

Secondary school teachers' experiences with learner teenage pregnancies and unexpected deliveries at school

Dudu G. Manyathi

13278452

Dissertation submitted in partial fulfilment of the requirements for the degree
Magister Curationis
in
Nursing Science
at the North-West University (Potchefstroom Campus)

Supervisor : **Dr. A. du Preez**

Co-supervisor : **Dr. A.J. Botha**

November 2014

DECLARATION

I, Duduzile Glory Manyathi, student number 13278452, declare that:

- This dissertation, entitled *Secondary school teachers' experiences with learner teenage pregnancies and unexpected deliveries at school* presents the work carried out by myself and to the best of my knowledge it does not contain any material written by another person except where due reference is made.
- I declare that the study has been approved by the Ethics Committee of both the North-West University (Potchefstroom Campus) and the Department of Education (KwaZulu-Natal).
- I have complied with the standards set by both institutions.

Mrs DG Manyathi

November 2014

ACKNOWLEDGEMENTS

The Lord himself goes before you and will be with you; he will never leave you nor forsake you. Do not be afraid; do not be discouraged.

Deuteronomy 31:8.

I praise the Almighty God, who empowered me with strength and courage to meet all the hardships I have encountered during this study.

- I would like to extend my genuine gratitude to the following people who contributed to the success of my study:
- I thank my family for all their sincere enthusiasm about my studies. They showered prayers over me on a daily basis, and they were like water that is watering the seed to grow and produce the fruits. They gave tremendous support. Thank you Lungile, Andile, Nokuthula, and my husband.
- I have to include with gratitude my extended family, Syabonga Mncwabe, who is my son in law, and my eldest daughter, Thandoluhle Mncwabe, with their little ones Kuhle and Kwenzo; as well as my eldest grandson Nhlakanipho, and Sandile and Nozipho Mncwabe.
- I am grateful to Dr Antoinette du Preez, my supervisor, and Dr Johan Botha, my co-supervisor. I also thank Dr Belinda Scrooby, who provided encouraging support as a co-coder during the qualitative data analysis.
- I have to gratefully mention Louise Vos, Gerda Beukman, Erika Rood, Lizzell Snyman, Sylvia and Jonathan for their efficient and genuine support.
- Thank you to Michelle Brits for her assistance.

- Prof Casper Lessing for checking the references.
- Mrs Susan van Biljon for the graphical outlay.
- A word of thanks to Kwazulu-Natal Nursing College for financial assistant and support, and my colleagues for their positive and endless support.
- Thank you to Mrs. TC Mlambo for her daily continuous support and mrs. Desire Stein for language editing.
- Mrs Christine Terblanche from Cum Laude Language editing. I can not omit my nephew, Lungelo Thungo, who always guided my technical presentation.
- Special thanks to Mr. Khanyile, the circuit inspector of Nqutu subdistrict and the principals of the following schools, Ekucabangeni Mgazi, Langazela and Isihayo. And to the teachers, your dedication, active participation and commitment are commendable.

ABSTRACT

The prevalence of learner teenage pregnancies is a winnable battle, provided the major stakeholders, namely the Departments of Education (DoE) and Health (DoH) provide joint positive efforts. The situation requires continuous effective support to the teachers that have to handle the situation of teenage pregnancies at secondary schools.

In spite of the implementation of Life Orientation as a school subject, to deals with sexual behaviour, sexual health, decision making regarding sexuality, risk of pregnancy, sexually transmitted infections, including HIV and Aids the prevalence of learner teenage pregnancies at secondary schools remains high. Health care professionals should become involved by promoting and implementing preventive measures to reduce the increase in learner teenage pregnancies in collaboration with the DoE. This will achieve a situation where there is assistance and support for vulnerable learners, and teachers that are daily exposed to learner pregnancies, as well as deliveries of babies on school premises. The intervention of health care professionals will provide quality care to learners and continuous support for teachers in all provinces, not only KwaZulu-Natal (KZN).

The objective of this study is to explore and describe the teachers' experiences regarding learner teenage pregnancies in KZN. The study is explorative, descriptive and contextual in nature. An interpretative approach was suitable to address the research aim of this qualitative research design, namely to answer the research question: "How do secondary school teachers experience teenage pregnancies and unexpected deliveries at school?"

Participants were selected by purposeful sampling strategy. Data were collected through individual interviews and the data analysis followed Tesch's (1990) method of systematic open coding. During the data analysis themes were identified, including

for instance the overall experiences with learner teenage pregnancies, experiences related to unexpected deliveries at school and recommendations to cope with teenage pregnancies and unexpected deliveries at school. The participants were all aware of the negative consequences of learner teenage pregnancies, which include leaving school, the resulting unemployability of learners who left school early and subsequent poverty and low social economic status.

Recommendations aimed at stakeholders such as the DoE and Health centre on jointly supporting secondary school teachers with respect to their experiences with learner teenage pregnancies and unexpected deliveries at school. Health professionals are requested to implement campaigns and school visits to supply contraceptive services, whereas the DoE has to emphasise and ensure that teachers understand the importance of contemporary approaches when implementing the Life Orientation curriculum that explicitly deals with sexuality, sexual behaviour, sexual health, decision making regarding sexuality, risk of pregnancy, sexually transmitted infections including HIV and Aids.

Key words: learner teenage pregnancies, secondary school teachers' experiences, support to teachers, learners and parents.

OPSOMMING

Die gereelde voorkoms van leerder-tienerswangerskappe is 'n oorkombare stryd, mits die belangrikste belanghebbendes, naamlik die Departemente van Onderwys (DoE) en Gesondheid (DoH) gesamentlike positiewe pogings aanwend. Die onderwysers wat die situasie van tienerswangerskappe by sekondêre skole moet hanteer behoort konstante en effektiewe ondersteuning te ontvang.

Ten spyte van die implementering van Lewensoriëntering as skoolvak, seksopvoedingsprogramme en swangerskapsbeleide by skole, bly die voorkomssyfer van tienerswangerskappe in sekondêre skole hoog. Gesondheidsorgwerkers moet in samewerking met die Departement van Onderwys voorkomende maatreels implementeer om tienerswangerskappe te verminder. Sodanige samewerking kan 'n situasie skep waar daar ondersteuning is vir weerlose leerders en onderwysers as slagoffers van daaglikse blootstelling aan leerderswangerskappe en babas wat gebore word binne die skoolgronde. Die intervensies van die gesondheidswerkers sal die grondslag lê vir kwaliteit sorg aan die leerders en volgehoue ondersteuning aan die onderwysers in al die provinsies, nie slegs KwaZulu-Natal (KZN) nie.

Die doelwit van hierdie studie is om onderwysers se ervarings rakende leerder-tienerswangerskappe in KZN te verken en beskryf. Hierdie studie is verkennend, beskrywend en konteksueel van aard. 'n Interpretiewe aanslag leen dit daartoe om die navorsingsdoelwitte en navorsingsvraag te beantwoord, naamlik: "Hoe ervaar onderwysers in sekondêre skole tienerswangerskappe en onverwagte bevallings by die skool?"

Deelnemers is deur doelgerigte steekproefneming gekies. Data-insameling het deur middel van individuele onderhoude plaasgevind en Tesch (1990) se metode van sistematiese oop-kodering is gebruik tydens data-analise. Temas soos die algemene ervaring van leerder-tienerswangerskappe, ervaring rakende onverwagte bevallings by die skool en aanbevelings oor hoe om dit te hanteer is geïdentifiseer. Die deelnemers was almal bewus van die negatiewe implikasies wat leerder-

tienerswangerskappe het. Hierdie negatiewe gevolge sluit in skoolverlating, ongeskiktheid as werkers in die werksmark as gevolg van vroeë skoolverlating en armoede wat lei tot 'n lae sosio-ekonomiese status.

Aanbevelings word gemaak aan die Departemente van Onderwys en Gesondheid om gesamentlik sekonder skool onderwysers te ondersteun rakende hul ervaring van leerder tiener swangerskappe en onverwagte bevallings by die skool. Gesondheidwerkers word versoek om veldtogte te loots soos die verskaffing van kontraseptiewe dienste terwyl die Departement van Onderwys klem lê op seksuele opvoeding in skole.

Sleutelwoorde: leerder tiener swangerskappe, sekondere skool onderwysers ervarings, ondersteuning aan onderwyser, leerders en ouers.

LIST OF ABBREVIATIONS

ANA	American Nursing Association
AIDS	Acquired Immune Deficiency Syndrome
CAPS	Curriculum of Assessment Policy Statement
DOE	Department of Education
DOH	Department of Health
HIV	Human Immunodeficiency Virus
ICN	International Council of Nursing
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rates
KZN	KwaZulu-Natal
MDGs	Millennium Development Goals
MMR	Maternal Mortality Rate
SASA	South African Schools Act
SGB	School Governing Body
USA	United States of America
WHO	World Health Organisation
PCA	Pregnancy and Child Bearing Among US Teens
TPP	Teenage Pregnancy and Prevalence
PPFA	Parenthood Prevention Federation of America
EMRS	Emergency Medical Rescue Services
PMTCT	Prevention-of-Mother-to-Child-Transmission

TABLE OF CONTENTS

DECLARATION	ii
ACKNOWLEDGEMENTS	iii
ABSTRACT	v
OPSOMMING	vii
LIST OF ABBREVIATIONS	ix
TABLE OF CONTENTS.....	x
LIST OF TABLES	xv
LIST OF FIGURES	xvi

<u>CHAPTER 1</u>	RASIONALE AND OVERVIEW.....	1
1.1	INTRODUCTION	1
1.2	BACKGROUND AND RASIONALE	2
1.2.1	The current situation in South African schools.....	6
1.3	PROBLEM STATEMENT.....	6
1.4	PURPOSE OF THE RESEARCH	9
1.4.1	Research questions	9
1.4.2	The aims of the study.....	10
1.5	PARADIGMATIC PERSPECTIVE	10
1.5.1	Meta-theoretical assumptions	10
1.5.2	Theoretical assumptions.....	13
1.5.2.1	Definitions of concepts.....	14
1.5.3	Methodological assumptions.....	18
1.5.4	Central theoretical argument.....	19
1.6	RESEARCH DESIGN	19
1.7	RESEARCH METHOD	21

1.7.1	Participants	21
1.7.2	Sampling	22
1.7.3	Sample size	23
1.7.4	Data collection	23
1.7.5	The role of the researcher.....	24
1.7.6	Data analysis	24
1.8	RIGOUR IN QUALITATIVE RESEARCH.....	26
1.9	ETHICAL CONSIDERATIONS	27
1.10	RESEARCH CHAPTER LAYOUT	29
1.11	SUMMARY	29
CHAPTER 2	RESEARCH DESIGN AND METHODOLOGY	30
2.1	INTRODUCTION	30
2.2	RESEARCH DESIGN	30
2.3	RESEARCH METHODS	34
2.3.1	Sample.....	34
2.3.2	Sampling.....	36
2.3.3	Data collection	37
2.3.4	Pilot study	39
2.3.5	Data collection process.....	39
2.3.6	Field Notes.....	42
2.3.7	Data analysis	43
2.3.8	Literature integration	45
2.3.9	Rigour	45
2.4	ETHICAL CONSIDERATIONS	51
2.4.1	Code of ethics.....	51
2.4.2	International ethical governance	51
2.4.3	National ethical governance.....	51
2.4.4	The University's code of ethics	51
2.4.5	KwaZulu-Natal Department of Education.....	52

2.4.6	Selected schools in KwaZulu-Natal	52
2.4.7	The responsibility of the researcher to protect the rights of the participants.....	52
2.4.1	The responsibility of the researcher: quality of research.....	54
2.4.2	The responsibility of the researcher: dissemination of results	54
2.5	SUMMARY	55
<u>CHAPTER 3</u>	RESEARCH FINDINGS AND EMBEDDED LITERATURE	56
3.1	INTRODUCTION	56
3.2	REALISATION OF DATA COLLECTION AND DATA ANALYSIS	56
3.2.1	Demographic profile of participants	57
3.2.1	Realisation of data collection	62
3.2.3	Realisation of data analysis	63
3.3	RESEARCH FINDINGS AND LITERATURE INTEGRATION	64
3.4	IDENTIFIED THEMES	65
3.4.1	THEME 1 Overall experiences of secondary teachers regarding learner teenage pregnancies.....	65
3.4.1.1	Sub-theme 1.1 Negative experience on those around pregnant learners.....	66
3.4.1.2	Sub-theme 1.2 Absenteeism.....	67
3.4.1.3	Sub-theme 1.3 Poor Performance/Dropping out of school	68
3.4.2	THEME 2 Experience regarding unexpected deliveries at school	71
3.4.2.1	Sub-theme 2.1 Teachers lack skills and competencies	71

3.4.2.2	Sub-theme 2.2 Feeling insecure about handy deliveries.....	76
3.4.2.3	Sub-theme 2.3 Lack of assistance	73
3.4.3	Theme 3 Recommendations to cope	75
3.4.3.1	Sub-theme 3.1 Department of Health	75
3.4.3.2	Sub-theme 3.2 Department of Education (DOE).....	77
3.4.3.3	Sub-theme 3.3 School Governing Body.....	78
3.4.3.4	Sub-theme 3.4 Collaboration between the DoH and the DoE.....	78
3.4.3.5	Sub-theme 3.5 Awareness campaign	80
3.5	CONCLUSION.....	81
3.6	SUMMARY	82
<u>CHAPTER 4</u>	CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS	83
4.1	INTRODUCTION	83
4.2	EVALUATION OF THE STUDY	83
4.3	CONCLUDING STATEMENTS.....	85
4.4	LIMITATIONS OF THE STUDY	88
4.5	RECOMMENDATIONS.....	89
4.5.1	Recommendations for policy making	90
4.5.2	Recommendations for education	90
4.5.3	Recommendations for nursing practice.....	94
4.5.4	Recommendations for nursing research	95
4.6	SUMMARY	96
4.7	PERSONAL REFLECTION.....	97
REFERENCES		98

ANNEXURE A	ETHICS CLEARANCE FROM THE NORTH-WEST UNIVERSITY ETHICS-COMMITTEE.....	115
ANNEXURE B	PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS	116
ANNEXURE C	PERMISSION TO CONDUCT RESEARCH AT MGAZI SECONDARY SCHOOL.....	117
ANNEXURE D	PERMISSION TO CONDUCT RESEARCH ON TEENAGE PREGNANCIES AT EKUCABANGENI SECONDARY SCHOOL.....	118
ANNEXURE E	PERMISSION TO CONDUCT RESEARCH AT SIHAYO HIGH SCHOOL.....	119
ANNEXURE F	PERMISSION TO CONDUCT REASEARCH AT LANGAZELA SECONDARY SCHOOL	125
ANNEXURE G	REQUEST FOR PERMISSION TO CONDUCT NON-CLINICAL RESEARCH	126
ANNEXURE H	INFORMATION LEAFLET AND CONSENT FORM.....	123
ANNEXURE I	TRANSCRIPT OF INTERVIEWS	123
ANNEXURE J	LANGUAGE EDITING – CUMLAUDE LANGUAGE PRACTITIONERS	127

LIST OF TABLES

TABLE 2.2	Questions and criteria related to trustworthiness in qualitative research.....	45
TABLE 2.3	Strategies to enhance trustworthiness in this research.....	47
TABLE 3.1	Demographical information of the participants.....	57
TABLE.3.2	Demographic profile of both the teachers and learners	62
TABLE 3.4	Themes and subthemes:Teachers' experiences of teenage pregnancies and unexpected deliveries at schools.....	64

LIST OF FIGURES

FIGURE 1:	Map of Umzinyathi District in Kwazulu-Natal Province.	33
FIGURE 3.1	Age	58
FIGURE 3.2	Educational level.....	59
FIGURE 4.3	Marital status	60
FIGURE 4.4	Teaching experience in years	61

CHAPTER 1:

RASIONALE AND OVERVIEW

1.1 INTRODUCTION

Teenage pregnancies currently pose health problems at a global level since many teenagers are sexually active, resulting in unplanned and unintended pregnancies (Maholo *et al.*, 2009:54). Pregnant teenagers can also form part of the vulnerable population that is HIV/AIDS positive as a result of unsafe and unprotected sex (Kanku & Mash, 2010; Maharkar *et al.*, 2008; Mantell *et al.*, 2006:113). Teenage pregnancies are the result of social values, cultural practices, the decay of moral values and economic factors, which all encourage early sexual involvement (Maholo *et al.*, 2009:55, Macleod & Tracey, 2010:27; Mantell *et al.*, 2006:113). Studies conducted on teenage pregnancies reveal that it has a negative impact on teenage girls (Panday *et al.*, 2009:3). Social norms, sexual coercion and violence are prevalent in South African schools (SA, 2011b:4). School-going girls lack the ability to make decisions in relation to sex or are forced into sexual activities without their consent. There are preventive measures in place that involve Education Department policies, for instance the policy on the inclusion of the Life Orientation Curriculum as a compulsory school subject that makes provision for addressing sexual behaviour; sexual health; decision making regarding sexuality; risk of pregnancy; and sexually transmitted infections including HIV and AIDS as well as the theme Development of the Self in Society (SA, 2011a:8). However, according to Reproductive Health Matters (Mantell *et al.*, 2006:113) it seems that there is a knowledge gap when it comes to teachers and dealing and coping with teenage pregnancies and unexpected deliveries at school. This study therefore explores and describes secondary school teachers' experiences of teenage pregnancies and unexpected deliveries at school. Since the prevention of teenage pregnancies is a deep-rooted issue and a concern worldwide (Panday *et al.*, 2009:27), and in spite of positive

approaches and interventions, teenage pregnancies are drastically escalating (Das *et al.*, 2007:464).

1.2 BACKGROUND AND RASIONALE

The role of teachers in reducing learner teenage pregnancies is debated worldwide. Global statistics in Europe, the USA, Sub-Saharan Africa, South Africa (SA) as well as KwaZulu-Natal (KZN) province reveals many interventions aimed at reducing teenage pregnancies. These interventions are implemented with little or no effect in reducing teenage pregnancies (Chaibva *et al.*, 2009:e18).

South Africa, like any other developing country, is confronted with an alarming and shocking increase in teenage pregnancies, particularly among teenagers aged between 15-19 years who attend secondary schools (Sibeko, 2012:8). In SA more than 31,5% of teenage girls have given birth at least once by the age of 18 (Karra & Lee, 2012:16). This comes down to 62.24 per 1000. The KZN is one of hot spots for teenage pregnancies among school goers (Panday *et al.*, 2009:41). This encompasses all districts of the KZN province. The MEC for education (Senzo Mchunu) in KZN said on 14 June 2012 that schoolgirls are falling pregnant in their thousands in the province and that “We are in a crisis in this province” (Sibeko, 2012:8). The type of relationships the teenagers are involved in and their perceptions of sexual relationships and pregnancy are of great concern. The socio-economic and educational challenges that arise from this phenomenon have prompted managerial approaches to dealing with this health problem (Panday *et al.*, 2009:4). The health stakeholders (from health care personnel up to policy makers) are expected to put policies in place. The rising incidence of teenage pregnancies poses huge social, emotional and physical health risk to teenagers (Ncube, 2009:8).

The research conducted by Maholo *et al.* (2009:470) on teenage pregnancies reveals high maternal mortality rates (MMR) and infant mortality rates (IMR), with increased sexually transmitted infections. The aim of this study is to address the Millennium Development Goals (MDGs) 4, 5 and 6 through the implementation of preventive measures related to teenage pregnancies, since the trend has a negative impact on

education, health, social interactions and the economic status of individual teenagers (Maholo *et al.*, 2009:47; WHO, 2011). Teenage pregnancies should be addressed, especially at secondary schools. Not only should the girls themselves be helped, but the psychological trauma to learners and teachers who are exposed to the delivery of babies on school premises should also be addressed. In contrast to the aim of education, which is to provide effective teaching and learning environments, teachers are traumatised daily by having to deliver babies and it seems as if they do not have the skills to handle or cope with the unexpected deliveries (Malahlela, 2012).

Teenage pregnancies remain a huge challenge and public concern to health professionals as early pregnancy may lead to life threatening obstacles and medical conditions in these young mothers. Pregnancy induced hypertension, diabetes, placental abruption and premature babies are more common in teenage pregnancies (James *et al.*, 2010:12).

Teachers have the role to ensure that the learners are adequately equipped with sufficient life skills to play a valuable role in society (SA, 2011a:8). When learners gain insufficient life skills from Life Orientation at school level, it affects their overall development, which includes the promotion of healthy living (Kanku & Mash, 2010:564). The Life Orientation Curriculum Assessment Policy Statements (CAPS) (SA, 2011a) aim to facilitate holistic development of learners at the grass roots level. Skills development is essential for developing knowledge that promotes successful individuals in society who are aware of sexual behaviours that could lead to teenage pregnancies and the health issues associated with it (Panday *et al.*, 2009:41). The purpose of Life Orientation is that teachers should guide learners in their personal, social and physical development (DoE, 2003). The learner must be prepared for life and geared towards a positive self in society so that he or she will be able to withstand various life challenges and effectively contribute to society at large. This goal is supported by the implementation of Life Orientation (SA, 2011a) and programmes that address the negative impact of teenage pregnancies with a focus on life skills (Bastable & Dart, 2007:3).

Teachers should be adequately motivated and highly engaged in the prevention of teenage pregnancies, and this can only happen if they have the support of health professionals and the other health stakeholders involved (SA, 2011a:8). This is a battle that requires combined and collective positive efforts (Naidoo, 2006:154). Teachers and nurses should engage in goal setting, problem solving and decision making to prevent pregnancies (Cornerstone Consulting Group, 2001:28). This will enhance and reinforce the opportunity they have to make informed choices regarding personal health issues. Furthermore, the learner will benefit by means of social interactions enhancing lifelong participation to contribute to the society at large (SA, 2011a:10).

Youth development programmes that include sex education, activities such as volunteering, mentoring, and job training (Manlove *et al.*, 2009:413) are essential means to delay first sex encounters and lower teenage pregnancy rates. Abstinence is also suitable for those that are strong enough to resist the desire for sexual involvement (Sibeko, 2012:20). There are cultural and religious factors that need constant consideration in order to shape a teenager's sexual behaviour so that these teenagers are geared with preventive measures to ultimately prevent the loss of human potential. The South African Department of Health recommends a universal approach to school based sex education (Panday *et al.*, 2009:54). Schools should emphasise abstinence and safe sex to prevent sexually transmitted infections (SA, 2010:14). Over and above that, the Department of Health is promoting adolescence friendly services to encourage free and open communication that is respectful of the privacy of the teenagers. The policies in place must be effectively utilised to enhance preventive measures (Kanku & Mash, 2010:565).

Early engagement in sexual activity with an immature reproductive system or poor development may result in the abnormal development of the foetus in utero. Marieb and Hoehn (2007:1120) report that grossly abnormal babies are delivered by teenagers and as a nurse practitioner and a clinical facilitator I have observed the same. In addition to this, the intermarriage between blood relatives and teenagers from as early an age as 13 prescribed by certain cultures, such as the Sotho, also contributes to gross abnormalities in foetuses. Hormones in the human body are

responsible for stimulating mitosis, which is essential for foetal development. Reduced production of hormones leads to abnormal cell division, which in turn leads to poor development and gross abnormalities in the foetus (Marieb & Hoehn, 2007:1120). These young married girls are in fact ostracised by the community should they not produce an heir for their husbands. In order to avoid the stigma and discrimination, teenagers engage in sexual behaviour from a young age (Lehana & van Rhyn, 2003:27).

The Department of Education developed the South African Schools Act 84 of 1996 (SA, 1996a) guided by the Constitution of Republic of South Africa Act 108 of 1990 (SA, 1990b). The purpose of this Act is to protect learners, and as such it promotes abstinence among school goers during their early stages of development (SA, 1996a). However, the educational environment should avoid discrimination against any learner who has been reported to be pregnant and should maintain high levels of confidentiality (Bhana *et al.*, 2010:878).

The Department of Education developed the South African Schools Act 84 of 1996 (SA, 1996) guided by the Constitution of Republic of South Africa Act 108 of 1990 (SA, 1990). The purpose of this Act is to protect learners, and as such it promotes abstinence among school goers during their early stages of development (SA, 1996). However, the educational environment should avoid discrimination against any learner who has been reported to be pregnant and should maintain high levels of confidentiality (Bhana *et al.*, 2010:878).

White paper 6 on education (SA, 2001) addresses lifelong learning through education and training and emphasises the point that all children and youth require support. It exposes the need for respect and acceptance that secondary school learners have (SA, 2011b:8). The paper acknowledges respect of differences in teenage learners with regard to age, gender, ethnicity, language, class, and disability or HIV/AIDS, including teenage pregnancy as a sisterhood health problem (SA, 2011b:49). This is supported by the South African Schools Act of 1996 (SA, 1996), which highlights no discrimination may occur based on race, sexual orientation or gender (SA, 1996).

1.2.1 The current situation in South African schools

In the province of KwaZulu-Natal, 21 000 teenage pregnancies in girls younger than 18 were recorded between April 2012 and March 2013 (Peters, 2014). In KZN the rural pregnancy rate of 13% is twice the national average of 6,5% (Karra & Lee, 2012:12). One teenage learner delivered her baby in a classroom at one of the secondary school of the Ingwavuma region in KZN. The delivery was conducted by the male secondary teacher, who had no midwifery skills. The classmates had a full view of an unexpected natural birth at school (Peters, 2014). Wolhuter (2013) mentions an example where a Grade 11 learner experienced labour pains in a class at a secondary school in the KZN province. Paramedics failed to respond, and the doctor responded and facilitated a delivery in the school's sick bay. The pregnancy was not reported as per the South African Schools Act 84 of 1996 (SA, 1996), which states that pregnant girls may not attend school (Peters, 2014). The abovementioned reports highlight the negative impact that unexpected deliveries of babies may have on teaching and learning environments (Peters, 2014; Anon, 2014).

1.3 PROBLEM STATEMENT

According to the literature review there has been an increase in teenage pregnancy in part due to lack of parental involvement and control, cultural influences, inadequate utilisation of health care facilities, insufficient information and ineffective implementation of school curricula. There are also other possible causes, such as an increase in crime, rape, child abuse, and poor socio-economic circumstances (Panday *et al.*, 2009:105).

The mentioned statistics that depict the situation in South African schools, together with the researcher's experiences with these occurrences as a lecturer in midwifery, result in the conclusion that the secondary schools are challenged by teenage pregnancies as a result of a lack of management strategies and insufficient support services to assist both the learners and teachers. Secondary school teachers have

no skills to assist learners with unexpected deliveries at school (Chigana & Chetty, 2008:262).

The problem addressed here specifically relates to the fact that teenage learners deliver their babies in inappropriate places such as classrooms within the school environment without skilled professional personnel. This leads to an increase in the Maternal Mortality Rate (MMR). Teachers and learners face emotional trauma in a learning and teaching setting. This eventually disrupts productive teaching, a conducive learning environment and educational processes (Panday *et al.*, 2009:112).

One cause of teenage pregnancies and unexpected deliveries at secondary schools is poor utilisation of the contraceptive measures provided at all state primary health care facilities (SA, 2012:111). In addition, teachers are responsible for implementing the Life Orientation Curriculum that deals with sexual behaviour, sexual health, decision making regarding sexuality, risk of pregnancy, sexuality, transmitted infections, including HIV and Aids, at grass roots level and they should report challenges they experience in addressing these sensitive issues at school level (SA, 2011a:8). Research by Mantell *et al.* (2006:116) indicates that teachers lack the knowledge required to teach about preventive measures. Apart from that, some are reluctant to play the required role in dealing with the identified challenges contained in the CAPS (SA, 2011: 8).

Teachers have no guidelines in hand to handle or manage teenage pregnancies and unexpected deliveries. The teachers and nurses are not playing mentoring or supportive roles in the prevention of teenage pregnancies, resulting in the escalation of this phenomenon at secondary schools (Ncube, 2009). Schools are not providing the type of youth empowerment that fosters knowledge of leadership and develops self-confidence to convince peer groups to behave otherwise. Culture too is not blame-free, since it interferes with the practice of teachers (Panday *et al.*, 2009:69). Parents criticise teachers when they teach Life Orientation to address sexuality and or sexual behaviour to the learners. Teachers and parents alike feel uncomfortable to discuss issues related to sex (Panday *et al.*, 2009:62). School health nurses visit

schools on daily/weekly basis. They do not address the issue of teenage pregnancies, and are seemingly more concerned about minor illnesses. These nurses are the leaders that should assist the teachers in a joint effort to address the issues of HIV/AIDS, contraception and reproductive health (SA, 2010:8). National statistics show that 12,9% of 15-19-year-old pregnant women are HIV positive (SA, 2008).

Nurses are often judgmental about adolescents having sex and are therefore reluctant to provide them with contraceptives. As a result, teenage pregnancies continue to increase. Teenagers find it very difficult to talk about sex and contraceptives due to the negative attitude of the health professionals involved (Mantell *et al.*, 2006:116; Panday *et al.*, 2012:18). In South Africa, guided by cultural practices, women generally get married at much earlier ages than women elsewhere, leading to earlier pregnancies. In general there are sub-standard healthcare systems, inadequate supplies of contraceptives and poor accessibility to family planning services (Oringanje *et al.*, 2009; Sibeko, 2012:15). In South Africa social norms and cultural values are the greatest contributory mechanisms influencing early sexual behaviour (Maholo *et al.*, 2009:48; McLeod & Tracey, 2010:27 & Mantell *et al.*, 2006:113). The Department of Health has overlooked the role they should play to assist the teachers who are in crisis with teenage pregnancies in secondary schools.

According to South African Schools Act, 84 of 1996 (SA, 1996), the national law allows the teenager to remain at school even if she is pregnant (Ramulumo & Pitsoe, 2013:755). This is an uncovered risk to the teachers concerned in the school environment (WHO, 2006:24). Besides the fact that the school goer is allowed to go to school while pregnant, she is entitled to attend antenatal services, which interferes with regular schools attendance and teaching-learning (Chen *et al.*, 2006:368).

Governmental intervention has ensured the inclusion of policies that require the involvement of parents to enhance the process of such interventions (Panday *et al.*, 2009:18; Rangiah, 2012:16). Teenage pregnancies interfere with learning in a conducive teaching environment (Panday *et al.*, 2009:49). Teachers have no experience handling these situations as they are not skilled with the delivery of

babies. Teenagers with unreported pregnancies eventually deliver the babies at school, which are not an appropriate place for delivering a baby.

1.4 PURPOSE OF THE RESEARCH

The main purpose of this research is to explore and describe secondary school teachers' experiences of learner teenage pregnancies and unexpected deliveries at school. The study aims to make the Departments of Education and Health aware of the challenges that teenage pregnancies and unexpected deliveries pose to teachers and learners in South African secondary school environments.

1.4.1 Research questions

The main research question of this study is:

How do secondary school teachers experience teenage pregnancies and unexpected deliveries at school?

The following sub-questions are used to guide this study.

- How do secondary school teachers experience teenage pregnancies at school?
- How do secondary school teachers experience unexpected deliveries at school?
- How do secondary school teachers cope with unexpected deliveries at school?
- What recommendations can be made to assist secondary school teachers in coping with teenage pregnancies and unexpected deliveries at school?

1.4.2 The aims of the study

This research study aims to:

- Explore and describe secondary school teachers' experiences with regard to teenage pregnancies at school;
- Explore and describe secondary school teachers' experiences unexpected deliveries at school;
- Explore and describe how secondary school teachers cope with unexpected deliveries at school;
- Provide recommendations for secondary school teachers so that they can cope with teenage pregnancies and be able to manage unexpected deliveries at school.

1.5 PARADIGMATIC PERSPECTIVE

A paradigmatic perspective implies a commitment to a collection of convictions. Nursing activities should be objective and take the shape of natural reality. We as nurses should observe the relation between the client and the patient, not forgetting the value considerations and the use of words to disseminate information in a diffusion process until equilibrium is attained. In order to transmit the correct information to the client, one must thoroughly understand what will result in the prevention of teenage pregnancies. This information must be delivered in a culturally sensitive way (Botes, 1995).

1.5.1 Meta-theoretical assumptions

Meta-theoretical assumptions are neither testable, nor epistemic statements (Mouton & Marais, 1992:192). Nursing research reflects the researcher's worldview, including assumption about the concepts of man, environment, health, nursing, illness,

education, Life Orientation and life skills development. These concepts are interrelated, thus explaining the researcher's meta-theoretical view.

- ***Man***

A person is a human being that is regarded as a unique individual, psychological, spiritual and social being. Based on experience a person will respond to the internal and external environment. In this research man or person refers to the secondary school teachers who experience pregnancies and unexpected deliveries at school.

- ***View of environment***

Society is a combination of ethnic groups with different ethical behaviours. The professional nurse should negotiate these differences in a way that will suit different health needs so that knowledge can help prevent teenage pregnancy in their society. The values involved in learner teenage pregnancies need consideration (McLachan, 2008:76).

Environment is the part of world that God created for humankind to spend his given opportunity entailing life elements (Bible, 1983). Man does not live alone, but shares his life with other human beings. This happens through positive human interactions and an element of inter-dependence. Environment consists of two elements. The first element is the external environment, which entails society, community, and the family as the bottom line unit (Klopper, 2008:62). Human beings interact within these aspects to maintain a living. The second element is the internal environment within an individual. It allows a person to interact with other human beings by using thoughts, emotions and beliefs. A combination of the internal and external environments tends to promote a healthy living environment because of interdependent relationship involved. The internal environment influences human choice from different behavioural challenges. In this study it includes the mechanism of decision making and the life skills that teenage school goers possess (Myburgh & Poggenpoel, 2003:260).

- ***View of health***

Health is a fragile element of human life that needs monitoring using professional skills and professional abilities, which must be of high level in order to maintain a solid foundation for life (WHO, 1946:2). Man is a holistic being and needs a holistic approach to cater for health needs. In this study, the view of man includes the teenagers and new-born infants, who all have a right to life. Therefore, they need protection, including protection of the unborn potentialities of the baby before birth (Panday *et al.*, 2009:18). In this research study, the mothers are teenagers aged between 13-19 years and they themselves are not fully developed, resulting in premature babies laden with premature complications and health related problems (Panday *et al.*, 2009:4). The delivery of such a baby should take place at an accredited obstetrical delivery facility.

- ***View of nursing***

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, sick or healthy people and in all settings (Muller, 2009:4). Nursing encompasses helping those who are either sick or well to perform activities that contribute to health, recovery or a peaceful death. Nursing is a profession within the health care sector focused on the care of the individual, families and communities so that they can attain, maintain or recover optimal health and quality of life (ANA, 2003). This study finds that teenagers do not use antenatal clinics when they recognise that they are pregnant. The reasons may include the fact that they experience negative reactions and a negative attitude from the health professionals. This negativity leads to an increase in the pregnancy rate as they fail to choose a method of contraception due to disinformation (Panday *et al.*, 2009:22; WHO, 2006:19; Kruger, 2011:5).

- ***View of illness***

Illness is the failure of a person's adaptive mechanism to adequately counteract stimuli and stresses, resulting in functional or structural disturbances (Edelman & Mandle, 1998:13). Kozier *et al.* (2008:305) state that illness diminishes a person's

physical, emotional, intellectual, social development or spiritual functioning. Illness therefore makes an individual feel uncomfortable due to the presence of disease in the body. In this study illness refers to unplanned pregnancy in secondary school goers.

- ***View of education***

Education is an adult's (secondary school teacher) pedagogic assistance to positively influence a non-adult (secondary school goer) with the aim of changing that person's value (Sibeko, 2012:6). Van Rensburg *et al.* (1994:366) define education as the conscious, purposive intervention by an adult in the life of a non-adult to bring him or her to independence. This entails the support and help that a child receives from an adult with a view of attaining adulthood (Du Toit & Kruger, 1995:5).

- ***View of Life Orientation***

Life Orientation is the study of the person itself in relation to other people in the society (SA, 2011a). Themes like values about the self, the environment, being a responsible citizen, social engagement, a healthy and productive life, social norms, recreation and physical wellbeing, careers and career choices are included (SA, 2011a:8). It also includes life skills such as problem solving and making informed choices in a rapidly changing society (SA, 2011a:8). Life Orientation is one of the four fundamental subjects that are compulsory for a National Senior Certificate and are applicable to all learners in Grades 10, 11 and 12 (SA, 2011a:5).

1.5.2 Theoretical assumptions

A research without theory is empty and invalid for use by professional practitioners in a professional field (De Vos *et al.*, 2011:83). The topic on study can be enriched by existing theories (De Vos *et al.*, 2011:83). The theory employed in this study is adaptation theory, which refers to how the teenager adapts to newly delivered information in relation to prevention of pregnancy (George, 1990:240).

1.5.2.1 Definitions of concepts

Concepts tend to have different meanings and different interpretations. The following concepts are clarified in order to place this study within the context of the research endeavour.

- **Secondary school**

A secondary school in this study is an educational institution where the final stage of schooling, known as the Further Education and Training Phase, takes place;

Secondary school is an institution that provides in the education needs of the school goers.

The South African Schools Act, 84 of 1996 (SA, 1996:3) states that all secondary schools have to be registered by the Department of Education as a private or public institution and must provide a safe and conducive environment for teaching and learning (Myburgh & Poggenpoel, 2003:262).

- **Teacher**

In this study the teacher is any person who has received formal training and teaches, educates or trains other persons.

He/she provides professional educational services including professional therapy at any educational institution.

He/she is appointed based on the terms and conditions of the employment rules and regulations of the South African Schools Act 84 of 1996 (SA, 1996a:31).

- **Learner**

A learner is any person who receives education or is obliged to receive education in terms of the South African Schools Act, 84 of 1996 (SA,

1996:31). In this study learners refer to teenaged learners who are pregnant and who may deliver unexpectedly at school.

- **Experience**

In this study the experience is a collection of ideas that are attained from exposure and through interaction with the practical environment, which includes the work environment or living environment.

Experience consists of bad and good elements. Some can be destructive and some may have a positive influence in a person's life.

Most of positive experiences in the work environment promote personal and professional development. This means that work activities will be at a the higher level of performance.

A person who experiences negative environmental experiences thus becomes demotivated to such an extent that his hands are empty to continue with work.

In this regard the teachers' distress demotivates them because they can not fulfil their roles (Myburgh & Poggenpoel 2003:262).

This study investigates the role of the secondary teacher's experience with learner teenage pregnancies and unexpected deliveries at school.

- **Life Orientation**

In this study Life Orientation refers to a school subject prescribed by the Department of Basic Education, stated in the CAPS and presented at secondary schools in the senior and Further Education and Training (FET) phases (SA, 2011a:8). It is one of the four compulsory subjects.

The following are the six topics in Life Orientation (SA, 2011a:8) from Grade 10 to 12:

- Development of the self in society
- Social and environmental responsibility
- Democracy and human rights
- Career and career choices
- Study skills
- Physical Education (SA, 2011a:8)
- The aim of Life Orientation is to guide and prepare learners to respond to life's responsibilities and opportunities;
- It equips learners to interact optimally on personal, psychological, cognitive, motor, physical, moral, spiritual, cultural and socio-economic level;
- It guides learners to make informed and responsible decisions about their own health and well-being and the health of others;
- It exposes learners to their constitutional rights and responsibilities;
- Learners are equipped to make informed choices based on knowledge, skills and values;
- Various study methods are learned;
- The importance of physical activity is stressed (SA, 2011a:9).
- **School health programme**

A school health programme includes services that ensure physical, mental and social well-being of learners and that maximise their capabilities (SA, 2012:6).

- **Teenager**

For the purposes of this study teenager refers to an under-aged girl, usually in the age bracket of 13 -19, who falls pregnant having not yet reached legal adulthood (Mosby's Dictionary, 2006:24). Teenagers are expected to avoid early sexual activities as there are major negative health threats. These threats can be avoided by using condoms, which are freely supplied and are available locally. However, abstinence remains the best option on the table to choose from. If there are cultural forces pressuring the teenager, she can use condoms as it has the dual protective function of pregnancy prevention and sexually transmitted diseases (Mantell *et al.*, 2006:114).

- **Pregnancy**

Pregnancy is the condition from conception of a child until the expulsion of the foetus, or the entire gestational process comprising the growth and development of the foetus within an individual from conception through the embryo and foetus period to birth, which normally last between 266 days, equivalent to 38 weeks, or 280 days, equivalent to 40 weeks from the day of fertilization (Mosby's Dictionary, 2006:1516). According to Marieb and Hoehn (2007:1114), pregnancy refers to an event that occurs from the time of fertilization until the infant is born.

- **Teenage pregnancy**

According to the WHO the term "adolescent" is often used synonymously with "teenager". In this sense "adolescent pregnancy" would be synonymous with "teenage pregnancy". This means pregnancy in a woman aged 10–19 years. Most statistics the age of the woman is defined as her age at the time the baby is born. Because there is a considerable difference between a 12- or 13-year-old girl, and a young woman of say 19, authors sometimes distinguish between adolescents aged 15–19 years, and younger adolescents aged 10–14 years. Birth rates and pregnancy rates are counted per 1000 of a specific population. Statistics comparing the incidence between countries often give rates per 1000 adolescents aged 15–19 years (WHO, 2004:5). In this study a pregnant school girl can be described as an

adolescent or teenager between the ages of 13 to 18 years, who has fallen pregnant while still in secondary school (Kanku & Mash, 2010:564).

- **Unexpected delivery**

An expected delivery refers to the birth of the child or the period of parturition in the delivery unit at a hospital (Mosby's Dictionary, 2006:525). A delivery that does not occur in an obstetric unit is regarded as an unexpected delivery, thus a delivery at school is regarded as an unexpected delivery.

1.5.3 Methodological assumptions

The methodological assumptions in this study follow the Botes Model (1995:37) of three orders:

The first order includes nursing practice, which also includes the scope of practice as a professional nurse. The nurse's scope of practice requires the nurse to act independently to identify factors leading to the harm of human life. Teenagers are vulnerable to sexually transmitted infection when they practice unprotected sexual intercourse. Pregnancy is also a risk (Panday *et al.*, 2009:591). The professional nurse should use her skills to combat those factors that appear to be life-threatening to teenagers. It also applies to the utilisation of the nursing process, where the nurse uses assessment to identify problems and to make a diagnosis after using nursing diagnostic skills. The nurse has to plan for what she/he has diagnosed, and should implement nursing interventions while considering the consent of the patients and the rights of the patients (Panday *et al.*, 2009:63). A professional nurse should also evaluate the effectiveness of her intervention and record and report the noted changes.

The second order refers to nursing research as an investigation of a specific health problem. The researcher observed a multi-factorial problem, which was confirmed by a preliminary literature review. The researcher needs to investigate what influences

teenage pregnancy who is involved that may help to prevent these problems. These problems interfere with the health status of individuals.

The third order presupposes a paradigmatic perspective that outlines the researcher's own worldview. This order influences nursing practice, as well as nursing research. Professional health workers should play an instrumental role in this regard by equipping themselves with sufficient skills and knowledge.

1.5.4 Central theoretical argument

The formulation of recommendations for secondary school teachers will empower them to cope with teenage pregnancies and enable them to manage unexpected deliveries at secondary schools in the KwaZulu-Natal Province.

1.6 RESEARCH DESIGN

The study follows a qualitative research design that is explorative, descriptive and contextual in nature (Burns & Grove, 2009:44).

– Qualitative research design

According to Streubert and Carpenter (2003) qualitative research refers to the entire process of the research from conceptualising a problem up to the writing of narrative information. Qualitative research is an inquiry into the phenomena. The researcher must bear in mind that the participants are knowledgeable enough to give the required information during the study and must conduct the research in the natural setting so as to observe the participants' behaviour. As a key instrument of data collection, the researcher must conduct the study him/herself (Creswell, 2009:175). During the research, the researcher considers multiple sources of data, such as interviews, observations and documents, rather than relying on a single source. The researcher focuses on the meaning that participants assign to the phenomenon under investigation as they present it during the study and uses a theoretical lens to view different concepts related to culture, gender, racial differences (Burns & Grove,

2011:358; Creswell, 2007:126). Qualitative research is an interpretive inquiry that entails interpreting the participants' experiences and the meaning they assign to the phenomenon (Creswell, 2009:176).

Eventually, the researcher gives a holistic account which involves reporting multiple perspectives and noting the many factors involved in conducting the study. All the information collected will present a holistic picture of what was observed in that setting.

The qualitative design is based on people's interpretation of a holistic and subjective process. This design is used to understand, interpret, describe and develop theory concerning a phenomenon or settings (Burns & Grove, 2011:734; Creswell, 2009:345; Morse & Niehaus, 2009:31).

Qualitative research involves field work. The researcher physically visits the setting or site to observe and record behaviour on the site. The reason for visiting the field or setting is to collect the data in an inductive way. Therefore the design will be relevant and appropriate to the study (Field & Morse, 1996:10). Brink *et al.* (2012:128) states that the research design represents the measure of methodology and the trustworthiness of the study. It is the distinctive and specific research approach that is best and suitable to answer research questions or problems. This qualitative research study is explorative, descriptive and contextual in nature.

– Exploratory

According to Creswell (2007:341) exploratory research is aimed at exploring relatively unknown research areas in order to gain new insights into phenomena under study rather than collecting accurate and replicating data. The researcher visits the normal and the habitual settings of the community and explores their views and the targeted group (Boeijie, 2010:32; Basson & Uys, 2000:38). The aim in this regard is to provide support and to identify gaps (Polit & Beck, 2008:20). Exploratory research gives a researcher a chance to explore the area of interest so as to be aware of the entire setting to conduct the study; it assists the researcher in considering the sequence of the study during the first stage (De Vos *et al.*, 2011:95).

– Descriptive

These are designs that are aimed at giving an accurate portrayal of the characteristics of persons, situations or groups (Boeijie, 2010:32). Basson and Uys (2000:38), as well as Brink *et al.* (2012:103) describe descriptive designs as designs to attain more information about characteristics within a particular field of study. It is aimed at providing a clear picture of situations as they are manifesting, occurring or happening. The purpose of a descriptive study design is to search for accurate information about the characteristics of the participants, groups, institutions or situations. Participants will express their views, experiences, events, knowledge, artefacts and situations during the narrative approach when the data is collected.

– Contextual

According to Basson and Uys (2000:38), contextual research gives an extensive and an in-depth description of a phenomenon setting of the domain phenomenon. The study will be contextually bound to a unique time, space and value setting of the specific area at Umzinyathi District in the KZN. This is the area where the study was conducted. The target population was school-going teenagers at Nqutu in the Umzinyathi District. Four secondary schools in this area were selected and named School A, School B, School C and School D. The high schools are situated in Nqutu, which is a subdistrict of the Umzinyathi main district. These high schools are in the region of the Buffalo River, which was the border between Zululand and Natal before 1990. There is no existing teenage pregnancy statistics because the teenagers do not report pregnancy at schools, nor at the nearby clinics.

1.7 RESEARCH METHOD

1.7.1 Participants

The participants of this study are the trained teachers of four secondary schools from the subdistrict of Nquthu, which forms part of the uMzinyathi district as main district.

The participants were of both genders (female and male). The teachers all had a teacher's teaching certificate. They all have experience of 5 years and above at the very same secondary schools and more than five years in the same subdistrict. Amongst them they have diploma certificates and some degrees in teaching. The selection criteria: the teachers should speak English, have five years' experience in teaching, males and females from all religious, cultures and nationalities. Exclusion criteria were teachers who have taught for less than five years or those with no teaching qualifications. Teachers who were on temporally basis, e.g. relieving those on maternity leave and sick leave, were also excluded. They confirmed the written consent verbally.

1.7.2 Sampling

Purposive sampling is defined by Brink *et al.* (2012:139) as a type of non-probability sampling that is based on the judgement of the researcher regarding subjects who are especially knowledgeable about the research question. Purposive sampling was selected as the best suitable sampling pattern for the individual interview. The participants should be knowledgeable about teenage pregnancy so that they offer valid and valuable information to complete positive data collection (Gerrish & Lancey, 2006:355 & Brink *et al.*, 2012:141).

The following criteria were used:

- Teachers with more than 5 years' experience in teaching in the same district.
- Teachers that speak English because of the curriculum design in the region where the study was conducted.
- Females and males teachers from all religions, cultures and nationality.

Since this is a qualitative research design the sample size was not important but the quality of the data collected was of utmost importance. This goes together with data saturation, which occurs when no new important and relevant information or

concepts arise from the research (Gerrish & Lancy, 2006:200; Burns & Grove, 2009:358; Polit & Beck, 2006:308). Burns and Grove (2009:361) described saturation as the repetition of data obtained during the course of a qualitative study that signifies completion of data collection on a particular phenomenon.

1.7.3 Sample size

In qualitative study the sample size was not important as stated above but the focus was on data saturation, which means that data collection continued until data saturation occurs at a point is reached where there is redundancy of information (Burns & Grove, 2009:348).

1.7.4 Data collection

Data generation refers to the collection process, including the routes and procedures through which data reach a database (particularly where these may change over time). Data were collected by means of individual interviews, as well as field notes (Polit & Beck, 2012:131; Brink *et al.*, 2012: 141; Burns & Grove, 2009:429).

- **Individual semi-structured interviews**

Semi-structured interview is a technique through which the interviewer uses pre-determined topics and questions, but retains the flexibility to follow up on ideas raised by the participant. Semi-structured interviews are commonly used in qualitative research. Such interviews comprise chosen topics and open-ended questions that are included in a well-prepared interview schedule. The schedule must have space to accommodate any issues raised by the participants. The researcher maintains the control and direction of the interview (Gerrish & Lancy, 2006:341). During the semi-structured individual interview, the following questions were posed to the participants:

- “How do you experience teenage pregnancies at your school?”
- “How do you experience unexpected deliveries at your school?”

- “How do you cope with teenage pregnancies and unexpected deliveries at your school?”

The interviews were audio recorded for transcription purposes to be used during data analysis (Brink *et al.*, 2012:25; Burns & Grove, 2009:429).

1.7.5 The role of the researcher

- The researcher requested permission from the ethics committee of the North-West University, Potchefstroom Campus.
- Permission was granted by the North-West University (**Ethical number NWU-00143-13-S1**). **[Annexure A]**
- The researcher requested permission from the Department of Education in Kwazulu-Natal. **[Annexure B]**
- The principals of the selected schools gave permission to conduct the research at their premises. **[Annexure C,D, E, F]**
- The researcher identified potential participants (secondary school teachers) suitable for the study. The participants were asked to give informed consent. **[Annexure G]**
- The researcher ensured that due account was given to the Ethical considerations [see section 1.9]

1.7.6 Data analysis

Data analysis was done using Tesch’s method (1990) of open systematic coding. Open coding is the process of organising the material into chunks or segments of the text in preparation for identifying the meaning of the information. This involves text data or the pictures collected during data collection (Creswell, 2009:186). A qualitative database requires coding in order to clarify the information collected

during the study. The researcher should determine codes prior to entering the setting to accommodate emerging information. Coding requires the following steps to prepare data for interpretation.

- The researcher reads all the data collected, using the transcriptions carefully.
- The researcher picks one document, either the most interesting or the shortest, and views it to find out what it contains. When the researcher has thoughts on the material, she jots them in the margin.
- The researcher clusters all similar topics together and separates major topics.
- The topics identified must be abbreviated as codes. Codes should be written next to the segments.
- The researcher should find the data that are most descriptive of each topic and create categories from that. Reduce the list of categories by grouping the topics that are related to each other. Finally, the researcher must draw lines between categories to show interrelationships.
- The researcher then makes a final decision with abbreviations of each category (Creswell, 2009:186).

Qualitative analysis is no numerical examination, but rather an interpretation of observations for the purpose of discovering underlying patterns or relationships (Babbie, 2007:394). Therefore the researcher positioned this study in an interpretative approach interpreting the experiences of the participants.

It is a systematic organisation and synthesis of the research data that have been collected (Burns & Grove, 2009:549; Field & Morse, 1996:131). It is a process of fitting data together, making the invisible obvious, linking and attributing consequences to antecedents. Data analysis is regarded as a process of bringing structure and meaning from the mass of data collected. The eight steps of data analysis are set out in chapter two. In qualitative research, the researcher uses

coding and categorising, which is initiated at the beginning of data collection. Coding is used to organise the data collected in interviews and other types of document (Polit & Beck, 2006:352). The researcher continuously compares the data collected from the individual interviews to determine the final theme (Babbie, 2010:398).

1.8 RIGOUR IN QUALITATIVE RESEARCH

To ensure trustworthiness, I will apply Guba's (1989) model, which includes four criteria of trustworthiness: truth value, applicability, consistency and neutrality. The four strategies for each criteria: credibility, transferability, dependability and confirmability are discussed next (Rolfe, 2006:305). The criteria for trustworthiness will be used to ensure the validity and reliability of the study. The goal of qualitative research is to accurately represent the participants' experiences. Creswell (2007:202) suggests four criteria to indicate trustworthiness, namely trust value, applicability, consistency and dependability, which are relevant to the evaluation of the worth of the research.

Truth value: The researcher should maintain the levels of confidence in the findings of the enquiry undertaken. The researcher should observe the research design and not forget the participants involve. Credibility is also an element of trust value as it carries the believability of the findings attained. In order to collect adequate data the researcher has to prolong his or her engagement with the study (Jooste, 2010:319).

Dependability will also be enhanced by prolonged engagement in this study. Both dependability and credibility are ensured by peer debriefing to make peer aware of the study in progress and their responsibility, including the roles they have to take (Krefting, 1991:214; Jooste, 2010).

Applicability refers to the degree to which the findings can be applied to other studies. The researcher can consider comprehensive description of the data, sample and the context as ways to ensure applicability. Saturation of data, thick description (of sample, context, etc.) and purposive sampling will be used as measures to ensure transferability of the study.

Consistency means that the data collection should be consistent with reliability. If data are repeatable, other researchers should be able to produce the same results as previously produced (Krefting, 1991:216). A detailed discussion of the research design and methods follows in chapter 2.

1.9 ETHICAL CONSIDERATIONS

Permission to conducting the study was requested from the School of Nursing Science, North-West University, Potchefstroom Campus. The ethical committee of North West University provided an ethical clearance number. The Department of Education in KZN province gave permission for the study to be conducted in the Umzinyathi District. Ethical consideration presupposes certain principles that should be considered and observed. Participants have several rights, such as the right not to be harmed, the right to self-determination, informed voluntary consent, the right to privacy, confidentiality and anonymity, the right to maintain self-respect and dignity and to avoid discrimination.

Principle of beneficence

The participants can be harmed emotionally and physically. Emotional harm is more difficult to predict and determine than physical discomfort (Burns & Grove, 2009:20). The researcher has a great responsibility to minimise harm and at same time to maximise benefits to participants in the study. No risks were foreseen in this study. The participants' right to protection from harm and discomfort was respected. If a research problem involves a potentially harmful intervention, it may have to be abandoned or restated to allow investigation in an ethical manner (Brink *et al.*, 2012:35; Burns & Grove, 2009:190).

Principle of justice

The principle of justice presupposes that participants must be treated with respect (Burns & Grove, 2009:189). Participants should be fairly selected for reasons directly related to the study (Brink *et al.*, 2012:40; Polit & Hungler, 1997:362).

Right to privacy

Participants should be assured that they can withdraw from the study at any time after they have agreed to participate without prejudice or harm (Burns & Grove, 2009:186; Babbie, 2010:67). Confidentiality and anonymity was ensured by omitting the participants' names and any identifiable information when the interviews were transcribed. This information they provided during the interviews cannot be linked with them (Burns & Grove, 2009:186).

Principle of respect for human dignity

This principle essentially involves that a participant has a right to self-determination and freedom to participate or not to participate in research (voluntary participations) (Burns & Grove, 2009:181; Polit & Hungler, 2000:360).

The right to self-determination / autonomy

Participants participate in the study voluntarily, free from any coercion of any kind (Burns & Grove, 2009:147; Burns & Grove, 2009:181). According to De Vos *et al.* (2011:119) participants have the right to have their personal privacy protected and therefore the researcher handed the collected data with a high degree of confidentiality.

Freedom from intrinsic injury

The researcher made every effort to protect participants from discomfort, harm, injury that includes physical, emotional, mental and social consequences (Burns & Grove, 2009:147; Babbie, 2010:65).

The right to full disclosure

The researcher fully described the nature of the study, its objectives, the methods of data collection and the analysis of results to participants. This principle contains various actions. The researcher may not conceal any of the data collected without

the participants' knowledge and consent. The researcher under no circumstances disclosed the information of the participant, gave false information to the participants or withheld information (Polit & Beck, 2006:89). The researcher therefore explained the purpose of the research as well as what their participation entailed before the commencement of the study.

1.10 RESEARCH CHAPTER LAYOUT

CHAPTER 1: RASIONALE AND OVERVIEW:Grounding of the research

CHAPTER 2: RESEARCH DESIGN AND METHODOLOGY

CHAPTER 3: DISCUSSION OF RESEARCH FINDINGS AND EMBEDDED LITERATURE

CHAPTER 4: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

1.11 SUMMARY

This chapter provided the background, rationale and problem statement relevant to this study. The research question, aim, objectives, and meta-theoretical, theoretical and methodological assumptions were included. The research design and methodology, as major components of this chapter, were outlined by the researcher, not forgetting rigour and ethical considerations. Chapter two discusses the research design and methodology in depth.

CHAPTER 2

RESEARCH DESIGN AND METHODOLOGY

2.1 INTRODUCTION

Chapter 1 provided the rationale and overview of the research study by formulating the research problem, thereafter the problem statement, followed by the research question, aims and objectives. The discussion addressed the researcher's assumptions, as well as a brief background of the research methodology used in this research.

This chapter explores the research design and methodology with detailed attention to the research design, the context, the methods, as well as the ethical considerations. The discussion of the research method, setting, sample, ethical considerations, data collection and data analysis is followed by an overview of rigour (Babbie, 2007:378).

2.2 RESEARCH DESIGN

According to Burns and Grove (2009:265) the research design involves the paths of logical reasoning followed, while the concept of research methods refers to the techniques used to structure a study and to gather and analyse information in a systematic fashion (Polit & Beck, 2006:509). The research method is described in terms of the sample for this study, the method used to select the sample, the methods of data collection and data analysis.

Research design is defined as an overall plan for conducting research, a blue print to guide the researcher in planning and implementing the study to address the objectives and to answer the questions to achieve the intended goal (Brink *et al.*, 2012:54). The research design in this study is qualitative in nature and is descriptive, explorative and contextual (Burns & Grove *et al.*, 2009:553). According to Struwig and Stead (2001:7), the aim of using an exploratory research design is to develop

and clarify ideas. It is also essential for the collection of the data needed for the study. The researcher in this study explores teachers' experiences of teenage pregnancies and unexpected deliveries at secondary schools. This was done through individual interviews with purposefully selected teachers of the purposefully selected secondary schools. The research was applicable to the context, which comprises the secondary schools of uMzinyathi district in the sub district Nqutu. This research was conducted in secondary schools that are highly affected by teenage pregnancies.

Qualitative research is regarded as an objective way to study the participants, who in this study are secondary school teachers. It concentrates in the context where the research is conducted (Brink *et al.*, 2012:193).

A qualitative design is the appropriate method to get the needed information through individual interviews with school teachers. It allowed the researcher to explore and describe how teachers experience teenage pregnancies and unexpected deliveries at secondary schools. In addition to the qualitative nature of the study, it is explorative, descriptive and contextual in nature.

The explorative nature of the research is that it satisfied the inquisitive mind and keenness of the researcher. This exploratory method can assist another researcher to apply a similar method in another subsequent study (Babbie, 2007:88).

The descriptive part of the design is essential to gain adequate, sufficient information relevant to the study being conducted. Being descriptive aims to uncover all the relevant characteristics in a particular field, not forgetting that the natural occurrence of phenomena is of paramount importance (Burns & Grove, 2009:44). The descriptive nature of the study has great value when a researcher wants to provide accurate, relevant and noted characteristics of the participants or groups that are involved in that situation. It will assist with the interpretation and understanding of the participants' experiences since it helps the researcher to find more information on the object or topic of study. This is how the researcher will identify human interaction within the society set up (Brink *et al.*, 2012:123). Such research allows the

researcher to identify more of the challenges that are involved in the situation under study.

The **contextual nature of this** research refers to the site or environment (secondary schools) where this phenomenon is explored. According to de Vos *et al.* (2011:268) people's behaviour becomes meaningful and can be better understood when placed within the context of their life surroundings and the lives of those around them. Without a context there is little possibility of exploring the meaning of an experience. The context of this research is four secondary schools in KZN.

The researcher selected the participants (secondary school teachers) in order to explore their views experiences regarding teenage pregnancies and unexpected deliveries. Polit and Beck (2008:20) view an exploratory nature of design as a means of providing support identifying gaps in the practice under study within this context.

The sample selection process was conducted in the Umzinyathi District, which forms the Northern part of KZN Province. The Umzinyathi District has 117 secondary schools; but the study only concentrates on only 4 secondary schools in the surroundings of Nqutu, which is a sub district of Umzinyathi. Nqutu has 34 secondary schools that fall under the above-mentioned Umzinyathi District. These secondary schools were chosen because they have a high teenage pregnancy rate and a history of deliveries on the school premises.

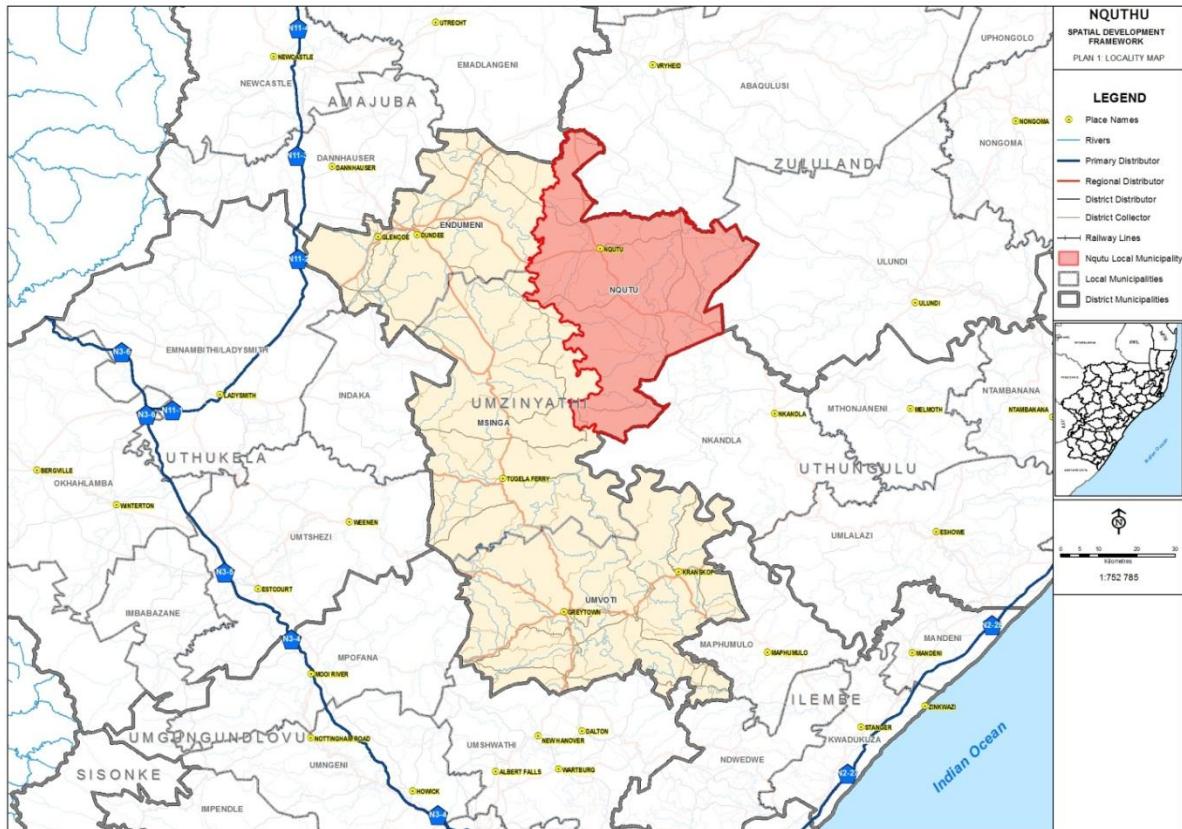


Figure 1: Map of Umzinyathi District in KwaZulu-Natal Province.

The secondary schools selected are Umgazi Secondary School (School A), Ekucabangeni Secondary School (School B), Isihayo (School C) Secondary Schools and Langazela Secondary School (School D). The schools have different numbers of teachers, depending on the enrolment of learners and the size of the school. The estimate is +20 teachers per secondary school as per learner enrolment. The contextual approach explains and emphasises the importance of the context of enquiry. The researcher can come to understand the context at a broader level. According to Burns and Grove (2009:732) the researcher can then use relevant appropriate interventions after his enquiry of a part or the fraction of the facts. In this study, the researcher interviewed the secondary teachers regarding teenage pregnancies and unexpected delivering of babies at secondary schools. This is a major challenge that secondary school teachers are encountering.

2.3 RESEARCH METHODS

Research methods refer to the techniques or strategies used to structure a study and to gather and analyse information in a systematic fashion (Polit & Beck, 2006:509; Babbie & Mouton, 2011:72). The research methods applied in this study are described in terms of the sample, data collection, data analysis and the incorporation of literature.

Research method includes the sample used in the study, methods of data collection and data analysis. The research method provides a plan that describes how, where and when data is collected, and finally how analysis will be done (Parahoo, 2006:183). De Vos *et al.* (2009:132) call it a blue print of how a researcher intends to conduct the research. The method aims to use the data collected to investigate the problem identified in the most economical manner (de Vos *et al.*, 2009:132). Research methods are in essence techniques or strategies involved in the organising and structuring of the study in a sequential pattern or fashion. This is one of the major roles of the researcher in the study (Polit & Beck, 2008:731). The major components of the research method include the population, sampling, data collection and data analysis.

As a starting point, the researcher identifies a sample and how the participants will be selected. The sample size is determined by when data saturation is reached. For a study to be valid the plan and processes to select the sample how the data are to be collected, methods of data analysis and the literature studied all have to be described in great detail as these are the major components of the research method (Burns & Grove, 2009:23).

2.3.1 Sample

The KZN province is faced with 62.24 teenage pregnancies per 1 000 teenage girls (Panday *et al.*, 2009:41). KZN is composed of many different districts and this study concentrates on one of the Northern districts only, namely uMzinyathi.

The participants (secondary school teachers) chosen for this study possess some common characteristics and are familiar about the phenomenon (Brink *et al.*, 2012:139). According to Polit and Beck (2008:761) the population is the entire set of individuals or subjects with the same characteristics. In this case the sample is the secondary school teachers of the Nqutu area. In this region, secondary schools are overwhelmed by unwanted and unplanned learner pregnancies among teenage girls ranging between the ages of 15 and 19.

A sample refers to a number of participants who are selected and who becomes the participants in the data collection process (Brink *et al.*, 2012:143).

Table 2.1 Secondary school demographic profile

SCHOOLS	School A	School B	School C	School D
Teachers	42	17	23	28
Schoolgirls	300	250	257	220
Number of pregnancies in 2010	30	40	12	18
Number of pregnancies in 2011	25	43	05	12
Number of pregnancies in 2012	27	57	05	6
Number of pregnancies in 2013	50	05	03	5

The statistics shows an alarming high rate of learner teenage pregnancies at secondary schools.

2.3.2 Sampling

Sampling is defined as the whole or a subset of the larger set selected by the researcher to participate in the research project (Brink *et al.*, 2012:133). The research sample is further explained as containing certain important characteristics essential to the research. Sampling methods include a decision on sample size and inclusion criteria that consider data saturation and suitability for the study (Polit & Hungler, 1997:44). In this study sample selection criteria were used and depended on data saturation that is reached when there is a repetition of information and no themes can be derived from the interviews with secondary school teachers (Speziale & Carpenter, 2003:68)

- ***Sampling strategy***

Definition of sampling strategy

Burns and Grove (2009:40) define sampling technique as a process for selecting events, groups of people, behaviours or other elements with which to conduct a study.

The selection of schools as participants

The schools were selected purposefully as they were selected for their high learner pregnancy rates. Teachers were selected purposefully as participants as the teachers who teach Life Orientation were targeted, as well as those that are assigned to handle learner pregnancies within the school.

- **Selection criteria**

Inclusion criteria

- Female and male teachers of any culture, religion or ethnicity.
- Experience of 5 years in teaching at a secondary school in the same district and sub district.

- Teachers must be permanently employed by the Education Department.
- Able to communicate in English as per curriculum design.

Exclusion criteria

- Teachers who have less than 5 years' experience.
- Teachers who are not permanently employed.
- Teachers who are unable to communicate in English.

2.3.3 Data collection

Data collection is defined by Langford (2001:94) as a formal procedure of gathering the data necessary to address a research problem or research objectives. Data were collected from in-depth individual interviews. This an excellent method to use to arrive at rich and informative data related to the topic of the research (Brink *et al.*, 2012:120).

- **The role of the researcher**
- The researcher requested permission from the ethics committee of the North-West University, Potchefstroom campus.
- Thereafter permission was granted by the North-West University (**Ethical number NWU-00143-13-S1**) [**Annexure A**]
- The researcher requested permission from the Department of Education in Kwazulu-Natal
- Permission was granted by the Department of Education [**Annexure B**]
- The principals of the selected schools gave permission to conduct the research at their premises. [**Annexure C, D, E, F**]

- The researcher identified potential participants (secondary school teachers) suitable for the study. **[Annexure G]**
- The participants were asked to give informed consent **[Annexure H]**
- Adhere to ethical considerations

Setting

Setting refers to the place where the study is conducted. The setting arrangement is one of the major roles of the researcher. For the purposes of this study, the setting was important to conduct the interviews. A good setting requires adequate light, good ventilation and appropriate room temperature. The physical setting for this study was comfortable, with effective sound proofing, free from environmental distractions like noise. It was made suitable for the activities involved (Polit & Beck, 2008:57). The researcher and the principal of the secondary school arranged the venue, which was the staff room of the school. The secondary schools are all in deep rural areas. Participants involved in this study are teachers at these secondary schools. They were selected because they were suitable and knowledgeable on the research topic and they met the criteria as per inclusion criteria. The participants shared their experiences regarding the topic of discussion. Each participant was given the opportunity to verbalise their views through interaction as the seating arrangement encouraged active involvement (Burns & Grove, 2009: 342).

The researcher collected the data using individual interviews. The interview was conducted in a conversational manner (Greeff *in* De Vos *et al.*, 2011:292; Holloway & Wheeler, 2005:152). An interview is defined as a mechanism of data collection from the selected participants who are suitable for the study (thus secondary school teachers). The interviews took the form of semi-structured questions. The aim with conducting the interviews was to collect data that represents the reality of the situation under study. This was achieved through sufficient responses from the participants. Open-ended questions were posed to the participants (secondary

school teachers) in order to explore their experiences with regard to the phenomenon.

2.3.4 Pilot study

The function of the pilot study is to test the interview questions before wider use. The participants were visited before the commencement of the study as a form of a trial. During these visits the participants were asked the following questions (Strydom *in De Vos et al.*, 2009:205):

- How do you experience teenage pregnancies at your school?
- How do you experience unexpected deliveries at school?
- How do you cope with teenage pregnancies and unexpected deliveries at your school?

Participants showed great interest as this is regarded as a global issue of concern. The pilot study contributed much to the rest of the interviews and data analysis that followed, as the interview questions that were used during the pilot study seemed to be understandable by the participants.

2.3.5 Data collection process

The data collection process included conducting individual interviews with the participants (Brink *et al.*, 2012:147). The researcher considered all the ethical principles involved prior to data collection. The dates for interviews were arranged with the participants involved. The participants were informed about the time and duration of the interview. The venue was indicated in advance to avoid delays. The researcher ensured that the research is managed successfully (Brink *et al.*, 2012:158). The participants were welcomed and the methods used to maintain confidentiality and to guard their privacy were explained. Participants were further reminded to switch off their cell phones. The researcher once again explained the

ethical issues, why the participant has been included and the purpose of the study and of the interview.

In-depth individual interviews

In-depth individual interviews were conducted with purposively selected participants (Brink *et al.*, 2012:158). The researcher conducted one-on-one interviews with the selected participants. Each participant was encouraged to voice his/her innermost feelings about their experiences with teenage pregnancies and unexpected deliveries of babies at their schools. The researcher showed her interest to the participants. Where the participant was not clear, the researcher clarified the information. Participants who were reluctant were probed for more information. The researcher used verbal and nonverbal communication, as well as eye contact. This encouraged the participants to more open and to freely verbalise their feelings and thoughts. When needed, the participants were guided back to the question on discussion. The interviews were audio taped as per agreement made with the participants. This was done in order to be able to transcribe the interviews for data analysis purposes

The researcher used her flexible interview schedule to explore and describe the secondary school teachers' experiences with teenage pregnancies and babies being delivered at schools. The researcher got first-hand information directly from the participants (secondary school teachers) who are exposed to the environment in question (secondary schools). The researcher ensured privacy and confidentiality, since the interview was carried out in quiet and in private. Data saturation occurred after the 19th individual interview.

- **Interview techniques**

The researcher applied interview techniques to ensure sufficient data collection. The following interview techniques were used to obtain the necessary information for this study.

Attentive listening skills were used to ensure that the interviewees answering accordingly and relevantly (Ritchie & Lewis, 2003:142).

Probing: Specific comments were made to the participants to get clarity on the question in relation to the research topic (Burns & Grove, 2009:142).

Minimal verbal response: Participants showed facial expressions that reveal demotivation with teaching, since they have to play dual roles (Ritchie & Lewis, 2003:143).

Paraphrasing was done to put the information in an understandable pattern. The researcher rephrased some sentences to be clear to the participants (Burns & Grove, 2009:119).

Clarity: The researcher clarified new concepts so that the participants understood them properly (Greeff *in De Vos et al.*; 2011:293).

Reflection: It is a process of collaboration between the researcher and the participant. The researcher explores factors that underpin the feelings of the participant (Ritchie & Lewis, 2003:141).

Encouragement: Participants that showed reluctance to provide relevant information on deliveries on school premises were positively encouraged to voice their views (Greeff *in De Vos et al.*, 2011:290).

- **Process of recording the interviews**

The researcher used pre-designed questions posed to individual participants. The researcher audio recorded the information with a recording device that was placed visibly between participant and the interviewee. This battery operated audio tape device was pre-tested to ensure that it works well and can serve the purpose of recording interviews for transcription. In this context it was the best instrument to collect the data sufficiently. Furthermore, the field notes serve as supplement to unclear information. During the interviews, the researcher jotted down information that she thought would provide additional insight during the data analysis (Welman *et al.*, 2010:199). Field notes play an important role in how the researcher observed and

experienced the interview. It reminds the researcher of thoughts and ideas that can be used during data analysis.

2.3.6 Field Notes

The researcher made field notes as part of the data collection process. It is best that one person takes field notes so that important aspects of the discussion are captured, like non-verbal communication cues and the group's moods. These aspects may not be captured by the tape recordings. The field notes provide the researcher with an opportunity to later consider what he or she observed and experienced outside the immediate context of the interview, and this includes thoughts and ideas for consideration during data analysis (Polit & Beck, 2006:306). Descriptive field notes were written directly after the interview to describe events and conversations. Reflective field notes were written to record the researchers' personal experiences and reflections while in the field (Polit & Beck, 2006:30).

The following three types of field codes were used:

- **Descriptive codes**

The researcher used descriptive codes to clarify essential elements of the data (Burns & Grove, 2009: 549). Descriptive codes for instance noted the fears participants had regarding divulging their experiences about the learner pregnancy issue.

- **Interpretative codes.** Interpretative codes emanate during the data collecting process (Burns & Grove, 2009:549). This occurs as the researcher gains insight during the process. The codes are created as the researcher starts sorting the statements of concern and attaches meaning to concepts brought up by the participants. Participants verbalise their innermost feelings by volunteering their opinions, especially to indicate that they are not nurses

- **Explanatory codes.** These codes connect to the emerging theory and are used to explain specific aspects. The co-coders agree on these codes during a discussion of the final results. The literature review guides the interpretation and integration of the findings

The field notes are typed and clustered together with each transcription for easy data analysis.

2.3.7 Data analysis

According to Creswell (2009:232) data analysis commences simultaneously with data collection in qualitative studies. Data analysis is an on-going process throughout the study, from the selection of the research problem until the final report. In qualitative research, data analysis entails examination of words (Brink *et al.*, 2012:171). Depending on what method of recording was used during the semi-structured individual interview, the researcher transcribes information verbatim (Speziale & Carpenter, 2003:28). During the transcription process the researcher is expected to convert the information on the audiotape, all the while including field notes into a text document that becomes the research document. The researcher moves deeper and deeper so as to completely understand the data that has been collected. Researchers manage to interpret sound and true data (Creswell, 2009:183). The researcher during data analysis identified themes that were classified as main themes and subthemes. Both the researcher and an independent co-coder came to an agreement on the main themes and sub-themes. These are discussed in chapter 3. In chapter 3 the embedded literature that supports the topic of discussion regarding teenage pregnancies of the learners at secondary schools is integrated with the main themes and subthemes. At this juncture the researcher is able to organise and synthesis the data so as to sift the data to find what is suitable for the topic, after which categories are developed. Therefore individual participants' responses were compared to reach the final results of the data analysis. The researcher used Tesch's (1990) method of data analysis. (Burns & Grove, 2009:561). The following steps were used to analyse, as suggested by Creswell (2009:183).

Steps of data analysis (Tesch *in* Cresswell, 2009:142)

Step 1 Organise and prepare data for analysis. Interviews were transcribed verbatim, including the available field notes. The researcher sorted the data to arrange the data into different types.

Step 2 Read through all data. The researcher read through all data to get a general sense of the meaning of the data collected. This assisted with reflection on the overall meaning of the data collected for analysis.

Step 3 The data were segmented into categories bearing similar meaning. The data of similar meaning were given a clear label. During this process the researcher developed codes for the different kinds of information from the participants.

Step 4 Developing themes. The analyst went through all transcriptions and allocated themes to all codes. The researcher repeated the themes to identify new emerging patterns that may be included. The researcher compared the findings of all analysts. Finally, both the researcher and the involved analysts discussed the differences and the similarities. This assisted them in reaching an agreement.

Step 5 Descriptive wording was found for topics and this was turned into categories, themes or subthemes. Analysts reconsidered and changed the themes when needed.

Step 6 The final decision was taken on themes, subthemes or categories. All were compiled as per the categories agreed upon. The alphabetical order of the codes was considered.

Step 7 All data that belong to the same themes and sub-themes categories were sorted together and statement were numbered, as were the pages of the transcription. Data that are irrelevant to the research question and objectives were excluded from the process of data analysis.

Step 8 Finally, themes and sub-themes were revised and little or no adjustments were made after considering the research objectives.

2.3.8 Literature integration

After the data collection and analysis, literature was consulted to verify the research findings. A literature integration was done to identify new findings or to confirm the existing literature (Burns & Grove, 2009:564). The themes and subthemes that were identified provided a scientific basis for the research. A wide base of literature was used during the literature search. The literature control was conducted using the following databases: EBSCO HOST, Emerald, Medline, Academic Premier Research, CINAHL, Cochrane Library, Nexus, Theses and Dissertations (NWU), Sabinet, SACat and Science Direct. Additional textbooks, newspapers, reports and policies were used for literature integration. The interpretations of the literature led to findings that were confirmed by the co-coder and the researcher. The recommendations were formulated based on these findings so that there can in future be support for secondary school teachers to handle pregnancies of teenage learners and unexpected deliveries on the school premises.

2.3.9 Rigour

Strategies that used in this study to ensure trustworthiness include credibility, dependability, confirmability and transferability, as identified by Lincoln and Gube (Polit & Beck, 2006:332; Lincoln & Guba, 1985:290). [See Table 2.3]

TABLE 2.2 Questions and criteria related to trustworthiness in qualitative research.

QUESTIONS ASKED BY GUBA AND LINCOLN (1985:290)	CRITERIA FOR EACH QUESTION BY GUBA AND LINCOLN (1985:290)
How can the research establish whether the findings in the context are true?	The researcher was confident about the truth of the data as well as its integrity and interpretation. Triangulation was one

QUESTIONS ASKED BY GUBA AND LINCOLN (1985:290)	CRITERIA FOR EACH QUESTION BY GUBA AND LINCOLN (1985:290)
	of the methods used by the researcher during the individual interviews as she used the same questions to interview different participants.
How repeatable are the research findings with the same participants and within the same context?	The feedback from the participants was unbiased and honest and the researcher spent enough time to be able to ascertain that the information was dependable. The research design and methods were discussed in detail
How can it be ensured that bias (by the researcher and/or participants) does not influence the research findings?	The researcher and participants had the same goal, namely to address the problem, and no-one personally benefited from the research. There was no bias and everyone remained neutral. The focus was on the participants' own experiences.

TABLE 2.3 Strategies to enhance trustworthiness in this research

(Klopper, 2008:69-70; Krefting, 1991:215-221; Lincoln & Guba, 1985:290)

CRITERIA/STANDARDS	THREATS	STRATEGIES TO ENSURE TRUST
TRUTH		CREDIBILITY
This first criterion is reflected by the human experience of the participants.	• Too long engagement during data collection will impose the threat, leading to poor identification of essential and actual facts. • Failure to select suitable participants that will produce valid data essential for the study's objectives. • Failure of the researcher to follow the steps of the research process. The researcher may lack skill in conducting the research using individual interviews. In this regard the research may offer false results.	• Prolonged engagement – 2 years of preparation and thereafter data collection by the researcher (Brink <i>et al.</i>, 2012:172; Polit & Beck, 2006: 332) • Selection of participants – The teachers who participated came from all selected secondary schools and were invited as per schedule design and as suitable for their availability (2.2) – selection criteria

		• Interview technique – A pilot study (2.3.3) preceded data collection (Brink <i>et al.</i>, 2012:174). Field notes were taken during individual interviews. • Conclusion: A qualitative research study can be considered credible if the participants are in a position to acknowledge that they are persons who have had valid experiences related the study, i.e. teenage pregnancies and unexpected deliveries on school premises and its implications.
--	--	--

APPLICABILITY		TRANSFERABILITY
To what degree can the findings be applied to other populations and contexts or settings?	The researcher can be biased only if he/she had an intention of benefiting from the study.	• Purposive sampling – A purposive sample reflects the judgement of the researcher in that the researcher evaluated the suitability of the selected participants by considering the person's experience and knowledge based with respect to the topic of the research in progress. (Brink <i>et al.</i>, 2012:141; Cresswell, 2008:145; Burns & Grove, 2009:352)
CONSISTENCY		DEPENDABILITY
The third criterion refers to whether there would be consistency if the research was reproduced with the same participants over a period of time within a similar context.	If the researcher works alone during data collection and analysis, she might be biased when making judgments regarding the findings obtained.	• Indirect - Measures of credibility – A dense description of the research setting and procedures of data collection and analysis

		• Direct – The pilot study resulted in adapting the questions asked to the participants from the 4 secondary schools who were purposively selected as participants.
NEUTRALITY		CONFIRMABILITY
The fourth criterion refers to the neutrality of this research study so that it is free from bias in procedure and results.		• Confirmability audit – An agreement meeting between researcher and co-coder was planned and conducted (Krefting, 1991; de Vos <i>et al.</i>, 2009:345; Brink <i>et al.</i>, 2012: 127). – Field notes and transcribed texts are all being safeguarded according to the guidelines to maintain the confidentiality of the participants who revealed the data that was collected.

Trustworthiness is regarded as the term for the evaluation of rigour in qualitative research (Klopper, 2008:70; Krefting, 1991:214-222; Lincoln & Guba, 1985:289-311; Brink *et al.*, 2012:173)

2.4 ETHICAL CONSIDERATIONS

This section provides an overview of the ethical considerations. Generally accepted international ethical principles in health research were applied, as outlined in the Helsinki Declaration and described in DENOSA (1998:1-8), Burns and Grove (2009:181-198) and Brink *et al.* (2012:33-44).

2.4.1 Code of ethics

The researcher made a conscious and deliberate decision to adhere to local, national and international ethical standards. Constant awareness of the ethical considerations was maintained throughout the research process.

2.4.2 International ethical governance

The study adhered to the international ethical guidelines of the International Council of Nurses 4 (ICN) (ICN, 2006:1-2), the Helsinki Ethical Declaration and the Nuremburg Code (Guidelines for postgraduate studies, North-West University, 2010:54) that stipulate the handling of human participants in medical research.

2.4.3 National ethical governance

On a national level, the researcher adhered to the code of ethics as stipulated by the Medical Research Council (MRC) (Guidelines for postgraduate studies, North-West University, 2010:51) and the Democratic Nursing Association of South Africa (DENOSA, 1998).

2.4.4 The University's code of ethics

As a master's degree candidate of the North-West University (Potchefstroom Campus) the researcher adhered to the ethics code of the University as stipulated by statute. A research proposal was submitted to the North-West University Ethics

Committee, Potchefstroom Campus, and ethics approval was granted with certificate number: **NWU-00143-13-S1 [Annexure A]**.

2.4.5 KwaZulu-Natal Department of Education

The researcher requested ethical approval from the **KwaZulu-Natal Department of Education** and it was granted. **[Annexure B]**

2.4.6 Selected schools in KwaZulu-Natal

The researcher received ethical approval from schools in the province to conduct the research in their institutions **[Annexure C, D, E and F]**.

2.4.7 The responsibility of the researcher to protect the rights of the participants

The researcher tried to conduct the study in a manner that protects the participants from any harm, be it physical or emotional.

Informed consent: The researcher provided the participants with clear and comprehensive information regarding the study, both verbally and in writing. They were free to choose to participate or to withdraw from the process without harm (Brink *et al.*, 2012:31; Burns & Grove, 2009:194). Consent forms were given to request their consent to voluntarily participate in the study (Brink *et al.*, 2012:38; Burns & Grove, 2009:196) **[Annexure G]**. Data was collected only once written consent had been obtained from the participant (Burns & Grove, 2009:197).

- **Right to privacy**

The participants have a right to determine the time, extent and general circumstances under which personal information is be shared. Confidentiality was assured through the fact that contact was directly with the researcher. The interviews were voice recorded. During the process of transcription, the participants' own names

were not used. Transcripts, tapes and field notes were kept under lock and key and were not divulged to others (Brink *et al.*, 2012:35, Burns & Grove, 2009: 186).

- **Right to Anonymity and Confidentiality**

Anonymity was maintained because the names of the participants were not divulged. Codes were used to ensure that the identity of participants remain anonymous (Burns & Grove, 2009:188). The private information shared by participants was not shared with others without the authorisation of the participant (Brink *et al.*, 2012:35).

- **Benefits**

The benefits derived from participating in the study were communicated to the participants (secondary school teachers) and authorities (KZN Department of Education).

- **Right to protection**

The right to protection from discomfort and harm is based on the ethical principle of beneficence (Burns & Grove, 2009:198; Brink *et al.*, 2012:35). No emotional, social or economic harm was foreseen in this study. The participants could withdraw at any time during the data collection process.

- **Right to fair treatment**

The ethical principle of justice forms the basis of the right to fair treatment. The principle holds that each person should be treated fairly and receive what is due or owed (Burns & Grove, 2009:189).

The participants could indirectly benefit from this study and the benefits derived from participating in the study were communicated to the participants (secondary school teachers) and authorities (KZN Department of Education). The possible benefit includes the result of formulating recommendations to handle teenage pregnancies and unexpected deliveries at secondary school premises.

2.4.1 The responsibility of the researcher: quality of research

The proposal for the research was approved by the Ethics Committee of the North-West University (Potchefstroom campus) Ethics number: **NWU-00143-13-S1**. The planning, implementing and reporting on research were carefully conducted.

Displaying integrity by stating supporting and opposing views

Various points of view found in the literature and during data collection were spelled out.

Acting honestly regarding results

No results have been falsified and all participants and co-workers have been acknowledged.

2.4.2 The responsibility of the researcher: dissemination of results

Distribution of information regarding this research

This research results will be distributed to other scientists and service providers through publication in journals and workshops.

Giving feedback on the research

After giving informed consent, each participant had the choice of being individually informed regarding the results of the researcher. The results of the research will be shared in the form of a report that will go to all the participants who submitted their addresses, as well as the management of the Department of Education, KZN.

2.5 SUMMARY

Chapter 2 presented the research design and methodology. It presented all the essential procedures that have to be followed during the research process. The discussion included an introduction of the problem to be investigated. The researcher indicated the aims and objectives, as well as the methods to be used in data collection and data analysis, rigour and the ethical considerations.

Chapter 3 presents the discussion of the findings by describing the participants' experiences of teenage pregnancies and unexpected deliveries at the four secondary schools that includes challenges in implementing preventive measures for learner teenage pregnancies in the KZN Province.

RESEARCH FINDINGS AND EMBEDDED LITERATURE

3.1 INTRODUCTION

The research design and methodology was extensively discussed in Chapter Two. This chapter presents the research findings after data collection and data analysis. The findings are supported by an integrated literature review.

3.2 REALISATION OF DATA COLLECTION AND DATA ANALYSIS

Four secondary schools in Nquthu were selected to participate in the research. In-depth interviews were conducted until data saturation was reached, as described in chapter two. The sample was drawn from the teachers who met the criteria for inclusion in this study. Informed consent was obtained from the participants [See Annexure G].

The researcher visited the participants as per scheduled dates and times at the participants' secondary schools. The researcher collected the signed consent forms from each participant before the interview [Annexure G]. A battery operated digital voice recorder was used to record each interview (Gerrish & Lancy, 2006:226). After each interview, field notes were written. Interviews were conducted until data saturation was reached (Brink *et al.*, 2012:159). The digital voice recorded interviews were transcribed verbatim for data analysis (Burns & Grove, 2009:405; Brink *et al.*, 2012:159).

During the data analysis the researcher identified main themes and subthemes from the data. An independent co-coder was chosen to analyse the data independently, and discussion on the data continued until consensus was reached between the researcher and the co-coder. The researcher identified three themes, each with

subthemes. Verbatim quotations are included in the discussion to substantiate the interpretation. The literature integration shows whether the findings of this study are unique similar to other studies.

3.2.1 Demographic profile of participants

The demographic data of the 19 participants included the participant's gender, age, level of education, marital status and years of teaching experience. The demographic data of the participants is reflected in Table 3.1 below.

TABLE 3.1 Demographical information of the participants

Age	25-30 years (47%) 31-39 years (21%) 40-55 years (32%)
Educational level	Teaching Diploma (16%) Bachelor of Education (26%) Secondary Teaching Diploma (53%) FDE (5%)
Marital Status	Married (21%) Single (79%)
Years of teaching experience	5-10years (47%) 11-16years (32%) 17-25years (21%)

- **Age**

The following section the researcher discusses the age, educational level, marital status a

Firstly an depiction of the participants (teachers in secondary schools) age are given. educational level and then years of teaching experience.

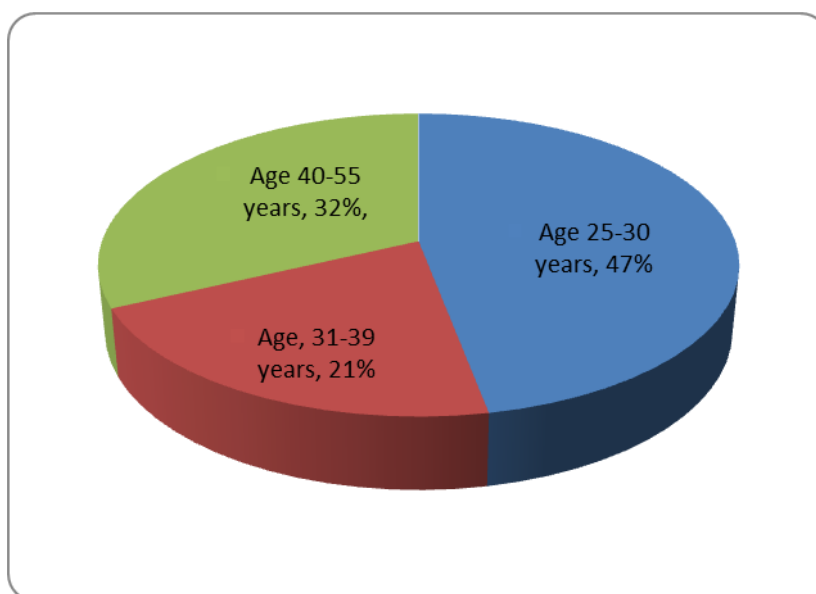


FIGURE 3.1 Age

As depicted in Figure 3.1 above, the participants ranged in age. Forty seven percent (47%) of the participants were between the ages of 25 and 30 years old. Thirty-two (32%) of the participants ranged between the ages of 40-55 years, the remaining 21% of the participants were aged between the ages of 31-39 years.

- **Educational levels**

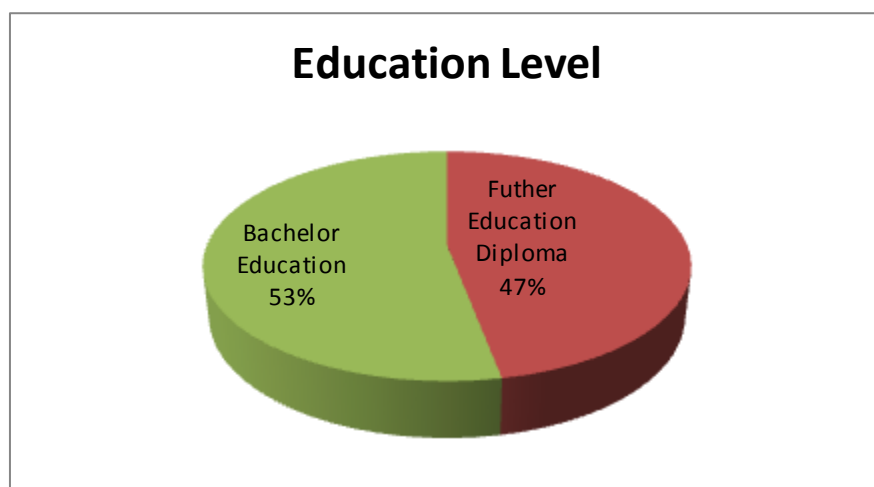


FIGURE 3.2 Educational level

The participants involved in the research had different qualifications within their respective fields. The table below shows that 53% of the participants had obtained a Bachelor of Education, and 47% of the participants had obtained a Secondary Teachers Diploma.

There are three different types of educational training that teachers in this research context could have obtained, namely Bachelor in Education (B.Ed), Secondary Teachers Diploma (STD) and the Further Diploma in Education (FED). Those with a Bachelor in Education (B.Ed) advanced further in the educational system, since they have higher education as offered by a college. Participants with Bachelors in Education studied longer in comparison with those who have a Secondary Teacher's Diploma and Further Diploma in Education (de Vos *et al.*, 2011:17). Unexpected learner teenage pregnancies and unexpected deliveries within the teaching and learning environment create a problematic situation since the secondary school teachers have no formal skills and competencies that equip them for emergency deliveries at school. This has a negative impact to the secondary school teacher's role, as they now have the dual role of being a teacher and delivering unexpected babies (Ndiyana, 2011).

Secondary school teachers are expected to handle unexpected deliveries at school without suitable knowledge and skills for the safe delivery of the baby. The teachers use their coping mechanisms to cope with this environment, as they are expected to handle the given situation outside their job description (SA, 2012). The teaching standards are affected due to diverse interests of the government policies (SA, 2011a). As stipulated in the Secondary School Policy, pregnant learners can continue with school until the 32nd week of pregnancy (SA, 2011a). This means that premature delivery can easily occur while the young mother is still at school. Although the secondary school teachers are expected to monitor learner teenage pregnancies as per the Pregnancy School Policy (2010 & 2012), the teachers have no training regarding pregnancies and deliveries, no matter what their educational level is.

- **Marital status**

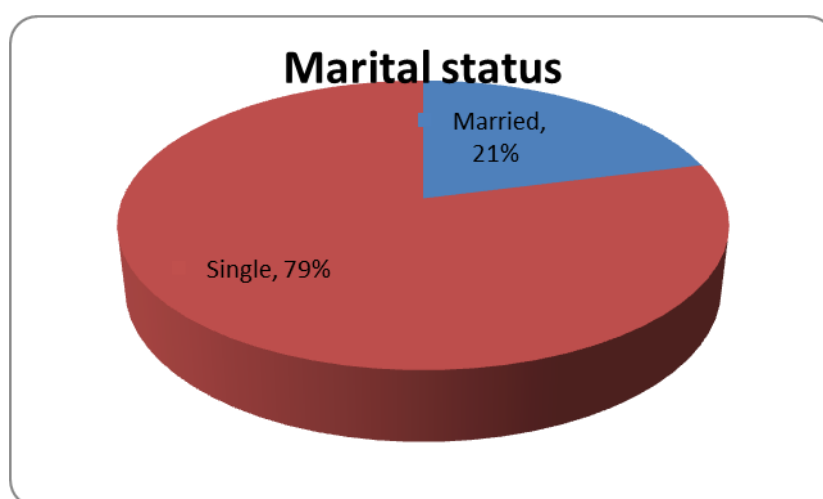


FIGURE 4.3 Marital status

Figure 4.3 indicates that 21% of the participants are single and 79% are married.

- **Years of teaching experience**

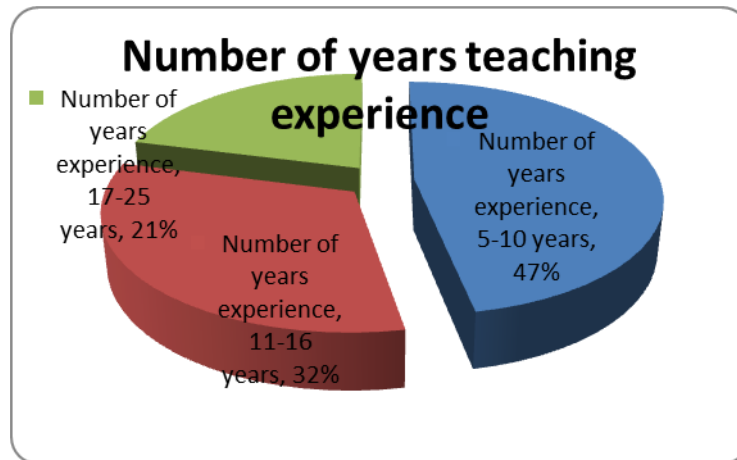


FIGURE 4.4 Teaching experience in years

The participants interviewed had different years of teaching experience in the field of teaching. The majority of participants had 5-10 years of teaching experience in teaching in secondary schools (47%). Of the participants, 32% had 11-16 years of teaching experience and 21% had 17-25 years of experience in teaching at a secondary school.

TABLE.3.2 Demographic profile of both the teachers and learners

SCHOOLS	School A	School B	School C	School D
NUMBER OF TEACHERS	43	24	30	28
NUMBER OF LEARNERS (school enrolment 2013)	- Total number of learners: 1024 - Girls: 650	- Total number of learners: 750 - Girls: 375	- Total numbers of learner: 854 - Girls: 520	- Total number of learners: 650 - Girls: 350
NUMBER OF PREGNANT LEARNERS				
2010	30	40	12	18
2011	25	43	05	12
2012	27	57	05	6
2013	50	05	03	5

3.2.1 Realisation of data collection

All the participants preferred to be interviewed in English. There were 19 participants and each interview was recorded with a digital voice recorder. Thereafter the interviews were transcribed verbatim (Creswell, 2009:226). The researcher took field notes during and after individual interviews as a validation of the audio recorded data. During this period the researcher kept the set objectives of the study firmly in mind. The responses from the participants were checked often for the degree to which they reflect the relevance and appropriateness of the questions asked.

Interviews which is audio recorded was chosen as the best suitable instrument to capture the relevant information (Brink *et al.*, 2012:159). The researcher should subsequently have more than enough time to read the data collected. It allows the researcher to be informed about the information (Appendix H). The following questions were asked to the participants using the individual interview.

1. How do you experience teenage pregnancies at your school?
2. How do you experience unexpected deliveries at your school?
3. How do you cope with teenage pregnancies and unexpected deliveries at your school?

In the final stage the researcher compared the final themes raised by each participant (Brink *et al.*, 2012:185).

3.2.3 Realisation of data analysis

In order to analyse the data, the audio recordings were played and re-played to transcribe the interviews. The verbatim transcriptions of data was read and re-read (Burns & Grove, 2009:521). The data were reduced to small, manageable parts, closely examined and compared for similarities and differences (Burns & Grove, 2009:521). By reading the transcripts carefully emergent themes and sub-themes were identified. This method ensured neutrality, which is important in reflecting the participants' thoughts and experiences (UJ, 2013:101). The tables below reflect the findings. The themes narrow down the true experiences of participants without utilising superfluous information. Comparisons were made to establish the different experiences of individuals, which is an important step. Different themes were identified and were further grouped into main themes and subthemes. Superfluous information that is not clear or descriptive was omitted if it did not relate to any themes or subthemes (Creswell, 2009:226). The redundant information in the themes that do not specify, clarify or elaborate on the remaining themes by relating them to each other as a whole were eliminated. Emergent themes and sub-themes were written in the margin of the page.

Data analysis was done according to the principles of Tesch's (1990) systematic open coding analysis for qualitative research [See section 2.3.7]. The researcher analysed the data and identified themes and subthemes, data analysis was also conducted by a co-coder who coded the transcripts independently from the researcher. The researcher and the co-coder then held a meeting to further discuss the data in an effort to reach consensus on the themes and subthemes. Agreement was reached and themes and subthemes were agreed upon from the data analyses (de Vos *et al.*, 2011:17).

3.3 RESEARCH FINDINGS AND LITERATURE INTEGRATION

The following Table 3.3 presents the identified themes and subthemes that emerged during data analysis.

TABLE 3.4 Themes and sub-themes: Teachers' experiences of teenage pregnancies and unexpected deliveries at schools

Theme	Sub-theme
1. Overall experience regarding learner teenage pregnancies	1.1 Negative experience on those around pregnant learners
	1.2 Absenteeism
	1.3 Poor performance/Dropping out of school
2. Experience regarding unexpected deliveries at the school.	2.1 Teachers lack skills and competencies
	2.2 Feeling insecure about handling the deliveries
	2.3 Lack of assistance

Theme	Sub-theme
3. Recommendations to cope	3.1 Department of Health 3.2 Department of Education 3.3 School Governing Body 3.4 Collaboration between DoH and DoE 3.5 Awareness campaign

3.4 IDENTIFIED THEMES

The following three themes and 11 sub-themes were identified and will be discussed accordingly.

3.4.1 THEME 1 Overall experiences of secondary teachers regarding leaner teenage pregnancies

Experience is knowledge or skills gained through practice or through having seen or done something before (Turnball, 2010:329). It is directly linked to a person's personal perspective of an event that he or she endured, undergone or has had to live through. In this particular study experience refers to the participants' thoughts, interpretations and perceptions and feelings regarding the issue of teenage pregnancy. The sub-themes of experience are divided into three categories, namely negative experience on those or and pregnant learners, absenteeism and poor performance/dropping out of school.

3.4.1.1 Sub-theme Negative experience on those around pregnant learners

The participants that were involved in the research identified a number of negative impacts that pregnant teenage learners have on those around them. The participants indicated that the individual learners have a tendency of sleeping in the class during teaching activities (Mpanza, 2012:56; Sibeko, 2012:21). They further indicated that pregnant learner's have a tendency to have mood swings due to the hormonal changes that occur during pregnancy, something that also affects the attitude of the learner (Wolhunter, 2013:1; Moliko, 2010:33 & Malahlela, 2012:8)

This has a negative impact on the interaction between the secondary school teacher and the pregnant teenage learner, as well as between her and other learners. This leads to poor performance, resulting in poor results at the end of term (Sibeko, 2012:20). The following quotes express the negative impact on the teaching and learning situation at secondary schools:

--- We find that they affect the whole situation in other learners; they also affect another learners (Part, 1).

..... Eh sometimes it is sickness, sometimes there are remarks from the class/learners---Eh somebody sleeping in the class with learners remarks, somebody is pregnant (Part, 7).

According to Panday *et al.* (2009:41) pregnancy interferes with the learner's performance. This is due to common illnesses during pregnancy that affect the learner, particular during the first trimester. According to Bhana *et al.* (2010:876) the teachers view pregnancy as a threat to the collective academic performance of the learners (SmithBattle, 2007:354). It disturbs the class harmony. The performance and the coping mechanisms of the learner remain questionable, especially when it comes to academic demands (Bhana *et al.*, 2010:876). Malahlela (2012:20) states

that school performance is measured by means of evaluations of the learner to identify whether the learner meets the standard required. Some learners find the school boring, and in order to escape the boredom, the learner resorts to getting pregnant and during this period her school performance drops even further (Moliko, 2010:28). Teachers fail to cope with these students' tendency to sleep in class, since it not only disturbs other secondary school teachers, but also disturbs the teaching function in class.

3.4.1.2 Sub-theme 1.2 Absenteeism

Teachers indicated that absenteeism is a most disturbing issue related to teenage learners' performance and attendance profile. Participants stated that various factors contribute to absenteeism. Examples of reasons for absenteeism are antenatal clinic visits (Mpanza, 2012:3; Sibeko, 2012:20), sickness due to pregnancy (Mpanza, 2012:3) and delivery dates (Gyan, 2013:58) or fear of mixing with other learners due to embarrassment. This poses a threat to their socialization and hampers effective teaching and learning processes for which the teachers are responsible for.

The minor disturbances include episodes of illness associated with pregnancy. These minor episodes are experienced only during the three first months of pregnancy. They are characterised by morning sickness (nausea) and excess amounts of saliva in the buccal cavity (SmithBattle, 2007:355). According to Panday *et al.* (2009:41) pregnancy interferes with learners' performance at secondary school level, especially due to pregnancy related discomforts that affect the learner during the first trimester. This leads to poor appetite, depending on the individual's coping mechanism (SmithBattle, 2007:355).

Furthermore, teenage learners with babies are often absent from secondary school after the birth to visit the clinic for postnatal follow-ups and immunisation of the baby (Mpanza, 2012:56). The DoH has an immunisation schedule that requires the baby to be immunised at specific ages. The teenagers are also absent from school on days when they go and collect their social grant as a support for post-delivery (Mpanza, 2012:47; Willan, 2013; Govender, 2007b:15). The social grant policy is a

major concern for the teachers because in their view it plays a major role in promoting early pregnancy. The learners consider the meagre grants as a weapon to fight the poverty within the family setting (Squires, 2011:5).

The following quotes support these statements:

.... I think the first problem that we have is that we have is that on the first trimester when the, children don't want the educators to see that they are pregnant. First thing is that they absent themselves at schools uhm they want to go our may be because they are still vomiting and all that (Prt. 1, 3).

Panday *et al.* (2009:41) state clearly that pregnant learners are often from school. The reasons may be due to failure to cope with the demands of pregnancy, as well as embarrassment. They are also absent due to the visits to antenatal clinics (Panday *et al.*, 2009:41). Mpanza (2012:3) indicates the rising rate of absenteeism due to antenatal care visits and minor discomforts of pregnancy. According to Gyan (2013:54) learners who have poor attendance and who dislike school before falling pregnant are less likely to remain in school. Chigana and Chetty (2008:261) further elaborate that teenage pregnancy is amongst the most serious causes of school disruption and makes the teachers' teaching task difficult as to ensure academic progress of learners.

3.4.1.3 Sub-theme 1.3 Poor Performance/Dropping out of school

Worldwide, the poor performance and drop-out rate of teenage pregnant learners is shocking. Some people blame the government for offering child grants. Each and every secondary learner is hunting pregnancy in order to access child support grants (Squires, 2011:1). The United States of America is one of the countries in the world with the highest rate of teenage pregnancies. In 2013 statistics showed that 305 420 babies were born to adolescents between the ages of 15-19 years (PPFA, 2012).

In South Africa the problem continues and in 2011 a total of 94 000 secondary learners got pregnant in South Africa (Cilliers, 2013:1). This is also the reality in the KZN province where this research was conducted. The total number of reported pregnancies in all 4 secondary schools in 2010 amounted to 100 pregnancies, 2011 had 85 pregnancies, 2012 had 95, and 2013 had 63 pregnancies, which sum to 343 pregnancies over a period of 4 years within the research context of 4 schools. The percentages per school come to School A = 7%, School B = 3%, School C = 4.5% = School D = 2.3%. Table 3.2 gives the demographic profile of the teachers and learners.

The following are verbatim quotations from the interview transcripts to illustrate their feelings about the drop-out situation in the secondary schools as a result of learner teenage pregnancies.

....It also affects us as teachers and as we are female teachers we are feeling humiliated as we are expected to take a lead in this regard.

.... find that how this can happen in such an environment. Learner deliberately became pregnant as it fashionable and in style (Part, 11).

.... And you find sometimes it gradually increases if the school does not do anything about it, it gradually increases every time it. Find that in January there are three and then maybe in February there are seven in March thirteen they increase in numbers (Part, 9).

The teachers experience a large volume of school drop-outs each year, and this affects mostly the teenage learners who become pregnant at a secondary school level (WHO, 2003:4). Participants also mentioned that poor performance is part and parcel of this scenario, because where there is pregnancy, there is performance retardation (Panday *et al.*, 2009:15). The poor performance of the pregnant learner teenager results to school drop-out. According to Mpofu (2012a) school drop-out

occurs due to the fact the males are no longer responsible for practising their cultural rights, which entail protecting women from unwanted pregnancies. Males fail to offer women love. Men are not keen at all to wear condoms to prevent unwanted pregnancies and sexually transmitted infections (Willan, 2013:19). The female body makes her more vulnerable to contracting sexually transmitted infections as well as HIV (Wolhunter, 2013:1). This makes the pregnant teenage learner in secondary school even more vulnerable to becoming infected with HIV, which means that she is in even more danger (Willan, 2013:19). She furthermore carries the risk of infecting her baby with HIV (DOH, 2010). If she does not attend antenatal clinics she and her baby miss out on the opportunity to become part of the Prevention-of-mother-to-child-transmission programme (PMTCT) (DOH, 2010). However, if she attends the antenatal clinics she will be absent from class.

----Yes it interferes with the performance at school the experience is based on performance experience and absenteeism (Part, 1, 2).

Absent for several time for one I think that may be they go attend Antenatal clinic (Part, 6).

According to Time Live (Nivashni, 2014: 2) one of the KZN province schools had 8 pregnant learners who had dropped out of school at the beginning of 2014. The DoE has called for an investigation regarding drop-outs due to teenage pregnancies (Nivashani, 2014:1). According to Bhana *et al.* (2010:876), when the teenaged learner's performance before the teenaged learner became pregnant is compared to after becoming a parent, the performance standard decreases. Decrease of performance leads to poor results and school drop-out (WHO, 2003:4; Sibeko, 2012:22). The learner experiences many challenges, like child illnesses for which she has to take her baby to the clinic every now and then, and she has to stay with child at home if there is no one to assist in this regard. Eventually such learners drop out of school (Sibeko, 2012:22). Gyan (2013:53) indicates that teenage pregnancies and motherhood are characterised by shame, disgrace, school drop-out and

sometimes ending the dreams of the learner. Gyan (2013:53) further states that there are three main interlinked forces that contribute to teenage learner drop-out such as exclusion from secondary school due to poor performance.

The next theme is about the teachers' experience with unexpected deliveries at school.

3.4.2 THEME 2 Experience regarding unexpected deliveries at school

3.4.2.1 Sub-theme 2.1 Teachers lack skills and competencies

Participating secondary school teachers expressed that they experienced an increase of learner teenage pregnancies and unexpected deliveries at school, which in turn creates work overload (Sibeko, 2012:20). They indicated that they have to play the dual role of being a teacher and a midwife while they are engaged in teaching activities (Mpanza, 2012:168). Secondary school teachers indicated that government does not allow them to give input about some of challenges they are faced with. The issue of school learner pregnancies contributes negatively towards the attitudes of the teachers.

The increase in the learner pregnancy rate affects the teaching function of the teachers, adding more responsibility than could reasonably be expected from the teachers (Myburgh & Poggenpoel, 2003:265). Pregnancies contribute to a poorer school context. The secondary school teachers are left without options in addressing school attendance and poor academic performance (Myburgh & Poggenpoel, 2003:265). There are no supportive mechanisms for the teachers. Teachers feel that the policy context is shifting continuously, which has led to schools changing into new sexual environments and new places of freedom for teenagers (Bhana *et al.*, 2010:876). The state must actually acknowledge the important role that teachers play. The teachers must be provided with extensive and more professional development because their teaching functions have expanded. They are now demotivated and are inclined to leave the educational system since they don't have a

feeling of belonging. Ndiyana (2001:1) reports that a teacher delivered a baby in the middle of a matric exam because pregnant teenage learner went into labour in full view of her classmates. One participant further stated that he did not feel comfortable disclosing the incidents where student have given birth due to fear of a stigma being attached to the school. This may cause potential school goers to shy away from the school.

Participants verbalised that they are trained as teachers in the education system; therefore their curriculum does not cover midwifery content or basic midwifery. It is impossible for them to handle emergency deliveries that occur on school premises.

The following quotes support the above statements:

----That depend on to saying we are not trained for midwife (Part, 12).

.....Eish it is difficult because the first thing you are not a doctor not a nurse, you are not a trained as a person who can deliver the baby (Part, 3).

,... We don't have gloves no provision for such situation, no precautions for such a situation it is worse for skill (Part, 2).

Teachers are demotivated because they are faced with unexpected experiences. These experiences are the result of a new government system that does not acknowledge their inputs in crises (Bhana *et al.*, 2010:876).

Mpanza (2012:44) notes that as much as the government's School Pregnancy Policy (SA, 2011a) and the Federation of Governing Bodies of South African Schools (FEDSAS) are in favour of having the pregnant teenage learners attending school, the teachers are not given the skills to assist pregnant learners. There is a serious need for secondary teachers to have training regarding the health related issues linked to these situations, for example basic skills on management of any life threatening conditions or emergency deliveries (Mpanza, 2012:54). Educators have

to act like unskilled midwives when the teenager is labour, and this situation calls for more training.

Sub theme 2.4.2.2 Feeling insecure about handling deliveries

Teachers indicated they feel insecure about handling unexpected deliveries. They have two lives in their hands, namely the mother and the baby, in an environment that is not conducive and that is without any relevant and appropriate equipment to face the situation. This puts the teachers at very high risk.

...”let there is an eminent delivery happening in the school now I have to take the learner with my car to the hospital, this is a very high risk encountered and my car was dirty because of the delivery in my car”(Part 2,3,4).

...”Although it wasn’t happening here I think we would call the ambulance, I think we also do that because we are afraid too” (Part11)

...”They don’t watch such a learner because eh we never trained as midwives so it is not easy to touch such a learner so maybe it can do maybe is to call for help so as I am afraid of blood maybe it is just for diseases just I am afraid of blood and my blood just boils when I see the blood”. (Part 12)

This is a unique finding. Though there are policies in place regarding learner teenage pregnancy, there is no policies that pertain to the handling of emergency deliveries at secondary schools. Teachers are not empowered at all to handle such deliveries that that occur on school premises.

2.4.2.3 Subtheme 2.3 Lack of assistance

Participants reported that in cases of emergency and unexpected deliveries at secondary schools, it is difficult to get assistance from both staff members and Emergency Medical Rescue Services (EMRS). There is a big shortage in road infrastructure and available medical services (Fokazi, 2013).

Due to the schools being located in rural areas, the participants found that it is quicker to utilise their own cars to urgently rush the teenage learner in labour to the hospital. Anon (2014) as well as DoH (SA, 2011b) indicates that there is a drastic shortage of ambulances within the province. KZN has only 40 obstetric vehicles that are expected to serve the whole of KZN. In Nqutu the uMzinyathi Municipality only has 4 ambulances available that must service the whole of the rural area.

-----Uhm not I but I had that some other cases and in this immediately they just call the ambulance and they take the learner to the sick bay here so that she will relax (Part,10).

----It was about, it was about to go yes we had to rush, calling the ambulance you see, no ambulances came during that time. We have to use I had use my own car taking the child to the hospital, because there was some water coming out you see and we had to rush and it was really a risk to me .It used to happen and in other schools it really happened in the classroom (Part, 3).

The Daily News (Ndiyane, 2001:1) reported an incidence occurred in northern Zululand within the KZN province where a secondary school learner delivered a baby in the classroom. This was a very shocking event since the classmates experienced a full view of natural birth.

Literature confirms that teachers feel insecure when rendering assistance to the learner and the baby. They feel that they can cause harm due to their lack in skill and appropriate facilities Should the teacher choose to do nothing, the teacher can be charged with negligence (Mpanza, 2012:55).

The ambulance response time for any emergency on school premises is very poor, even more so in the rural areas where the roads are uneven and muddy, depending on whether conditions.

The Daily Dispath reported that one teenage learner gave birth in the school toilet (Tyali, 2005:1). The teachers were unable to provide assistance due to their lack of skills. Teachers trained to assist in emergencies such as deliveries of babies could be of great value in these circumstances. The Department of Health (KZN) (DOH, 2003) reported that there was an ambulance fleet increase of 16%. Unfortunately, the caseload saw an increase of 48%, which saw the needs of the people exceeding the supply of the ambulances. The Department of Health (DOH, 2003) indicated that the EMRS operated on a ratio of 1:60 000, where the norm is 1:10 000. This indicated a significant shortage of EMRS. This in turn contributes to the lack of assistance for teachers when they desperately need assistance in the case of teenage learners giving birth at the secondary schools. Mbangwa (2009-2010) the spokesperson of the Department of Health in KZN indicated that the EMRS response in rural areas is 60-90 minutes. A report drawn up by the Umzinyathi Municipality for the years 2009-2010 indicates a response averaged one hour fifteen minutes. This further supports the claims made by the participants that due to a lack of assistance and prompt response from the ambulances they must utilise their own cars to transport teenage learners that may be in labour.

3.4.3 Theme 3 Recommendations to cope

The third theme that was identified included recommendations from participants to the DoH, DoE and to the School Governing Body (SGB).

The main theme when it comes to recommendations seems to be a lack of collaboration and communication between the various stakeholders.

3.4.3.1 Subtheme 3.1 Department of Health

Secondary school teachers as participants stated that there is a need for health professionals who are school based or who do regular visits at secondary schools, even as early as in the primary schools, to assist the learners that have been identified as pregnant. The participants stated that the health professionals should cater for those that are not yet pregnant by offering preventive care. Participants also

indicated that there is a huge need for school based family planning services within the secondary schools. Participants stated that to avoid absenteeism the DoH should provide the schools with health professionals that are skilful in rendering antenatal care. The following quote emphasises the needs of the secondary school teachers:

---Yeah maybe it will be easy for the government to appoint any health worker to be within the premises at school to cater for those who are in that situation at that time because I don't think it is easy for us as teachers to leave unattended learners and attend those learners who is in labour (Part, 4).

Literature reveals the importance of secondary school based family planning services (Sibeko, 2012). According to Panday *et al.* (2009:50) there should be school based sex education classes. This should involve health care practitioners who know the candidates' individual needs. The health professionals should explore the knowledge, attitude regarding family planning, as well as sexuality as whole. This will assist in reducing the number of teenage pregnancies (Ramulumo & Pitso, 2013:2).

It is important to look into the processes in place in other countries. The United States of America's Department of Health recommended reproductive health services as a means of controlling teenage pregnancy (PPFA, 2012:2). The reproductive health services would assist in educating students on sex and contraceptives. The Department of Health in America (PPFA, 2012:2) would in turn also educate the stakeholders about the strategic methods that can assist in lowering teenage pregnancy (PTP, 2010-2015). The PTP (2010-2015) recommended that teachers should receive training on how to handle and manage pregnant teenage learners. Peer group programmes were also suggested as part of the training (PTP, 2010-2015).

In order to curb the rising teenage pregnancies at secondary schools, the Planned Parenthood Federation of America (PPFA, 2012) recommended that an abstinence

programme be available to secondary school learners. The PPFA (2012) also understood that the abstinence programme may not always be efficient, so they further recommended that secondary school learners be educated on all contraceptive methods, but some states, such as the Caribbean, did not agree to that.

The PTP (2010-2015) suggests numerous methods of contraception to teenage learners e.g. condoms, oral preparation contraceptives and injectable methods. An additional option would be abstinence or delay of initiation of sexual interaction.

3.4.3.2 Sub-theme 3.2 Department of Education (DOE)

The Department of Education compiled and implemented the South African Schools Act 84 of 1996 (SA,1996a), which deals with teenage pregnancy policies. The policy highlights a number of key guiding principles pertaining to education with teenage learners on reproductive health matters. The policy emphasises learners' right to freedom of choice and respect of an individual's dignity. The policy further encourages educators to promote abstinence or a delay in sexual interaction (Willan, 2013:26 ; Sibeko, 2012:20; SA, 1996a).

...The government can do something if only it can revise the rights because it is these rights and these grants which are encouraging the kids to get pregnant and not to behave.(Part2)

...Effectively which is very controversial i know it is a global issue and this is considering the issue of human rights but i think the only one way or the other why don't we pass the law that says if the child is pregnant, maybe there are issues in keeping the child away from school but we know that there are issues that need to be taken into consideration, rights.(Part14)

Even though a number of South Africans feel that pregnant learners should be excluded from school, the law forbids this from happening (SA, 1996a). It is regarded as unfair discrimination and is illegal (Sibeko, 2012:21).

3.4.3.3 Subtheme 3.3 School Governing Body

One of the recommendations is a policy designed for the parents to monitor the pregnant learner on school premises until due date. The SGB plays a critical role within the school. It can be perceived as the mouth piece of the learners' parents because it represents the parents' interest. The SGB can be utilised to compile and implement policies that permit parents of pregnant secondary school learners to monitor them on the school premises until their due date (Mpanza, 2012:166).

....And some parents they take the learner home and some say let's monitor the learner until they just before they deliver (Part, 10).

....The school governing body, the SGB. Yes parent they don't want to come to school to sit at school because they are expected to come from the morning

Up until the last hours of the day (Part, 5).

The SGB is the body that assists the principal and the secondary school teachers to enhance the support provided to the learner teenagers and in constructive decisions on the needs of individual learner teenagers who are pregnant. The SGB assists in monitoring fairness in the secondary school to avoid discrimination due to social and personal issues that interfere with the learning milieu in the school. They are the extended hands of the community as well as the parents (SA, 2012; SA, 1996).

3.4.3.4 Sub-theme 3.4 Collaboration between the DoH and the DoE

Teachers, learners and parents

Some participants indicated that the solution to this problem of learner teenage pregnancies is that the DoE and DoH need to collaborate in order to provide collective positive efforts. DoH has to provide services regarding the prevention of teenage pregnancies and the management of any emergencies related to unexpected deliveries within the learning and teaching environment.

....Hmm I think what the department of education can do is to train the educators not to be nurses but train us with little basic things what to do whilst waiting for the ambulance (Prt, 5).

.... The support from department of education as well as department of health. (Part, 8).

The traditional leaders together with religious leaders, local councillors and NGO'S are of great importance as stake holders (Parker, 2006:1). The environment must be a supportive environment. To assist teachers in this regard, the DoE and DoH should foster a closer working relationship. This will assist in combining the available resources. Their involvement will create an enabling environment for teachers to achieve their goal of assisting the learners. (Bhana, 2010:881; Panday *et al.*, 2009:14). Over and above that, the stakeholders should put promote teenage sexual health but updating the knowledge offered to young girls and boys. This approach will in turn promote a multidisciplinary model of care where health care professionals combine their collective positive effort to win the battle. The only available weapon is collaboration. Statistics SA and the Department of Basic Education of 2010 and 2011 revealed that the number of pregnancies came to 160 754 for this period. This is a battle that requires the active collective involvement of all stakeholders and the participation civil society, organised businesses and the South African media (Willan, 2013:57).

3.4.3.5 Sub-theme 3.5 Awareness campaign

Participants identified the need for offering sex education at primary school level. Not only do the learners, the DoE or the SGB play important roles in the prevention of teenage pregnancies, but also the parents. Parents of pregnant teenagers must take the lead and cooperate with all the school orders to support the learners in need of support. This entails close monitoring of the learners. The parents have to ensure that pregnant learners have access to school work, like for instance assignments. The learner and the guardian have to sign the content of the policy to ensure that she understands the content and its application to the school setting (SA, 2011a). The parents must not be excluded from involvement. Secondary school teachers found it important to present an awareness campaign as a useful instrument to disseminate information.

.....The campaigns that involve both uhm health and education and is also thinking that the government should see to it that uhm we that the government provides public schools with uhm a professional nurse for such cases (Prt, 7).

..... I think if Department of Education can what you called they can workshop more learners about eh teenage pregnancy they must be aware of everything why we fall and all that and according and department of health (Prt, 10).

The MEC for Health in KZN, Dr Sbongiseni Dhlomo (Cullinan, 2012:1), shared his concern about the rise of teenage pregnancies in the KZN province. He noted that teenage pregnancy does not only involve young boys and young girls. He discovered that the older men were often the fathers of the babies of these pregnant teenage learners. He subsequently announced his “Sugar Daddy Campaign” to address “cross generational sex”. This campaign travelled all over the KZN province. These older men who get involved with young girls do this purely out of lust. Cullinan (2012:1) reported that a Grade 11 secondary school learner got involved with a man 20 years older than herself, and in exchange for sexual favours he provided the

poverty stricken family with groceries and money. The secondary school learner felt pregnant and also is HIV infected. The Minister of Education, Senzo Mchunu, started an awareness campaign known as “My life, My future?” (DoE, 2011). Over and above that, the MEC for Health in the KZN province, cautioned the young people about the adverse effects of teenage pregnancy, as well as sexually transmitted infections. He drove an awareness campaign that ran from 10-16 February 2014 (Wolhunter, 2013:1). Only time will reveal the impact of this campaign on the statics of learner teenage pregnancies and unexpected deliveries at secondary schools.

3.5 CONCLUSION

As children grow and become adolescents, the influences of parents and siblings begin to lessen and young people gravitate towards their peers. Studies have indicated that when teenagers have the notion that their peers are having sex, they in turn are most likely to start having sex. What studies have also indicated is that utilising contraceptives depends on how the contraceptives are viewed; and if they are seen in a positive light, teenagers are inclined to utilise contraceptives (Panday *et al.*, 2009:66).

Participants seem to have a number of important concerns about teenage pregnancies at secondary schools. The participants do have differing opinions regarding their experience with pregnant teenage learners. For the most part, the majority of participants gravitate towards a similar experience that emphasize the negative effects on others (teachers and learners) around them as well as the negative influence teenage pregnancies and unexpected deliveries have on the teaching-learning processes at school. There is a clear gap in understanding the responsibility and liability for teachers at school that encounter unexpected deliveries at school that become a matter of “urgent” life support agents at schools without the necessary knowledge. The majority of participants indicate that they are not skilled to handle teenage pregnancies or unexpected deliveries and would appreciate some form of government intervention in the form of a professional healthcare worker who

is available to conduct regular visits to the schools to ensure that the pregnant teenagers are consulting with a healthcare professional.

3.6 SUMMARY

This chapter presented the findings as derived from the individual interviews. The discussion was supplemented by direct verbatim quotations from the participants. Literature was incorporated to confirm or refute the findings. The chapter also identified gaps and concerns regarding pregnancies in secondary schools and offered some recommendations.

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

Chapter 3 offered a discussion of the research findings. The findings were supported by direct verbatim quotations and supporting literature. An integrated literature review was offered to verify the research findings against existing findings. This chapter gives insight into the conclusions that emanate from the research findings. It also evaluates the research, offers recommendations and discusses the limitations as pertaining to the different obstacles and challenges that are faced by secondary school teachers. Recommendations are made to support secondary school teachers to handle teenage learner pregnancies and to deal with unexpected deliveries at secondary schools.

4.2 EVALUATION OF THE STUDY

The study is evaluated by looking at the background, the aims and objectives, the theoretical statement, the appropriateness of the research design and methodology and research findings.

In the background of this study the international literature was reviewed and it presented the same problems with teenage pregnancies at secondary schools. In South Africa there are also a percentage of teenagers that become pregnant and drop out of school despite initiatives of the Department of Health and the Department of Education. The aim of the study was to describe and explore secondary teachers' experience regarding learner teenage pregnancies. In order to achieve the aims of the study the following objectives were set,

- Explore and describe secondary school teachers' experiences with regard to teenage pregnancies at school;

- Explore and describe secondary school teachers' experiences unexpected deliveries at school;
- Explore and describe how secondary school teachers cope with unexpected deliveries at school;
- Provide recommendations for secondary school teachers so that they can cope with teenage pregnancies and be able to manage unexpected deliveries at school.

Recommendations are formulated so that secondary school teachers can be empowered to cope with teenage pregnancies so that they will be able to manage unexpected deliveries at secondary schools in KZN.

A qualitative research design was used to explore and describe the experiences of the secondary school teachers with regard to learner teenage pregnancies and unexpected deliveries. This qualitative design and method enables the researcher to get feedback and interpret the secondary school teachers' dilemmas they are faced with when they have to cope with learner teenage pregnancies and manage unexpected deliveries.

In-depth individual interviews were conducted with 19 purposefully selected secondary school teachers in order to obtain rich data. Data saturation was reached after the 19th individual interview. Literature was reviewed, particularly from the perspective of basic education. The policies that have been designed to address teenage pregnancies in different school setting also received attention. The teachers are essentially in an unsafe environment because they have no skills to handle the teenage pregnancies and births that happen on the school premises. The secondary school teachers should provide basic education to learners as stipulated in the Life Orientation Curriculum and should not be a responsible to handle learner teenage pregnancies alone. There is a need that stakeholders such as DoH and the DoE collaborate. Both secondary school teachers and health professionals should intervene collaboratively positively in endeavours to curb teenage pregnancies.

Some of the findings indicated that this unwanted pregnancies affect emotional and psychological well-being of learners and secondary school teachers. This study highlights that an urgent intervention is needed since the statistics show an increase in teenage pregnancies each and every year, especially in the KZN province and that teachers are not equipped to respond to these challenging situations. The DoE should acknowledge the input of secondary school teachers in solving the issue, because the teachers are unable find solutions for their experiences alone.

4.3 CONCLUDING STATEMENTS

The experiences of secondary school teachers regarding learner teenage pregnancies were described by the participants and were classified according to the following main themes:

- Overall experience regarding learner teenage pregnancies.
- Experience regarding unexpected deliveries at school.
- Recommendations to cope.
- Collaboration between DoH and DoE
- Awareness Campaigns

The following are the researcher's conclusions with regard to the secondary school teachers' experiences regarding learner teenage pregnancies and unexpected deliveries at school:

Overall experience regarding learner teenage pregnancies

- It seems as if pregnant teenaged learners have a negative influence on other learners. The learner teenagers that are pregnant seem to be sleepy and have mood swings, which is part of the normal minor pregnant discomforts

and therefor the learners cannot engage effectively in the teaching and learning processes at schools.

- Pregnant learners tend to be absent frequently. This absenteeism has a direct influence on their academic performance. The learner teenager goes to the clinic for check-ups and they remain absent for a whole day. After the birth, teenagers are frequently absent because they have to collect their child support grants. If they do not attend class, they show poor academic progress or achievement.
- Poor academic performance due to irregular class attendance. This often results in repeating the grade or otherwise the learners drop out of school. This leads to major social and economic burdens. Within certain cultures teenagers do not have the negotiating skills to demand condom usage. This can further result in HIV/AIDS.

Experience regarding unexpected deliveries at school

- The secondary school teachers do not have the skills, nor do they have the competence to handle deliveries. Acting as a midwife requires knowledge of anatomy and physiology, as well as certain clinical skills. Secondary school teachers are now put in a position where they have to deliver babies without skills or equipment or an environment safe for deliveries and rightfully view that they are not responsible or cannot be held liable if something goes wrong while they try to assist learners who deliver babies at schools.
- Teachers feel insecure to handle the deliveries as they are not trained for delivering babies. The skills and knowledge that are regarded as necessary to deliver a baby is not part of teachers' training programmes.

- The lack of assistance constitutes a further problem, especially in rural areas, as clinics and hospitals are far from school premises. The shortage in ambulances and infrastructure add to the problem encountered by the teachers. This means that the secondary school teachers sometimes have to use their own cars to transport the learner that is in labour or has delivered a baby.

Recommendations to cope

- The secondary school teachers expressed the need that the Department of Health appoint a school health nurse who can visit the school more regularly and who can identify pregnant teenagers early on.
- More preventative measures and a Life Orientation Curriculum that addresses pregnancy should be available in schools. This can include the availability of condoms on the school premises.
- Secondary school teachers expressed the wish that some of the basic emergency care be included in their training curricula as they are expected to handle unexpected deliveries at school.
- Each school has a School Governing Body (SGB) to support teachers and to ensure a peaceful learning and teaching environment that is not disrupted.

Collaboration between DoH and DoE

- The secondary school teachers indicated that they need collaboration between the Department of Health and the Department of Education. Schools should be environments that for effective teaching and learning.

Therefore the DoH should interact with and support the teacher when they have to deal with emergency deliveries.

- All stakeholders should make an effort to put possible ideas on the table that can help combat the teenage pregnancies.
- Preventative measures should be included in the curriculum and be available on the school premises so that the teachers and the health clinics work together in combating teenage pregnancies.

Awareness campaigns

- It is important that the Health Care practitioners and the secondary school teachers work together to offer awareness campaigns, for example on the use of contraceptives, abstinence and delay in sexual involvement.
- Parent must be involved in the sex information that their children receive. Sex education must start at home and not be the sole responsibility of the secondary school teachers.
- The community must take hands and condemn the “Sugar Daddy” and cross generational sex practices. The parent must emphasise the view of: “My life, my future” which is a combined effort between the parents and the secondary school teachers.

4.4 LIMITATIONS OF THE STUDY

- This study was contextual and therefore findings cannot be generalised to other secondary schools (Burns & Grove, 2009:732), although some of the findings may be similar.

- Although all the participants were able to speak English it may be that they might have expressed themselves better if the interview was conducted in their home language.
- Some of the secondary school teachers were unable to be interviewed due to the invigilation schedule for the learner's examinations at their schools.
- Another noted limitation is that teachers who had less than five years' experience were excluded from the research as it was a set criterion for inclusion.
- Venue arrangements were changed to avoid interrupting the examinations that were underway.
- Despite the assurance of confidentiality, some of the participants did not want to divulge the number of deliveries that had occurred at the school as they did not want to shed a bad light on the school and learners.
- The study was limited to secondary school teachers' experience and there was no involvement of learners as participants.
- Despite the limitations that were encountered during the research process, the main objective of the research was accomplished, namely to explore secondary school teachers' experiences with learner teenage pregnancies and unexpected deliveries at secondary schools.

4.5 RECOMMENDATIONS

From the abovementioned conclusions recommendations were formulated in order to support the secondary school teachers with their experiences regarding learner teenage pregnancies. These recommendations are divided into policy making, education, nursing practice and nursing research and are stipulated below.

4.5.1 Recommendations for policy making

- Policies that clearly outline the role of the teachers must be formulated in order to alleviate the burden that secondary school teachers have of playing dual roles as healthcare providers and teachers.
- Current policies should be reviewed with the help of the Department of Health. Strategies that will assist both teenage learners and secondary school teachers by either providing sex education or training teachers on basic healthcare should be included.
- Schools should compiling and implementing policies on after school classes that can help pregnant teenage learners and secondary school teachers work together so that pregnant learners can catch up on the work they have missed.
- Secondary school teachers should be involved in the formulation of the policies so that they can ensure a safe environment that is conducive for teaching and learning for the remaining secondary school goers.
- A policy should be outlined regarding the role of parents in assisting in the prevention of teenage pregnancies and providing the children with support.

4.5.2 Recommendations for education

- The health professional should visit schools to disseminate information pertaining to preventative measures.
- Health care providers should provide school based health reproductive services and prenatal classes within the reach of the learners in the school setting.
- Schools must be provided with condoms as one of the dual methods that protect learners against STIs and HIV and pregnancies. Over and above that,

the learners must be addressed by the health professionals on how to use the condoms and the advantages of using condoms. Health education forms part of the nursing curriculum. It should also form part of the educator's training curriculum.

- There should be regular school visits by the healthcare professionals to raise awareness about the prevention of teenage pregnancies.
- Skilled midwives should be delegated to specific secondary schools to provide antenatal care to those that have reported their pregnancies.
- The government should provide permanent school nurses that are scheduled to visit schools on a weekly basis in areas where this is necessary, but this means that policies should be in place.
- Workshops should be presented for teachers to on how to handle emergency deliveries.
- Schools must be provided with so called "Kits" to face emergency deliveries.
- Where there is a partner available, the health care professional must give him advice on different methods of contraception and protection against STD's.
- Indigenous knowledge systems should be valued.
- The rich history and heritage of this country should be acknowledged, as well as the important values for nursing values contained in the constitution.

Department of Education

- There is a huge need for capacity building among learners and the secondary school teachers to develop support relationships for the pregnant learner.

- SASA has stipulated that the learner should remain in school until the 32nd week of pregnancy; teachers need to undergo midwifery training or any course suitable for handling emergency deliveries, which can occur on school premises.
- Government should also improve the reaction times of obstetrical EMRS.
- The department of education should provide equipment that will assist teachers handling deliveries at school while the teachers wait for professional healthcare providers to arrive.
- Specially trained personnel should be able to look after the newborn babies while the learner is in class, this will curb absenteeism and ensure that learners continue their education.
- The DoE should put in place special infrastructure that caters for pregnant learners. This will require suitable nurses with appropriate skills to handle issues related to antenatal, intrapartum and postnatal care.
- The DoE has the challenge of reviewing and revising the responsibilities of a teacher when it comes to assisting a pregnant learner who goes into labour at school.
- The DoE should facilitate visits by the DoH by getting healthcare professionals to empower teenagers with knowledge of health reproductive care.
- The healthcare providers should avail all contraceptives methods available in the market to broaden the learner's choice.
- Sex education programmes should be linked to primary health care services for easy accessibility

Educational material and equipment

- Educating learners will promote awareness and assist learners in preventing pregnancies in school.
- Healthcare providers must visit schools biannually to have talks and bring reading materials for the students on sex education and dealing with pregnancies as teenagers.
- The workshops/talks that the healthcare professionals conduct must be conducted in the learners' mother tongue to ensure that they understand the information that is being passed on to them.
- The information should be on portable hand outs/booklets and pamphlets.
- Audio visual tapes can also be played in the school hall. These tapes should contain information about antenatal care, intrapartum care and postnatal care so that students can benefit from the information.

Human resources

It is a necessity to have more nurses that can take turns to visit secondary schools in order to provide care to the learners who are pregnant. That will assist in easing the teachers' workload.

- The staff compliment should be increased to balance teacher numbers against the number of learners in each secondary school to enable the teachers to provide the necessary support, remedial teaching and to provide a parental attitude.
- The teachers will then be able to provide remedial teaching to those who were absent because of acute antenatal care and a leave of absence, or those that are sick due to pregnancy related discomforts.

- Adequately trained teachers should handle emergency deliveries. If the teachers have to handle deliveries and pregnant learners, the curriculum must be reviewed so that elementary midwifery is included in the curriculum to equip the teachers with skills.
- Primary school curricula and pre-school curricula should include sex education since even the teachers at primary school are confronted with learner pregnancies.
- Life education regarding sex and the influence of unexpected pregnancies should be included into the curriculum.
- Peer group teaching should be initiated at the grass root level as a mechanism to create awareness of the prevention of learner pregnancies.
- The secondary school should also look at employing a counsellor to assist both pregnant and non-pregnant learners. The counsellors can assist in giving guidance where needed and emotional support for the learners.
- Peer counselling can also assist in alleviating the strain on teachers in that learners can go to their peers to get support.
- Relationship building between learners and teachers will assist both learners and teachers to communicate better and discuss problems and issues.
- Contingency plans should be put in place in case of emergencies at school.

4.5.3 Recommendations for nursing practice

- The nursing practice should expand the role and responsibilities of nurses to include secondary schools to render family planning services to prevent unplanned pregnancies,
- The nurses and midwives need to be culturally sensitive to handle unexpected pregnancies.

- Workshops should be presented to all secondary school teachers, teenage learners and psychologist, as well as welfare personnel. This will prepare all the parties involved for unexpected teenage deliveries.
- A wellness clinic in each secondary school with a registered nurse and midwife will improve the current situation of a lack of skills and competencies.
- Communication between parents, secondary school teachers and teenagers should be promoted in a monthly forum where relevant topics such as contraception are discussed.
- A flow diagramme that includes the shortest referral to the nearest clinic must be available in the principal's office in case of emergencies.
- The phone numbers of the ambulance services and the nearest hospital and clinic should be available for referral.

4.5.4 Recommendations for nursing research

The following topics could contribute to continuous support for teachers when engaging with pregnant secondary school learners:

Conducting surveys regarding teacher perceptions of the need of nurses or midwives to address teenage pregnancies through the Life Orientation Curriculum.

- What are the current world trends and recommendations that can assist in solving teenage learner pregnancies?
- Exploring policies that are in place regarding learner teenage pregnancies.
- To establish government plans to prevent learner teenage pregnancy.

4.6 SUMMARY

The researcher conducted the study in the Province of KZN, Umzinyathi District in four secondary public schools. The study aimed at exploring and describing the secondary school teachers' experience regarding learner teenage pregnancies and unexpected deliveries at schools. These objectives were successfully achieved through individual interviews with the participants that were purposefully selected.

Teaching is a profession that requires a lot of responsibility in that parents entrust teachers with their children. Parents leave their children at school for most of the day; therefore teachers have a big responsibility to ensure that the learners can engage teaching-and learning processes in a safe environment. The secondary school teacher's responsibility then becomes bigger and more complicated when they encounter pregnant learners at school, thus shifting their responsibility from teaching to including care giving.

Although some teachers are trained and skilled in teaching, especially Life Orientations that does deals with social issues such as sexual behaviour, they are not trained in basic health care. They are not aware of what is required from a health care perspective to accommodate and support pregnant learners. This then proves to be challenging in that in some secondary schools as teachers find themselves in difficult positions like having to assists with delivery of babies on the school premises. This is a challenge because teachers are not trained in the medical field and delivering a child is a huge responsibility and that may pose health risks to both learners and teachers at various levels.

Secondary school teachers are also affected by the pregnant leaners in that pregnancy negatively affects learners' academic performance; in some cases it increases a learner's absenteeism and overall performance at school. The study highlighted key concerns pointed out by secondary school teachers and also indicated that teachers are facing challenges when dealing with learner teenage pregnancies.

The findings indicated the need for collaboration between the DoE and DoH in order to provide support for the teachers, provision of the relevant health facilities within the school environment, as well as skilled health professionals to render essential services. These things will assist in meeting the needs of the teachers and the learners as to enhance their over-all well-being to effectively function at various levels.

4.7 PERSONAL REFLECTION

My journey while conducting this research was at times tiring and at times rewarding. Looking back at the very beginning of my research I remember the motivation for me to conduct this research. As a teacher and a midwife I have encountered numerous teenagers in maternity wards that had given birth to premature babies. I also encountered numerous school girls wearing their uniforms while heavily pregnant. These encounters became the catalyst to conducting this study. I also wanted to know how secondary school teachers' are experience teenage pregnant learners at schools, considering I am an educator myself.

With any research one encounters challenges. I found that the participating teachers had difficulties articulating themselves during the interviews, given that the questions were in English, but they tried as best that they can. Another challenge was that the teachers were not forthcoming with information pertaining to the delivery statistics on the school premises. Although confidentiality was emphasised the teachers feared that the information would leak and jeopardise the school's reputation.

My strengths within the research process included my ability to manage my time well. I was able to interview the participants within the given time. Another strength is the good relationships that I have built with the sub district educational circuit officer, the principals of the different secondary schools and the participants.

REFERENCES

Acts **see** South Africa.

Aderibigbe, S.A., Araoye, M.O., Akande, T.M., Monehin, J.O., Musa, O.I. & Babatunde, O.A. 2011. Teenage pregnancy and prevalence of abortion among in-school adolescents in North Central Nigeria. *Asian social science*, 7(1):122-127.

American Nursing Association (ANA). 2003. Nursing's social policy statement. 2nd ed. Washington, D.C.: American Nursing Association.

ANA **see** American Nursing Association

Anon. 2014. KZN ambulances out of service.

<http://www.news24.com/SouthAfrica/News/KZN-ambulances-out-of-service-20140606> Date of access: 30 October 2014.

Atuyambe, L., Mirembe, F., Johansson, A., Kirumira, E.K. & Faxelid, E. 2005. Experiences of pregnant adolescents voices from Wakiso district, Uganda. *African health sciences*, 5(4):304-309.

Babbie, E. 2007. The practice of social research. 11th ed. Belmont, Calif.: Thompson Wadsworth Publishers.

Babbie, E. 2010. The practice of social research. 12th ed. Belmont, Calif.: Wadsworth.

Babbie, E. & Mouton, J. 2011. The practice of social research. 12th ed. Belmont, Calif.: Thompson Wadsworth Publishers.

Balley, D.K. 1994. Method of social research. 4th ed. New York: Free Press.

Barnet, B., Arroyo, C. & Duggan, A.K. 2004. Reduced school dropout rates among adolescent mothers receiving school-based prenatal care. *Archives of Pediatrics & Adolescent Medicine*, 158(3):262-268.

Basson, A.A. & Uys, H.H.M. 2000. Research methodology in nursing. 8h ed. Pretoria: Kagiso Tertiary.

Bastable, S.B. & Dart, M.A. 2007. Developmental stages of the learner. (In Bastable, S.B. & Dart, M.A., eds. Nurse as educator: principles of teaching and learning practice. 3rd ed. Sudbury, Mass.: Jones & Bartlett Publishers. p. 147-198.)

Berman, A., Erb, G., Kozier, B. & Snyder, J.T. 2008. Fundamentals of nursing. 8th ed. Upper Saddle River, N.J.: Pearson Prentice Hall.

Bhana, D., Morrell, R., Shefer, T. & Ngabaza, S. 2010. South African teachers' responses to teenage pregnancy and teenage mothers in schools. *Cultural, health and sexuality*, 12(8):871-883.

Bible. 1983. Holy Bible. Good News edition. Cape Town: Bible Society of South Africa.

Blaauw, D. & Penn-Kekana, L. 2010. Maternity health centre for policy. Johannesburg: University of the Witwatersrand.

Boeijie, H. 2010. Analysis in qualitative research. Los Angeles, Calif.: Sage.

Botes, A.C. 1995. A model of research in nursing. Johannesburg: Rand Afrikaans University.

Botma, Y., Greeff, M., Mulaudzi, F.M. & Wright, S.C.D. 2010. Research in health sciences. Cape Town: Pearson South Africa.

Brink, H.I., Van der Walt, S.J.L. & Van Rensburg, G. 2012. Fundamentals of research methodology for healthcare professionals. 3rd ed. Cape Town: Juta.

Buchmann, E.J., Van Dyk, B. & Motto, J.A. 2008. The value of routine mid-trimester ultrasound in low-risk pregnancies at primary care level. *Health SA Gesondheid*, 13(4):41-49.

Burns, N. & Grove, S.K. 2009. Understanding nursing research. 6th ed. Philadelphia, Pa.: W.B. Saunders.

Burns, N. & Grove, S.K. 2011. Understanding nursing research. 7th ed. Philadelphia, Pa.: W.B. Saunders.

Chaibva, N.C., Ehlers, V.J. & Roos, J.H. 2009. Midwives' perceptions about adolescence utilization of public prenatal services in Bulawayo, Zimbabwe. *Midwifery*, 26(6):e16-e20.

Chen X.K., Wen, S.W., Fleming, N., Demissie, K., Rhoads, G.G. & Walker, M. 2006. Teenage pregnancy and adverse birth outcomes: a large population based retrospective cohort study. *International journal of epidemiology*, 36:368-373.

Chigana, A. & Chetty, R. 2008. Teen mothers and schooling: lacunae and challenges. *South African journal of education*, 28:261-281.

Cilliers, S. 2013. Wat sê jou kind. *Noordwes Beeld*, Woensdag, 30 Oktober 2013.

Cooke, H. & Philpin, S., eds. 2008. Sociology in nursing and healthcare. New York: Elsevier Health Sciences.

Cornerstone Consulting Group. 2001. Program approaches in teen pregnancy prevention: best practices and effective and promising programs. [http://www.pbchd.com/pdfs/ Best_Practices_PBC.pdf](http://www.pbchd.com/pdfs/Best_Practices_PBC.pdf) Date of access: 29 September 2014.

Creswell, J.W. 2007. Qualitative and enquiry research design choosing amongst five approaches. 2nd ed. London: Sage.

Creswell, J.W. 2009. Research design: qualitative, quantitative and mixed methods approach. 3rd ed. Thousand Oaks, Calif.: Sage.

Cullinan, K. 2012. Fighting sugar daddies or raising sugar girls. *Womens' health weekly*, 7:2, April. <http://www.health-e.org.za/>. Date of access: 11 July 2014.

Darroock, E.J., Singh, S. & Frost, J.J. 2012. Differences in teenage rates amongst five developed countries: the role of sexual activities and contraceptive use. *Family planning perspectives*, 33(6):244-250.

Das, S., Dhulkotia, J. & Amu, O. 2007. The impact of dedicated antenatal clinics on obstetric and neonatal outcomes in adolescent pregnant women. *Journal of obstetrics and gynaecology*, 27(5):464-466.

De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. 2009. Qualitative data analysis and interpretation. 3rd ed. Pretoria: Van Schaik.

De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. 2011. Research at grassroots: for the social science and human services professions. 4th ed. Pretoria: Van Schaik.

Democratic Nurses Association of South Africa (DENOSA). 1998. Ethical standards for nurse researchers. Pretoria: Denosa. 7 p.

DENOSA **see** Democratic Nurses Association of South Africa

Department of Education **see** South Africa. Department of Education

Department of Health **see** South Africa. Department of Health

Du Toit, D.A. & Van Staden, S.J. 2012. Nursing sociology. 4th ed. Pretoria: Van Schaik.

Du Toit, S.J. & Kruger, N. 1994. The child: an educational perspective. Durban: Butterworth.

Edelman, C.L. & Mandle, C.L. 1998. Health promotion through lifespan. 4th ed. St. Louis, Mo.: Mosby.

Field, P.A. & Morse, J.M. 1996. Qualitative research methods for health professionals. 2nd ed. London: Sage.

Fry, H., Ketteridge, S. & Marshall, S. 2009. A handbook for teaching and learning in higher education: enhancing academic practice. 3rd ed. New York: Routledge.

George, J.B. 1990. Nursing theories: the base of professional nursing practice. 3rd ed. Englewood Cliffs, N.J.: Prentice Hall.

Gerrish, K. & Lancy, A. 2006. The research process in nursing. 5th ed. Oxford: Wiley Blackwell.

Glassier, A., Gulmezoglu, A.M., Schmid, G.P. & Van Look, P.F. 2006. Sexual and reproductive health: a matter of life and death. *Lancet*, 368(9547):1595-1607.

Govender, P. 2007a. School pregnancy shock. *Sunday Times*, 18 November.

Govender, P. 2007b. Teen mom are forced to take a year off school. *Sunday Times*, 27 May.

Grant, M.J. & Hallman, K.K. 2014. Pregnancy-related school dropout and prior school performance in KwaZulu-Natal, South Africa. *Studies in family planning*, 399(4):369-382.

Greeff, M. 2011. Information collection: interviewing. (*In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L., eds. Research at grass roots: for the social sciences and human service profession. 4th ed. Pretoria: Van Schaik. p. 341-375.*)

Guba, E.G. & Lincoln, Y.S. 1989. Fourth generation education. London: Sage.

Gyan, C. 2013. The effects of teenage pregnancy on educational attainment of girls at Chorkor suburb of Accra. *Journal of educational and social research*, 3(3):53-60.

Holloway, I. & Wheeler, S. 2010. Qualitative research in nursing and healthcare. 3rd ed. Oxford: Wiley-Blackwell.

ICN **see** International Council of Nurses

International Council of Nurses (ICN). 2006. The ICN code of ethics for nurses. Geneva: International Council of Nurses.

James, S., Van Rooyen, D. & Strumpher, J. 2010. Model of facilitation of intergenerational reconciliation in teenage pregnancy: a Xhosa perspective. *African journal of nursing and midwifery*, 12(2):3-13.

Jooste, K. 2010. The principles and practice of nursing and health care. Pretoria: Van Schaik.

Kanku, T. & Mash, R. 2010. Attitudes, perceptions and understanding amongst teenagers regarding teenage pregnancy, sexuality and contraception in Taung. *South African family practice*, 52(6):563-572.

Karra, M. & Lee, M. 2012. Human capital consequences of teenage childbearing in South Africa. Washington, D.C.: Population Reference Bureau.

Klopper, H.C. 2008. The qualitative research proposal. Potchefstroom: North-West University.

Klopper, H.C. & Knobloch, S. 2010. Validity, reliability and trustworthiness. (In Jooste, K., ed. The principles and practices of nursing and health care. Pretoria: Van Schaik. p. 317-323.)

Knobloch, K.S. 2007. Compassion fatigue within the nursing profession: concepts analysis. Potchefstroom: North-West University. Potchefstroom Campus.

Koblinsky, M., Anwar, I., Mridha, M.K., Chowdhury, M.E. & Botlero, R. 2008. Reducing maternal mortality and improving maternal health: Bangladesh and MDG 5. *Journal of health, population, and nutrition*, 26(3):280-294.

Kozier, B., Berman, A., Erb, G. & Snyder, S. 2008. Fundamentals of nursing. 8th ed. Upper Saddle River, N.J.: Pearson Prentice Hall.

Krefting, L. 1991. Rigor in qualitative research: the assessment of trustworthiness. *American journal of occupational therapy*, 45(3):214-222.

Kruger, C. 2011. Derde van Suid-Afrika se kinders verloor hulle onskuld op 14. *Rapport*, 28 Augustus.

Langford, R.W. 2001. Navigating the maize of nursing research: an interactive learning adventure. St. Louis, Mo.: Mosby.

Lehana, T.V. & Van Rhyn, L. 2003. A phenomenological investigation of experiences of pregnancy by unmarried adolescents in Maseru: research. *Health SA Gesondheid*, 8(1):26.

Lincoln, Y.S. & Guba, E.A. 1985. Naturalistic inquiry. Belmont, Calif.: Sage.

Loreman, T., Depperler, J. & Harvey, D. 2010. Inclusive education: supporting diversity in the class. London: Routledge.

Macalanka, D.V. & Rosefield, A. 2005. Maternal mortality in resources poor settings: policy barrier to care. *American journal of public health*, 2:200-203.

Macleod, C.I. & Tracey, T. 2010. A decade later: follow-up review of South African research on the consequences of and contributory factors in teenage pregnancy. *South African journal of psychology*, 40:18-31.

MacMillan, C. 1996. South African student's dictionary. Manzini: Macmillan Boleswa.

Maholo, R.B., Maja, T.M.M. & Wright, S.C.D. 2009. Relationships, perceptions and the sociocultural environment of teenagers in Soshanguve Secondary School. *African journal of midwifery*, 11(2):48-60.

Malahlela, M.K. 2012. The effects of teenage pregnancy on the behaviour of learners at secondary schools in the Mankweng area, Limpopo. Pretoria: University of South Africa. (Dissertation - MEd.)

Malaudzi, M.F., Mokoena, J. & Troskie, R. 2000. Basic in practice. Pretoria: Van Schaik.

Manlove, J., Ikramuller, B.A., Mincieli, L., Holcombe, E. & Danish, S. 2009. Trends in sexual experience, contraceptive use and teenage child bearing. *Journal of adolescent health*, 44(5):413-423.

Mantell, J.E., Harrison, A., Hoffman, S., Stein, Z.A. & Exner, T.M. 2006. The Mpondombili project: preventing HIV/AIDS and unintended pregnancy among rural South African school-going adolescents. *Reproductive health matters*, 14(28):113-122.

Marieb, E.N. & Hoehn, K. 2007. Human anatomy and physiology. 7th ed. Harlow: Pearson Benjamin Cumming.

Masipa, N. 2007. Half of the school girls pregnant. *Daily Sun*, 25 April.

Maxwell, J.A. 2013. Qualitative research design: an interactive approach. 3rd ed. London: Sage.

McLachan, M.E. 2008. Experience influencing the academic performance of first year nursing students at Western Cape College of Nursing, South Africa, during 2008. Bellville: University of Western Cape. (Thesis - PhD.)

Mdletshe, C. 2013. Teenage pregnancy cycle. *New Age Online*. <http://www.thenewage.co.za> Date of access: 3 October 2014..

Mellish, J.M. 2012. Introductory sociology a nursing perspective. 12th ed. Pretoria: Democratic Nursing Organisation of South Africa.

Moliko, M.R. 2010. Teachers' perceptions of teenage pregnancy in selected schools in Lesotho. Empangeni: Univesity of Zululand. (Thesis - PhD.)

Morse, J.M. & Niehaus, L. 2009. Mixed method design: principles and procedures. Walnut Creek, Calif.: Left Coast Press.

Mosby's dictionary of medicine, nursing and health professionals. 2006. 7th ed. St. Louis, Mo.: Elsevier.

Mouton, J. & Marais, H.C. 1992. Basiese begrippe: metodologie van die geesteswetenskappe. Pretoria: Raad vir Geesteswetenskaplike Navorsing. 310 p.

Mpanza, N.D. 2012. Educators' experiences in dealing with teenage pregnancy. Empangeni: University of Zululand. (Thesis - PhD.)

Mpofu, M. 2012a. Thousands of teens, children are pregnant <http://www.iol.co.za/the-star/thousands-of-teens-children-are-pregnant-1.1336665#.VFlxgfmUet8> Date of access: 12 October 2013.

Mpofu, M. 2012b. Over 16 000 teen pregnancies in two years. *Daily News*, 9 July.

Muller, M. 2009. *Nursing dynamics*. 4th ed. Johannesburg: Heinemann.

Myburgh, C.P.H. & Poggenpoel, M. 2003. Teacher's experience of their school environment for health promotion. *Education*, 123(2):260-267.

Naidoo, M. 2006. An evaluation of the sexuality education programme being implemented in South African Schools. <http://uzspace.uzulu.ac.za/bitstream/handle/10530/246/>

An+evaluation+of+th+sexuality+education+programme+being+implemented+in+Sout
h+Africans+schools+-+M.pdf?sequence=1 Date of access: 29 September 2014.

Ncube, M. 2009. The knowledge and awareness of grade twelve learners about teenage pregnancy: a case study at Vine College High School. Johannesburg: University of the Witwatersrand. (Thesis - PhD.)

Ndiyana, E. 2001. Male teacher helps matric pupil give birth in the class. *Daily news*, 23 October.

Nieuwenhuis, J. 2007. Qualitative designs and data gathering techniques. (*In* Creswell, J.W., ed. *First steps in research*. Pretoria: Van Schaik. p. 69-97.)

Nivashani, N. 2014. Pupils gest "A" for sex. *Time Live*: 20 January.

Nkwanyana, T.R. 2011. A study of the high rate of teenage pregnancy in high schools in the ILembe district. Pretoria: University of South Africa. (Thesis - PhD.)

North-West-University (NWU). 2010. Manual for postgraduate studies. <http://www.nwu.ac.za/sites/default/files/library/documents/manualpostgrad.pdf> Date of access: 2 August 2012.

NWU **see** North-West University

Origanje, C., Mereminkwu, M.M., Eko, H., Esu, E., Mereminkwu, A. & Ehiri, J.E. 2009. Intervention for preventing unintended pregnancies amongs adolescents. *Cochrane Database systematic reviews*, 7(4). <http://onlinelibrary.wiley.com/doi/10.1002/14651858>. CD005215.pub2/pdf Date of access: 13 February 2013.

Panday, S., Makiwane, M., Ranchod, C. & Letsoalo, T. 2009. Teenage pregnancy in South Africa: with a specific focus on school-going learners. Pretoria: Human Science Research Council.

Parahoo, K. 2006. Nursing research: principles, process and issues. 2nd ed. New York: Palgrave Macmillan.

Parker, B. 2006. KZN teenage pregnancies worry educationists. *Witness*: 10, 25 October.

Peters, S. 2014. Teenagers breeding poverty. *Daily News*: 9. 23 September.

Pilot, D.F. & Beck, C.T. 2006. Essentials of nursing research methods: appraisal and utilisation. 6th ed. Philadelphia, Pa.: Lippincott.

Pilot, D.F. & Beck, C.T. 2008. Nursing research: generating and assessing evidence of nursing practice. 8th ed. Philadelphia, Pa.: Lippincott.

Pilot, D.F. & Beck, C.T. 2012. Nursing research generating and assessing evidence for nursing practice. 9th ed. Philadelphia, Pa.: Lippincott.

Pilot, D.F. & Hungler, J.B. 1997. Essentials of nursing research methods: appraisal and utilisation. 4th ed. Philadelphia, Pa.: Lippincott.

Planned Parenthood Federation of America (PPFA). 2013. Reducing teenage pregnancy.

http://www.plannedparenthood.org/files/6813/9611/7632/Reducing_Teen_Pregnancy.pdf Date of access: 3 October 2013.

PPFA **see** Planned Parenthood Federation of America

Ramulumo, M.R. & Pitsoe, V.J. 2013. Teenage pregnancy in South African schools: challenges, trends and policy issues. *Mediterranean journal of social sciences*, 4(13):755-760.

Rangiah, J. 2012. The experiences of pregnant teenager about their pregnancy. Stellenbosch: Stellenbosch University. (Dissertation - MEd.)

Richter, M.S. & Mlambo, G.T. 2005. Perceptions of rural teenage pregnancy: resarch. *Health SA Gesondheid*, 10(2):61-69.

Ritchie, J. & Lewis, J. 2003. Qualitative research practice: a guide for social science students and researchers. London: Sage.

Rolfe, G. 2006. Validity, trustworthiness and rigour: quality and the idea of qualitative research. *Methodological issues in nursing research*, 53(3):304-310.

SACE (South African Council for Educators). 2011. Redefining the role and functions of the South African Council for Educators (SACE). [http://www.sace.org.za/upload/files/](http://www.sace.org.za/upload/files/The%20Role%20of%20the%20South%20African%20Council%20for%20Educators.pdf)

The%20Role%20of%20the%20South%20African%20Council%20for%20Educators.pdf Date of access: 3 October 2014.

SANC **see** South African Nursing Council

SAQA **see** South Africa

Saville, S. 2006. Study finds teen pregnancies fashionable. *Mercury*.
<http://www.iol.co.za/news/south-africa/study-finds-teen-pregnancies-fashionable-1.300070#.VFItGPmUet8> Date of access: 08 June 2013.

Sibeko, P.G. 2012. The effects of pregnancy on a schoolgirl's education. Empangeni: University of Zululand. (Thesis - PhD.)

SmithBattle, L. 2007. "I wanna have a good future": teen mothers' rise in educational aspirations, competing demands, and limited school support. *Youth & society*, 38(3):348-371.

South Africa. 1990. Constitution of the Republic of South Africa of 1990. Pretoria: Government Printers.

South Africa. 1995. South African Qualifications Authority Act 58 of 1995.

South Africa. 1996. South African Schools Act 84 of 1996.

South Africa. Department of Basic Education. 2009. Teenage pregnancies in South Africa: with a specific focus on school-going learners. Pretoria: Department of Basic Education.

South Africa. Department of Basic Education. 2011a. Curriculum and assessment policy statement, grade 10-12: Life orientation. Pretoria: Government Printers.

South Africa. Department of Basic Education. 2011b. Strategic plan 2011 - 2014. Pretoria: Government Printers.

South Africa. Department of Basic Education. 2012. Integrated school health policy. Pretoria: Government Printers.

South Africa. Department of Education. 1995. Draft white paper on education and training.

<http://www.education.gov.za/LinkClick.aspx?fileticket=855fT9w3A2U%3d&tabid=191&mid=484> Date of access: 30 September 2014.

South Africa. Department of Education. 2001. White paper 6. Special needs education. <http://www.education.gov.za/LinkClick.aspx?fileticket=gVFccZLi/tl=> Date of access: 30 September 2014.

South Africa. Department of Education. 2003. National curriculum statement, grades 10-12: Physical sciences. Pretoria: Department of Education.

South Africa. Department of Education. 2011c. My life, my future campaign. <http://www.kzneducation.gov.za> 3 May 2011.

South Africa. Department of Health. 2008. The national HIV and Syphilis prevalence survey South Africa. Pretoria: Department of Health.

South Africa. Department of Health. 2010. 'Saving mothers' report on the confidential enquiries into maternal deaths in South Africa. Pretoria: Government Printers.

South African Nursing Council (SANC). 1990. Regulation 2488: Regulations relating to the conditions under which registered midwives and enrolled midwives may carry on their profession. <http://www.sanc.co.za/regulat/Reg-cmi.htm> Date of access: 16 September 2013.

South African Press Agency. 2011. Child falling pregnant to access grants. *Polokwane News* 24. <http://www.news24.com/SouthAfrican/new/teen-falling-pregnant-to-get-grant> Date of access; 30 September 2014.

Speziale, H.J. & Carpenter, D.R. 2003. Qualitative research in nursing: advancing the humanistic imperative. 4th ed. Philadelphia, Pa.: Lippincott Williams & Wilkins.

Squires, L. 2011. Suffolk county taskforce on teen pregnancies. http://legis.suffolkcountyny.gov/clerk/cmeet/tptf/2011/tptf_report_051011.pdf Date of access: 3 October 2014.

SSA **see** Statistics South Africa

Statistics South Africa (SSA). 2013. Millennium development goals: Country report 2013. Pretoria: Statistics South Africa. http://beta2.statssa.gov.za/MDG/MDGR_2013.pdf Date of access: 3 October 2013.

Stephan, S. 2006. Teen pregnancies “fashionable”. *Mercury*, October, 25

Struwig, F.W. & Stead, G.B. 2001. Planning, designing and reporting research. Cape Town: Pearson.

Strydom, H. & Delport, C.S.L. 2005. Sampling and pilot study in qualitative research. Pretoria: Van Schaik.

Taylor, B., Kermode, S. & Roberts, K. 2007. Research in nursing and health care: evidence for practice. 3rd ed. Sydney: Thomson.

Terre Blanche, M., Durrheim, K. & Painter, D. 2006. Research in practice applied methods for social sciences. 2nd ed. Cape Town: UCT Press.

Turnbull, A.S. 2010. Oxford advanced learner's dictionary. 8th ed. Oxford: Oxford University Press

Tyali, L. 2005. Pupil gives birth at school teachers is unable to help. *Daily Dispatch*: 10, 4 March.

Uys, H.H.M. & Basson, A.A. 2000. Research methodology in nursing. 8th ed. Cape Town: Kagiso Tertiary.

Van Rensburg, C.J.J., Landman, W.A. & Bodenstein, H.C.A. 1994. Basic concepts in education. Halfway House: Orion.

Van Staden, S.J. & Du Toit, D.A. 2013. Nursing sociology. Pretoria: Van Schaik.

Van Wyk, N. 2007. The rights and roles of parents on school governing bodies in South Africa. *International journal about parents in education*, 1(0):132-139.

Welman, C., Kruger, F. & Mitchell, B. 2010. Research methodology. 3rd ed. Cape Town: Oxford University Press.

WHO (World Health Organisation). 1946. International Health Conference. Official records of the World Health Organisation. Geneva: WHO.

WHO (World Health Organization). 2004. Adolescent pregnancies: issues in adolescent health and development. Geneva: WHO.

WHO (World Health Organization). 2005. Researching violence against women. Geneva: WHO.

WHO (World Health Organization). 2006. Pregnant adolescent. http://whqlibdoc.who.int/publications/2006/9241593784_eng.pdf?ua=1 Date of access: 29 September 2014.

WHO (World Health Organization). 2008. Does shortening the training on integrated management of childhood illness guidelines reduce effectiveness? Results of a systematic review. http://whqlibdoc.who.int/publications/2008/9789241597210_eng.pdf?ua=1 Date of access: 30 September 2014.

WHO (World Health Organization). 2010. Adolescent pregnancy: a global perspective. Geneva: WHO.

WHO (World Health Organization). 2011. Early marriages, adolescence and young pregnancies. http://apps.who.int/iris/bitstream/10665/23744/1/B130_12-en.pdf?ua=1
Date of access: 29 September 2014.

WHO (World Health Organization). 2012. Early miscarriages, adolescents and young pregnancies. Geneva: WHO.

Willan, S. 2013. A review of teenage pregnancy in South Africa: experience schooling and knowledge and access to social and reproductive health services. <http://www.rmchsa.org/wp-content/uploads/2013/08/Teenage-Pregnancy-in-South-Africa-2013.pdf> Date of access: 3 October 2014.

University of the Witwatersrand. 2013. Adult education basic research skills: course pack. Johannesburg: University of the Witwatersrand.

Wolhuter, B. 2013. Teen pregnancy crisis hits KZN. <http://www.iol.co.za/lifestyle/>
Date of access: 3 October 2014.

ANNEXURE A

ETHICS CLEARANCE FROM THE NORTH-WEST UNIVERSITY ETHICS-SUB-COMMITTEE



Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: <http://www.nwu.ac.za>

Ms D G Manyathi

Faculty of Health Sciences
Tel: 0182992092
Fax: 0182992088
Email: minnie.greeff@nwu.ac.za

30 October 2013

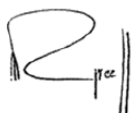
Dear Ms D G Manyathi

Approval granted - Ethical Application: NWU-00143-13-S1

Thank you for your detailed response.

Ethical approval is granted.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M. Greeff'.

Prof Minnie Greeff
Ethics-Sub-Committee Acting Chairperson

ANNEXURE B

PERMISSION TO CONDUCT RESEARCH IN THE KZN DOE INSTITUTIONS



education

Department:
Education
PROVINCE OF KWAZULU-NATAL

Enquiries: Sibusiso Alwar

Tel: 033 341 8610

Ref.:2/4/8

Mrs DG Manyathi
186 Republic Street
VRYHEID
3100

Dear Mrs Manyathi

PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: **SECONDARY SCHOOL TEACHERS EXPERIENCES WITH TEENAGE PREGNANCIES AND UNEXPECTED DELIVERIES AT SCHOOL**, in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 01 October to 31 December 2013.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Mr. Alwar at the contact numbers below.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report / dissertation / thesis must be submitted to the research office of the Department. Please address it to The Director-Resources Planning, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education (Umzinyathi District).

Nkosinathi S.P. Sishi, PhD
Head of Department: Education
Date: 11 October 2013

KWAZULU-NATAL DEPARTMENT OF EDUCATION

POSTAL: Private Bag X 9137, Pietermaritzburg, 3200, KwaZulu-Natal, Republic of South Africa
PHYSICAL: 247 Durban Street, Astor Lomax House, Pietermaritzburg, 3200. Tel: 033 3034053 Fax: 033 3004434

ANNEXURE C

PERMISSION TO CONDUCT RESEARCH AT MGAZI SECODARY SCHOOL



MGAZI SECONDARY SCHOOL

Enquiries: Principal: Makhoba
Tel .No. 034 2710708
Cell No. 0824335157

Address: P.O. Box 584
NQUTHU
3135

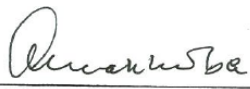
16 October 2013

PERMISSION TO CONDUCT RESEARCH AT MGAZI SECONDARY SCHOOL

Your request to conduct research at the above-named institution is acknowledged, however I A.A Makhoba the head master at this institution hereby granting you the permission to conduct research at the school.

Kindly abide by the terms and conditions mentioned by Sibusiso Alwar and signed by the head of Department of Education, KZN Department of Education written to you dated 11 October 2013.

Yours faith fully


A.A MAKHOBA

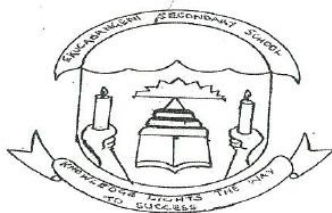
16-10-13
DATE



ANNEXURE D

PERMISSION TO CONDUCT RESEARCH ON TEENAGE PREGNANCIES AT EKUCABANGENI SECODARY SCHOOL

EKUCABANGENI SECONDARY SCHOOL



P.O. Box 444
NQUTHU
3135
TEL : (087) 805 2237
FAX : (087) 809 5765

16 OCTOBER 2013

Mrs D. Manyathi
186 Republic Street
VRYHEID
3100

Dear Mrs Manyathi

PERMISSION TO CONDUCT RESEARCH ON TEENAGE PREGNANCY

The school of Ekucabangeni permits you to conduct a research on TEENAGE PREGNANCY. It is understood that you will adhere strictly to the terms, conditions and time-frames agreed by the Head of Department.

Thank you.

Yours faithfully

EKUCABANGENI SEC. SCHOOL

P.O. BOX 444, NQUTHU 3135

TEL : 087 805 2237

PRINCIPAL'S SIGNATURE

Mr G.B. Mdladla (Principal)

072 671 5547

ANNEXURE E

PERMISSION TO CONDUCT RESEARCH AT SIHAYO HIGH SCHOOL

KZN DEPARTMENT OF EDUCATION AND CULTURE		
NAME:	SIHAYO HIGH SCHOOL	
ADDRESS: P.O. BOX 2714		TEL: 034-271 0269
NQUTHU		FAX: 034-271 0239
3135		ENQUIRIES: S.T. Mnewango
DATE: 16 October 2013		

Mrs D. Manyathi
Researcher

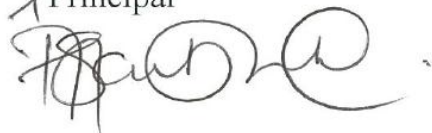
Dear Madam

Re: Permission to conduct research at Sihayo High School

The school grants you permission to conduct research on teenage pregnancy on the above mentioned school.

Thank you

Principal



KZN DEPARTMENT OF EDUCATION
THE DEPUTY PRINCIPAL
**SIHAYO SECONDARY
SCHOOL**

2013 -10- 17

P. O. BOX 2714
NQUTHU 3135
TEL.: (034) 271 0269

ANNEXURE F

PERMISSION TO CONDUCT RESEARCH AT LANGAZELASECONDARY SCHOOL

P.O. Box 1079
NQUTHU
3135



078 4664 316
Tel / Fax: ~~034 271 8476~~
Enquiries: GJG Mncube
Reference:
Date: 2013-10-17

Nquthu Circuit Office
P/ Bag x 5504
Nquthu
3135

Dear Sir/ Madam

PERMISSION GRANTED TO CONDUCT A RESEARCH AT LANGAZELA

Langazela Senior Secondary School hereby gives permission to Mrs. D Manyathi to conduct a research at our school.

Hoping that all is in order.

Yours faithfully

^ Mncube GJG (principal)



ANNEXURE G

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

North-West University
Private Bag X6001
POTCHEFSTROOM
2520
dudum701@gmail.com
073 6666 149

11 September 2013

Sibusiso Alwar
Department of Education
Office G25; 188 Pietermaritzburg Street
PIETERMARITZBURG
3201
sibusiso.alwar@kzndoe.gov.za

PERMISSION TO CONDUCT NON-CLINICAL RESEARCH

TITLE OF STUDY

Secondary school teachers' experiences with teenage pregnancies and unexpected deliveries at schools.

INTRODUCTION

I am currently a Masters candidate at the North-West University, Potchefstroom campus and wish to obtain ethical approval for conducting the above research at the following schools:

1. Ekucabangeni Secondary School
2. Emgazi Secondary School
3. Esihayo Secondary School

ETHICAL APPROVAL

Ethical approval was obtained from the Research Ethics Committee of the Faculty of Health Science at the North-West University, Potchefstroom Campus and Department of Education, KZN.

PURPOSE OF THE STUDY

The purpose of this study is to explore and describe secondary school teachers' experience of teenage pregnancies at school and unexpected deliveries at school.

EXPLANATION OF PROCEDURES

Data will be collected through individual interviews which will be taped to fulfil the essential requirements for the study conducted. The environment should be conducive for data collection with no interruptions. An interview will last for at least 30 minutes.

POTENTIAL BENEFITS

Teenage pregnancies are a problem in schools today. This study will help to understand how to handle teenage pregnancies and unexpected deliveries in future can be handled better.

RISKS INVOLVED

There will be no risk involvement in this study. The participant will only spend 30 minutes from his or her teaching time. The participants will be allowed to contact the researcher, if she or he experiences any discomfort during the study.

RIGHTS OF THE PARTICIPANT

Participation in this study is entirely voluntarily. The participant is allowed to withdraw without coercion by the researcher. Every participant will be protected.

CONFIDENTIALITY

Participants' names will not be mentioned on any reports. Codes will be used to avoid linking any of the participants. The name of the Secondary School will remain anonymous. Data collected will be stored in a very safe place to prevent any accessibility to it. Only the research team will be allowed to access the data.

FURTHER INFORMATION

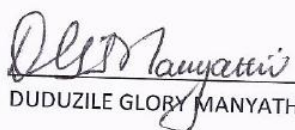
If you have any queries about this study, questions or need clarification, please do not hesitate to contact the researcher (Dudu Manyathi) on 0736666149 or email dudum701@gmail.com.

CONSENT TO PARTICIPATE IN THIS STUDY

Consent will be discussed with participants. All participants will be aware of risks, benefits and their obligations and their participation in this study.

Please find attached research proposal

Yours faithfully


DUDUZILE GLORY MANYATHI (MRS)

ANNEXURE H

INFORMATION LEAFLET AND CONSENT FORM

School of Nursing Science F7H8
North West University
Potchefstroom Campus
Private Bag X6001
POTCHEFSTROOM
2520

11 September 2013

Dear Participant

INFORMATION LEAFLET AND CONSENT FORM

You are herewith invited to participate in a research study about the difficulties Secondary School Teachers experience with teenage pregnancies and unexpected deliveries at school.

This research will form part of a Masters Degree study the writer of this letter is currently busy with at the North-West University.

The basis for this research is to find answers about teenage pregnancies in schools and will only indirectly benefit you, as the participant, in helping the researcher find answers regarding this theme.

Attached please find a brief explanation of the scope of study as well as a consent form for you as the participant to sign.

I sincerely hope you will look upon my research favourably and I am looking forward to collaborate with you in this study.

Yours sincerely

DUDU MANYATHI (MRS)
RESEARCHER

ANNEXURE I

TRANSCRIPT OF INTERVIEWS

I – Interviewer

R – Recipient

I Now we are going to talk I am going to ask you this question, how do secondary school teachers experience teenage pregnancies at school or at schools? You answer in English.

R Okay, we experience the poor performance.

I Yes continue.

R Feeling drowsy in the classroom.

I Continue I am cope well.

R Absent for several times. I for one I think that maybe they going to attend the anti natal clinic and most of the time they increase the number of the school drops out.

I Yes, I understand and then do you allow them maybe to come back after some times?

R Yes, we do. After delivery yes.

I And then what else, what experience do you have with this teenage pregnancy you have already mentioned major things you know if you have anything else that you have.

R In so far that is the only I can say.

I Okay and then what about the, how do secondary school teachers handle unexpected deliveries at school let now she is delivering, she has been hiding the pregnancy until she comes in the morning in labour how do you handle that situation.

R Unfortunate for us there other year one of our school girl she delivered her baby on that near that uhm malingher home after school and the very same girl on the other year again he delivered the child, the baby I mean to say in the toilet.

- I Hmm.
- R Now we called the police to attend the case, as we have said that time we are not skilled so the teachers do not know how to handle that situation.
- I Uhum.
- R So we are supposed to call the parent concerned to render their assistance or the local clinic eh the nurses.
- I Okay. Yeah I do understand so far you did not ever even intervene on that particular incidence maybe eh whatever that is the rupturing of membranes. Okay and then the other third question is that how, what recommendation can you think of that can be given by the government which is the department of education as well as the department of health, they must also play a strong role both of them. What support do you think you need as a teacher?
- R If the department of health together with the department of education they can give us the midwives to visit this school on daily basis to check those kids. If possible.
- I Uhum
- R And if possible they can teach our educators about the emergency child birth so that they can help the child when she is delivering the baby.
- I Uhum.
- R That is my concern.
- I This is the side of the department of health what about department education, what do you think the department, you know now we are looking this midwives are coming from the department of health.
- R Yes
- I And then the teaching can come from the department of health because they are the ones who know what is going on.
- R Yes.

- I But in addition to the department of education what do you think department of education can do in order to work hand in hand with the department of health?
- R If possible if the department of education can introduce the education to educate us as well to the learners about pregnancy and to educate us how to handle the child who is pregnant they can add to the curriculum of the schools.
- I Hmm, yes it is really interesting it should be included into the curriculums and spread all over.
- R Yes.
- I Not to hide any information so that each and every school must be aware, right.
- R Yes.
- I Is there anything that you have that you can tell me about additional recommendation?
- R Okay again the department of education can also supply the schools with the first aid kits.
- I Yes.
- R The condoms as well.
- I Uhum, don't you think the visit of the midwife can also involve family planning do you think.
- R They can.
- I Hmm. Yes. Right okay I am so grateful that you are coming out with the facts that is enough from you on this side.
- R Yes it is.

ANNEXURE J

LANGUAGE EDITING – CUMLAUDE LANGUAGE PRACTITIONERS



Director: CME Terblanche - BA (Pol Sc), BA Hons (Eng), MA (Eng), TEFL
22 Strydom Street
Baillie Park, 2531
Tel 082 821 3083
cumlaudelanguage@gmail.com

Invoice: Language Editing

Invoice serial number: 81014

Date of issue: 14 October 2014

Recipient of invoice: INSINQ for Dudu G. Manyathi

Fee: 18c per word

Number of words: 27 577 words

Total due: R4963-86

With thanks,

CME TERBLANCHE

SATI Reg nr. 1001066