findings and make recommendations in pertaining to what needs to be done to address the implications of the findings of the study.

The chapter will comprise of the presentation of the summary of the statement of the problem, objectives of the study and the findings of the objectives that guided the study.

5.2 Statement of the problem

The problem of this study was to assess the extent of the implementation of Learner Pregnancy Policy in high schools. The questions on how to attain the objectives are stated in cf. par. 1.4 (these were achieved as per the findings obtained from the study).

5.3 Objectives of the study

The objectives of the study were:

- To investigate how schools encourage the prevention strategies reflected in the learner pregnancy policy;
- to investigate how schools manage learner pregnancy policy; and
- to identify how the Provincial Department of Education monitor the schools in implementing the pregnant learner policy.

5.4 Chapter 2

In this chapter, literature related to the topic of the study was reviewed. Literature revealed that learner pregnancy in America, Australia, Namibia, Cameroon, Zimbabwe and South Africa continues to be a problem. It outlines the Legal issues of the above six countries that pregnant learners have the right to education ,it also outlines the Constitution of each country.

The literature also suggested that strong emphasis should be placed on prevention which includes encouragement of abstinence and the use of contraceptives. It also suggested that prevention programmes should include sex education.

The literature also stated that, in cases where prevention fails and learners become pregnant, the school shall endeavour to manage the situation by supporting pregnant learners. The literature also indicated that Department of Education must monitor the policy and its implementation in schools. It also shows learner pregnancy rates from 2009 – 2012 in North- West province especially in targeted areas of the study. It also discussed the comparison of the six countries that is America, Australia, Namibia, Cameroon, Zimbabwe and South Africa. It discusses what the countries have in common and where they differ.

5.5 Chapter 3

It outlined the research design and methodology. It discussed the population of the study and how a sample was drawn from it using purposive sampling. The research methods employed were qualitative and quantitative approaches. The rationale for following that methodology was discussed.

The data collection instruments, the questionnaire and interview procedure were outlined. The sample from questionnaires comprised of 60 educators from four high schools that were targeted in Lichtenburg area and ten managers were interviewed from that high schools, that was the principals, deputy principals and heads of Life Orientation. Triangulation and ethical consideration was discussed.

5.6 Chapter 4

The fourth chapter of the study entailed the analysis of data by means of tables, and percentages to make the information more meaningful to the reader. Data was collected through a questionnaire from educators of the four high schools in Lichtenburg area and interview from managers of those four high schools.

A sample of sixty educators was used and Statistical Package for Social Sciences was used to generate the results. The researcher interviewed ten managers from those four high schools. Results are summarised in tables, and percentages.

Both findings from questionnaire and interview have revealed that learners should be taught to abstain from sexual intercourse, primary prevention must focus on sexual education and most of the respondents (educators) indicate that the Provincial Department of Education does not monitor the pregnancy policy and again most of respondents (Managers) indicated that the Department of Education does not strive to ensure that educators and managers are trained with skills of dealing with pregnant learner policy, while the emphasis on management of learner pregnancy focuses on support that managers and educators should give to pregnant learners.

5.7 Chapter 5

It deals with Summary of the major findings of the study. It entails the recommendations of the study, and also discusses the conclusion. This study was guided by research questions to enable the researcher to assess the implementation of learner pregnancy policy in high schools.

5.7.1 Research Findings

Research question 1

The first research findings sought to investigate the prevention strategies reflected in the learner pregnancy policy

Data collected revealed that schools are not doing enough to provide learners with prevention strategies reflected in the learner pregnancy policy. Most of the respondents indicated that learners must be engaged in extra mural activities to keep them busy.

It has been noted that parents, as primary socialising agents for learners, are not open to their children about sexual intercourse and pregnancy. The period allocated to Life Orientation, includes topics such as learner pregnancy, contributory factors and prevention is not enough to teach learners about prevention strategies of learner pregnancy. The study therefore reveals that educators are not trained to teach sex education and other prevention strategies and this leaves many feelings unprepared to teach the subject.

The study also revealed that schools do not work with other departments to reduce pregnancy in schools, learner pregnancy is a battle that requires the active

involvement of all stakeholders, for example parents, social workers, nurses, the community and pastors, if it to be well fought.

Research question 2

Management of Learner pregnancy policy

The findings of these study indicate that even though the policy encourages managers and educators to support learners who are pregnant, educators and managers still need to encourage pregnant learners to continue with their education when they are pregnant in line with the right to education, to deal with every case of pregnancy with confidentiality, to give pregnant learners extra lessons when they were absent and to help Life Orientation educators to give them counselling and guidance.

Research question 3

Monitoring of the Provincial Departments of Education in implementing the pregnant learner policy in schools.

Most of the respondents indicated that the provincial departments of Education do not monitor the Pregnant Learner Policy. Provincial departments do not ensure the functioning of the policy. They do not visit schools regularly. The Provincial Department of Education does not ensure that educators and managers are trained with skills of dealing with pregnant learners.

The majority of educators and managers indicated that the Provincial Department of Education does not evaluate the effectiveness of the policy. Most of the respondents indicated that Provincial Department of Education do not arrange professional nurse or social worker to serve on cluster of schools.

5.8 RECOMMENDATIONS

RECOMMENDATION 1

Learners must be engaged in extra mural activities to keep them busy.

RECOMMENDATION 2

Educators and managers must help, support and encourage pregnant learners to continue with their education.

RECOMMENDATION 3

The Provincial Department of Education must appoint a person at the department to monitor the effectiveness of the policy in schools, to visit schools regularly and to ensure their compliance.

5.9 CONCLUSION

Educators and managers in the study suggested that learners must be engaged in extra mural activities to keep them busy. Learner pregnancy is a problem in all countries therefore, educators and managers need to make sure that the policy is implemented in schools and they must talk freely and openly about prevention strategies and pregnancies. Schools must involve all stakeholders to reduce learner pregnancy, and management of learner pregnancy.

The Provincial Department of Education must consult with the Departments of Health and Social Development in order to have a professional nurses or social workers assigned to service a cluster of schools. Schools must keep record of pregnant learners and submit it to the Education Management Information System and the Department of Education should collect records of learner pregnancies on a quarterly basis.

REFERENCES

- ALLAN GUTTMACHER INSTITUTE. (2000). Teenage Pregnancy: The problem that hasn't gone away. New York: Author.
- ALLEN, J., HOGGSON, N., & PHILLIBER, S. (2002). School – based prevention of teenage pregnancy and school dropout: Process evaluation of the national replication of the Teen Outreach Program. *American journal of Community Psychology*, 18, 505-524.
- ANDALO, D. (2005) Strategic thinking Nursing Management 12 (8), pp 18 -21
- ARY, D. JACOBS, L. C. RAZAVIEH, A & SORENSEN, A. (2006). Introduction to Research in Education: Canada. Knight.
- BECKER, H.B., BRUBNS, M. MAASDOR & HARRING. (2000). " Teenage pregnancy and the right to education ".CASS Papers, No.32. Windhoek: Centre for Applied Social Sciences.
- BHANA, D. MORREL, R. SHEFER. T. & NGABAZA, S.(2010). South African teachers' responses to learner pregnancy in schools. Rout ledge.
- BRINDIS, C. SATTLEY.D, and MAMO.L.(2005). From theory to action: Frameworks for implementing community – wide adolescent pregnancy prevention strategies: University of California.
- CARTER, K. (2002) An integrated approach. Nursing Times 91 (22) pp 6
- CHIGONA, A. & CHETTY, R. (2003). An analysis of the educational policy on school learner pregnancy: Cape Town.
- CHIGONA, A. & CHETTY. (2008). Learner Pregnancy and Schooling. *Lacunae and Challenge. South African Journal of Education*. 28:261-81.
- COHEN, L. MANION, L & MORRISON, K. (2002): Research Methods in Education: 5th Edition: London and New York.
- CONSTITUTIONAL ASSEMBLY, (2000). Constitution of the Republic of South Africa: South Africa.

- CORMACK, R. (2000): *The Research Process in Nursing Research*: London: Oxford University Press.
- CRESSWELL, J.W. (2008). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. (3rd Edition). New York: Sage.
- DEPARTMENT OF EDUCATION. (2007) *Measures for the Prevention and Management of Learner Pregnancy*: Department of Education.
- DEPARTMENT OF EDUCATION. (2000). *South African Schools Act No. 84*. Pretoria: Department of Education.
- DEPARTMENT OF EDUCATION.(2007b) *Ministerial Committee on Learner Retention in the South African Schooling System*. Pretoria: Department of Education.
- DEPARTMENT OF HEALTH, (2004). *South African demographic and health survey*. Pretoria: Department of Health.
- DILWYN, S. (2007) *Teenage Pregnancy and reproductive health*. London: RCOG Press, 31 -39.
- DOUGLAS, K. (2000). *An Emerging Approach to Improving Adolescent Health and Addressing Teenage Pregnancy*: Washington, D.C. Centre for Population Options.
- DREW, C.J. HARDMAN, M.L. & HOSP, J (2008). *Designing and Conducting Research in Education*. Singapore: Sage. *Pregnancy; Preliminary report to the Rockefeller Foundation*.
- FRAENKEL, J. R. & WALLEN, N. E. (2000): *How to Design and Evaluate Research Education: Fourth Edition*: Boston: McGraw Hill Companies.
- GOLAFSHANI, N. (2003). *Qualitative Report Volume 8 Number 4*.[http: www. Nova.Edu/sss/ QR8-4/golafshani. Pdf](http://www.Nova.Edu/sss/QR8-4/golafshani.Pdf).
- GRN/ Government of the Republic of Namibia.(2002). *Education for All (EFA): National plan of Action 2002- 2015 [Revised 16 July 2002]*. Available at [planipolis.iiep.unesco.Org/upload/Namibia% 20 EFA% 20NPA.Pdf](http://planipolis.iiep.unesco.Org/upload/Namibia%20EFA%20NPA.Pdf); last accessed 21 September 2009.

GOVERNMENT OF REPUBLIC OF NAMIBIA,(2002). Education For All (EFA) : National Plan of Action 2002- 2015. Planipolis

HARDY, J.B., & ZABIN, L.S. (2000). Adolescent pregnancy in an Urban environment. Baltimore, M.D. and Washington, DC: Urban and Schwarzenberg and The Urban Institute.

HOWARD. M. (2001) and McCABE. J. Helping youth postpone sexual involvement. Australia: Brolga Press.

IMENDA, S.N. and MUYANNGWA, M.M. (2000): Introduction to Research in Education and Behavioural Sciences: Umtata: Ermed Publishers.

JOHNSON, B. & CHRISTENSEN, L .(2008). Educational Research, 3rd Edition. Sage Publication: United States of America.

JOLLEY, S. (2001) Promoting teenage sexual health: an investigation into the knowledge, activities and perceptions of gynaecology nurses. *Journal of Advanced Nursing* 36 (2), pp 246 -255.

KAUFMAN, C.E., Clark, S.H, Manzini, N., 4 May, J.(2004). Communities, opportunities, and adolescents' sexual behaviour in South Africa. *Studies in family planning*, 35, 261 -274.

KAUFMAN, C.T. de Wet, and J. S, STADLER.(2001). Adolescent pregnancy and parenthood in South Africa. *Studies in Family planning* 32: 60 -147.

KIRBY, D.(2002). Antecedents of adolescent initiation of sex, contraceptive use, and pregnancy. *American journal of Health Behaviour*, 26, 473- 485.

KIRBY, D., OBASI, A., & LARIS, B.(2006). The effectiveness of sex education interventions in schools in developing countries: A Systematic Review of the Evidence from Developing Countries. Geneva: World Health Organisation

KIRBY, D. (2001). Emerging Answers. Research Findings on programs to Reduce Teen Pregnancy. Washington, DC: The National Campaign to Prevent Unplanned Pregnancy.

- KIRBY, D.B. (2007). *Emerging Answers (2007): Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC: The National Campaign to Prevent Unplanned Pregnancy.
- LAMAR, C. (2008). A Model Middle School Sex Education Program Emphasizes Abstinence and Incorporates a Comprehensive Approach. <http://ecommons.Edu/285>
- LEGAL AND INSTITUTIONAL FRAMEWORK INFORMATION.(2007). *Pregnant Learner Policy and implementation Guidelines* <http://Google.Co.za>. Australian Capital Territory.
- LING,T.(2002). *Lifting Voices Towards Equal Education for Pregnant and Parenting Students in New York City*. *Fortham Urban Law Journal*, 29, 2387 -2412.
- LIMMER, M. (2005).Keeping the needs of learner pregnancy at the heart of services. *The Journal of The Royal Society for the promotion of Health* 125 (5), pp 16.
- LU,Y. (2009). Sibship size and education in South Africa, Black- white variations. New York: Elsevier. *Research in Social Stratification and mobility* 27 (2009) 110 – 125.
- LYNCH, E. (2004). Let's talk about sex. *Nursing Standard* 18 (43), pp16.
- MAREE.K. (2010). *First Steps in Research*. Pretoria: Van Schaik.
- MCMILLAN, J.H. and Schumacher, S. (2001): *Research in Education: A conceptual Introduction: Fourth Edition*: New York: Longman.
- MEIER, G. (2000). *Teenage Pregnancy*. Marshall Cavendish Corporation: New York.
- MINISTRY OF EDUCATION, (2000) *Summary of Decision of the Meeting of the Council of Education Ministers*, 31 July.
- MINISTRY OF EDUCATION, (2009). "Education Sector Policy For the Prevention and Management of Learner Pregnancy" Unpublished draft approved by the Coordinating Committee and Cabinet. Cape Town.
- MINISTRY OF EDUCATION, (2008). "School policy on learner pregnancy policy in Cameroon: Background to reform" Unpublished Paper Prepared to the Ministry of Education by the Gender Research Advocacy.

- MINISTRY OF YOUTH DEVELOPMENT (Gender and Employment Creation), (2004). Washington.
- MHLANGA, E and NCUBE, N.J. (2003): Research Methods and Statistics: Module DEA 560: Harare: Zimbabwe Open University.
- MWAMWENDA, T.S. (2004). Education Psychology: An African Perspective. Cape Town: Butterworth.
- NACHMICS, C., and NACHMICS, D. (2000) Research methods in the social science, New York :Worth.
- PANDAY. S. M. RANCHOD. C. & LETSOALO.(2009). Teenage Pregnancy in South Africa with a specific focus on school – going learners. Pretoria: Department of Basic Education.
- PUNCH,F.(2009). Introduction to Research Methods in Education. Sage Publications: London
- PILLOW, W. (2006). Teen Pregnancy and Education. Volume 20 Number 1: <http://online.sagepub.com>.
- PILLOW, W. (2004). Unfit subjects: Educational policy and teen pregnancy. Routledge Falmer. New York.
- PITTMAN, K. (2000). Preventing adolescent pregnancy, What schools can do: Washington.
- RACHEL, S. & HICKEY, M. (2003). Current priorities for adolescent sexual and reproductive health in Australia: Cape Town.
- SANTROCK, J. W. (2001)(Adolescence, Eight Edition. Boston: McGraw Hill.
- SCHWEITZER, T. (2000). "A" student go to court: Is membership in the national honour society a cognizable legal right? *Syracuse Law Review*, 50, 63 -107.
- SEIF, M. (2007). Is teenage Pregnancy an obstetric problem? Hutchinson
- SEX EDUCATION IN AMERICA, (2004). Family Foundation and Kennedy School of Government. Washington.

SHAVERS, R.L. (2005). Pregnant with purpose: The education and treatment of pregnant and Title IX policies. University of Illinois at Urbana – Champaign.

SHEIJAVALI, N.(2009). School policy on Learner Pregnancy in Namibia.[http: www. Lag. Org. na / project / grap / learner pregnancy .Html](http://www.Lag.Org.na/project/grap/learner_pregnancy.Html).

SKINNER, R. & HICKEY, M. (2003).Current Priorities for adolescent sexual and reproductive health in Australia.

SMITH, G. S. KIPPAX, & AGGLETON, (2000) HIV and Sexual Health Education in Primary and Secondary Schools: Findings from Selected Asia- pacific Countries Sydney: National Centre in HIV Social Research, Faculty of Arts and Social Sciences, The University of New South Wales.

SPEIZER, I.S., & COLVIN, C.E. (2003). The effectiveness of adolescent reproductive health interventions in developing countries: a review of the evidence. *Journal of Adolescent Health*, 33, 324- 348.

STANLEY, J.C. (2000). “ The vision thing”: Educational research and AERA in the 21st century. Part 5: A vision for educational research and AERA in the 21st Century. *Educational Researcher*, 27 (9), 34-35.

TABI, M. (2002).Community perspective on a model to reduce teenage pregnancy. *Journal of Advanced Nursing*, 40, 275- 284.

TAYLOR, A . (2001). Teenage Pregnancy is a Public Health Problem. *British Medical Journal* 323 (1428), pp7327 -7328.

Tjombonde, V. (2002).Promoting girls’ education through re- entry policy for adolescent.A case study to provide an in –depth review of the implementation of the Teenage Pregnancy in Namibian schools. Windhoek: Forum for African Women Educationalists in Namibia.

TSAL, Y.F. and Wong, T.K. (2003) Strategies for resolving aborigininal adolescent pregnancy in eastern Taiwan. *Journal of Advanced Nursing* 41 (4), pp 351 -357.

WESTERN CAPE EDUCATION DEPARTMENT.(2003). WCEP. Policy on managing learner pregnancy in general education and training institutions.

WIERNSMA, W and JURS, S.G. (2005): Research Methods in Education, Eighth Edition: Boston: Allyn and Bacon.

WOLF, W. (2002). *Using Title IX to protect the rights of pregnant and parenting teens.* Washington, DC: Centre For Analysis and Policy Development Vierling No. 85- 1856

WOODWARD, L.J. HARWOOD, L. & FERQUSSON, D. M. (2001) .*Learner Pregnancy: Cause for Concern. New Zealand Medical Journal, 114, 301-303*

WONG & DAWID, (2000). Teen Pregnancy and Parenting: Social and Ethical Issues: Checkland.

ZUBERI, T. SIBANDA, A. & FERGUSON, D.M. (2001). The Demography of South Africa. Pretoria : Statistics South Africa.

APPENDIX A

QUESTIONNAIRES FOR EDUCATORS

The purpose of the questionnaires is to get information from educators on how learner pregnancy policy is implemented.

- Please complete this form
- Names should not be written in this form
- Information provided will be treated as confidential

SECTION A: BIOGRAPHICAL INFORMATION

Please kindly answer the following questions by putting a cross (X) on the appropriate box.

1. Gender:

Male	
Female	

2. Age:

Younger than 30 years	
30– 39	
40– 49	
50– 59	
60 years or older	

3. Marital status:

Single	
Married	
Divorced	
Widower	
Separated	

4. Years of teaching experience

5 Years or less	
6-10 Years	
11-15 Years	
16- 20 Years	
21 Years or More	

5. Highest qualifications:

Grade 12 and certificate in education	
Diploma in education	
Advanced certificate in education	

B. ED degree	
Masters degree	
Other (Please Specify)	

SECTION B: Prevention strategies reflected in the learner pregnancy policy:

Mark applicable option with Strongly Agree, Agree, Strongly Disagree, and Disagree

Statement	SA	A	SD	D
1. Educators must to teach learners about prevention of pregnancy.				
2. Prevention programmes should be offered in collaboration with NGOs.				
3. Learners have the right to access accurate information about contraception.				
4. Learners should be taught to abstain from sexual intercourse.				
5. Condoms are used for safe sex practice.				
6. Schools must teach sex education.				
7. Schools need to be fitted with posters that will educate learners about unwanted pregnancies.				
8. Life Skills programmes should include topics such as learner pregnancy and prevention.				

9. Mention other prevention strategies reflected in the learner pregnancy.

SECTION C: Management of Learner Pregnancy

Mark applicable option with Strongly Agree, Agree, Strongly Disagree and Disagree.

Statement	SA	A	SD	D
1. Schools should encourage pregnant learners to continue their education.				
2. Every case must be dealt with confidentiality.				
3. Schools should do away with hate speech on pregnant learners.				
4. Schools should do away with harassment of pregnant learners.				
5. Schools should inform the Department of Social Development about pregnant learners.				
6. Schools should ensure that a record of learner pregnancies is maintained and submitted to Education Management Information System.				
7. Life Orientation educators must be prepared to discuss pregnancy related issues with pregnant learners.				

8. Life Orientation educators should offer counselling to pregnant learners.				
9. Life Orientation educators should follow the policy (Measures for the prevention and management of learner pregnancy).				
10. Schools may involve social workers within a school or for a cluster of schools.				
11. Schools may involve professional nurse within a school or for a cluster of schools.				
12. Schools may involve parents of pregnant learners within a school or for a cluster of schools.				

8. Mention other ways of managing learner pregnancy in schools

SECTION D: Monitoring of the Provincial Departments of Education in monitoring schools in implementing the pregnant learner policy.

Indicate by simply placing an "X" in the appropriate box.

1. Does the Provincial Departments of Education ensure the functioning of the pregnant learner policy at schools.

Yes	No
-----	----

Yes	No

2. Does the Provincial Departments of Education ensure that monitoring tools capture the rate of pregnancy in schools, so as to evaluate the effectiveness of the policy (Measures for the prevention and management of learner pregnancy)?

Yes	No

3. Does Provincial Departments of Education provide schools with a copy of pregnant learner policy?

Yes	No

4. Do they arrange a professional nurse or social worker to serve on cluster of schools?

Yes	No

5. Mention other ways in which the Provincial Departments of Education can monitor implementation of learner pregnancy policy in schools.

**THANKS YOU VERY MUCH FOR COMPLETING THE QUESTIONNAIRE.
YOUR PARTICIPATION HAS BEEN HIGHLY APPRECIATE**

APPENDIX B

Consent form

CONSENT FORM FOR HIGH SCHOOL EDUCATORS PARTICIPATING IN RESEARCH ON ASSESSING THE IMPLEMENTATION OF LEARNER PREGNANCY POLICY IN THE FOUR TARGETTED HIGH SCHOOLS IN LICHTENBURG AREA.

I, the undersigned, (prof/ Dr/ Mr/Mrs/Ms _____), do hereby indicate that I have read and understood the conditions for participating in above-mentioned research as outlined below. I hereby give my written consent for my contributions within the topic assessing the implementation of learner pregnancy policy. I also give my written consent to be interviewed on these conditions:

- That the interview may be recorded on the audio visual tape
- That I may withdraw from the study at anytime without having to furnish reasons for such a withdrawal.
- That I will be allocated a pseudonym in the research process and that my identity will be concealed unless I indicate otherwise in writing.
- That I will not suffer any form of detriment by taking part in this study.
- That I will be afforded the opportunity to comment on the findings from my interview.
- That the researcher undertakes to store the interview in a locked up facility.

Signature of participant

Date

APPENDIX C

INTERVIEWS

The purpose of the interview is to get information from management on how learner pregnancy policy is implemented in schools.

➤ Information provided will be treated as confidential

I = Interviewer

R = Respondent

I. (Turn on Audio tape recorder)

1. So, the interview will be done in the office in school; the time was just after 9 hour in the morning.

I. Good morning. How are you?

R. *Fine thank you.*

I. As you may remember, the purpose of this research is to investigate how you implement the pregnant learner policy in your school.

R. *Yes, I remember when you came to school and gave me the consent form to fill to show that I agree to be interviewed..*

I. Good. Do you have any questions about the research.

R. *No*

I. Do you understand that your participation is completely voluntary, that you don't have to speak with me if you don't want to?

R. *Yes, I understand that.*

I. And also that you can change your mind at any point during our discussion?

R. *I can?*

I. Yes, If you do not feel comfortable with a particular question or with what we are talking about, or if you would like to postpone our talk until later.

R. *Ok.*

I. You can also refuse to answer any of the questions

R. *Ok.*

I. Now, like we agreed before we started, I am going to tape – recording our discussion so that I can be clear – later on what we talked about. Nobody will be able to recognise your voice, and your words will be written onto paper without your name on it. Is that all right with you?

R. Yes.

I. Here is a copy of an information sheet that explains the reasons for the study. We can go through it right now if you like.

R. Yes, *thank you (reads over information sheet)*.

S. Do you any questions about it?

R. No.

I. In that case, when we do a research project like this one, we always ask the respondent to sign a release form so that the information from the interview can be used in the study. Here is a copy. (Respondent reads and signs it).

I. Thank you. This form will be filled in the Research Office within the University of North- West. Any questions before we begin? (Shakes his head to say no).

Now, for the record, my name is xxx. We are sitting in an office , May 13, 2012 and the time is 10 hour in the morning. The first thing I would like to talk to you about today is: Which learner pregnancy prevention strategies do you use in your school?

R. *Contraceptives, Abstinence and Sex education.*

I. Are learner pregnancy prevention strategies included in Life Orientation?

R. Yes.

I. Which prevention strategies are included in Life Orientation?

R. *Abstinence, Be faithful and condomise and Sex Education.*

I. Are learners taught to abstain from engaging in sexual intercourse?

R. Yes.

I. Does primary prevention focuses on sexual education in schools?

R. Yes

I. Is secondary prevention directed to learners who are already sexually active, through the use and provision of contraception?

R. Yes

I. Is the use of condoms the most effective option?

R. *No, because condom is not 100% safe*

I. Are prevention programmes offered in collaboration with NGOs?

R. *Yes, because different NGO's came up with some campaigns and awareness on learner pregnancy.*

I. How do you support pregnant learners in your school?

R. *Giving them extra classes, when they were absent, counselling them and involving their parents.*

I. In which way can pregnancy affect the learner in their performance?

R. *Absent because of check ups.*

I. Do you give pregnant learners, special attention or not? If so how? If not why?

R. *Not always but only during physical training.*

I. Do schools ensure that a record of learner pregnancies is maintained and report submitted to the Education Management Information

R. Yes.

I. Do you have a designated educator or educators who take responsibility for the implementation and management of the policy?

R. *LO educators.*

I. When do you involve parents of the pregnant learners?

R. *As soon as we are aware.*

I. Does Provincial Education Department provide schools with a copy

Of pregnant learner policy?

R. Yes.

I. Does Provincial Education Department strive to ensure that educators and managers are equipped with skills of dealing with pregnant learners?

R. No.

I. Does Provincial Education Department evaluate the effectiveness of the measures (Measures for the Prevention and Management of Learner Pregnancy).

R. Yes.

I. Does Provincial Education Department consult with the Departments of health and social developments in order to have professional nurses or social worker assigned to service a cluster of schools with pregnant learners.

R. No.

THANK YOU VERY MUCH FOR PARTICIPATING. YOUR PARTICIPATION HAS BEEN HIGHLY APPRECIATED.



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
MAFIKENG CAMPUS

Faculty of Education

School of Postgraduate Studies

18 April 2012

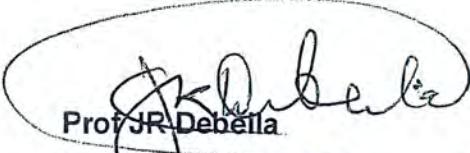
TO WHOM IT MAY CONCERN

RE: MS VK GAOAKETSE – STUDENT NO: 18021735

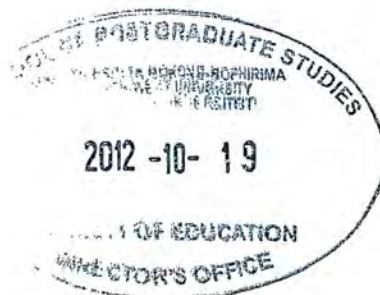
I wish to confirm that **Ms Gaoaketse, VK** (18021735) (is currently registered for Masters (MEd) in Educational Psychology at the North West University; Mafikeng Campus.

I request that she be given the necessary assistance to collect data at the schools falling under your jurisdiction in the North West Province.

Thank you in anticipation of your cooperation and assistance.


Prof J.R. Debeila

Director, School of Postgraduate Studies





education and training

Lefapha la Thuto le Katiso
Departement van Onderwys en Opleiding
Department of Education and Training
NORTH WEST PROVINCE

APPENDIX E

Corner Nelson Mandela and
Bantjes Street,
Lichtenburg
2740
Tel.: (018) 632-7091
Tel.: (018) 633-0800
Email: fatabane@nwpg.gov.za

OFFICE OF THE AREA MANAGER: LICHTENBURG AREA OFFICE NGAKA MODIRI MOLEMA DISTRICT

Enquiries, C.F Matabane

Tel : 018 633-0800

Email : fatabane@nwpg.gov.za

To : Keitumetse Violet Gaoaketse –Med Student

For Attention : Dr Loate - UNIWEST

From : The Area Manager-C.F Matabane

Status : URGENT

Date : 30 October 2012

SUBJECT: Granting of permission to K.V. Gaoaketse (Med) student to conduct research in Ditsobotla Area Office.

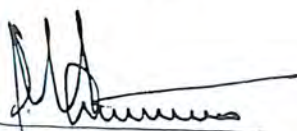
The above matter has reference;

Kindly note that permission was granted by this office to the above student to conduct her research at:

1. Gaetsho High School
2. J.M Lekgetha High School
3. Baitshoki High School
4. Bophirima High School

Hope and trust that you will find the above explanation in order.

Yours Sincerely


C.F. Matabane
Area Manager

"STAND UP, TEAM UP AND REACH OUT"
"A PORTRAIT OF EXCELLENCE"