

**TEENAGE PREGNANCY IN THE BLACK FARMING
COMMUNITY: GUIDELINES FOR A SOCIAL WORK
PREVENTATIVE PROGRAMME**

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SUMMARY

TEENAGE PREGNANCY IN THE BLACK FARMING COMMUNITY: GUIDELINES FOR A SOCIAL WORK PREVENTATIVE PROGRAMME

KEYWORDS: teenage girls, teenage pregnancy, preventative programme, black farming community.

The aim of this research was to investigate the nature and causes of teenage pregnancy in the black farming community in order to formulate guidelines for a social work preventive programme.

To meet this aim, the following objectives were formulated:

1. To investigate the nature and causes of the incidence of teenage pregnancy in the black farming community; and
2. to formulate guidelines for a social work preventive programme with regard to the prevention of teenage pregnancy in the black farming community.

These objectives were accomplished by means of a study of the relevant literature and through empirical research. The available literature on the subject was consulted to determine whether any research has been conducted in this field, and if the subject was researchable. The empirical research was conducted to confirm the previous research findings. The literature study and the empirical research were vital in formulating a social work preventive programme.

In this research the survey method was used as a systematic fact-gathering procedure. Data was gathered through self-formulated questionnaires. The researcher administrated the questionnaires by holding personal interviews with the respondents. The research was conducted in Potchefstroom and 47 respondents were selected as a sample from the black farming community in the Rysmierbult area.

The findings of this research reflected the incidence of teenage pregnancy in the black farming community. Social workers can to a large extent assist in preventing teenage pregnancy by means of a social work preventive programme. The social group work method can be used as an intervention strategy.

In this research, the group work method is emphasised as an effective intervention strategy in the prevention of teenage pregnancy. Group work is a method that can be used to empower teenagers to improve the quality of their lives. Teenage pregnancy can be prevented to a large extent through a group work intervention programme by educating teenagers about the facts of life.

In conclusion the proposed guidelines for a group work intervention programme are presented. These guidelines will assist the social worker and other professionals when rendering social work services to teenagers.

OPSOMMING

TIENERSWANGERSKAP IN DIE SWART PLAASGEMEENSAP: RIGLYNE VIR 'N MAATSKAPLIKWERK VOORKOMENDE PROGRAM

SLEUTELWOORDE: tienermeisies, tienerswangerskap, voorkomende program, swart plaasgemeenskap.

Die doel van hierdie navorsing was om ondersoek in te stel na die aard en oorsake van tienerswangerskap in die swart plaasgemeenskap ten einde riglyne te formuleer vir 'n maatskaplikewerk voorkomende program.

Om dié doel te verwesentlik, is die volgende doelstelling geformuleer:

1. Om ondersoek in te stel na die aard en oorsake van tienerswangerskap in die swart plaasgemeenskap; en
2. om riglyne daar te stel vir 'n maatskaplikewerk voorkomende program met betrekking tot die voorkoming van tienerswangerskap in die swart plaasgemeenskap.

Hierdie doelstellings is verwesentlik deur middel van 'n studie van die relevante literatuur en deur empiriese navorsing. Die beskikbare literatuur oor die onderwerp in hierdie veld is geraadpleeg om vas te stel of enige navorsing reeds oor die onderwerp gedoen is asook om vas te stel of dit wel lewensvatbaar was. Die empiriese navorsing is gedoen ten einde vorige navorsingsbevindings te bevestig. Die literatuurstudie en die empiriese navorsing was noodsaaklik in die formulering van 'n maatskaplikewerk voorkomende program.

In hierdie navorsing is die opnameprosedure as 'n sistematiese inligtinginsamelingsprosedure gebruik. Data is deur selfopgestelde vraelyste ingesamel. Die navorsers het die vraelyste geadminestreer deur onderhoude met die respondente te voer. Die navorsing is in Potchefstroom gedoen en 47 respondente is uit 'n steekproef gekies vanuit die swart plaasgemeenskap in die Rysmierbult-omgewing.

Die bevindings van die navorsing weerspieël die voorkoms van tienerswangerskap in die swart plaasgemeenskap. Maatskaplike werk kan in 'n groot mate help in die voorkoming van tienerswangerskap deur middel van 'n maatskaplikewerk voorkomende program. Die maatskaplikewerk groepwerkmetode kan as 'n intervensiestrategie aangewend word.

In hierdie navorsing is die groepwerkmetode beklemtoon as 'n doeltreffende strategie in die voorkoming van tienerswangerskap. Groepwerk is 'n metode wat gebruik kan word om tieners te bemagtig om die kwaliteit van hul lewens te verbeter. Tienerswangerskap kan in 'n groot mate voorkom word deur middel van 'n groepwerk-intervensieprogram deur aan tieners die feite van die lewe te leer.

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CHAPTER 1

INTRODUCTION

1.1 PROBLEM FORMULATION

Teenage pregnancy in South Africa, especially in the black community, is an alarming problem. The phenomenon of teenage pregnancy is not new, but the rising numbers of children born out of wedlock in all societies is of great concern to health personnel, parents, educators, churches, social workers and other members of these communities (Strong, De Vault & Sayad, 1998: 530-531). The dramatic increase in sexual activity among adolescents and the lag in the adoption of effective contraceptives have resulted in a great numbers of pregnancies in young females.

In South Africa the incidence of teenage pregnancy is escalating and a third of all pregnancies related to under-19s (Anon, 1999: 7). According to the study conducted by Kaufman *et al.* (2001:147,149) in 1998, more than 30% of 19 year-old girls have given birth at least once. Kaufman *et al.* (2001: 147,149) go on to say that 30% to 40% of women in each five-year age group have given birth as teenagers for about the last 40 years.

Teenage pregnancy can be addressed only if the teenagers' perspective on sex were taken seriously and if it were accepted that, for the majority of teenagers, full sexual relations occur early. According to Preston-Wyde and Zondi (1991:1389) both girls and boys aged between 13 and about 22 admitted to experimenting with sex before their 12th or 13th year and some even had experience of penetration before they had reached sexual maturity.

Mahomed and Masona. (1991:316) state that adolescent sexual activity is occurring at younger ages resulting in unplanned and often unwanted pregnancies. The early involvement of African teenagers in full sexual relations is confirmed both by birth statistics and a recent AIDS-related survey (Preston-Whyte & Zondi, 1991:1390).

Strydom *et al.* (1999:66) claim that the South Africa's teenage pregnancy percentage is nearly half of women giving birth.

There are different causes of teenage pregnancy. Some of the reasons are a lack of the correct facts, poor sex education and guidance, poverty, parental illiteracy, poor examples of marital life and the lack of marital guidance (Hughes, 1992:7; Mokgalabone, 1999:56 & Mucciolo, 1990:6).

According to Carlson *et al.* (1993:375,381) and Miller *et al.* (1992: 1), adolescent pregnancy is a social problem that has a negative impact on the minority community and is a key factor leading to poverty. Adolescent pregnancy carries many negative consequences, such as reduced educational achievement and earnings potential for adolescent parents (Combs-Orme, 1993: 344).

Teenage pregnancy will remain a real threat to our society unless something were done. Presently it seems that little is done with regard to the prevention of teenage pregnancy in the black farming community. Teenage pregnancy in the black farming community can be addressed only if the nature and causes of teenage pregnancy in the minority community were understood. It is vital for the multidisciplinary team, among others nurses, teachers and social workers, to come together and formulate a preventative programme. In this regard the social worker can play a vital role through group and community work methods.

1.2 MOTIVATION FOR THE CHOICE OF THE STUDY

The motivation for the choice of the study developed firstly from the researcher's interest in children and teenagers. The research findings indicate that teenage mothers and their children are far more likely to live in poverty. Their children are also at increased risk for problem behaviours such as delinquency, substance abuse, teenage pregnancy and school dropout.

Secondly, the researcher became aware of the incidence of teenage pregnancy in the black farming community and it seemed that little was being done with regard to preventive

programmes. The researcher decided to investigate the nature and causes of teenage pregnancy in the black farming community in order to formulate guidelines for a social work preventive programme.

1.3 AIMS OF THE STUDY

The aims of the study are to:

1.3.1 Investigate the nature and causes of teenage pregnancy in the black farming community by means of a literature study and empirical research; and

1.3.2 formulate guidelines for a social work programme for the prevention of teenage pregnancy in the black farming community.

1.4 CENTRAL THEORETICAL ARGUMENT

Teenage pregnancy in the black farming community can to a large extent be prevented through a social work preventive programme.

1.5 PILOT STUDY

De Vos (1998:179) views a pilot study as the “dress rehearsal” of the main investigation. De Vos (1998: 179) points out that the pilot study consists of four aspects, namely a study of the literature, using the experience of experts, a preliminary study and an intensive study of strategic units. In this research only two aspects are utilised, namely a study of the literature and the experience of experts. These two aspects will be discussed next.

1.5.1 Study of the literature

De Vos (1998:179) states that a researcher can only hope to undertake meaningful research if he is fully up to date with existing knowledge on his prospective subject. The researcher must trace all available literature that is broadly and specifically relevant to his subject. According to Neuman (1997:91), the main purpose of the literature study is the broad orientation of the prospective researcher with regard to his planned investigation, and to alert him to certain matters during the main investigation. Neuman (1997:91) goes on to say that most of the literature is found in books, scholarly journal articles, dissertations and government documents.

In this research, the researcher consulted previous research findings that outlined the incidences of teenage pregnancy in the black community. The literature on teenage pregnancy in the black community was mostly found in journals and dissertations. There are very few recent books available with regard to teenage pregnancy in the black community as well as on the farming community.

The database consulted in this study include Nexus, Social Sciences Index and ERIC.

1.5.2 Experience of experts

According to De Vos (1998:181), the utilisation of experts can help to delineate the problem more sharply and to gain valuable information on the more technical and practical aspects of the prospective research endeavour. De Vos (1998:181) goes on to say that the purpose of the interviews with experts is to bring unknown information to the fore or to confirm or reject the researcher's own views.

In this research the information was gathered through informal interview with experts. The purpose of the interviews was to discover the experts' point of view on the nature and causes of teenage pregnancy in the black community. The experts contacted are the following:

- Sister Montsho of the Kanana Clinic
- Sister Molefi of the Botshabelo Clinic in Khuma
- Sister Tilo of the Grace Mokhomolo Clinic in Kanana
- Dr A . A. Roux of the PU for CHE, Social Work Department

1.6 RESEARCH PROCEDURE

1.6.1 Literature study

The researcher consulted books, journals, dissertations and dictionaries to read more about the subject. There are few recent books on the subject of teenage pregnancy. therefore mostly journal articles and dissertations on teenage pregnancy in the black community were utilised.

The research findings indicated the incidences of pregnancy among black teenagers. From the study of the literature, it seems that no research has been conducted regarding teenage pregnancy in the black farming community.

1.6.2 Research design

Grinnell (1993: 94) defines a research design as a blueprint or detailed plan of how a research study should be conducted. The research then utilises different variables so that they can be measured, selects a sample of interest to study, collects data to be used as a basis for testing the hypothesis and analyses the results.

In this research, the researcher used the exploratory design. According to De Vos (1998:124) the goal in exploratory studies is the exploration of a relatively unknown research area. De Vos (1998; 124) outlines the following aims in exploratory studies, namely to:

- Gain new insight into the phenomenon;
- undertake a preliminary investigation prior to a more structured study of the phenomenon;
- explicate the central concepts and constructs;
- determine priorities for future research; and
- develop new hypotheses about an existing phenomenon.

In this study, the exploratory design aims at exploring the nature and causes of teenage pregnancy in the black farming community in order to gain new insight into the problem.

1.6.3 Participants

A non-probability sampling method was used in this research. A convenience sample of 47 women aged between 14 and 35 years was selected from the black farming community in the Rysmierbult area in the North-West Province. Twenty-two (22) of these women were pregnant as teenagers.

1.6.4 Survey procedure

A survey is a systematic fact-gathering procedure in which a specific series of questions is asked, through written or oral questions, of a representative sample of the group being studied or of the entire population (Barker, 1997:373). The Faculty of Health Sciences conducted a multi-disciplinary study on Rysmierbult farm in Potchefstroom. Several surveys were conducted, of which this was one. In this research the survey was conducted to investigate the nature and causes of teenage pregnancy in the black farming community in order to formulate guidelines for a social work preventive programme.

1.6.5 Demarcation of the study

The study was conducted in Potchefstroom. One black farming community in the Rysmierbult vicinity was identified as a sample. The researcher administrated the questionnaires. The study occurred during November and December 2001.

1.6.6 Measuring instrument

According to Neuman (1997:30) the gathering of data for the research is divided into two categories, namely qualitative and quantitative. In this research, data was gathered through a self-formulated questionnaire. The questionnaire included both qualitative and quantitative questions.

1.6.7 Data analysis

Data was processed by the Statistical Consultation Services of the PU for CHE. Frequent-counting and descriptive statistics were given. Qualitative content was done thematically.

1.6.8 Ethical aspects

De Vos (1998:24) describe ethics as a set of moral principles that is suggested by an individual or group, that is subsequently widely accepted and offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, researchers, assistants and students.

To ensure ethical aspects in this research, the completion of the questionnaire was done anonymously and the individuals' identities were not disclosed. The information was handled confidentially. No form of coercion was used on the respondents and the investigation proceeded correctly.

1.7 SHORTCOMINGS OF THE STUDY

- The respondents may have been sensitised by the knowledge that they were involved in the research, and as a result provided answers believed to be expected by the researcher.
- As the result of inadequate space, the interview was conducted in an open space and respondents were reluctant to answer sensitive questions due to lack of privacy.
- The findings cannot be generalised to all black farming communities because the sample was not an ideal of all farming communities and thus not representative of the group being studied.

1.8 DEFINITIONS OF THE TERMS USED IN THE STUDY

1.8.1 Teenage pregnancy

The New Dictionary of Social Work (1995: 65) defines teenage pregnancy as the pregnancy of an unmarried female person under the age of 18 years. The researcher views teenage pregnancy as a situation where children are having children.

1.8.2 Abstinence

Crowther (1995:5) defines abstinence as the practice of abstaining, especially from food, alcoholic drinks or sex. In this research, abstinence refers to restraining from indulging in sexual relationships before marriage.

1.8.3 Social worker

A social worker is a person registered and authorised in accordance with the Social Work Act, 110 of 1978 to practise social work (New Dictionary of Social Work, 1995: 60).

1.8.4 Farming community

In the Reader's Digest Oxford Dictionary (1993:287, 538) farming community is defined as a group of people living in a specific area of land for growing crops and rearing animals.

1.8.5 Social casework

Zastro (1992:21-22) describes social casework as a method aimed at personal and social problems. Casework may be geared to helping the client adjust to his/her environment, or to change certain social and economic pressures which are handicapping an individual.

1.8.6 Social group work

Social group work is a goal-directed activity with small treatment and tasks group aimed at meeting social-emotional needs and accomplishing task (Toseland & Rivas, 1998:12).

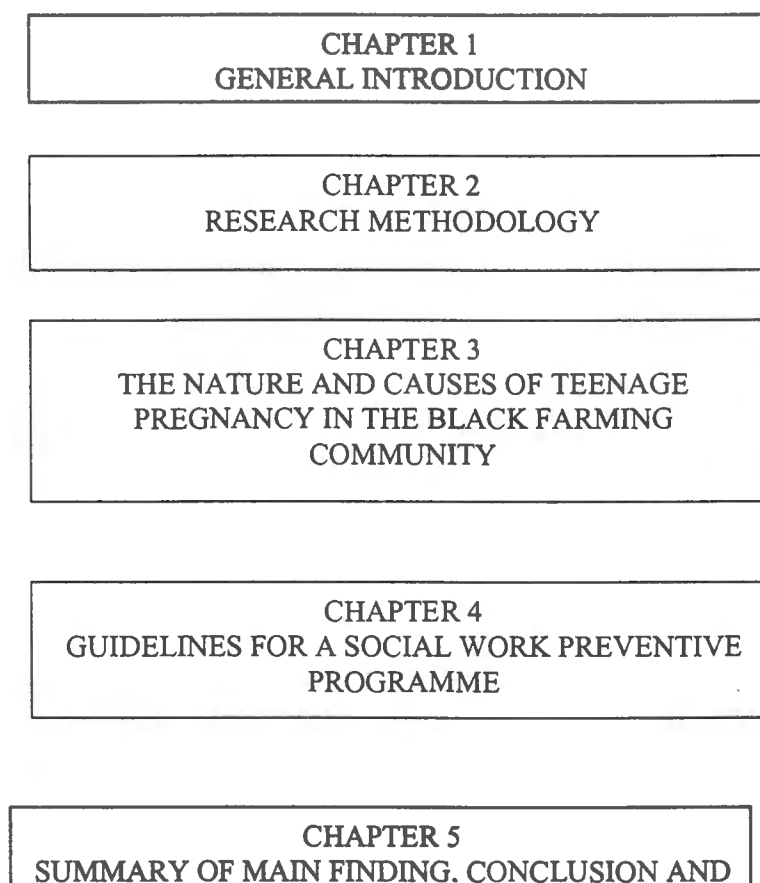
1.8.7 Social community work

Lombard (1991: 72) describe social community work as "... a social work method (based on a specific process) which is directed towards achieving one or more of the following objectives:

1. To satisfy the broad needs of the community and to create and maintain a balance between the needs and resources in the community;
2. to provide the community with the opportunity to exploit its strengths and potential (knowledge and skills) and to develop these in order not only to be able to deal with social problems and needs, but also to prevent them; and
3. to affect change in the community in group relations and the distribution of decision-making powers."

1.9 PRESENTATION

Figure 1: division of the research report.



The division of the research is as follows:

Chapter 1 is a general introduction and consists of the problem formulation, motivation for the choice of the study, aim of the study, central theoretical argument, pilot study, research design, research procedure, participants, demarcation of the study, measuring instruments, data analysis, ethical aspects, shortcomings of the study and definitions of terms.

Chapter 2 describes the research methodology utilised in detail. The research methodology entails the type of research, the research design, research procedure and methods of gathering data.

Chapter 3 investigates the nature and causes of teenage pregnancy in the black farming community. This chapter examines teenage pregnancy as a global problem, adolescent sexuality, the causes, as well as the consequences of teenage pregnancy. The findings of the empirical research are presented in this chapter.

Chapter 4 examines social work as a profession and outlines the guidelines for a social work preventive programme with regard to the prevention of teenage pregnancy in the black farming community.

Chapter 5 presents a summary of the main findings, conclusions and recommendations.

CHAPTER 2

RESEARCH METHODOLOGY

2.1 INTRODUCTION

In this chapter the research methodology that is utilised will be described comprehensively. First, the type of the research used will be explained. Secondly, the research design that is used will be outlined. In conclusion, the method of data collection/research procedure will be described.

2.2 TYPE OF RESEARCH

Strydom (2000:73) distinguishes between basic and applied research.

2.2.1 Basic research

Basic research is a systematic knowledge-building inquiry where the product has no known practical or commercial value (Barker, 1997: 32). For Strydom (2000:73), social work research is frequently basic because it is oriented at solving social problems.

According to De Vos (1998:8), basic research seeks empirical observations that can be used to formulate or refine theory. De Vos (1998:8) continues by saying that basic research is not concerned with solving the immediate problem of the discipline, but rather with extending the knowledge base of the discipline. Basic

research in this research aims at investigating the nature and causes of teenage pregnancy in the black farming community in order to gain insight into the problem.

2.2.2 Applied research

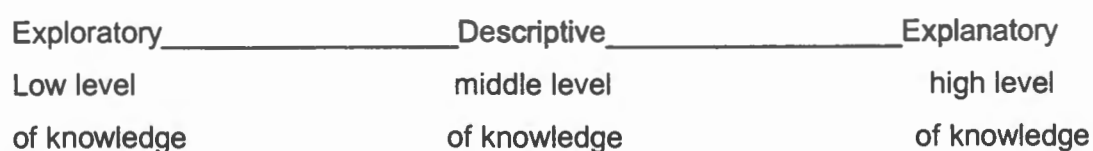
Applied research is a systematic investigation to acquire facts that can be used to solve or prevent problems, enhance lifestyles, advance technologies, or increase income. Most of social work research is considered as applied research, because it pertains mostly to the interaction between people and their environment, social problems, and methods for helping (Barker, 1997:24). The New Dictionary of Social Work (1995:4) describes applied research as follows: "Research directed at the solution of some problem in social work".

According to Strydom (2000:73), applied research focuses on tracing problems in practice of social work and proposes the strategy to the solution of the problem. De Vos (1998: 8) states that the goal of applied research is most often the scientific planning of induced change in a troublesome situation. De Vos (1998:8) goes on to say that, in practice, the goal of basic and applied research is used. The goal of this research was to investigate the nature and causes of teenage pregnancy in the black farming community and to formulate guidelines for a social work preventive programme.

2.3 RESEARCH DESIGN

The research design is the total plan we use in answering our research questions. As part of our plans we decide what the research question should be, which data will be required to answer it, from whom the data will be obtained, and exactly what is the best way to gather the data (Grinnell & Williams, 1990:138). Grinnell (1993:94) defines research design as a blueprint or detailed plan for how research is to be conducted – operationalising variables so they can be measured, selecting a sample of interest to study, collecting data to be used as a basis for testing hypotheses and analysing the results.

Strydom (2000:77) differentiates between exploratory, descriptive and explanatory designs. According to Grinnell and Williams (1990:140) research design could be illustrated on a continuum as follows:



(Grinnell & Williams, 1990:140)

Grinnell and Williams (1990:140) continue by saying that at the lowest end of the continuum is exploratory design, which is used where little is known about the field of study. Further up the continuum is descriptive design, which is used where more is known about the research topic. At the top end of the continuum is explanatory design, which is used where a lot is known about the research topic. In this research exploratory design was used, which will be discussed in detail.

According to Grinnell and Williams (1990:140, 150), the purpose of exploratory design is merely to explore, that is to gather data or facts. Grinnell and Williams (1990:140,150) continue by saying that exploratory design is used when little is

known on the research field and what is needed is to make an introductory study. The aim is to build a foundation of general ideas and tentative theories, which can be more rigorously explored later on.

In Marlow (1993: 154) exploratory and descriptive designs are described as one. Exploratory/descriptive design focuses on describing the process of the intervention rather than on explaining an outcome. Dane (1990:50) says exploratory research involves an attempt to determine whether or not a phenomenon exists.

In this research, an exploratory design was used to determine the nature and causes of teenage pregnancy in the black farming community. Little is known in this field of research.

2.4 RESEARCH PROCEDURES

Strydom (2000:72) distinguishes between eight types of research procedures, namely: the survey procedure, single-system design, experimental design, intervention research, development and utilisation research, participatory action research, participant observation, secondary analysis and the case study. The survey procedure was used in this research to investigate the nature and causes of teenage pregnancy in the black farming community.

The New Dictionary of Social Work (1995: 64) defines a survey as follows: "Research method whereby data is gathered from a selected sample in order to describe the characteristics or opinion of the population". According to Barker (1997:373) a survey is a systematic fact-gathering procedure in which a specific series of questions is asked, through written or oral questionnaires, of a representative sample of the group being studied or of the entire population.

The survey is the single most important information-gathering invention of the social sciences and the most common research methodology used by social

workers (Royse, 1990: 102). Royse (1990:102) goes on by saying that social workers use surveys to identify community needs or the needs of client groups.

The New Dictionary of Social Work (1995:51) defines the questionnaire as a set of questions on a form, which is completed by the respondent in respect of a research project. Surveys are conducted to gather data about special problems or concerns where little information is available, that is, to learn more about phenomena that are well understood. In this research, the survey was used to gather data about the nature and causes of teenage pregnancy in the black farming community.

According to Neuman (1997:231), the researcher in using the survey follows a deductive approach. Survey research is divided in two steps/phases, namely: the first phase being the design and planning phase. The second phase consists of data collection. The two sub-steps in the survey are outlined in Table 1.

TABLE 1: Details of research steps in the survey

Design and planning phase	Data collection phase
<ol style="list-style-type: none"> 1. Decide on type of survey (e.g. mail, telephone interview), type of response and population 2. Development of the survey instrument/questionnaire: <ul style="list-style-type: none"> ❖ Write questions to measure variable ❖ Decide on response categories ❖ Organise question sequence ❖ Design questionnaire layout 3. Plan a system for recording answers 4. Pilot-test the instrument and train interviewees if necessary 5. Draw the sample <ul style="list-style-type: none"> ❖ Define target population ❖ Decide on type of sample ❖ Develop sampling frame 	<ol style="list-style-type: none"> 1. Locate and contact the respondents 2. Make introductory statements or provide instructions 3. Ask questions and record answers 4. Thank respondent and go on to next respondent 5. End data collection and organise data

❖ Decide on sample size	
❖ Select sample	

(Neuman, 1998:232)

During the design and planning phase of this research, the following tasks were completed:

- ❖ Consultation with the experts and the study of literature in order to be familiar with the existing knowledge on the prospective subject;
- ❖ completion and submitting of the research proposal; and
- ❖ formulation and submitting of the questionnaire.

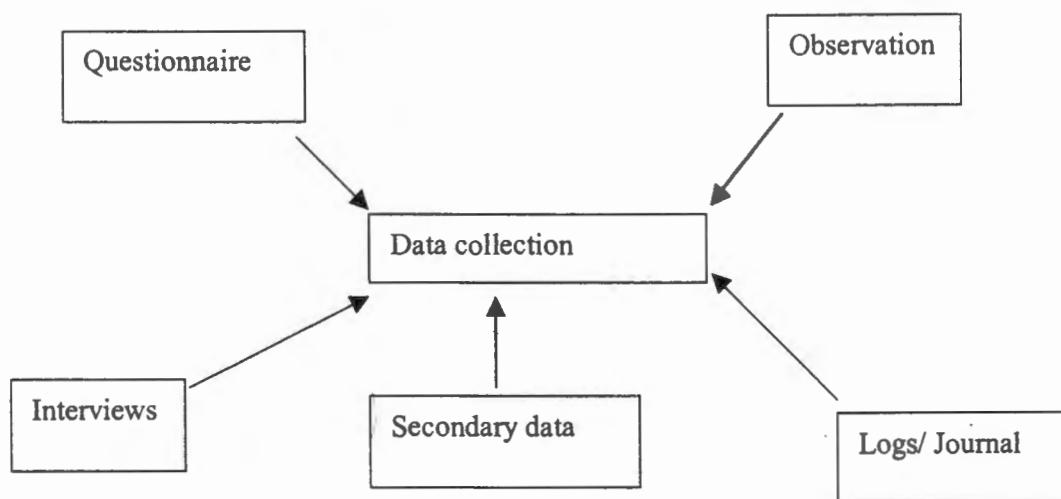
During the data collection phase of this research, the following tasks were completed:

- ❖ Permission was obtained from the farming community in order to conduct the research;
- ❖ the community was entered by making an introductory statement and explaining the procedures to be followed;
- ❖ the interviews were conducted, the answers were recorded, each respondent was thanked and then the next respondent was interviewed;
- ❖ the data collection was ended and the data organised in order to analyse the findings and complete a research report.

2.5 WAYS OF COLLECTING THE DATA

Marlow (1993: 68-69) distinguishes between five major methods of collecting data, namely interviews, questionnaires, observation techniques, logs/journal and secondary data. The methods of collecting data are outlined in Figure 1.

FIGURE 2: Methods of data collection



(Marlow, 1993:68)

The methods of data collection must be assessed for objectivity and applicability. The objectivity entails being free of attitudes, opinions and points of view. The degree of objectivity depends on the type of measuring instrument or data collection method selected. Applicability means to assess whether or not a measuring instrument is appropriate and suitable for a particular type of problem (Marlow, 1993:68, 69). Personal interviews were used in this research as a method of collecting data and will be discussed in detail.

2.5.1 Personal interview

In the personal interview the researcher and/or field workers complete the schedule during the interview (Strydom, 2000:120). The schedule is defined as a set of questions on a form to the respondent by the interviewer in respect of a research project, the answers being recorded by the interviewer (New Dictionary of Social Work, (1995: 55).

According to Royse (1991:109) the personal interview provides the interviewer with more control than either mail or telephonic surveys. The interviewer can read facial expressions and moods, monitor environmental distractions and determine if the interview should move to a more quiet room or to be continued at a later date.

Grinnell and Williams (1990: 211) distinguish between three types of research interviews, namely, the unstructured interview, the semi-structured interview, and the structured interview. A face-to-face questionnaire is administered similarly to structured interviews (Marlow, 1993: 73).

In this research face-to-face questionnaires were administered similarly to the structured interview and the researcher recorded the answers. During the interview the researcher was aware of environmental distractions and the interview had to be continued outside.

The personal interview has both advantages and disadvantages, which are outlined in Table 2.

TABLE 2: Advantages and disadvantages of the personal interview

ADVANTAGES	DISADVANTAGES
It achieves a higher response rate	The personal interview is more expensive and more time-consuming
Most people are more comfortable talking than writing	Safety of interviewers could also be a major concern
Interviewers can observe the surroundings and can use non-verbal communication and visual aids	People are sometimes reluctant to be interviewed due to lack of anonymity
Offers flexibility to pursue lines of inquiry that arise unexpectedly from the conversation	The appearance, tone of voice or wording of questions by the interviewer may affect the respondent
The interviewer knows for sure that the answer is from the respondent	Supervision and quality control of the interview process can be more difficult to ensure

(Strydom, 2000:121, Neuman, 1998:252, Royce, 1990:110, Grinnell & Williams, 1990:211-214)

Advantages of the personal interview:

❖ The interview achieves a higher response rate because all the questionnaires will be completed, unlike if they were mailed. Mailed questionnaires are sometimes lost or people do not return them. Personal interviews achieved a higher response rate in this research, because the questionnaires were completed by the researcher and collected immediately after the interview.

❖ People are more comfortable talking than when they are writing. Those with little formal education will also be able to answer the questionnaire because they do not need to complete it, as the researcher/field worker is the one recording the answers. Personal interviews were more advantageous in this research because most of the respondents' scholastic education was very low.

- ❖ The interviewer is able to observe the surrounding's obstructions. In this research, the interviewer observed the environmental obstructions and the interview had to be moved to another place.

- ❖ The interviewer is sure that the answers are from the respondent herself. In the mailed questionnaire the interviewer is unable to ascertain that the questionnaire was completed by the respondent. In this research, the interviewer knows that the answers are from the respective respondents because each of them completed the questionnaire herself.

Disadvantages of the personal interview:

- ❖ The personal interview is more expensive and time-consuming. It is expensive because of the travelling expenses and sometimes the researcher had to pay the field workers. It is time-consuming because the interviewer has to record all the answers for each respondent. Personal interviews were more expensive and time-consuming in this research. The interviewer had to travel 112 km per day for two days and had to record the data gathered.

- ❖ The safety of the interviewer can be a major concern if there is political unrest and the area has high crime rate. In this research, the safety of the interviewer was not a concern because there was a group of people conducting surveys.

- ❖ People are sometimes reluctant to be interviewed due to lack of anonymity. In this research people were reluctant to answer sensitive questions due to lack of privacy and as a result they could sometimes have been dishonest in their answers.

2.5.2 Question construction/design

According to Strydom (2000: 124) there are different types of questions to select from in order to collect data. The different types of questions are as follows: open question, closed

questions, dichotomous questions, multiple choice questions, ranking question, fill-in questions, scaled question, hypothesis, matrix-type questions and sequence questions.

The following types of questions were used in this research: closed questions, dichotomous questions, multiple choice questions, fill-in questions, scaled questions, and sequence questions. The above-mentioned questions will be described.

2.5.2.1 Open and closed questions

According to Neuman (1998:240), closed questions ask a question and give the respondent fixed responses from which to choose, that is, questions have their own pre-determined response set.

Closed questions have both advantages and disadvantages. The advantages and disadvantage of closed questions will be outlined Table 3.

TABLE 3: Advantages and disadvantages of closed questions

ADVANTAGES OF CLOSED QUESTIONS	DISADVANTAGES OF CLOSED QUESTIONS
It is easier and quicker for respondents to Answer	They can suggest ideas that the respondents would not otherwise have done
The answers of different respondents are Easier to compare	Respondents with no opinion or no knowledge can answer anyway
Answers are easier to code and analyse Statistically	Respondents can be frustrated because their desired answer is not a choice
The response choices could clarify the Meaning of questions for respondents	Misinterpretation of a question could go Unnoticed
Respondents are more likely to Answer about sensitive topics	They force respondents to give simplistic responses to complex issues

(Neuman, 1998:240)

2.5.2.2 Dichotomous questions

These kinds of questions give only two possible responses. An example of a dichotomous question is:

Did you give your daughter(s) sexual counseling?

Yes	No
-----	----

2.5.2.3 Multiple choice questions

According to Strydom (2000:126) this kind of question is used to get information grouped in a fixed category. An example of a multiple-choice question is:

What would you give as reason why you and/or your daughter(s) became pregnant?

	Self	Daughter	
Ignorance			
Rape			
Didn't want to use contraceptives			
Pressure of peer groups			
Other (specify)			

2.5.2.4 Fill-in questions

Fill-in questions are in reality a kind of open question used to collect data to which there are many possible answers (Strydom, 2000:1280). An example of a fill-in question is:

How many sex partners did you and/or your daughter(s) have before you and/or they first became pregnant?

Self	Daughter	

2.5.2.5 Scaled questions

These questions are designed so that the respondent can provide his/her answer by marking a certain point on a scale (Pentz, 1995:34). According to Strydom (2000:128) these kinds of questions are a type of multiple choice question. An example of a scaled question is:

Indicate how often you and/or your daughter(s) are sexually active?

	Self	Daughter/s	
Once a week			
More than once a week			
Once a month			
Other (specify)			

2.5.2.6 Sequence questions

According to Wessels (1996: 33) these questions are used to acquire more information beyond a response from a positive question. An example of a sequence question is:

Did you give your daughter(s) sexual counseling?

Yes	No
-----	----

If your answer is yes, what information did you give her/them?

If not, what is/are your reason(s)?

2.6 SUMMARY

In this chapter the research methodology was described comprehensively. The research methodology entails the type of research, the research design, research procedure and ways of collecting data.

The research may be either basic or applied. The goal of applied research is to develop theory and expand the social work knowledge base. The goal of applied research is to develop solutions to problems and its application in practice.

The researcher can distinguish between three types of research design, namely, exploratory, descriptive and explanatory designs. The survey is conducted to gather data about special problem or concerns where little information is available.

It is clear from the chapter that when survey procedure is used, there are different types of questions to select from in order to collect data. The different types of questions described are open and closed questions, dichotomous questions, multiple choice questions, fill-in questions, scaled questions and sequence questions.

It is important to always remember how data is gathered and which research design and research procedure is used.

In Chapter 3, the nature and causes of teenage pregnancy will be discussed and the findings of the empirical research will be presented.

CHAPTER 3

THE NATURE AND CAUSES OF TEENAGE PREGNANCY

3.1 INTRODUCTION

The dramatic increase in sexual activity among adolescents and the lag in the adoption of effective contraception have resulted in large numbers of pregnancies among young females. The incidence of teenage pregnancy occurs among all the different racial groups.

This chapter examines teenage pregnancy as a global problem, adolescent sexuality, causes of teenage pregnancy and consequences of teenage pregnancy.

3.2 TEENAGE PREGNANCY AS A GLOBAL PROBLEM

Teenage pregnancy has reached a proportion that qualifies it as a world-wide problem. According to Pete-McGadney (1995:95) there are a high numbers of African-American teenage parents. Pete-McGadney (1995:95) says African-American adolescents account for 14% of the teenage population, while they account for 28% of all births and 47% of all births to unmarried mothers. According to Kaufman *et al.* (2001:148) the number of births to adolescents in Sub-Saharan Africa is projected to increase over the next few decades, exceeding a total of 48 million births to girls aged 15-19 over the period of 1995-2020. Kaufman *et al.* (2001:148) say the level of early births remains high in Sub-Saharan Africa, where 58% of women aged 20-24 have given birth before the age of 20 in Kenya, 68% in Uganda and 24% in Zimbabwe.

In South Africa the incidence of teenage pregnancy is escalating and a third of all pregnancies in this country relates to teenagers under the age of 19 years (Anon, 1999: 7). According to Strydom *et al.* (1999: 66) South Africa's teenage pregnancy rate is nearly 50% of women giving birth. In 1998, more than 30% of 19-year olds

had given birth at least once and 30% to 40% of women in each five-year age group have given birth as teenagers for about the last 40 years (Kaufman *et al.*, 2001:147,149).

Research findings demonstrate that the problem of teenage pregnancy is widespread and that it occurs among all cultural and ethnic groups in rural as well as in urban areas. Ntombela (1992: 5-6) outlines the following research findings regarding the extent of teenage pregnancies:

- ❖ The findings of Preston Whyte and Zondi in 1986 relating to Hammarsdale, a black township in Mpumalanga, show that 40% of the households in this township include children born illegitimately.
- ❖ In the study conducted by Kau (1989:1) in Molopo, 2464 antenatal care clients were treated at Montshiwa Clinic between 1985 and 1987, and of these 430 (17,5%) were teenagers.
- ❖ Magwentshu (1990:5) states that of a total of 13 608 antenatal care clients in Baragwanath Hospital from January to June 1990, 3339 (24,5%) were teenagers between 11 and 21 years old.
- ❖ According to the findings of a demographic health survey conducted in Transkei in 1987 by the Human Science Research Council, 42% of 1850 respondents of the ages 15 to 49 indicated that they gave birth to their first children during their teenage stage.
- ❖ From the research findings of Xaba-Mokoena (1990:4) over a period of one year during 1987 and 1988 at a government hospital in Transkei, 38 106 women gave birth. Of these 25,4% were younger than 20 years, 355 were 16 years old or younger and 73% of these 16 years or younger were unmarried, 53,8% were between 17 and 19 years and unmarried.
- ❖ According to research findings of Nash (1990:147) in the rural context of Transkei, teenagers constitute 26% of the 1255 patients who gave birth in one local hospital in the year ending September 1985.

❖ The findings of this research indicate the incidence of teenage pregnancy among the black farming community. Of the 47 respondents 22 (46,81%) were pregnant as teenagers, an indication that teenage pregnancy in the black farming community is an alarming problem.

TABLE 4: Age during pregnancy

VALUABLE LABEL	F	%
15 years	3	13,63
16 years	1	4,55
17 years	6	27,27
Older than 18 years	0	0
Don't know	12	54,55
N	22	100%

The figures indicated above reflect that there were no respondents under the age of 15 years. Of the 22 respondents, 3 (13,63%) respondents became pregnant at the age of 15, 1 (4,55%) respondent at the age of 16, 6 (27,27%) respondents at the age of 17 and 12 (54,55%) respondents do not know at what age they became pregnant but state that they were very young.

TABLE 5: Scholastic education

VALUABLE LABEL	F	%
Lower than grade 8	16	72.73
Grade 8	5	22.72
Grade 9	1	4.55
N	22	100%

The figure indicated above reflects that of the 22 respondents, 16 (72,73%) respondents' scholastic education was lower than Grade 8 at the time of their first pregnancy, 5 (22,72%) respondents were in Grade 8 and 1 (4,55%) respondent was in Grade 9. The majority of the respondents' scholastic education was lower than grade 8 at their first pregnancy. This could be a possible reason why 54,55% respondents do not know how old they were during their first pregnancy.

Boult and Cunningham (1991:7) state that teenage pregnancy is increasingly being recognised as a problem for socio-economic and medical reasons. They quote Dr Petro Bavasian, head of the Family Health Division , as stating that "complications in pregnancy and childbirth (including induced abortion) are a leading cause of death for women aged between 15 and 19 in developing countries".

According to Boult and Cunningham (1991:72-73) in most cases teenage pregnancy is unplanned and unwanted. This statement is confirmed by the findings of this research indicating that most of the respondents' pregnancies were unplanned. Of the 22 respondents, 18 (81,82%) were using contraceptives at the time they became pregnant. Boult and Cunningham (1991:72-73) go on by saying that unplanned and unwanted pregnancies cause major physical, emotional as well as practical upheaval in any woman's life. When this occurs in the life of the adolescent, the event could be traumatic.

TABLE 6: Reaction towards pregnancy

VALUABLE	F	%
Shocked	7	31.81
Disappointed	3	13.64
Afraid	9	40.91
Glad	2	9,09
Don't know	1	4.55
N	22	100%

The figures indicated above reflect that of the 22 respondents, only 2 (9,09%) respondents said they were glad when they realised that they were pregnant. Seven (7) (31,81%) respondents said they were shocked, 3 (13,64%) respondents said they were disappointed, 9 (40,91%) respondents said they were afraid and 1 (4,55%) respondent could not remember her reaction. This confirms the findings of Boulton and Cunningham (1991:72-73) stating that teenage pregnancy could be traumatic in the life of the adolescent.

3.3 ADOLESCENT SEXUALITY

Teenage pregnancy could be understood and addressed only if the teenage perspective on sex were taken seriously and if it were accepted that for the majority of teenagers, full sexual relations occur early.

According to Louw (1991:390) heterosexual relationships begin to develop during adolescence and offer the adolescent an opportunity to achieve a certain amount of sexual satisfaction and also the opportunity to develop his/her identity as a sexual being. Adolescents start to be involved with a person of the opposite sex so as to satisfy his/her sexual needs and this could lead to an early sexual involvement and unwanted pregnancy.

Preston-Whyte and Zondi (1991: 389) argue that both girls and boys aged between 13 and about 22 admitted to experimenting with sex before their 12th or 13th year and some had experienced penetration even before they had reached sexual maturity. Preston-Whyte and Zondi (1991:1389) say that by the time these young people were 13, most have been sexually active, if not regularly, at least on a number of occasions.

According to Boulton and Cunningham (1996:691), most adolescents are sexually active before the age of 20, even if the parents are reluctant to permit it. According to Mahomed and Masona (1991:316), adolescent sexual activity is occurring at younger ages resulting in unplanned and often unwanted pregnancies. Mahomed and Masona (1991:316) say that adolescent sexual activity is increasing, particularly among whites and young adolescents 15 years old and younger.

The findings of this research indicate the early involvement of teenagers in full sexual relationship.

TABLE 7: Age when becoming sexually active

VALUABLE LABEL	F	%
Younger than 14 years	-	-
14 years	2	9.09
15 years	3	13.64
16 years	7	31.81
17 years	6	27.27
Older than 18 years	0	0
Don't know	4	18.18
N	22	100%

The figures indicated above reflect that of the 22 respondents, 2 (9,09%) respondents became sexually active at the age of 14. 3 (13,64%) respondents became active at the age of 15, 7 (31,81%) respondents at the age of 17, 6 (27,27%) respondents at the age of 17 and 4 (18,18%) respondents do not know at what age they became sexually active. This confirms the findings of Mahomed and Masona (1991:316) stating that adolescent sexual activity is occurring at an increasingly younger age.

TABLE 8: Sex partners

VALUABLE LABEL	F	%
One	12	54.55
Two	5	22.72
Three	2	9.09
Don't know	3	13.64
N	22	100%

The figures indicated above reflect that of the 22 respondents, 12 (54,55%) respondents had one sex partner before their first pregnancy, 5 (22,72%) respondents had two, 2 (9,09%) respondents had three and 3 (13,64%) respondents do not know how many sex partners they had before their first pregnancy. The respondents do not appear to be promiscuous, because 54,55% had only one sexual partner before their first pregnancy.

3.4 CAUSES OF TEENAGE PREGNANCY

There are many reasons why teenagers become pregnant. Most of them become pregnant because of ignorance, others wanted to have a child and others did not want a child but became pregnant due to unforeseen circumstances. The findings of this research reflect that ignorance and lack of sex education is mostly the reason why the respondents became pregnant.

TABLE 9: Causes of teenage pregnancy

VALUABLE LABLE	F	%
Ignorance	13	59.09
Did not want to use contraceptives	2	9.09
Other	7	31.82
N	22	100%

The figures indicated above reflect that of the 22 respondents, 13 (59,09%) respondents gave ignorance as the reason for their pregnancy. (2) (9,09%) respondents said they did not want to use contraceptives, 2 (9.09%) respondents said they did not know about contraceptives and 3 (13,64%) respondents said the clinic sister refused to give them contraceptives. (2) (9,09%) respondents said they do not know the reason for their pregnancy.

TABLE 10: Sexual counseling

VALUABLE LABEL	F	%
Parents	2	9.09
School	2	9.09
Television	1	4.55
Friends	3	13.64
Clinic	4	18.18
Radio	1	4.555
Other	9	40.91
N	22	100%

The figures indicated above reflect that of the 22 respondents, 2 (9,09%) respondents received sexual counseling from their parents. 2 (9,09%) respondents received information at school, 1 (4,55%) respondent from the television, 3 (13,64%) respondents from friends, 4 (18,8%) respondents from the clinic, 1 (4,55%) respondent from the radio and 9 (40,91%) respondents did not receive sexual counseling. It appears that the parents do not discuss sexual matters with their daughters and a large percentage of the respondents did not receive sexual counseling at all. The findings of this research reflect lack of sex education as one of the reasons of teenage pregnancy. This is confirmed by the findings of Hughes (1992:7). Mokgalabane (1995:550) and Mucciolo (1990:6) stating that poor sex education is one reason contributing to teenage pregnancy.

Mahomed and Masona (1991:317) say that although many teenagers are uninformed about birth control methods, there also seems to be a barrier to the use of contraceptives among this population group. Mahomed and Masona (1991:317) cite barriers such as lack of knowledge about where one can obtain free or low-cost services, shame, embarrassment and fear related to medical examination, concern that friends and relatives would find out they are using birth control and also embarrassment about being sexually active.

Preston-Whyte and Zondi (1991:1390-1392) explored the complexities of the situations which have given rise to early sexual involvement resulting in unplanned and often unwanted pregnancies. These authors cite pervasive extramarital sexuality, high value placed on fertility, mixed parental messages, poverty, childbirth and adult status.

3.4.1 Pervasive extramarital sexuality

Women without means of economic support often survive with the help of men with whom they form permanent and semi-permanent non-marital sexual relationships. Many children grow up in such homes and observe these patterns among neighbours. The mass media and television “soap operas” such as “Loving” and “Dynasty”, suggest that extramarital sexuality is the expected conduct and this leads to teenagers not taking their parent injunctions against sex seriously (Preston-Whyte & Zondi, 1990:1390).

Many African teenagers grow up in households in which one or more children have already been born illegitimately. For an African teenager to have a baby before marriage need not be the end of the world. According to Boulton and Cunningham (1991:20), a teenager whose mother had a teenage pregnancy is likely to become pregnant as a teenager.

3.4.2 High value placed on fertility

Fertility is highly valued and the unmarried state is not seen as an impediment to bearing and rearing children. Some go as far as to believe that a man will not marry them if they have not shown that they could have children. Others believe that having a child may persuade their lovers to marry them and this is a good reason for not using contraception (Preston-Whyte & Zondi, 1990:1390).

3.4.3 Mixed parental messages

Preston-Whyte and Zondi: (190:1391) state that although initially usually angry and disappointed, the parents of many pregnant unmarried girls will accept the child into their home. The young mother is not thrown out of the house and does not have to bear the burden of rearing her child alone. The messages received by young girls are thus inconsistent. By accepting the children of unmarried girls, the parents negate their ban on sex and babies before marriage. Sometimes parents were also pregnant as teenagers.

3.4.4 Poverty, childbirth and adult status

Poverty has a negative effect on domestic life. Children reared in crowded ghetto-like conditions often lack domestic control and have few recreational facilities to take up their spare time and energy. For many black girls there is very little to look forward to except childbirth. According to Cockburn (1994:11) the reason for the upturn in teenager pregnancy has everything to do with poverty, because poverty provokes higher birthrates.

From the research of Harris (1998:842-843) an important element held in common by the adolescents was the high incidence of poverty, which had been firmly ensconced in their lives before the pregnancies occurred. Harris (1998:842-843) says this is consistent with the data from the national centre for health statistics (1995), which indicate that high rates of poverty are associated with a high rate of adolescent child-bearing.

Childbirth confers on girls the valued status of motherhood and it may be the pathway to adulthood in cases where lack of money, suitable accommodation or the necessity of amassing a dowry delays marriage. By having a child, a girl realises an important aspect of her femininity.

Mokgalabane (1995:55), Mucciolo (1990:6), Hughes (1992:7) and Boulton and Cunningham (1991:20) cite the following reasons as contributing to teenage

pregnancy: lack of correct facts; poor sex education and guidance; poverty and parental illiteracy; low socio-economic background; mother or father absent or female-headed households; and ignorance about conception and contraception. The findings of this research reflected lack of correct facts, lack of sex education and ignorant with regard to contraceptives as reasons contributing to teenage pregnancy in the black farming community.

3.5 CONSEQUENCES OF TEENAGE PREGNANCY

The unwanted and unplanned pregnancy is not beneficial but destructive in the life of a teenager. According to Boulton and Cunningham (1991:73) unwanted and unplanned pregnancy could be traumatic in the life of a teenager because she is most of the time not physically and emotionally mature.

The different consequences of teenage pregnancy will be discussed next.

3.5.1 School drop-out or interrupted education

From the study conducted by Boulton and Cunningham (199:693) it was found that of 145 pregnant black teenagers, about 50% of cases were unlikely to return to school. Corcoran (1998:51) found that half of female high school dropouts give pregnancy as one of the reasons for quitting school. From the findings of Boulton and Cunningham (1996:693) it appears that there is lack of provision at schools to facilitate resumption of a girl's education. If she does return to school, she is forced to leave her baby at home and discontinue breast-feeding, which may affect mother-child bonding.

3.5.2 Vulnerability to or participation in criminal activities

From the research of Boulton and Cunningham (1996:693) it appears that the young mother's immaturity, social inexperience, and lack of child-rearing abilities have

deleterious effects on the mother and her child and they are more likely to become victims of crime. Boulton and Cunningham (1996:693) say the young mother and her baby are vulnerable to participation in criminal activity, such as prostitution, drug trafficking and the illegal sale of alcohol. O'Donnell *et al.* (1997:231) argue that the children of teenage mothers are at increased risk of problem behaviour such as delinquency and substance abuse.

3.5.3 Lack of social security and poverty

Corcoran (1998:52) states that research consistently shows that adolescent parenthood is associated with low levels of employment and the type of jobs held, which tend to be both low-skill and low paying. Corcoran (1998: 52-53) argues that higher rates of poverty and welfare dependency have been reported for adolescent mothers. Young pregnant teenagers (15 years and younger) are more at risk of prolonged welfare dependency. Boulton and Cunningham (1996: 695) found that the teenage mother with little or no education and skills might be forced to turn to prostitution as a means of support for herself and the child. Having multiple partners places her at greater risk for sexually transmitted diseases, including HIV/AIDS.

3.5.4 Repeat pregnancy before the age of 20

Boulton (1991: 17), Corcoran (1998; 55-56), Boulton and Cunningham (1996:695) claim that teenage mothers are vulnerable to repeat pregnancies before the age of 20 and end up with rather large families. Such teenage females may not view other options for their future than continued childbearing.

3.5.5 Single parenting

According to Boulton and Cunningham (1991:72) and Corcoran (1998:54) adolescent child-bearers appear to be at increased risk of single-parent status and even if

they do marry, they experience high rates of separation and divorce. Corcoran (1998:55) continues by saying that single-parent status would be reduced to a great extent if adolescent pregnancy were prevented.

3.6 SUMMARY

This chapter examines teenage pregnancy as a global problem, as well as adolescent sexuality, causes of teenage pregnancy and the consequence of teenage pregnancy.

The research findings demonstrate that the problem of teenage pregnancy is widespread and occurs among all cultural and ethnic groups in rural as well urban areas. The findings of this research also reflect the incidences of teenage pregnancy among the black farming community.

Adolescent sexuality is occurring at younger ages resulting in unplanned and often unwanted pregnancies. The early involvement of African teenagers in full sexual relationships is confirmed both by birth statistics and recent AIDS-related surveys. The situations that have given rise to early sexual involvement resulting in unplanned and often unwanted pregnancies, are: pervasive extra-marital sex, mixed parental messages, poverty, high value placed on fertility, childbirth and adult status.

The consequences of teenage pregnancy are outlined, namely school drop-out or interrupted education, vulnerability to or participation in criminal activity, lack of social security and poverty, repeat pregnancies before age 20 and single parenting.

In Chapter 4 social work as a profession will be discussed and a guideline for a social work preventive programme with regard to the prevention of teenage pregnancy in the black farming community will be provided.

CHAPTER 4

GUIDELINES FOR A SOCIAL WORK PREVENTIVE PROGRAMME

4.1 INTRODUCTION

Teenage pregnancy could to a large extent be prevented by means of a social work preventive programme. For the purpose of this research, group work is used as intervention method to render preventive services to teenagers. Before focusing on group work, it is important to explore social work as a profession because group work is one of the methods of this profession.

This chapter focuses on the description of social work, purpose of social work, functions of social work, social work principles, social work methods and group work intervention.

4.2 SOCIAL WORK AS A PROFESSION

4.2.1 Description of a social worker

According to Lombard (1991:11) social work as a profession is "...concerned with promoting positive social functioning by both helping people cope more effectively with problems in living and by working to create systems which are more human and responsive to the needs of the people". Lombard (1991:11) continues by saying that enhanced social functioning is the outcome goal of social work intervention.

According to Skidmore, Thackeray and Farley (1994:5), social work as a profession " ...seeks to enhance the social functioning of individuals, singly and in groups, by activities focused upon their social relationship which constitute the interaction between man and his environment". Hepworth and Larsen (1986:12)

say social work is the professional activity of helping individuals, groups, or communities to enhance or restore their capacity for social functioning and to create societal conditions favourable to their goals.

It can be deduced from the description of social work that social work is directed towards helping people improve their social functioning at personal level, group level and community level.

4.2.2 Purpose of social work

Social work focuses on the social functioning of individuals in interaction with their environment. In order to carry out the purpose of social work, there are certain objectives that must be achieved. Potgieter (1998:28) outlines the following objectives, namely to:

- ❖ Protect and care for vulnerable groups in the community;
- ❖ improve the problem-solving, coping and interaction ability of people;
- ❖ prevent the development of social dysfunction, identify human potential, stimulation through early identification and control and eliminate detrimental factors;
- ❖ enlist support for resources that do not exist in order to develop them, promote the effective and human operation of the systems that provide people with resources, link people with resources and improve the quality of their lives through restructuring the environment where necessary;
- ❖ improve social justice and equality;
- ❖ evaluate and develop effective social policy-material and programmes; and
- ❖ maintain the integrity of the social work profession and thus develop knowledge and skills.

In the light of the above-mentioned it is evident that social work is not only concerned with protecting and caring for vulnerable groups but also to focus on prevention of social dysfunction. Social work also focuses on the development of

resources and the evaluation and development of effective social work policy and programmes.

In the research the focus is on provision of services to vulnerable persons before dysfunctioning develops. The purpose of social work in this research is to develop an effective preventive programme with regard to teenage pregnancy.

4.2.3 Functions of social work

Readers Digest Oxford Dictionary (1998: 606) defines function as a mode of action or activity by means of which a thing fulfils its purpose. Social work and social workers have different tasks to fulfil to achieve the objectives of social work. Hepworth and Larson (1986:13-15), Skidmore *et al.* (1994:7) and Roux (2002:116-122) distinguish between different functions of social work.

4.2.3.1 Protection and caring for vulnerable groups

Social workers must identify vulnerable individuals and groups within the community and make sure that their potential and ability are strengthened. This is to empower people who has minimum power, skills and access to resources (Roux, 2002:116). Roux (2002:116) continues by saying that the function of social workers was and will always in future be to improve quality of life of the disadvantaged communities.

The black farming community in South Africa is regarded as a disadvantaged community and it is the task of the social worker to improve their quality of life by empowering them with knowledge and life skills.

4.2.3.2 Remediation and restoration

According to Hepworth and Larsen (1986:14), remediation entails “...the elimination or amelioration of existing problems such as marital dysfunction, delinquency, educational maladjustment, social isolation, child abuse, substance abuse and many problems of living”. It is the task of the social worker to identify the needs and problems that impede the social functioning of individuals and to restore or minimise it through social services (Roux, 2002:117).

Restoration is aimed at rehabilitating clients whose functioning has been impaired by physical or mental difficulties (Hepworth & Larsen, 1986:14). According to Roux (2002:117) the process of restoration is slow and individuals need the opportunity to explore their thoughts, problems and feelings against their own face. In this research the task of the social worker will be to identify the needs and problems that impede the social functioning of the individual teenager and to minimise it through social services.

4.2.3.3 Prevention and education

According to Hepworth and Larsen (1986:14), prevention “...involves the timely provision of services to vulnerable persons before dysfunction develops and includes programmes and activities such as family planning, well-baby clinics, parent education, premarital and preretirement counselling, and marital enrichment programs”. According to Skidmore *et al.* (1994:7) prevention “... involves early discovery, control, and elimination of conditions and situations that potentially could hamper effective social functioning”.

The purpose of prevention is according to Potgieter (1998:30) “... to interrupt and prevent the development of social dysfunctioning by discovering harmful conditions in time and development of strategies that can control and eliminate problems”. According to Roux (2002:118) prevention is often educational in nature and includes social work activities on micro, middle and macro level. Du Bois and Miley (1999:261) state that the social worker’s education role on micro level is to

utilise learning strategies in order to promote the development of clients skills and to improve their knowledge.

On middle level the social worker fulfils the instructor role. Through this role the social worker provides instruction to member's of mid-level systems such as formal groups and organisations. Roux (2002:118) suggests that on macro level the social worker fulfils the outreach role. Through outreach, social workers educate citizens about social issues, injustice and social services. Social workers use community education strategies to spread information through various media and public relations activities.

The task of the social worker in the prevention of teenage pregnancy is to empower vulnerable teenagers with knowledge and skills through life skill programmes to enable them to make informed choices and improve their social functioning.

4.2.3.4 Provision of resources

According to Skidmore *et al.* (1994:7) provision of resources may be subdivided into developmental and educational resources. The developmental aspects are designed to further the effectiveness of existing social resources or to bring to full flower personal capacity for more effective social interaction. Skidmore *et al.* (1994:7) continue by saying that the educational spectrum is designed to acquaint the public with specific conditions and needs for new or changing social resources.

For effective service rendering it is necessary for the social worker to know the resources available within the community as well as the purpose and nature of the resources. For the prevention of teenage pregnancy, the social worker could use resources such as health workers, medical practitioners, educators, clinical psychologists, church leaders and youth leaders.

4.2.3.5 Social justice and equality

Resources and opportunities are to be available to all members of society. Laws, governmental policies and social programmes must ensure equal access of citizens to resources and opportunities (Hepworth & Larsen, 1986:15). Hepworth and Larsen (1986:15) continue by saying that social workers must devote the bulk of their time to provide services and obtaining resources on behalf of their clients.

There are few resources available to the youth in the black farming community. It is the task of the social worker to make sure that they have equal access to resources and opportunities. It is also the task of the social worker to educate them not to misuse the resources available.

4.3 SOCIAL WORK PRINCIPLES

According to Du Bois and Miley (1999:124), "...social workers transform the abstract values of the profession into principles for practice. Then they translate these principles into concrete actions in the specific situations". Principles serve as a guideline for the social worker regarding the establishment and advancement of a professional working relationship.

Various principles apply for the social worker, but for the purpose of this research the emphasis will be on the principles of acceptance, confidentiality, individualisation, empathy and self-determination.

4.3.1 Acceptance

The New Dictionary of Social Work (1995:1) defines acceptance as a "...principle in social work whereby the attitude and actions of the social worker demonstrate that he respects the client's dignity as a human being, he understands his behaviour and feelings and that he does not judge him". According to Roux (2002:123) social workers show acceptance

through their genuine concern; to listen; to acknowledge other people's view in order to create climate of mutual respect.

Acceptance means that the social worker understands others' view and welcomes their standpoint. It also means to build the client's strong points and to believe in his/her potential to grow and change (Roux, 2002:124). The focus is on the individual's strength and potential to grow rather than what they lack.

4.3.2 Confidentiality

The New Dictionary of Social Work (1995:13) defines confidentiality as "...principle in social work according to which particulars which have been obtained from clients within the professional relationship, will not be disclosed without their permission". Confidentiality is regarded as the point of departure of the profession.

Du Bois and Miley (1999:124-125), and Compton and Galaway (1999:161) suggest that the principle of confidentiality offers the client the right to privacy, which means that the client must give permission to disclose his/her information such as his/her identity and professional opinion on his/her circumstances. According to Roux (2002:125) the principle of confidentiality has limitations and it is the worker's role to explain the limits of confidentiality and rights of the worker and client within the framework of professional and legal obligations.

According to Compton and Galaway (1994:244), confidentiality is a resources that a social worker may offer. However, it should not be used as justification for failure to act; a justification for protecting people from taking responsibility for their own moral behaviour; or a justification for failure to assist clients in building support systems and mutual support groups in which sharing is essential to developing the necessary support.

4.3.3 Individualisation

Individualisation is defined as a "...principle in social work whereby the social worker shows understanding for clients' unique personalities and circumstances in the application of appropriate methods and techniques for improving their social functioning (New Dictionary of Social Work, 1995:32-33). According to Roux (2002:126) individualisation comprises the recognition and understanding of each client's unique qualities and the differential use of principles and methods.

According to Compton and Galaway (1994:221) one of the central premises accepted and supported by the social work profession is that each person is a unique individual with inherent dignity that is to be respected. Diversity and variety among individuals are to be welcomed and encouraged. According to Roux (2002:127) social workers that individualise clients free themselves from bias and prejudice, avoid labelling and stereotyping, and recognise the potential of diversity.

Compton and Galaway (1994:22) mention five fundamental ways that social workers can operationalise the principle of individualisation in practice:

- ❖ Treat people as individuals and avoid use of classifications.
- ❖ Provide and encourage participation in problem-solving.
- ❖ Discover and make use of strengths.
- ❖ Expect and hold people, including yourself, accountable.
- ❖ Carefully consider what your communications convey about dignity.

4.3.4 Empathy

The New Dictionary of Social Work (1995:25) defines empathy as the "...attitude of the social worker which reflects the intellectual and objective acceptance of the client's feelings and circumstances". According to Compton and Galaway (1999:222) empathy is "...an understanding with the client, rather than a diagnostic or evaluative understanding of the client". The social worker attempts to understand how the client experiences the feelings even while perhaps believing that the reality of the situation does not warrant the reaction.

Empathy requires the skills of the social worker to experience intense emotions, but yet act impartial in order not to be overwhelmed by emotions. Empathy places the social worker in position to put aside his/her life situation, and have insight into the client's life situation and as the result move according to the tempo of the client (Roux, 2002:128). Roux (2002:128) continues by saying that the social worker steps into the living world of the client and attempts to understand how the client thinks, feels and reasons.

4.3.5 Self-determination

According to Compton and Galaway (1994:230), self-determination "...implies that persons be permitted to make decisions for themselves". Self-determination offers the client the opportunity to freedom of thinking for himself, to decide, making own choices and to make mistakes. The principles of self-determination gives the client the right to make decisions but it also focuses on the person's responsibility to control his own life and yet take into consideration others' rights and needs (Roux, 2002:129).

The principles of acceptance, confidentiality, individualisation, empathy and self-determination are fundamental for effective service rendering. The social worker should be guided by these principles when rendering services to the black teenagers in the farming community.

For effective service rendering, the social worker should treat these teenagers with respect and understand their behaviour and feelings without judging them. The focus should be on their strengths and potential to grow rather than what they lack. Teenagers have the right to privacy and the social worker should not disclose the information received without their permission. It is the task of the social worker to explain the limitations of confidentiality at the beginning of service rendering to teenagers.

Teenagers in the black farming community are unique and need to be respected and accepted. The social worker should treat these teenagers as individuals and avoid use of classification. It is necessary for the social worker to step into the world of these teenagers in order to understand how they think, feel and reason. The social worker should offer the

teenagers the opportunity to decide for themselves, to make own choices and make mistakes. These teenagers should be given the responsibility to control their own life to enable them to develop into mature and responsible adults.

4.4 SOCIAL WORK METHODS

A social work method is a "...professionally recognised procedure of a social worker supported by academic education and professional training and research to achieve the objectives of social work" (New Dictionary of Social Work, 1995:61).

According to Lombard (1991:11), social work methods are used for the promotion of positive social functioning. Lombard (1991:11-12) and Skidmore *et al.* (1994:48-122) distinguish between the three primary methods of social work, namely casework, group work and community work. Each method has a place in achieving better social functioning and one method is not more important than the other and one method cannot replace another (Lombard, 1991:11). For the purpose of this research the focus will be on group work as a method of social work.

4.4.1 Group work method

Toseland and Rivas (1998:12) define group work as a "...goal-directed activity with small treatment and task groups aimed at meeting socio-emotional needs and accomplishing tasks". According to Skidmore *et al.* (1994:73), group work is "...a method of working with people in groups for the enhancement of social functioning and for the achievement of socially desirable goals".

Within the general purpose of the profession, social work with small groups may be directed toward helping the members to use the group for coping with and resolving existing problems in psychosocial functioning, toward preventing anticipated problems or maintaining a current level of deterioration (Skidmore *et al.*, 1994:73). The focus in group work is on dealing with individuals who happen to be in the group.

According to Anderson (1997:2), social work with groups is a methodology for empowerment of members to improve the quality of their lives. The focus is on members' growth and the intent is to stimulate their autonomous growth processes through participation in a group process. From Skidmore *et al.* (1994:73) group work is a method of reducing or eliminating roadblocks to social interaction and for accomplishing socially desirable purposes.

This research focuses on formulating guidelines for a social work preventive programme. Group work programmes could be effective intervention to empower vulnerable teenagers to improve the quality of their lives. Group work intervention will help in the prevention of teenage pregnancy in the black farming community. Before discussing the group work programme, attention will be paid to the kinds of groups, the group process, practical consideration in forming groups and programme activities.

4.4.1.1 Kinds of groups

Toseland and Rivas (1998:14) and Corey and Corey (1997:9-11) differentiate between treatment and tasks groups. According to Toseland and Rivas (1998:140) a treatment group is used to signify a group whose major purpose is to meet members' socio-emotional needs. The purpose of forming treatment groups includes meeting members' need for support, education, therapy, growth or socialisation.

According to Toseland and Rivas (1998:14), the task group is used to signify any group in which the overriding purpose is to accomplish a goal that is neither intrinsically nor immediately linked to the needs of the members of the group. The primary purpose of task groups is to accomplish a goal that will affect a broader constituency, not just the members of the group.

Toseland and Rivas (1998:28) continue by saying that task groups are common in most agencies and organisations and they are used to find solutions to organisational problems, to generate new ideas, and to make decisions. The group of vulnerable teenagers falls under the treatment group. Toseland and Rivas (1998: 21-28) distinguish between five

treatment groups, namely support groups, educational groups, growth groups, therapy groups and socialisation groups.

❖ ***Support groups***

Support groups can be distinguished from other groups using supportive intervention strategies by their primary goal of helping members cope with stressful life events and to revitalise and enhance members' coping abilities so that they can effectively adapt to and cope with future stressful life events (Toseland & Rivas, 1998:21). Roux (2002:159) says that support groups meet for the purpose of giving emotional support and information to persons with common problems.

A major role of the social worker is to facilitate hope in the future and motivate members to improve their coping skills through self-help mutual aid. The social worker fosters group norms that encourage members to share information and suggestions for more effective coping and to try new coping strategies (Toseland & Rivas, 1998:22-23). An example of a support group is a group of teenage mothers sharing the difficulties of raising children.

❖ ***Educational groups***

According to Toseland and Rivas (1998:23) the primary purpose of educational groups is to help members learn new information and skills. Educational groups are used in a variety of settings, including treatment agencies, schools, nursing homes, correctional institutions, and hospitals. The purpose of educational groups is to educate through presentations, discussions, and experience. For the prevention of teenager pregnancy, education is used to develop teenagers' skills and improve their knowledge in order to effectively handle the life challenges and make informed choices. The task of the social worker is to provide teenagers with information on various topics such as sexuality, relationship and self-image.

❖ ***Growth groups***

Growth-oriented groups offer opportunities for members to become aware of, expand, and change their thoughts, feelings, and behaviours regarding themselves and others. The focus is on promoting socio-emotional health rather than remediating socio-emotional illness (Toseland & Rivas, 1998:24). According to Toseland and Rivas (1998:25) growth groups generally stress self-improvement and the potential of human beings to live a full and rewarding life, especially through improved relationships with others. When composing growth groups, workers often select members who have diverse backgrounds and the potential to enrich and broaden each other's background experience. An example of growth groups is a values-clarification group for adolescents.

❖ ***Therapy groups***

According to Toseland and Rivas (1998:25), therapy groups help members change their behaviour, cope with and ameliorate personal problems, or rehabilitate themselves after physical, psychological, or social trauma. In therapy groups, members come together to solve their problem and the focus is on remediation and rehabilitation. Corey and Corey (1997:10) say the group worker who specialises in counselling interpersonal problem-solving seeks to help group participants resolve the usual, yet often difficult, problems of living through interpersonal support and problem-solving.

The social worker also helps the group leaders to develop their own problem-solving skills to enable them to handle problems of the same nature in future (Roux, 2002:161). Corey and Corey (1997:10) argue that the broad purpose of a therapeutic group is to increase people's knowledge of themselves and others, to help them clarify the changes they most want to make in their lives, and give them some of the tools necessary to make these change. Therapy groups consist of people with community problems and give the group members the opportunity to discuss and handle their personal problems. An example of a therapy group is teenagers in an institutional setting.

❖ ***Socialisation groups***

Socialisation groups help members learn social skills and socially accepted behavior patterns so that they can function effectively in the community. Socialisation groups frequently use programme activities such as games, role play, or outings to help members accomplish individual goals (Toseland & Rivas, 1998:26). Toseland and Rivas (1998:27) distinguish between three forms of socialisation groups, namely social skills groups, governance group, and recreation groups.

4.4.1.2 The group process

The group process involves the stages that groups tend to go through, each characterised by certain feelings and behaviours (Corey & Corey, 1997:140). According to Jacobs and Masona. (2002:29-30), all groups go through three stages, regardless of the type or style of group or style of leadership: the beginning stage, the middle or working stage, and the ending or closing stage. Corey and Corey (1997:105-284) and Toseland and Rivas (1998:143-407) distinguish between four stages of groups, namely the planning stage, the beginning/initial stage, the middle/working stage, and the ending stage.

❖ ***The planning stage***

Toseland and Rivas (1998:145) say planning marks the beginning of the workers' involvement in the group endeavour and it has two distinct parts. The first is directed at forming the group, the second part of planning includes the ongoing adjustment and forward-looking arrangements that are made by the members as the group progresses through its beginning, middle, and ending. Toseland and Rivas (1998:147) continue by saying that the planning stage includes the following aspects:

- ❖ Establishing the group's purpose;
- ❖ assessing the potential sponsorship and membership of the group;
- ❖ recruiting members;
- ❖ composing the group;

- ❖ orienting members to the group;
- ❖ contracting;
- ❖ preparing the group's environment;
- ❖ securing financial arrangements; and
- ❖ preparing a written group proposal.

In actual practice social workers may not plan for the group in a step-by-step fashion, instead he/she may find that it is necessary to engage in several aspects of planning at the same time.

❖ ***The beginning stage***

According to Jacobs and Masona (2002:30) the beginning stage means the time period used for introductions and for discussion of such topics as the purpose of the group, what may happen, fears, group rules, comfort levels, and the content of the group. Corey and Corey (1997:135-136) state that the central process during this stage is orientation and exploration. It is characterised by members expressing their fears and hesitations as well as hopes and expectations. Jacobs and Masona. (2002:30) say the beginning stage may last for part of the first session, the entire first session, or the first couple of sessions. It is not uncommon for the members of certain groups to take more than two sessions to feel sufficient trust and comfort to share beyond the surface level.

❖ ***The middle or working stage***

According to Toseland and Rivas (1998:235) groups are focused on accomplishing the objectives, goals, and tasks developed earlier in the group during the working stage. Jacobs and Masona (2002:30) view the working stage as that stage of the group when the members focus on the purpose.

Toseland and Rivas (1998:236) say that workers are often expected to perform six broad activities during the middle stage of all treatment groups. These activities include the following:

- ❖ Preparation for group meeting;
- ❖ structuring the group's work;
- ❖ helping members achieve their goals;
- ❖ working with reluctant and resistant group members; and
- ❖ monitoring and evaluating the group's process.

❖ ***The ending or closing stage***

Jacobs and Masona (2002:31) sees the ending stage as devoted to terminating the group and during the period, members share what they have learned, how they have changed, and how they plan to use what they have learned. According to Corey and Corey (1997:266) the termination stage is characterised by a mixture of feelings, among them sadness, confusion, and joy. Jacobs and Masona (2002:31) support this statement by saying that for some groups, the ending will be an emotional experience, while for others the closing will simply mean that the group has done what it was supposed to do.

According to Jacobs and Masona. (2002:31) the length of the closing stage will depend on the kind of the group, the length of time it has been meeting, and its development. Most groups will need only one session for this stage.

During preventive services to teenagers in the black farming community, the group will go through three stages. Every group is supposed to go through these stages, namely the beginning stage, the middle or working stage, and the ending or closing stage.

The beginning stage will be the time used for orientation. The focus will be on a needs assessment, clarifying the purpose and rules of the group, and signing a working agreement. The beginning stage will last the entire first session. The middle stage will be when the group members and the social worker work towards achieving the purpose of the group. This stage will last from the second session until the tenth session of the programme. The ending stage will be when the group is terminated and is usually the last session. This stage simply means that the group has done what it was supposed to do.

4.4.1.3 Practical considerations in forming groups

For the successful presentation of social work groups, it is important that the social worker considers certain administrative aspects. Administrative aspects that need to be considered in forming a group in the prevention of teenage pregnancy, include group composition, place for group meetings, size of the group, and frequency and duration of meetings. The social worker should also determine whether the group will be open or closed and which functional resources will be used. The above-mentioned aspects will be discussed briefly.

❖ Group composition

In composing the group, the social worker should select members according to their needs and the requirements of the group as a whole. Group composition is also carried out according to a set of established principles that the social worker decides upon beforehand. Important principles of composition are: the homogeneity of members and heterogeneity of members (Toseland & Rivas, 1998:156). Corey and Corey (1997:115) say that whether a group should have a homogenous membership or a heterogenous one depends on the group's goals.

According to Toseland and Rivas (1998:156) the principle of homogeneity suggests that members should have a similar purpose for being in a group and share some personal characteristics, such as age, level of education, cultural background, degree of expertise relative to the group task, communication ability or type of problem. An example of a homogenous group is a group of pregnant teenagers or teenage parents. Corey and Corey (1997:115) say the similarity of the members could lead to a great degree of cohesion, which in turn allows for an open and intense exploration of their life crisis. Members can express feelings that have been kept private, and their life circumstances can give them a bond with one another. Toseland and Rivas (1998: 156) suggest that for a heterogeneous group, there should be some diversity of members' coping skills, life experiences, and level of expertise.

❖ **Place for group meetings**

The physical setting could according to Rootman (1998:60) play an important role in members' participation. According to Skidmore *et al.* (1994:83) the physical setting is related to the group's purpose. The provision of privacy is essential and members must feel that people in adjoining rooms will not intrude on them (Corey & Corey, 1997:117). According to Rootman (1998:60) the important factors to be considered when selecting a place for group meetings are:

- ❖ The place must be easily accessible.
- ❖ The room should not be too big or too small.
- ❖ The place should have good ventilation and facilities.
- ❖ It should create a warm and comforting atmosphere.

❖ **Size of the group**

According to Garvin (1997:67) the size of the group should be determined by the group's purpose. Corey and Corey (1997: 116) say that the size of the group depends on several factors, such as the age of the clients, the experience of the leader, the type of the group, and the problems to be explored. The size of a growth, support, counselling, or therapy group should be no more than eight members, with six being ideal. If the group is more psycho-educational, then as many as 12 members may be appropriate, although it is usually best to keep the number to 10 or under (Jacobs *and Masona*, 2002:359).

❖ **Frequency and duration of meetings**

According to Skidmore *et al.* (1994:84) the time of the meetings should be adapted to the needs and wishes of the members and should not affect their patterns of living. The groups usually meet weekly for one or two hours. According to Corey and Corey (1997:116) with children and adolescents it might be better to meet more frequently and for a shorter period to suit their attention span. Jacobs *and Masona* (2002:360) suggest that sessions with

adolescents should last between 40 and 90 minutes and groups in schools usually last one period, which is around 40-50 minutes.

❖ ***Open or closed groups***

Open groups are characterised by changing membership. The group continues, and as certain members are ready to leave, new members are admitted. Closed groups typically have some time limitation, and members are expected to remain in the group until it ends, and new members are not added (Corey & Corey, 1997:117,118). Toseland and Rivas (1998:162) suggest that there is a greater stability of roles and norms in closed groups and the benefits of a stable membership include higher group morale, more predictability of role behaviour and an increased sense of co-operation among members. Toseland and Rivas (1998:162) continue by saying that instability is the basic shortcomings of the open group, resulting from loss of leadership, turnover in personnel, exodus of members and loss of group identity.

During the group work intervention programme directed at the prevention of teenage pregnancy in the black farming community, the following administrative aspects will be considered:

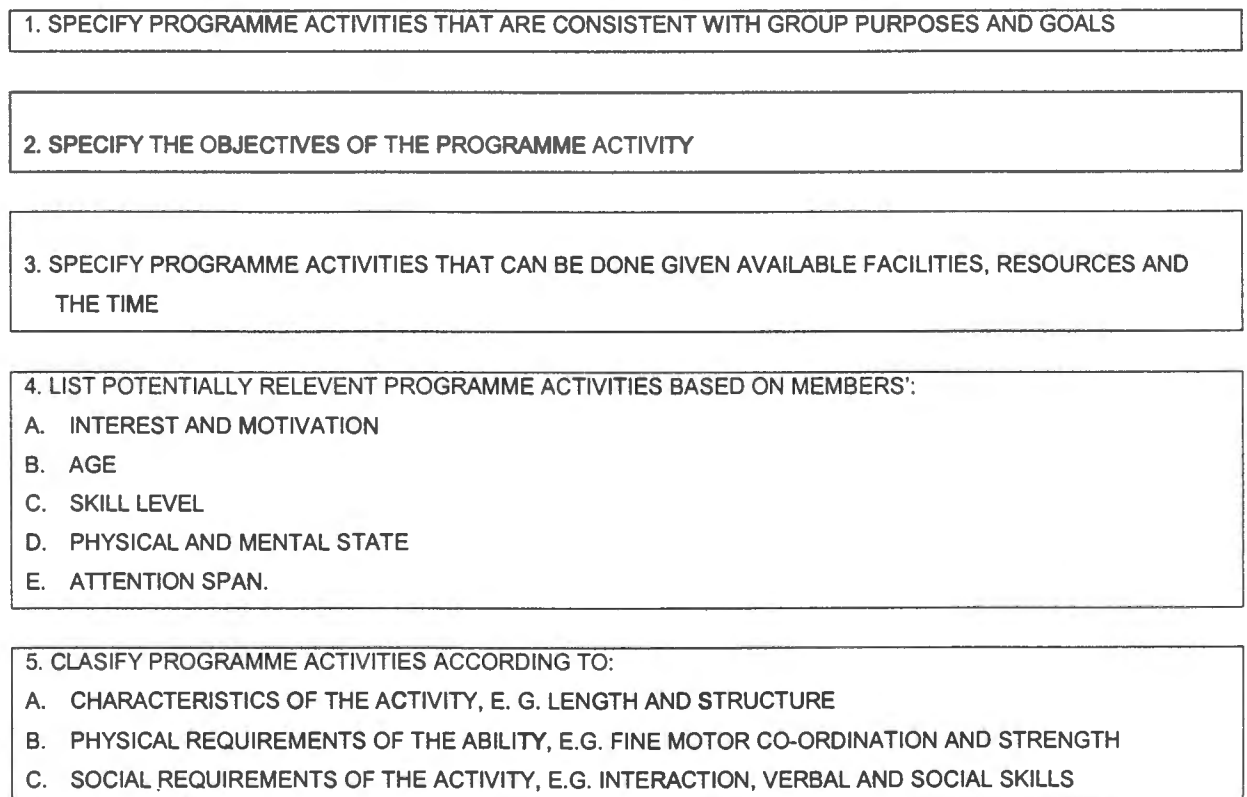
- ❖ The members will be selected according to their needs, the requirements of the group as a whole, and the group will have a homogenous membership.
- ❖ The place for group meetings will be easily accessible to all members and the room will provide privacy.
- ❖ The group will be more psycho-educational and will consist of not more than 12 members.
- ❖ The group will meet weekly for one hour.
- ❖ The group will be a closed group.

4.4.1.4 Programme activities

Programme activities or programming is the resources used within the group context to assist individual group members and the group as a whole to achieve their objectives (Rootman, 1998; 67). According to Toseland and Rivas (1998: 237) programme activities provide a medium through which the functioning of members can be assessed in areas such as interpersonal skills, ability to perform daily living activities, motor co-ordination, attention span and ability to work supportively. Skidmore *et al.* (1994:85) regard programming as the means of goal attainment and if appropriately developed, the programme will stimulate and free individuals to behave and release their feelings in acceptable ways. Programme activities include verbal programme activities such as group discussion, socio-drama and concerts as well as non-verbal programme activities such as art, music and games (Roux, 2002:184).

Toseland and Rivas (1998:238) present a clear schematic procedure on how to select activities for a programme in Figure 3.

FIGURE 3: A PROCEDURE FOR SELECTING PROGRAMME ACTIVITIES



D. PSYCHOLOGICAL REQUIREMENTS OF THE ACTIVITY, E.G. EXPRESSION OF FEELINGS, THOUGHTS AND MOTIVES

E. COGNITIVE REQUIREMENTS OF THE ACTIVITY, E.G. ORIENTATION TIME, PLACE AND PERSON.

6. SELECT THE PROGRAMME ACTIVITY THAT IS BEST SUITED TO ACHIEVE THE OBJECTIVES SPECIFIED.

Toseland and Rivas (1998:238)

Toseland and Rivas (1998: 238-239) continue by saying that the selection of programme activities should be made on the basis of:

- ❖ The objectives of the program activity;
- ❖ the purposes and goals of the group;
- ❖ the facilities, resources, and time available for the activity;
- ❖ the characteristics of the group members; and
- ❖ the characteristics of particular programme activities.

The use of the resources should be geared to objectives and goals. If plans include discussion on contraceptives, a health worker could be invited and if the discussion is on self-image, a clinical psychologist could be invited.

- ❖ *The requirements for programme activities*

In order to ensure that the program activities selected for a specific group are appropriate, the program must meet certain requirements. These are that it should:

- ❖ Be tuned in to group members' needs and their potential (Roux, 2002:186);
- ❖ be consistent with the group's objectives and purpose (Toseland & Rivas, 1998:239);
- ❖ provide the opportunity for active participation to all members (Roux, 2002:186);
- ❖ be interesting and stimulate members both physically and socially (Toseland & Rivas, 1998:239); and
- ❖ be planned together with group members (Roux, 2002:186).

❖ *The value of programme activities*

According to Du Preez (1986:217-218) and Strydom (1990:203), the programme activities have the following values. It can:

- ❖ Be utilised in respect of socialisation of group members;
- ❖ lead to the development of group members' interest and potential resulting in the improvement of social functioning;
- ❖ provide the opportunity to observe and diagnose in order to render effective service;
- ❖ lead to group members' acceptance of limitations, promote independence and relationships in general;
- ❖ help to promote communication; and
- ❖ provide a confidential relationship between the social worker and the group members.

The different programme activities can be utilised in order to achieve the objectives and goals formulated. Activities that could be utilised in social work preventive programmes are: the ice-breaker, group discussions, working agreement, posters, drama, role play, relaxation exercises, speakers, and evaluation of questionnaire.

4.5 A GROUP WORK INTERVENTION PROGRAMME

The aim of this research was to formulate a social work preventive programme with regard to the prevention of teenage pregnancy in the black farming community. Group work intervention programmes can assist in the prevention of teenage pregnancies to a large extent by empowering teenagers with knowledge and life skills. The proposed group work intervention programme is outlined in Table 11.

TABLE 11: PROPOSED GROUP WORK INTERVENTION PROGRAMME

NUMBER OF SESSION	SUBJECT	DURATION OF THE SUBJECT	NATURE OF SUBJECT	PROGRAMME ACTIVITIES
First session	Orientation	1 Session	<ul style="list-style-type: none"> ❖ Helping Members get acquainted ❖ Needs assessment ❖ Clarifying the purpose & rules of the group ❖ Explaining the Leader & members' roles ❖ Signing working agreement ❖ Pre-test 	<ul style="list-style-type: none"> ❖ Ice-breaker ❖ Group discussions ❖ Needs assessment ❖ Questionnaire
Second session	Self-image	1 session	<ul style="list-style-type: none"> ❖ What is self-image ❖ Positive versus negative self-image 	<ul style="list-style-type: none"> ❖ Videotape ❖ Group discussion
Third session	Attitude	1 session	<ul style="list-style-type: none"> ❖ What is attitude ❖ What influences attitude ❖ Stereotypes 	<ul style="list-style-type: none"> ❖ Group discussion ❖ Videotape
Fourth session	Communication	1 session	<ul style="list-style-type: none"> ❖ What is communication ❖ How we communicate ❖ Barriers to communication ❖ Verbal and non-verbal communication 	<ul style="list-style-type: none"> ❖ Speaker ❖ Group discussion ❖ Posters
Fifth session	Assertive	1 session	<ul style="list-style-type: none"> ❖ What does it mean to be assertive ❖ Assertive communication ❖ Non-assertive communication ❖ Aggressive and assertive communicators ❖ Assertive rights 	<ul style="list-style-type: none"> ❖ Group discussion ❖ Videotape ❖ Posters ❖ Role play
Sixth session	Sexuality	1 session	<ul style="list-style-type: none"> ❖ What is sexuality ❖ Primary & secondary sexual development 	<ul style="list-style-type: none"> ❖ Group discussion ❖ Posters

Seventh session	Teenage pregnancy	1 session	<ul style="list-style-type: none"> ❖ Nature of teenage pregnancy ❖ Causes of teenage pregnancy ❖ Consequences of teenage pregnancy ❖ Options for pregnant teenagers 	<ul style="list-style-type: none"> ❖ Group ❖ Discussion ❖ Drama, posters
Eighth session	Birth control methods transmitted diseases	1 session	<ul style="list-style-type: none"> ❖ What are contraceptives ❖ Different types of contraceptive ❖ Types of sexually transmitted diseases 	<ul style="list-style-type: none"> ❖ Speaker ❖ Posters ❖ Pamphlets ❖ Group discussion
Ninth session	HIV & AIDS	1 session	<ul style="list-style-type: none"> ❖ The nature of HIV/AIDS ❖ Transmission of HIV/AIDS 	<ul style="list-style-type: none"> ❖ Speaker ❖ Posters ❖ Pamphlet
			<ul style="list-style-type: none"> ❖ Stages and symptoms of HIV/AIDS ❖ Prevention of HIV/AIDS 	<ul style="list-style-type: none"> ❖ Group discussions ❖ Drama ❖ Videotape
Tenth session	Relationships	1 session	<ul style="list-style-type: none"> ❖ Relationship with the Creator ❖ Parent-child relationship ❖ Relationship with opposite sex 	<ul style="list-style-type: none"> ❖ Speaker ❖ Posters ❖ Pamphlet ❖ Group discussions
Eleventh session	Termination phase	1 session	<ul style="list-style-type: none"> ❖ Summarise the subjects ❖ Evaluate the group work intervention programme ❖ Post-test 	<ul style="list-style-type: none"> ❖ Group discussion ❖ Questionnaires

4.6.1 First session: orientation

4.6.1.1 Goals of the session

- ❖ Introduction of group members to each other and the group leader;
- ❖ allowing the group members to complete needs assessment forms;
- ❖ clarifying the purpose and rules of the group;

- ❖ explaining the leader and members' roles;
- ❖ contracting with the group members; and
- ❖ having members complete a pre-test questionnaire.

4.6.1.2 Course of the session

Every group member should have the opportunity to introduce herself to the group. The group leader also follows the same procedure. The group leader should explain the purpose and rules of the group and also the roles of members and the leader. Thereafter a working agreement should be signed. The group members should get the opportunity to complete the needs assessment forms. Thereafter they should complete a pre-test questionnaire to determine their insight into the subjects that will be discussed.

4.6.1.3 Programme activities

The following programme activities can be utilised:

- ❖ Ice-breaker;
- ❖ group discussion;
- ❖ needs assessment forms; and
- ❖ pre-test questionnaire.

4.6.2 Second session: self-image

4.6.2.1 Goals of the session

The goals of this session are to:

- ❖ Create awareness and test their understanding of self-image; and
- ❖ emphasise the difference between positive and negative self-image.

4.6.2.2 *Course of the session*

The concept “self-image” should be explained to group members through group discussion. Positive versus negative self-image is also discussed. The group leader can show the videotape on self-image, forming of self-image and how to improve your self-image. Group discussion can be used to discuss some of the aspects from the videotape, each member getting the opportunity to evaluate her self-image.

4.6.2.3 *Programme activities*

The following programme activities can be used:

- ❖ Group discussions; and
- ❖ videotape.

4.6.3 Third session: attitude

4.6.3.1 *Goals of the session*

The goals of this session are to:

- ❖ Create awareness and test their understanding of attitudes;
- ❖ emphasise the areas of stereotypes; and
- ❖ create awareness of cultural diversity.

4.6.3.2 *Course of the session*

Through group discussion, the group leader should discuss what attitude is and what influences attitude. The group members should get the opportunity to voice their opinions on what attitude entails. The group leader should discuss the areas of stereotypes by

means of group discussions. The group member can do the activity called the “six game”. The group leader should discuss the importance of awareness on cultural diversity through group discussion.

4.6.3.3 Programme activities

Programme activities that can be used are:

- ❖ Group discussion; and
- ❖ speaker: clinical psychologist.

4.6.4 Fourth session: communication

4.6.4.1 Goal of the session

The purpose of the session is to empower group members with knowledge so that they can improve their communication skills.

4.6.4.2 Course of the session

The group leader should give group members the opportunity to say what they understand about communication. The group leader can show them the videotape on how to communicate, barriers to communication, and verbal and non-verbal communication. Through group discussion, the group leader can discuss some of the aspects from the videotape.

4.6.4.3 Programme activities

The following programme activities can be used:

- ❖ Group discussion;

- ❖ Posters; and
- ❖ Videotape.

4.6.5 Fifth session: assertiveness

4.6.5.1 Goal of the session

This is to make the group members aware of the difference between being assertive and aggressive.

4.6.5.2 Course of the session

The group leader can ask the group members if they know what assertive means. Through group discussion, the group leader can discuss assertive, aggressive and non-assertive communication. Through role play the group members can do an activity on aggressive and assertive communicators. The group leader should ask two volunteers from the members, the one should play the role of the aggressive communicator and the other that of the assertive communicator. The group leader can give each member a turn to read a sentence from the Bill of Rights (Barnes, 1989)

4.6.5.3 Programme activities

The following programme activities can be used:

- ❖ Group discussions;
- ❖ posters; and
- ❖ role play.

4.6.6 Sixth session: sexuality

4.6.6.1 Goal of the session

This is to create awareness on sexual development.

4.6.6.2 Course of the session

The group leader should begin the session by asking group members if they know what sexuality means. Through group discussion, the group leader should discuss primary and secondary sexual development. The group leader should give the group members the opportunity to ask questions.

4.6.6.3 Programme activities

The following programme activity can be used:

- ❖ group discussion;
- ❖ posters; and
- ❖ speaker: health worker.

4.6.7 Seventh session: teenage pregnancy

4.6.7.1 Goal of the session

This is to create awareness on consequences of teenage pregnancy.

4.6.7.2 Course of the session

The group leader can start the session by asking the group members if they know what teenage pregnancy is. Through play, the group leader can demonstrate the reasons of

teenage pregnancy and the consequences. The group leader can discuss the options available to a pregnant teenager.

4.6.7.3 Programme activities

The following programme activities can be used:

- ❖ group discussion;
- ❖ poster; and
- ❖ play.

4.6.8 Eighth session: birth control methods and sexually transmitted diseases

4.6.8.1 Goal of the session

This is to empower group members with knowledge in order to make informed choices.

4.6.8.2 Course of the session

The group leader should start the session by of distribution pamphlets among members. Through group discussion, the group leader should discuss the meaning of contraceptives and different types of contraceptives. Through the use of pamphlets, the group leader can show members types of sexually transmitted diseases and discuss the contents of the pamphlet. The group leader can review the session through group discussions.

4.6.8.3 Programme activities

The following program activities can be used:

- ❖ group discussion;
- ❖ posters;

- ❖ pamphlets; and
- ❖ speaker: health worker.

4.6.9 Ninth session: HIV/ AIDS

4.6.9.1 The goal of the session

This is to create awareness on HIV/ AIDS

4.6.9.2 Course of the session

The group leader should start the session by distributing pamphlets among group members. The group leader should ask the group members if they understand the meaning of HIV/ AIDS. Through group discussions, the group leader should discuss the nature of HIV/AIDS, transmission of HIV/AIDS and prevention of HIV/AIDS. The group leader can show the video on HIV/AIDS. The group leader can give each group member a turn to explain what she has learnt from the contents of the videotape.

4.6.9.3 Programme activities

The following program activities can be used:

- ❖ Posters;
- ❖ pamphlets;
- ❖ video tape;
- ❖ group discussion; and
- ❖ speaker: a person living with HIV/AIDS.

4.6.10 Tenth session: relationships

4.6.10.1 Goal of the session

This is to improve the group members' relationships with the Creator, their parents and the opposite sex.

4.6.10.2 Course of the session

The group leader should start the session by asking the group members if they understand how a person can have a relationship with God. Through group discussion, the group leader should allow each member to explain her relationship with God. The group leader should use group discussions to pay attention to the different facets of the group member's relationships with their parents. The group leader should discuss the problematic aspects of parent-child relationships and how to deal with these aspects. During group discussion the group leader should outline the difference between love and lust. The group leader should discuss sexual decision-making and the consequences of early involvement in sexual relationships.

4.6.10.3 Programme activities

The following programme activities can be used:

- ❖ Posters;
- ❖ pamphlets;
- ❖ group discussions;
- ❖ speaker: clinical psychologist; pastor/priest

4.6.11 Eleventh session: termination

4.6.11.1 Goal of the session

The goal of the session is to:

- ❖ Summarise the subjects discussed; and
- ❖ let the group members complete post-test questionnaires.

4.6.11.2 Course of the session

Through group discussion, the group leader should summarise the subjects discussed. The group leader should let the group members complete the forms to evaluate the programme and complete post-test questionnaires.

4.6.11.3 Programme activities

The following program activities can be used:

- ❖ group discussion; and
- ❖ questionnaires.

4.7 SUMMARY

In order to formulate guidelines for a social work preventive programme, social work as a profession was explained. Various principles apply for the social worker. For the purpose of this research emphasis is placed on the principles of acceptance, confidentiality, individualisation, empathy and self-determination.

This chapter distinguished between the three primary methods of social work, namely case work, group work, and community work. Each method has a place in achieving better social functioning. One method is not more important than the other in detail. Group work is used as a method of empowerment of members to improve the quality of their lives. In closure the group work intervention programme is outlined. This programme focuses specifically on prevention of teenage pregnancy in the black farming community.

Chapter 5 discusses the summary, conclusion and recommendations.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Research was conducted to investigate the nature and causes of teenage pregnancy in the black farming community. After the investigation, guidelines for a social work preventive programme were formulated.

Chapter 5 outlines a brief summary, conclusion and recommendation of this research.

5.2 SUMMARY

5.2.1 Aim of the research

The aim of this research was to investigate the nature and causes of teenage pregnancy in the black farming community in order to formulate guidelines for a social work preventive programme. To accomplish this aim, the following objectives were formulated:

- ❖ To investigate the nature and causes of the incidences of teenage pregnancy in the black farming community by means of a literature study and an empirical research; and
- ❖ to formulate guidelines for a social work preventive programme for the prevention of teenage pregnancy in the black farming community.

5.2.2 Methods of investigation

In order to meet the objectives of this research, a literature study was conducted as a method of research, while the survey procedure was used as a method of gathering the data.

5.2.2.1 Literature study

The literature study was used to explore the subject and analyse the problem statement. The researcher consulted previous research findings that outline the incidence of teenage pregnancy in the black community. The survey procedure, social work as a profession, and social group work were also studied.

5.2.2.1 Survey procedure

The survey procedure can be conducted in different ways. For the purpose of this research, the procedure was conducted as follows:

- ❖ A convenience sample of females aged between 14 and 35 years of the Rysmierbult farm in Potchefstroom was selected.

- ❖ Data was gathered through personal interviews and the researcher completed the questionnaires during interviews.

5.3 CONCLUSION

5.3.1 Aim of the research

The aim of this research was accomplished through a study of the relevant literature and through empirical research. The literature indicated that teenage pregnancy is escalating in South Africa, especially in the black community. The findings of the empirical research indicated the incidence of teenage pregnancy in the black farming community. The social worker can play a vital role in preventing teenage pregnancy in the black farming community by means of social work preventive programmes.

5.3.2 Methods of investigation

5.3.2.1 *Literature study*

From the literature study, it is evident that the problem of teenage pregnancy is widespread and that it occurs among all cultural and ethnic groups in rural as well as urban areas. It is clear from the literature study that the incidence of teenage pregnancy in South Africa is escalating in the black community. By studying the literature, it seems that teenage pregnancy could be understood and addressed only if the teenage perspective on sex were taken into account and it was accepted that for the majority of teenagers, full sexual relations occurs early in life.

Social group work is one of three social work methods and can be used as an effective intervention strategy in preventing teenage pregnancy. Group work intervention programmes can be utilised with great success in preventing teenage pregnancy in the black farming community.

5.3.2.2 *Survey procedure*

Personal interviews can be utilised with great success during research. With the interview the researcher is able to read facial expression and moods, monitor environmental distractions and clarify uncertainty. Personal interviews achieve a higher response rate because the questionnaires are available immediately after the interview.

The findings of the empirical research yielded the following results:

- ❖ The incidences of teenage pregnancy in the black farming community are high.
- ❖ Respondents had a low scholastic education at the time of pregnancy.
- ❖ Respondents have early involvement in full sexual relationships.
- ❖ Ignorance with regard to sexual relations and the use of contraceptives are mentioned as reasons for teenage pregnancy.

It seems that there is a shortage of professional services to teenagers in the black farming community and consequently there is a definite need for social work preventive programmes.

5.4 RECOMMENDATIONS

5.4.1 Methods of investigation

5.4.1.1 *Literature study*

There is a great shortage of literature regarding teenage pregnancy in the farming community. More literature on the black farming community is required in order to have knowledge on the need and lifestyle of the teenagers in the black farming community. There is a need for research with regard to different programmes that can provide for the needs of teenagers in the black farming community.

5.4.1.2 *Survey procedure*

The personal interview achieves a higher response rate because the researcher or field workers complete the questionnaires during the interviews with respondents. Uncertainty can be clarified and all the questions are answered. Personal interviews can be utilised with great success in the black farming community due to their low scholastic education.

5.4.2 Guidelines for a social work preventive programme

Social group work intervention programmes are recommended as an effective method when rendering preventive services to teenagers in the black farming community.

5.4.3 Recommendations for further research

- ❖ Research could be conducted to evaluate the influence of social group work intervention programmes among teenagers in the black farming community.

- ❖ Research could be conducted to determine the perceptions of male teenagers in the black farming community concerning teenage pregnancy.

5.5 CONCLUDING REMARKS

The aim of this research has been achieved and the findings created a foundation for further research in this field. The role of social workers in the prevention of teenage pregnancy in the black farming community is to render preventive services to vulnerable teenagers. Social workers can utilise group work intervention programmes to empower these teenagers with knowledge and skills in order to improve the quality of their lives.

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SECTION F

MS. L. MASISI

CODE NUMBER — FIELD WORKERS / SEC: 06

TEENAGE PREGNANCIES

CODE NUMBER — RESPONDENT:

DATE OF INTERVIEW:

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SECTION F

TEENAGE PREGNANCIES

1. Did you or any of your daughters become pregnant as a teenager?

Yes
No

1
2

If "yes" on question 1, answer the following questions:

2. How old were / are you and / or your daughter(s) during pregnancy?

- 2.1 Younger than 11 years
- 2.2 11 years and 11 months
- 2.3 12 years and 11 months
- 2.4 13 years and 11 months
- 2.5 14 years and 11 months
- 2.6 15 years and 11 months
- 2.7 16 years and 11 months
- 2.8 17 years and 11 months
- 2.9 Older than 18 years

SELF	DAUGHTER			

1
2
3
4
5
6
7
8
9

3. At what age did you and / or your daughter(s) become sexually active?

- 3.1 Younger than 11 years
- 3.2 11 years and 11 months
- 3.3 12 years and 11 months
- 3.4 13 years and 11 months
- 3.5 14 years and 11 months
- 3.6 15 years and 11 months
- 3.7 16 years and 11 months
- 3.8 17 years and 11 months
- 3.9 Older than 18 years

SELF	DAUGHTER			

1
2
3
4
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6
7
8
9

4. What scholastic education did you and / or your daughter(s) have at the time of your / their first pregnancy?

- 4.1 Lower than grade 8
- 4.2 Grade 8
- 4.3 Grade 9
- 4.4 Grade 10
- 4.5 Grade 11
- 4.6 Grade 12

SELF	DAUGHTER			

1
2
3
4
5
6

5. Did you and / or your daughter(s) know the father of the child?

Yes
No

SELF	DAUGHTER				

1
2

6. How old is / are the father(s) of your and / or your daughter's or daughters' child(ren)

- 6.1 Younger than 12 years
- 6.2 12 years and 11 months
- 6.3 13 years and 11 months
- 6.4 14 years and 11 months
- 6.5 15 years and 11 months
- 6.6 16 years and 11 months
- 6.7 17 years and 11 months
- 6.8 Older than 18 years

SELF	DAUGHTER				

1
2
3
4
5
6
7
8

7. Who cares for your and / or your daughter's or daughters' child(ren)?

- 7.1 The biological father
- 7.2 The biological mother
- 7.3 The grandparents
- 7.4 Other (Specify)

SELF	DAUGHTER				

1
2
3
4

8. How many sex partners did you and / or your daughter(s) have before you and / or they first became pregnant?

SELF	DAUGHTER				

1

9. What was your and / or your daughter's or daughters' reaction when you and / or they realised that you and / or they were pregnant?

- 9.1 Shocked
- 9.2 Disappointed
- 9.3 Cross
- 9.4 Afraid
- 9.5 Glad
- 9.6 Other (Specify)

SELF	DAUGHTER				

1
2
3
4
5
6

10. What would you give as reason why you and / or your daughter(s) became pregnant?

	SELF	DAUGHTER				
10.1 Ignorance						1
10.2 Rape						2
10.3 Did not want to use contraceptives						3
10.4 Pressure of peer group						4
10.5 Other (Specify)						5
						6

11. Did you give your daughter(s) sexual counselling?

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

12. If "yes", which information did you give her / them?

.....

.....

13. If "no", what is / are your reason(s)?

.....

.....

14. From whom or where do you and / or your daughter(s) mainly receive sexual counselling?

	SELF	DAUGHTER				
14.1 Parents						1
14.2 School						2
14.3 T.V.						3
14.4 Friends						4
14.5 Periodicals / Books						5
14.6 Church						6
14.7 Radio						7
14.8 Other (Specify)						8

15. Do you and / or your daughter(s) use contraceptives?

	SELF	DAUGHTER				
Yes						1
No						2

16. If "yes", which form of contraceptive?

	SELF	DAUGHTER				
16.1 The pill						1
16.2 The condom						2
16.3 The injection						3
16.4 Other (Specify)						4

17. Indicate how often you and / or your daughter(s) are sexually active

	SELF	DAUGHTER				
17.1 Once a week						1
17.2 More than once a week						2
17.3 Once a month						3
17.4 Other (Specify)						4

18. Have you and / or your daughter(s) been tested for HIV/AIDS?

	SELF	DAUGHTER				
Yes						1
No						2

Thank you sincerely for your highly appreciated co-operation.

Ms L Masisi