

The Perception of the Effectiveness of School Sex Education as a Means of Reducing Pregnancies in South Africa: The Case of the Blue Crane Route Municipality, South Africa

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ABSTRACT Adolescent pregnancy is a growing concern amongst students across South Africa. This causes high rates of school drop-outs curbing the chances of success and independence for many adolescent females. Sex education forms part of the life orientation curriculum and has been put in place as a method of reducing the escalation of pregnancy by the Department of Education. This paper is based on a Master of Social Work degree dissertation whose aim was to explore the perception of the effectiveness of sex education in reducing pregnancies in the Blue Crane Route Municipality. Qualitative data through semi-structured interviews and focus group discussions were collected from students, social workers and life orientation educators. Data were analysed thematically and was supported by appropriate literature. The findings revealed that sex education is not effective in reducing pregnancies in the Blue Crane Route Municipality. The rate of adolescent pregnancy in schools has increased since 2007 when the curriculum of sex education was introduced.

INTRODUCTION

Teenage pregnancy is a global phenomenon with girls falling pregnant at the early age of 13 (Kaiser 2000). Puberty and adolescence are the periods during which there is primarily a great surge of genital development and emotional confusion. The secondary sexual characteristics appear which increase sexual tension. The sex drive is triggered by certain androgens such as testosterone, which are at a higher level during adolescence than at any other time of life (Kaiser 2000). Adolescent childbearing is associated with adverse health and social outcomes for adolescent mothers and their children, although these outcomes often reflect pre-existing social deficits. Compared with women who delay childbearing until their twenties, adolescent mothers are more likely to drop out of school and have low educational attainment; to face unemployment, poverty, and welfare dependency; to experience more rapid repeat pregnancy; to become single mothers; and to experience divorce,

if they marry (Suellentrop 2014). Infants of teen mothers are more likely to be premature and experience infant mortality. The children of teenage mothers do less well on indicators of health and social wellbeing than do children of older mothers. In recognition of the negative, long-term consequences associated with teenage pregnancy and births, the prevention of adolescent pregnancies and pregnancies out of wedlock is a major goal of this nation (Suellentrop 2014).

According to Clark et al. (2009) sexual activity by woman before marriage has been constantly increasing, a study done in Kenya revealed that youth are experiencing fundamental changes in their society as part of increased Western-style individualism. This includes exposure to popular culture; widespread access to mass media; the internet; and mobile telephones. They further state that "residential mobility are transforming their lives, particularly with respect to gender relations and marital aspirations, this is due to a wide array of venues including community facilities, schools, and nightclubs". The mentioned venues provide adolescents with numerous opportunities for interaction with the opposite sex. Genital development that takes place during adolescents causes major confusion by means of hormones that awakens sexual characteristics. The acts of masturbation and sexual fantasies if not guided prop-

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erly, adolescents could experiment in an unbecoming manner and become pregnant or infected with life threatening diseases, such activities could even lead to a fatal ending (Chivez and Wickeman 2013). This is no different within the Blue Crane Route Municipality; students have ample opportunities to intermingle with the opposite sex at school functions with limited adult supervision sex education aims to assist learners with positive decision making skills in this regard. Life orientation forms part of the new curriculum at schools, it is a compulsory subject for learners up till grade 12. Sex education forms a major part of Life Orientation subject and it was formulated with the aim of decreasing the numbers of adolescent pregnancies Nationwide (Kirby 2009). Adolescents within the Blue Crane Route Municipality have been receiving this subject since the year 2000 and still adolescent pregnancies are on the rise. According to the Blue Crane Route Municipality Annual report (2008/2009) there has been an increase in figures by 7 percent and rising on an annual basis. The research questions that helped in achieving the goal of the study were: How adequate was the course content of life orientation in helping adolescents in their sexual life? and What factors enhance pregnancies in the municipality?

Objectives of the paper

Two objectives were postulated to guide the study and include:

- 1 To examine the course content of life orientation provided to adolescents.
- 2 To examine the factors responsible for the escalation of adolescent pregnancies in the municipality.

Overview of the Literature

The developmental, physiological and behavioural changes that take place during adolescence can contribute to an increased risk of contracting human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs) and of experiencing unplanned pregnancy (Lloyd 2014). Despite more than two decades of relentless condomania, rates of pregnancies, HIV/AIDS and STI's have skyrocketed. In the UK and Canada, for example, rates of some pregnancy rates have doubled or tripled over the last 20 years despite ubiquitous safe-sex educa-

tion. Numerous large studies have demonstrated that concerted efforts to promote condom use have consistently failed to control rates of HIV and unwanted pregnancy, even in countries with advanced sex education programmes such as Switzerland and Sweden nations sometimes considered paragons in progressive sexuality instruction.

In most African nations, the relentless rise in acquired immune deficiency syndrome (AIDS) has devoured innumerable lives, despite the dissemination of millions of rubber prophylactics and universal condom concentrated sexual instruction (Lloyd 2014). In theory, condom promotion is an effective strategy for reducing HIV transmission and unwanted pregnancy; in the real world, however, the escalating incidence of HIV and other sexually transmitted infections in the face of repeated and incessant condom education suggests that barrier protection initiatives have not achieved their desired epidemiological impact. On the contrary, comprehensive attempts to curb sexual behaviour have been remarkably successful in some jurisdictions, including Uganda, Zimbabwe, Thailand and Cambodia. In majority of instances the sex education received in schools is the only form of sex education that children receive therefore, schools play a vital role in prevention of pregnancy at an early age. Research suggests that changes in sexual behaviour (fewer partners, less casual sex and less use of sex workers) educational campaigns contributed more than widespread condom use to the reduction in infection and pregnancy rates in these nations (de Burger and McCuaig 2013).

The interruption of schooling that may accompany 'adolescent pregnancy' is seen as problematic both internationally and in South Africa as it may limit the young mother's future career prospects, thereby contributing to a lower socio-economic status for her and her child (Klein 2008). The World Health Organisation (2013) review of literature and programs indicates that teen-aged pregnancy may contribute to a range of complications, including pregnancy-induced hypertension, anemia, obstructed and prolonged labor, vesico-vaginal fistulae, infections, malaria, low birth weight, preterm labor and delivery, prenatal and infant mortality, and maternal mortality. These complications have been associated with the physical immaturity of teen-aged mothers, as well as limited access to health care. It is hypothesized that many of these complica-

tions arise because the body of the young woman is still developing, with the development of the fetus being compromised by lack of nutrients and the under-size physicality of the young woman.

In addition to the health risks associated with teen pregnancy, there are a number of educational problems, drop out being one of the major academic problems. Educational outcomes of both the teen parent and the child are also critically impacted by early childbearing. Children born to teen mothers are more likely to have lower math and reading test scores, and are thus, retained in school for longer time. Children of adolescence are at a higher risk of being victims of child abuse than other children (Hallman et al. 2009). Children of adolescent parents are at increased risk of other negative life outcomes, such as poverty and incarceration leading to juvenile delinquency. Children born to adolescent mothers are more likely to live in poverty than children born to adults, which means that these children have fewer resources. The Department of Health's (2010) Policy Guidelines for Youth and Adolescent Health locates gender considerations as fundamental to the health of young people. In the Policy Guidelines, the disadvantage of young women in terms of sexual health is recognised and sexual exploitation, sexual abuse, gender-based violence, and coercive sex and gang rapes areas of concern. A popular concern raised in the South African media is that young women are deliberately conceiving in order to access the Child Support Grants (CSG). This concern could be supported by government research in which it was found that 12.1% of pregnant young women who had deliberately conceived cited the CSG as the reason (Harrison 2014).

Social workers can assist parents in educating their adolescents about sex. Social workers who practice family therapy can play a role in sex education by facilitating discussions about sex between parents and adolescents (Kirby 2009). Social workers are more familiar with legislation than educators therefore; they advocate for adolescents educating them on their rights as per the Children's Act 38 of 2005. Given social workers' influential role in health care services, they play an important part in advocating for reproductive rights these include sex education and access to birth control (Alzate 2009). By empowering adolescents to make healthy choices

for themselves by providing them with accurate knowledge about sex, social workers are also abiding by the Code of Ethics by advocating for those who cannot do it for themselves like adolescents who want accurate information of health care facilities in underserved communities (Alzate 2009).

Theoretical Framework

This study adopted Bandura's social cognitive theory which emphasizes the social origins of behaviour in addition to the cognitive thought processes that influence human behaviour and functioning. Bandura's social-cognitive approach represents a break from traditional theories by proposing that cognitive factors are central to human functioning and that learning can occur in the absence of direct reinforcement. However, learning can occur simply through observation of models and in the absence of reinforcement (Bandura 1997). Sex education aims at assisting adolescents in identifying factors that contribute to adolescent pregnancies through literature and observation; and to teach them methods to address the factors in order to reduce the number of adolescent pregnancies in the Blue Crane Route Municipality. Bandura (1997:56) noted that "external, environmental reinforcement was not the only factor to influence learning and behaviour. He described intrinsic reinforcement as a form of internal reward, such as pride, ability, strengths, satisfaction, and a sense of accomplishment". In this study, this means that sex education equips adolescents with knowledge to make independent decisions. Sex education is an asset to adolescents and it develops their knowledge on various aspects related to sex. Adolescents have the ability to learn and not fall into the same residual lifestyle of their peers; this approach focuses on the positive abilities of adolescents in dealing with the problem which is the escalation of pregnancies. This emphasis on internal thoughts and cognitions helps connect learning theories to cognitive developmental theories (Bandura 1997).

Patel (2005) confirms that the developmental theories form part of social cognitive theory it analyses individuals as they progress through distinct stages of growth. Students are separated according to their grade level which makes it easier to administer age appropriate sex information (Patel 2005). As adolescents progress

through the different stages, they develop cognitively and acquire better decision-making skills which make it easier to set goals. Sex education programs that consider developmental stages are more effective in the long term. Many state laws on sex education require information about sexuality to be age appropriate. A study by Patel (2005) shows that sex education programs that are implemented from an early age has a positive influence on students.

Legislative Framework

Along with the theoretical framework was the legislative framework to protect children against sexual abuse. Sexual abuse occurs on a daily basis and is underreported in South Africa (Naidoo and Kasiram 2014). Hence, students are taught their rights from a very young age by the educators. It is the responsibilities of social workers to educate children on the different child protection Acts. These Acts include the Children's Act; Sexual Offences Act and Child Justice Act amongst others. Primarily the Children's Act 38 of 2005 clearly stipulates the rights and responsibilities of a child. The Children's Act 38 of 2005 (135) states that children have the right to contraceptives, "no person may refuse to sell condoms to a child over the age of 12 years; or to provide a child over the age of 12 years with condoms on request where such condoms are provided or distributed free of charge. Contraceptives other than condoms may be provided to a child on request by the child and without the consent of the parent or care-giver of the child if the child is at least 12 years of age; proper medical advice is given to the child; and a medical examination is carried out on the child to determine whether there are any medical reasons why a specific contraceptive should not be provided to the child. A child who obtains condoms, contraceptives or advice about contraceptive in terms of this Act is entitled to confidentiality in this respect, subject to section 105."

The Sexual Offences Act, No 32 of 2007 serves to protect adolescents under the age of 16 who fall pregnant as most young girls get impregnated by older men who generally may refuse to take responsibility for their actions. This act states that participating in sexual intercourse with a girl under the age of 16 is an offense and the perpetrator can be incarcerated for his ac-

tion. In addition it also forces the males to take responsibility as far as the rearing and maintenance of the baby is concerned. Girls are being raped and they are not even aware of it and it is the responsibility of life orientation educators to educate the learners on statutory rape and encourage them to report rape cases which could lead to reduction in adolescent pregnancies. The Child Justice Act 75 of 2008 states that any person that comes into conflict with the law will be punished including children. In an instance, where rape occurs with the accused being under-age that crime will not go unpunished there will be punishment of detention, incarceration or community service depending on the age of the perpetrator and the severity of the crime. With the current justice system a crime such as rape committed by a minor leads to punishment of juvenile delinquency where the child is incarcerated with other minors until age 18 and then sentenced to time in a correctional center. Sex education should be implemental universally, this involves multiple role players including communities; parents; health care practitioners; mass media.

METHODOLOGY

This section of the paper briefly describes the research design; study area; population, sample and sampling strategy; instruments of data collection and method of data analysis and the ethical issues that were considered in conducting the study.

Research Design

Based on the problem that was investigated, the research design was exploratory in nature; hence using a qualitative method of data collection was best suited for this study. Qualitative approach "is an inquiry process of understanding based on distinct and methodological traditions of inquiry that explore a social or human problem where the researcher builds a complex, holistic picture, analyse words, reports detailed views of informants and conducts the study in a natural setting" (Srivastava and Thomson 2009).

Study Area

The study was conducted in the Blue Crane Route Municipality in the Eastern Cape Prov-

ince of South Africa. This Municipality consists of a number of settlements: Somerset East including Aeroville, Mnandi, New Brighton, Westview and Clevedon; Cookhouse including Bongweni and Newtown; and Pearston including Nelsig and Khanyiso. There are five secondary schools within this municipality from which four are public schools and one is a private school. The schools are multi-racial and the majority of the coloured and black learners come from poor socio-economic backgrounds and attend public schools. Adolescent pregnancies is a major problem in the schools as well as school drop outs (Blue Crane Route Municipality Annual Report 2008/2009).

Population, Sample and Sampling Strategy

The population was made up of all adolescent girls in secondary schools doing grade 11 in the Blue Crane Route Municipality. It was also made up of all social workers from Child Welfare Somerset East and all life orientation educators in the municipality. Purposive sampling was used in the selection of adolescent girls. "Purposive sampling is choosing participants who reflect most of the characteristics of the general population" (Denzin and Lincoln 2012: 28). In this study, a sample of grade 11 adolescent girls, were taken from four schools, participants were selected with the help of educators that implies that knowledgeable and informed students were chosen. Assistance from educators in the school was used, to select students. The grade 11 life orientation educators from all the schools within the municipality were selected, as they are the ones teaching sex education to adolescents. Social workers from Child Welfare Somerset East were selected because they are responsible for hosting and implementation of programs related to sex education to schools within the municipality. Hence, the sample of this study was twenty-five grade eleven female students, five life orientation educators from the various schools and 4 social workers. However, the sample of grade eleven adolescent was reached after there was saturation of the ideas that were under discussion.

Instruments of Data Collection and Method of Data Analysis

The data collection instruments that were used were semi-structured interviews and focus

group discussions. The data collection methods observed the ethical principles of research and the methods of data collection, which includes "talking to participants in person (interviews); discussing issues with multiple research participants at the same time in a small-group setting (focus groups discussions/interviews); and examine how research participants act in natural and structured environments (observation)" (Punch 2005: 161). The thematic approach as described by Rubin and Rubin (2012) was followed in analysing the interviews. The process involved reading the interview transcripts after transcribing the recordings and coding the descriptive concepts that emerged from the focus group interviews that were conducted. The researchers organised individual ideas into categories that shared similar concepts. This was accomplished by reading through the different interviews and identifying individual ideas that share the same meaning and using quotations from participants to confirm themes identified. These ideas were grouped together into themes that were formulated on the basis of concepts that emerged out of the interviews conducted.

Ethical Considerations

The importance of ethical considerations has been emphasized by Kumar (2008: 239) when he elucidates that "ethical issues arise from an interaction of a researcher with people and the environment, especially at the point where there is potential or actual conflict of interests". Taking these elements into account all participants were requested to sign an informed consent form. An ethical clearance certificate provided to the schools to ensure them that the research has been approved by the University of Fort Hare. Finally, the University of Fort Hare Ethics Committee approved the topic for the research and granted the researchers with a clearance certificate as permission to conduct the study.

FINDINGS AND DISCUSSION

These findings are presented thematically. The themes discussed include the following: course content of sex education is adequate; contraception plays a very important role in reducing pregnancies; adolescents are informed of health related risks with early pregnancies; and adolescent pregnancies are related to socio-economic causes.

Theme 1: Course content of sex education is adequate and contraception plays a very important role in reducing pregnancies

Comprehensive sex education addresses both abstinence and safe-sex practices in schools. Focusing on both the biological and social risk factors, such as gender power relations, poverty and dropping out of school early influence the rates of early pregnancy. Young people have the right to lead healthy lives. Providing them with honest, age appropriate comprehensive sexual health education is a key part in helping them take personal responsibility for their health and well-being. That is why sex education programmes need to be informed by evidence as well as include *all* the information and skills young people need to make healthy decisions. Providing young people with the skills and tools to make healthy decisions about sex and relationships is far more effective than denying them information and simply telling them not to have sex. Respecting young people promotes personal responsibility far more effectively than denying them information. Society should respect young people and treat them as partners, not problems (Mehmet et al. 2014). Eight adolescents found sex education to be adequate to them. One of the participants explained that:

Sex education is adequate because most things that are taught in school is what happens outside that makes it easy to relate to what teachers are explaining and to participate in class discussions.

Comprehensive sex education provides holistic information on human sexuality and sexual health which is very helpful to adolescents to assist them in dealing with the phase of developing from childhood to adulthood. Furthermore; sex education educates students not only about pregnancy but also on issues that occur in everyday life that they can relate to in avoiding inequality in relationships. Kirby (2009) confirms that programmes that teach young people about abstinence, contraception and disease prevention are in fact effective in reducing pregnancies, and that young people find the information useful.

Twenty adolescent participants explained that when they discuss sexuality with their peers everyone participates in the conversation some based on experience and some based on theory.

One adolescent participant went on explaining that:

Sex education plays a big role, as it can help avoid stumbling blocks in relationships and it helps partners to share important information with each other and make decisions together.

Debates on sexual issues are hosted at schools in the Graaff-Reinet district where the schools from Blue Crane often participate in these debates sharing their knowledge with students from another district municipality. Twenty-four adolescent participants along with the five educators and four social workers felt that contraception plays a very vital role in reducing pregnancies. One of the explanations regarding contraception from an adolescent participant was:

Contraceptives are methods of prevention that can be used by both males and females to prevent pregnancy and diseases. The different types of contraceptives are the pill, injection, condoms, and abstinence.

Comprehensive sex education provides adequate information on contraception which is very helpful to students. In agreement with the findings of the study Mestad et al. (2011) suggested that the best way to reduce the risk of unintended pregnancy among women who are sexually active is for them to use effective birth control correctly and consistently. Twenty four of the adolescent participants knew what contraceptives meant and where they could get hold of contraceptives; as well as what contraceptives were used for. However; majority of students experienced negative encounters with health care practitioners when attempting to access contraceptives. The study further established that due to the negative behavior from health care practitioners students do not go to clinics because they are afraid of the staff members. This leads to higher rates of pregnancies in the municipality. In support of the findings Panday et al. (2009) found that despite significant advancements in terms of both policy and programmes to improve the availability and accessibility of sexual health services to young people, taking advantage of them is compromised by aspects of the services which tend to deter young people. Even with the roll-out of the Adolescent Friendly Clinic Initiative in South Africa, young people are still confronted by the negative and stigmatising attitudes of health staff.

As a result, young women would often rather not use contraception, tend to delay obtaining antenatal care when they are pregnant, or resort to illegal means for termination of pregnancy (Panday et al. 2009).

Theme 2: Adolescents are informed of health related risks with early pregnancies

All twenty five adolescent participants were well informed on the health risks associated with early pregnancies confirming the appropriateness of sex education. One of the adolescent participants explained that:

Adolescent mothers are much more likely to have low birth weight babies, which can result in serious medical problems, including underdeveloped organs leading to lung infections, vision impairment, intestinal and other problems which could result in death.

The literature review, along with many health-related studies, corroborates these findings relating early reproduction and hypertension. Onkonofua (2012) identified preeclampsia, which is also known as toxemia or pregnancy-related hypertension, as the development of swelling, high blood pressure and protein in the urine during pregnancy. Pregnant adolescents have a greater chance of developing preeclampsia during their pregnancy

Theme 3: Adolescent pregnancies are related to socio-economic causes

The adolescent participants were well informed where about the socio economic causes of adolescent pregnancy because in and around the community adolescent pregnancy is escalating within the Blue Crane Route Municipality. One of the major causes identified by eleven students was poverty and crime. One adolescent participant explained that:

In order to obtain a higher level of socio-economic status, crime is seen as the only option. Crime exists everywhere in the world in rural and urban areas in many countries, in the East and West, and among all types of people.

Access to contraceptive methods is essential to securing the wellbeing and autonomy of women (World Health Organization 2013). By decreasing exposure to AIDS, and to the complications of pregnancy and childbirth, the use of contraception has the potential to prevent

more than one third of maternal mortality globally (United Nations 2014). Contraception also enables women to plan their families, in terms of timing and spacing as well as the number of births. This ability to plan empowers women in spheres outside the home, for example, allowing them to participate in paid employment. Despite this, many women in the developing world do not have access to contraception and they receive limited information on contraceptives in schools. The United Nations estimates that around 222 million young women in developing countries who wish to delay or stop childbearing are not using any method of contraception (Singh and Darroch 2014).

Four social workers and five educators were of the opinion that the socio economic consequences need to be addressed. Lack of knowledge in particular needs to be attended to in order for the number of pregnancies to reduce. Social worker 1 said:

Adolescent pregnancy refers to pregnancy in a woman of less than 19 years. It is found commonly among young people who have been disadvantaged and have poor expectations with regard to either their education or the job market.

The socio-economic consequences identified were: Adolescent parents and their children are at increased risk of poverty; lack of knowledge; alcohol and drug abuse; absence of biological parents; low self-esteem; peer pressure; children raising children; child support grant; poverty and crime; sexual assault; and exposure to sex through media at an early age. The skills of life orientation educators need to understand and execute that education is the key to addressing all causes relating to adolescent pregnancies. In South Africa there is a shortage of both educators and social workers. Confirming the findings of this study, the study done by the South African Institute of Race Relations (2014) revealed that the national population to social worker ratio is 6,533:1, with the provincial ratio in the Eastern Cape being 6,476:1. The report states that in a population of more than six million people in the Eastern Cape, the province is unable to meet the 4,903 national average and the international norm of 5,000 people to be served by social workers. These findings also undermine the conditions for cognitive development described by Bandura in the literature review. A shortage of educators and social workers hampers learning and curtails cognitive de-

velopment in students. In order to bridge the gap, the government departments associated with the specific trades need to evolve and evaluate the syllabuses related to sex education on an annual basis. In doing so educators and social workers are provided with opportunities to enhance their expertise and students are provided with holistic information pertaining to subjects relating to sexuality.

CONCLUSION

Based on the findings of the study, some salient conclusions have been drawn which can inform policy. In analyzing the causes of adolescent pregnancies, poverty is seen as a major cause couple with dwindling economy and children dropping out of school. Students seem to be lacking the necessary encouragement and support to follow their dreams to become independent. Until students are convinced to work hard on getting educated the vicious cycle of poverty will not stop and people will continue to do low wage jobs. There is a shortage of human resources in the Blue Crane Route Municipality. This hampers enough awareness campaigns done at schools in the Blue Crane Route Municipality on adolescent pregnancy. There are still major inequalities among students in private schools and those in government schools. The total of students in a class are fifty plus in government schools and thirty maximum in private schools. Also the administration is well organized in the private school and chaotic with the shortage of educators in the government schools.

The peer education programme as part of comprehensive sex education is a good initiative in assisting troubled adolescents making the right decision. It answers questions that adolescents had and it links them with resources like social workers to assist in situations where peer educators lack knowledge. This serves as a form of support to adolescents who participate in the peer education programme assisting them with positive development. Sexual assault is a major cause of pregnancy and it does not get reported. In fact, it is an offence to have sex sexual encounters with a child under the age of 16. Students do not report instances of sexual assault because the perpetrators are not punished by the criminal justice system instead the victims are interrogated by police officials. Ado-

lescent participants explained that when some of their peers went to report cases of sexual assault, the police officials cursed them and told them to stop chasing money, hence, no file for investigation opened. Many girls in the various schools have experienced this and lost faith in the criminal justice system which gives perpetrators freedom to do as they please and not to be punished for their deeds. With the escalation of pregnancies, the rates of crime will continue to increase. Majority of students at public schools live in poverty where parents either do not possess the necessary financial status to care for their children or parents give their children up to be raised in foster care. Children do not participate in extra-mural activities like music classes and swimming lessons as they do not have the necessary finance to pay for these activities. In some households, there is no food to eat and with an extra mouth to feed sometimes crime is seen as the only way out. The child support grant should not be a method of poverty alleviation; rather, girls need to be supported to complete their education and acquire skills instead of falling pregnant.

RECOMMENDATIONS

The following recommendations are presented based on the findings and conclusions of the study:

- Social workers (school social workers) should be employed at schools to intervene with students experiencing social problems.
- The department of social development and special programmes along with the department of education should look at employing more educators skilled in life orientation and more social workers.
- Substance abuse is a major cause of adolescent pregnancy, owners of taverns should be approached and reminded of the no alcohol sale to persons under the age of eighteen as prescribed by law. Police should actively play their role in monitoring this process along with parents of the children visiting taverns.
- Awareness campaigns on adolescent pregnancies and the impact it has on one's life should be hosted in schools and communities continuously.
- Students should be educated on the Sexual Offences Act 32 of 2007 to bring about

- awareness that sexual assault is wrong and should be reported.
- Health care practitioners should keep an open mind when it comes to providing adolescents with contraceptives and bear in mind the goal of decreasing the rates of pregnancies.
 - The curriculum of life orientation subject should be re-evaluated and adjusted accordingly by the department of education as the outcome remains poor.

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