

## CHAPTER 5

### CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 INTRODUCTION AND PROBLEM STATEMENT

It is undeniable that South African schools are frantically trying to deal with the problem of teenage pregnancy and motherhood. It is also clear that, schools do not have at their disposal, programmes to deal with teenage mothers' vulnerabilities and ensure that they do not fall pregnant again. Literature shows that, especially in South Africa, there are programmes aimed at preventing teenage pregnancy and that the curriculum is geared towards this, in that Life Skills and Life Orientation have become compulsory school subjects.

There are no programmes aimed at assisting teenage mothers as "a special vulnerable group of learners" who need to cope with life. This is where this study is positioned. The central problem of this study was: What are the vulnerabilities of teen mothers in South African schools and what empowers them to cope with life? The layout of the rest of this chapter is as follows:

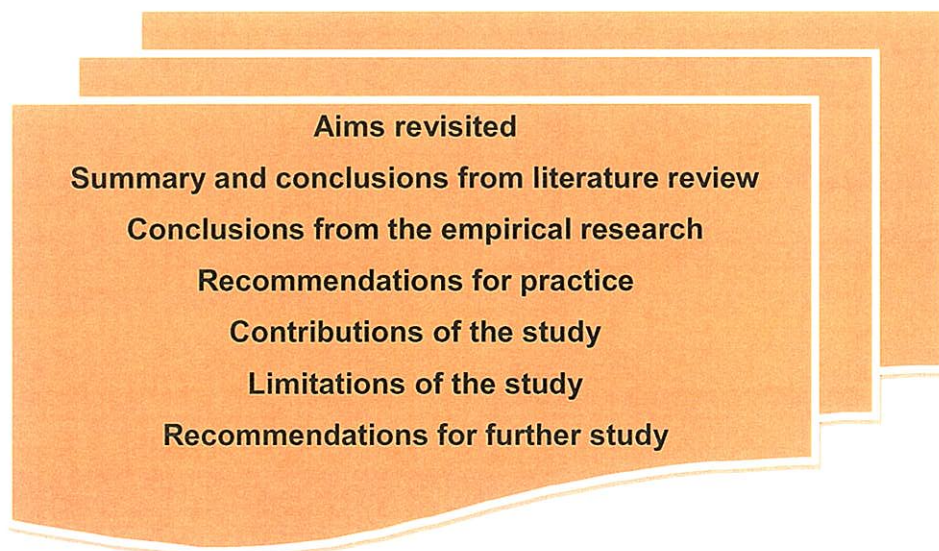


Figure 18: Layout of Chapter 5

## 5.2 AIMS REVISITED

As pointed out under 5.1 above, the researcher identified a gap in research, that teenage mothers were not put through secondary intervention programmes in schools in order to ensure that they can cope with their lives as mothers and learners. The overarching aim of this study was to conduct an exploratory, qualitative study, in order to investigate the vulnerabilities of teenage mothers and resources that empowered them in order to cope with life. In order to achieve this aim, the researcher pursued the following objectives:

- To conduct a literature study in order to understand:
  - the nature and extent of teenage pregnancy and motherhood in schools
  - factors that render teenagers vulnerable to teen pregnancy
  
- To conduct an empirical research in order to understand:
  - factors that render teenage mothers psychosocially and academically vulnerable to poor developmental outcomes
  - the resilience phenomenon among teenage mothers
  - the mechanisms that they used to cope with their lives

The crucial question that could be asked is whether these objectives were achieved or not. The table that follows answers this question.

OBJECTIVE OF PHASE 1	HOW IT WAS PURSUED	ACHIEVED
<p>To conduct a literature study in order to understand:</p> <ul style="list-style-type: none"> <li>○ the nature and extent of teenage pregnancy and motherhood in schools</li> <li>○ factors that render teenagers vulnerable to teen pregnancy</li> </ul>	<p>Literature study was conducted, and this showed that there was a high rate of teenage pregnancy worldwide. Risk factors were unearthed; however, this study contributes to new ones that will be referred to under the contributions made by this study.</p>	<p>Achieved</p>
OBJECTIVE OF PHASE 2		
<ul style="list-style-type: none"> <li>• To conduct an empirical research in order to understand: <ul style="list-style-type: none"> <li>○ factors that render teenage mothers psychosocially and academically vulnerable to poor developmental outcomes</li> <li>○ the resilience phenomenon among teenage mothers</li> <li>○ the mechanisms that they used to cope resiliently with their lives</li> </ul> </li> </ul>	<p>Empirical research was conducted using a two-pronged data collection strategy that involved the use of symbolic drawings and semi-structured interviews. This two-pronged approach yielded an assortment of factors that rendered teen mothers vulnerable on personal and social-ecological levels. Furthermore, the empirical research brought up mechanisms and social ecological resources that enabled the participants to cope with their lives despite risks.</p>	<p>Achieved</p>

**Table 5.1: Summary of Aims**

Table 5.1 outlines the objectives; how the researcher pursued them and whether they were achieved or not.

### **5.3 CONCLUSIONS FROM LITERATURE REVIEWED**

Literature study yielded five broad themes, namely: teenage pregnancy and motherhood increase unabated; teenage pregnancy bears serious consequences for girls; there are programmes to curb teenage pregnancy in South Africa; resilience is the capacity to do well despite adversity; risks to reliance impair resilient coping; and protective resources enhance resilient coping

- **Teenage pregnancy and motherhood increase unabated**

Teenage pregnancy has increased all over the world, especially in South Africa (*cf.* 2.2.1) where incidents of teenage pregnancy are escalating (*cf.* 2.1). Teenage pregnancy will remain a threat in South Africa unless decisive measures are taken to address it (*cf.* 1.2).

- **Teenage pregnancy bears serious consequences for girls**

Literature indicates that teenage pregnancy can have dire consequences for teen mothers as it can lead to low levels of academic achievements (*cf.* 2.4.3), financial hardships (*cf.* 2.4.3) and economic disadvantages which can lead to complacency and governmental dependency (*cf.* 2.4.1).

- **There are programmes to curb teenage pregnancy in South Africa**

According to literature, there are programmes in place to deal with teenage pregnancy in South Africa. These programmes also focus on curbing teen pregnancies. Government programmes (*cf.* 2.6) such as Love Life, Soul Buddyz and Life Orientation help to curb teenage pregnancy. Sexuality education at school and abstinence aimed at reducing the high rate of teenage pregnancy.

- **Resilience is the capacity to do well despite adversity**

Literature indicates factors that can act as resilience resources for teen mothers. The resilience sources were discussed in detail, in Chapter 2.

- **Protective resources enhance resilient coping**

Literature indicates that **personal protective factors** (*cf.* 2.4.2.1) such as positive self-concept, assertiveness, drive and good interpersonal relationship, **family factors** (*cf.* 2.4.2.2) such as family support (*cf.* 2.4.2.1), relation and parental supervision and **community as a protective factor** (*cf.* 2.4.2.4) such as a network or base camp of social support, involvement in extra-curricular activities, willingness of teachers to listen to adolescents and positive relationships with peers enable teenagers to cope. Other factors are schools (*cf.* 2.4.2.4) which help with a sense of membership, success in academic performance and warm relationship with responsive teachers.

#### **5.4 CONCLUSIONS FROM EMPIRICAL STUDY**

As pointed out in Chapters 1 and 2, the researcher conducted empirical research based on a qualitative design involving symbolic drawings and semi-structured interviews. These two data collection strategies yielded the following themes: *teenage mothers enjoyed family support; teenage mothers had dreams for the future; teenage mothers were anchored in religion and spirituality and teen mothers had abilities to learn from mistakes.*

It is clear that teen mothers in schools subsisted in smaller systems that enabled them to resile since:

- They had social support.
- They had future dreams.
- They were grounded in faith or spirituality.
- They had abilities to learn from their mistakes.

Literature abounds with research evidence that the above processes enhance resilience.

It was remarkable that teenage mothers benefited from resilience resources that were not noted in literature focusing on teenage motherhood. These were:

- peer support from experienced teenage mothers
- the baby as empowering to the mother
- the baby as a source of motivation to focus on the future
- fathers instead of mothers playing a supportive role
- having a vision for own child
- reliance on faith

Furthermore, empirical research demonstrated that some teenage mothers were psychosocially vulnerable.

For example, reference was made to:

- traditional medicine being used to prevent unwanted pregnancy
- lack of assertiveness (asking for help)
- poor problem-solving abilities
- negative peer influences
- unsupportive teachers
- poor social skills and unavailable parents
- unsupportive stepmothers
- unsupportive friends

## 5.5 RECOMMENDATIONS FOR PRACTICE

- **Sex education should be taught at schools**

Sex education should form an integral part of a comprehensive strategy towards teenage pregnancy especially at schools. The teaching of sex education has been a priority for a number of years in South African schools, more especially, in view of the advent of HIV. The Department of Education introduced Life Orientation as a compulsory subject for all learners from the Foundation to the Further Training and Education phases as a means to address this critical issue. These programmes need to be intensified.

- **In-service training**

Teachers must be trained and be well informed about Life Orientation so that they can teach sex education in class. Extra time should be provided for training, instead of one or two-day workshops that leave educators unable to implement what they have been trained on. Effective teaching of sex education will curb teenage pregnancy at schools. This could include a focus on pregnancy in the curriculum rather than only on HIV infection. This should be done with the aim of addressing knowledge and beliefs regarding contraception, conception, responsibilities of parenthood in relation to teenagers, and the importance of planning for and timing of parenthood.

- **Ensuring the quick return of teen mothers**

The young mothers must be encouraged to return to school after the delivery of the baby. There should be strategies in place to assist teen mothers to deal with the transition and help them cope with the new roles they will be playing. In addition, catch-up programmes with respect to the academic and curriculum needs to be provided and, in particular, support-teaching should be intensified in order to improve school performance among teen mothers that often leads to dropout.

- **Use of contraceptives**

Instead of having condoms in the principals' offices and passages at schools, each school can have a school health practitioner who is supporting the school on an itinerant basis. This practitioner could visit schools on an itinerant basis and be available when needed. The health worker should not take the responsibilities of the Life Orientation teacher, but he or she must be supportive to the teacher. She will be responsible for raising awareness regarding the use of contraceptives, counselling teen mothers who return to school and be responsible for all health matters within the school. This official could be useful in promoting health and well-being in schools.

- **Introduction of school camps**

School camps must be provided for all learners from Grade 6 to Grade 12 during school holidays. School camps must be made compulsory to all learners at schools. In these camps, learners can be equipped with Life Skills such as problem-solving, communication, social skills, assertiveness, coping with peer pressure, coping with loss, self-esteem improvement, managing conflict (internal and external), positive thinking, study skills, examination stress, career planning and decision-making.

Skills will enable learners to value life and be focused in their endeavours, in order to cope with adversity, achieve academically and stay focused on the future. Teenagers in the township do not have access to recreation facilities; they have nothing to do during holidays because they are idling, thus, they engage in sexual activities. This results in high rates of teenage pregnancy. The rationale behind school camps is that they are less formal than classes and more effective learning can happen in such environments.

## **5.6 CONTRIBUTIONS OF THE STUDY**

The study contributes to theory and practice and the following resilience resources:

- peer support from experienced teenage mothers
- the baby as empowering to the mother

- the baby as a source of motivation to focus on the future
- fathers instead of mothers playing a supportive role
- having a vision for own child
- reliance on faith

Intervention programmes should be comprehensive and include the above strengths or assets.

The study unearthed processes that typically render girls vulnerable to teenage pregnancy in the South African context, namely:

- traditional medicine being used to prevent unwanted pregnancy (reliance on traditional medicine is typical and rife in South Africa)
- lack of assertiveness (asking for help) (young people are socialised in ways that make them less assertive in the traditional South African context)

### **5.7 LIMITATIONS**

- The limitation in this research is that the study only focused on multiple (10) cases that included teenage mothers.
- The study focused on IsiZulu and Sesotho-speaking teenage mothers. A small sample size limits generalisation. However, transferability is possible because of the thick description that formed part of this study.

### **5.8 RECOMMENDATIONS FOR FURTHER STUDY**

- It would have been interesting to find out what prevents teen fathers from being involved since they were not mentioned at all.
- It would have perhaps being intriguing to find out what teenage mothers from other racial groups could say about coping resiliently.

## **5.9 CONCLUSION**

In this chapter, summaries and conclusions from literature and empirical research were done. Suggestions for practical application and further research were suggested.