A PARTICIPATORY ACTION RESEARCH APPROACH TO ENGAGING PEER EDUCATORS IN THE PREVENTION OF TEENAGE PREGNANCY

F. HENDRICKS

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A PARTICIPATORY ACTION RESEARCH APPROACH TO ENGAGING PEER EDUCATORS IN THE PREVENTION OF TEENAGE PREGNANCY

By

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Submitted in fulfilment of the requirements for the degree of Philosophiae Doctor Educationis in the Faculty of Education at the Nelson Mandela Metropolitan University

Promoter: Professor Lesley Wood

April 2017
DECLARATION

1. Farah Hendricks, Student Number 185610110, declare that the work in this thesis complies with Rule G4.6.3, in that it has not been submitted for examination for any other degree at any other institution other than for the degree of Philosophiae Doctor Educationis at the Nelson Mandela Metropolitan University. I have duly acknowledged in the text the scholarly work of others. The views expressed in this thesis are my own and do not in any way necessarily reflect those of the University or my supervisor.

Signature: ..............................................................

Date:.................................................................
ABSTRACT

The phenomenon of teenage pregnancy among school-going youth is on the increase in South Africa, despite the existence of a number of intervention programmes. Although both curricular and co-curricular awareness programmes targeting this phenomenon are currently employed within South African schools, these programmes have patently not met with much success, since the problem remains acute. It was the question why these programmes are not succeeding in alleviating the problem that prompted my interest in undertaking this study. Based on literature that suggests that those programmes that are successful in reaching the youth are designed through participatory processes, rather than being designed by outside experts, my thesis proposes that prevention programmes that are designed and implemented by the youth for the youth may be more successful in helping them to make healthy decisions in terms of their sexual behaviour. This study attempted to engage youth in a participatory way in identifying and exploring their perceptions of teenage pregnancy and using the knowledge thus gained to design, implement and evaluate prevention strategies in their school.

The study is informed by social learning theory and adopted a participatory action research (PAR) design, which is located in a critical paradigm. I purposefully recruited twenty-four youths (14 females and 10 males) to participate. The primary research question that guided this study was: “How can peer educators be engaged to create prevention strategies to reduce teenage pregnancy and its impacts?” The following sub-questions were identified from the primary research question:

- What do learners themselves know feel and experience with regard to the causes and effects of teenage pregnancy?
- How might a participatory methodology help learners to create relevant and contextualised strategies for addressing teenage pregnancy?
- How can such strategies be implemented in a school system?
- What recommendations could be made for addressing teenage pregnancy in a contextualised way?

The research was conducted in two cycles. In Cycle One, data was generated through two focus group discussions, led by a young researcher from the community to encourage openness and honesty. In addition through snowball sampling, six teenage mothers and two teenage fathers agreed to be interviewed individually. The same questions were asked
in the two discussions and the individual interviews, namely: “What do you know, feel and think about teenage pregnancy?”

In the first cycle, I responded to my first sub-research question. Interviews, drawings and focus group discussions were used to generate data. Three themes emerged from the data to provide insight into how the youth at the school perceived the phenomenon of teenage pregnancy. The findings from this cycle revealed certain tensions between what youth said they needed and what adults, such as teachers and parents, thought they needed to know. The participating teenagers regarded themselves as sexual beings, while the adults in their sphere of influence preached abstinence, moralised or merely cited the facts, without entering into any discussion of how young people could deal with social pressures and better protect themselves against unplanned pregnancy. The participating youth were clearly aware of how to prevent pregnancy, but the social barriers to using condoms or contraceptive pills were a stumbling block. They possessed knowledge of the potential consequences of risky behaviour, but this did not stop them from engaging in such behaviour.

In the second cycle of the research, the participants used the findings of the first cycle to develop prevention messages and strategies to convey these messages to their peers. They used participatory visual methods to accomplish this. The findings from this cycle revealed that a peer education approach helped participants to increase maturity in sexual decision-making, had a positive effect on the learning and acquisition of new skills, and improved critical thinking relating to sexuality. The study also had a positive impact on other learners’ knowledge and the attitudes displayed by both learners and teachers, and also led to improvements in school policies related to sexuality education.

It is contended that the study contributed important theoretical and methodological insights. Knowledge generated from the study could make a contribution to the field of sexuality education and how it should be approached in schools, particularly in communities facing social and economic adversity. The methodological contribution of this study provided guidelines and theory on how participatory action research and participatory methods can be implemented in schools to enable youth to influence change in their schools, not only regarding teenage pregnancy, but also other social issues.

**Key words:** Life orientation, participatory video production, photovoice, sexuality, social learning theory.
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- my amazing husband, Shaheed, who created the space for me to pursue my desire, selflessly sacrificing his time and remaining a source of inspiration throughout my studies.

All praise and thanks to the Almighty, Allah (God), for giving me strength and courage when days seemed dark.
## ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aids</td>
<td>Acquired immune deficiency syndrome</td>
</tr>
<tr>
<td>CAPS</td>
<td>Curriculum Assessment Policy Statement</td>
</tr>
<tr>
<td>DBE</td>
<td>Department of Basic Education</td>
</tr>
<tr>
<td>DoE</td>
<td>Department of Education</td>
</tr>
<tr>
<td>DoH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>FET</td>
<td>Further Education and Training</td>
</tr>
<tr>
<td>FIFA</td>
<td><em>Fédération Internationale de Football Association</em></td>
</tr>
<tr>
<td>GET</td>
<td>General Education and Training</td>
</tr>
<tr>
<td>GRS</td>
<td>Grassroots Soccer</td>
</tr>
<tr>
<td>HEAIDS</td>
<td>Higher Education HIV and Aids programme</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>HRSC</td>
<td>Human Sciences Research Council</td>
</tr>
<tr>
<td>IUD</td>
<td>Intrauterine device</td>
</tr>
<tr>
<td>LO</td>
<td>Life Orientation</td>
</tr>
<tr>
<td>MRC</td>
<td>Medical Research Council</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-governmental Organisations</td>
</tr>
<tr>
<td>NSP</td>
<td>National Strategic Plan</td>
</tr>
<tr>
<td>PALAR</td>
<td>Participatory action learning</td>
</tr>
<tr>
<td>PAR</td>
<td>Participatory action research</td>
</tr>
<tr>
<td>PE</td>
<td>Port Elizabeth</td>
</tr>
<tr>
<td>SAPS</td>
<td>South African Police Services</td>
</tr>
<tr>
<td>SS</td>
<td>Stepping Stones</td>
</tr>
<tr>
<td>STIs</td>
<td>Sexually transmitted infections</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Education, Scientific and Cultural Organisation</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
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CHAPTER ONE: OVERVIEW OF RESEARCH

1.1 INTRODUCTION AND RATIONALE FOR STUDY

I am a teacher at a secondary school. This school is situated in Helenvale, in the Northern Suburbs of Port Elizabeth, which area arose out of the forced removal and relocation of so-called ‘coloured’ people during the Apartheid era. This area is popularly known as ‘Katanga’, named after the violent Katanga Province in the Congo.

The majority of the residents suffer from socioeconomic deprivation; approximately 60% are unemployed and rely heavily on state subsidies or grants for their survival (SAPS, Station Area Profile, 2011). Most parents cannot afford to pay school fees. According to the bursar at the school where I teach, only 40% of all parents pay school fees.

These contextual/environmental factors contribute to a higher risk of teenage pregnancy than in more affluent communities. This is the phenomenon that I wish to investigate in this study. It is an issue that I have been concerned about for some time, my interest fuelled by the high pregnancy rates that we experience at our school, as indicated in Table 1.1 below:

**TABLE 1.1:** Teenage pregnancy per grades in the school in the study

<table>
<thead>
<tr>
<th>Year</th>
<th>Grade 8</th>
<th>Grade 9</th>
<th>Grade 10</th>
<th>Grade 11</th>
<th>Grade 12</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>-</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>2008</td>
<td>-</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>2009</td>
<td>-</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>2010</td>
<td>-</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>2011</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>2012</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>16</td>
</tr>
</tbody>
</table>

Source: School records
These figures are reported cases; however, many were not reported, not to mention those who chose to have an abortion at an early stage. The reasons for such a high pregnancy rate are manifold and complex. One obvious factor is the array of social problems that beset the community; research has consistently confirmed a strong link between socioeconomic disadvantage and high rates of teenage pregnancy (Cater & Coleman, 2006; Sarri & Phillips, 2004), as well as a positive relationship between a stable, involved home environment and the reduced incidence of pregnancy (Corcoran, Franklin & Bennett, 2000; Hansen, 1992). Helenvale, the community in which my school is situated, faces severe problems relating to socio-economic disadvantage.

The following statistics, taken from local police data, give an indication of the problems inherent in the community, encounter which may contribute to the high incidence of teenage pregnancy.

**TABLE 1.2: Incidence of main crimes reported in Helenvale in 2011**

<table>
<thead>
<tr>
<th>Types of services</th>
<th>J</th>
<th>F</th>
<th>M</th>
<th>A</th>
<th>M</th>
<th>J</th>
<th>J</th>
<th>A</th>
<th>S</th>
<th>O</th>
<th>N</th>
<th>D</th>
<th>Tot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic violence</td>
<td>76</td>
<td>61</td>
<td>89</td>
<td>61</td>
<td>48</td>
<td>73</td>
<td>57</td>
<td>67</td>
<td>53</td>
<td>56</td>
<td>55</td>
<td>49</td>
<td>745</td>
</tr>
<tr>
<td>Child abuse</td>
<td>07</td>
<td>10</td>
<td>04</td>
<td>08</td>
<td>05</td>
<td>04</td>
<td>02</td>
<td>06</td>
<td>11</td>
<td>09</td>
<td>14</td>
<td>04</td>
<td>84</td>
</tr>
<tr>
<td>Rape</td>
<td>08</td>
<td>09</td>
<td>09</td>
<td>10</td>
<td>08</td>
<td>07</td>
<td>04</td>
<td>09</td>
<td>07</td>
<td>04</td>
<td>02</td>
<td>02</td>
<td>79</td>
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<tr>
<td>Statutory rape</td>
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<td>02</td>
<td>02</td>
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<td>0</td>
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<td>0</td>
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<td>0</td>
<td>08</td>
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<td>Sexual assault</td>
<td>03</td>
<td>01</td>
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<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>01</td>
<td>03</td>
<td>03</td>
<td>01</td>
<td>25</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>07</td>
<td>02</td>
<td>03</td>
<td>01</td>
<td>06</td>
<td>10</td>
<td>05</td>
<td>06</td>
<td>10</td>
<td>08</td>
<td>07</td>
<td>08</td>
<td>73</td>
</tr>
</tbody>
</table>


The following description of the community has been gleaned from the annual report of the local Police unit (Incidence Report, SAPS Gelvandale, 2011). An understanding of the context is important, as social, economic and environmental factors have a direct influence on the incidence of teenage pregnancy (Raphael, 2002).

The high unemployment rate in the community has further exacerbated the poverty level, which has in turn contributed to the manifestation of a multitude of social evils. Poverty
has been linked to factors that increase risk for teenage pregnancy: reciprocity of sex in exchange for material goods (Dunkle, Wingood, Camp & DiClemente, 2010); and limited access to information (Mothiba & Maputle, 2012); reduced incentive to take precautions against pregnancy (Stevens-Simon, Kelly, Singer & Cox, 1996). According to Krishnan, Dunbar, Minnis, Medlin, Gerds & Padian (2008:101), insufficient income and restrictions in educational attainment and access to labour markets minimise decision-making autonomy, which in turn reinforces women’s lower social and economic status. These are factors that escalate the poverty rate thereby increasing girls’ vulnerability to early pregnancy.

Overcrowding, due to lack of sufficient housing, can also be linked to high teenage pregnancy rates, because learners are exposed to sexual activities at an early age (Mothiba & Maputle, 2012). In Helenvale, there are 410 shacks/informal structures. There is an annual influx of 3050 people into the area. According to a Gelvandale Police Incidence Report (2011), the free flow of people into the area makes it difficult to pinpoint the number of inhabitants.

Gangsterism is rife, with ages of members ranging between 12 and 45 years. The level of alcohol abuse is very high, which contributes to the incidence of contact crimes, such as assaults and rape. Substance abuse stems from drug dealing and the proliferation of unlicensed taverns. This leads to a loss of inhibitions: people under the influence are more likely to rape; substance abuse will also lessen the possibility that a teenager will take the necessary precautions (Van Eijk, 2007) to prevent pregnancy. Girls also get involved with transactional sex, spending the money they earn to buy brand name clothing and cell phones. Young girls use sex as a means of barter to obtain the things that their parents cannot afford.

Taking into consideration the many problems besetting this community, it is no wonder that girls are at high risk for pregnancy. Given that there is a correlation between teenage pregnancy and poverty, and that most South African children live in impoverished contexts, teenage pregnancy is a national problem. As Higson-Smith and Richter (2004) point out, poverty, social inequalities, corruption, gender discrimination, cheap labour practices and poor educational opportunities – factors that most South African youth face in their lives – increase the likelihood of an early sexual debut and sexual abuse, and thus increased risk of teenage pregnancy. This is particularly alarming, given the high
prevalence of HIV in South Africa, with 69% of the total global infections occurring in this country (Brouard, Maritz & Lazarus, 2013). Table 1.3 shows the national prevalence of teenage pregnancy in South Africa.

**TABLE 1.3: Learner pregnancy rate per province, 2004-2008**

<table>
<thead>
<tr>
<th>Province</th>
<th>Number of pregnant learners /1000 registered</th>
<th>Numbers of learners captured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Cape</td>
<td>68.81</td>
<td>11852</td>
</tr>
<tr>
<td>Free State</td>
<td>53.64</td>
<td>2837</td>
</tr>
<tr>
<td>Gauteng</td>
<td>34.15</td>
<td>4866</td>
</tr>
<tr>
<td>KwaZulu-Natal</td>
<td>62.24</td>
<td>15027</td>
</tr>
<tr>
<td>Limpopo</td>
<td>60.36</td>
<td>12848</td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>55.70</td>
<td>5015</td>
</tr>
<tr>
<td>Northern Cape</td>
<td>59.37</td>
<td>1070</td>
</tr>
<tr>
<td>North West</td>
<td>55.89</td>
<td>3211</td>
</tr>
<tr>
<td>Western Cape</td>
<td>34.40</td>
<td>2710</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>58.22</strong></td>
<td><strong>59436</strong></td>
</tr>
</tbody>
</table>

Source: Panday, Makiwane, Ranchod & Letsoalo (2009:41)

Also of note is the fact that in the 2008 survey by the Medical Research Council, coloured girls (the majority of the population in Helenvale) recorded the highest prevalence of pregnancies (28.7%) as well as the highest number of girls with babies, compared to other races nationally. Black girls were more likely to be having sex (39.3%) compared to coloured pupils (32%) whites (22.8%) and Indian girls (17.1%) (MRC, 2008).

As an educator teaching learners from a disadvantaged background, it became clear to me that this was a severe problem affecting the lives of many learners. These learners are promising students who could contribute to the upgrading of the standard of living in our community, if they were to finish their schooling and be able to find work or continue their
studies. I believe that keeping young girls in school is a vital prerequisite for lowering the pregnancy rate. Even if they have a baby, they need to be able to return to school to optimise their life chances. It is difficult for these learners to return, because they often experience feelings of embarrassment and shame. The situation at home makes it difficult for them to deal with the challenge of being both mother and learner.

There is general consensus that most teenage pregnancies are unplanned and could have negative consequences for both the teenage mothers and their children (Ashcraft & Lang, 2006; Kirby, 2007). Becoming pregnant while still at school inhibits the schooling of the girls both directly and indirectly (Hallman & Grant, 2004). Maternal and neonate health may be endangered, not to mention the risk of HIV infection and other sexually transmitted infections. Low birth weight is associated with negative outcomes later in life such as cognitive and physical educational attainment (De Villiers, 2004). These conditions can also lead to a high risk of infant mortality.


Early pregnancy limits life chances, because affected learners are less likely to return to school and finish their school careers. Chevalier and Viitanen (2003) state that teenage motherhood reduces the chances of post-compulsory schooling by 12%–24%. They conclude that teenage motherhood holds long-term consequences for the career development of young mothers and is therefore likely to perpetuate poverty from generation to generation. Education is one way to break the cycle. Keeping the girls in school by preventing pregnancies and supporting those who do become pregnant to return and stay in school is vital. Every effort must be made to keep young people in school and, if they do fall pregnant, to rapidly reintegrate them into the school system to optimise their life chances.

## 1.2 PREVENTION OF TEENAGE PREGNANCY

The prevention of teenage pregnancy has been included in the curriculum of Life Orientation. Information about contraceptives and the prevention of sexually transmitted
infections is also provided through extracurricular activities and the involvement of the clinic sisters at the relevant school also give. Many extracurricular programmes on HIV and AIDS prevention are presented, which would also relate to this topic. However, such programmes do not seem to have had much success, since the problem remains acute. International literature attests to the difficulty in finding prevention strategies that succeed in reducing the problem (Kirby, 1997; Philliber, Kaye & Herling, 2001). Giving information to the youth is not an effective prevention strategy; neither is abstinence promoting programmes (Hacker, Amare, Strunk & Horst, 2000). What do seem to have a better impact are programmes that involve youth in the creation of knowledge and position them as experts in problems that affect their lives (Kegler, Rodine, Marshall, Oman & McLeroy, 2003). For this reason, I decided to adopt a participatory approach to the prevention of teenage pregnancy.

1.3 PROBLEM STATEMENT

The above discussion reveals a dire need to reduce the incidence of teenage pregnancy to ensure the current and future wellbeing of the individual girl, the baby and society in general. Although many prevention programmes aimed at reducing teenage pregnancy have been introduced, they have not really been able to improve the situation. Most of the programmes are devised by adult experts in sexuality education, who are far removed from the everyday life experiences of South African youth in disadvantaged communities such as Helenvale, Nelson Mandela Bay. A need was therefore identified to explore the perceptions of the youth on the phenomenon of teenage pregnancy to find out how they understand it and what they think can be done about it and to engage them in devising youth-friendly prevention strategies.

1.4 RESEARCH QUESTIONS

Based on the problem statement, I devised the following research questions:

1.4.1 Main research question

*How can peer educators be engaged to create prevention strategies to reduce teenage pregnancy and its impacts?*
1.4.2 Research sub-questions

Cycle One

- What do learners themselves know, feel and experience with regard to the causes and effects of teenage pregnancy?

Cycle Two

- How might a participatory methodology help learners to create relevant and contextualised strategies for addressing teenage pregnancy?
- How can such strategies be implemented in a school system?
- What recommendations could be made for addressing teenage pregnancy in a contextualised way?

1.5 AIMS AND OBJECTIVES OF RESEARCH

The primary aim of the research was to engage youth in exploring how they could create prevention strategies to reduce the incidence of teenage pregnancy and its consequences. The specific objectives towards attaining this aim are given below:

- To undertake a literature review on teenage pregnancy;
- To create participative opportunities for youth to explore what they know, feel and experience with regard to the causes and effects of teenage pregnancy;
- To facilitate the generation of relevant and contextualised strategies for addressing teenage pregnancy by youth through a participatory action research approach;
- To generate guidelines on how such strategies may be implemented in a school system; and
- To make recommendations for addressing teenage pregnancy in a relevant, contextualised and youth friendly way.

1.6 CLARIFICATION OF KEY CONCEPTS

The following key concepts featured throughout the study and were conceptualised in this study as follows:
Youth – adolescence is seen as a period of “growth and exploration” (Abbott & Dalla, 2008:633), and individuals are often referred to as adolescents or youth. The onset of puberty generally occurs during early adolescence – in boys between the ages of 12 and 17, and in girls between the ages of 9½ and 14½. However, it may occur earlier or even later. Girls tend to mature earlier than boys.

At this stage, there is also a significant development in their sexuality (Tolman & McClelland, 2011). Sex occupies a part of their psyche; they begin to experience highly erotic feelings and become aware of their sexual drive and attraction. Youth see themselves as sexual beings. For the purpose of this research, youth refers to adolescents who are currently at high school.

Peer – an individual who belongs to the same social group as others and has similar characteristics to the social group.

Peer educator – An individual trained to influence thinking and behaviour among members of his/her social group (Eastern Cape Department of Education, 2011).

Peer mentor – an individual who trains, supports and supervises the work of peer educators (Eastern Cape Department of Education, 2011).

Pregnancy – the state in which a foetus develops in the uterus of a woman of childbearing age, during the period from conception to birth (South African Oxford School Dictionary, 2005). Pregnancy is the condition of a female after conception takes place until the birth of the child at or close to full term. Teenage pregnancy includes a pregnant person under the age of 18 years who does not yet enjoy adult legal status. According to De la Rey and Carolissen (1997), this biological definition is limited, because teenage pregnancy also has social effects. Such pregnancies are most often not planned and generally constitute a crisis. In the context of this study, such pregnancy will refer to a period of gestation when a girl still studying at school is carrying an unplanned foetus.

Teenager – a noun used to describe an individual in the transitional stage of development between childhood and full adulthood, representing the period of time during which a person is biologically adult, but emotionally not fully matured (South African Oxford School Dictionary, 2005). In this study, a teenager will refer to female and male youth at high school, irrespective of their ages.
1.7 PARADIGMS INFORMING STUDY

According to Basit (2010), a paradigm may be seen as a network of beliefs about the nature of the world that regulates the thinking and actions of researchers. I chose to adopt a critical paradigm as my epistemological approach to the study, and a participatory, transformative paradigm to inform my methodological choices.

1.7.1 Epistemological paradigm

I situated my research within the critical paradigm, because it was aimed at emancipating participants from their existing ways of thinking and acting, and introducing them to new possibilities, while examining the social reality of collaboration in the community (Cohen, Manion & Morrison 2013; Mertler, 2013; Klenke, 2008). I wished to understand the structure of a particular community, that of in-school youth, and their agency to improve educational practices (Hartas, 2010). I favoured the critical approach, because it accepted diversity within the school community, capturing the different historical and political backgrounds of the participants, and constituted a social inquiry that started with participants’ knowledge and understanding (Phillips, McNaught & Kennedy, 2012). The critical paradigm is seen to be the appropriate vehicle to explore and sustain participation in education, because it has consideration for diverse opinions, methods and theories, its aim being to bring them into peaceful co-existence (Hartas, 2010). In relation to this study, I considered that a critical paradigm would enable me to work with youth to raise their awareness of the phenomenon in question, namely teenage pregnancy, and to shift their thinking around it to their own lives.

1.7.2 Methodological paradigm

In order for the participants in this study to bring change and improvements to their social situations, they needed to discuss issues using dialogical, dialectical and hermeneutic approaches, which are part of a critical theory (Bronner, 2013). The research participants’ different perspectives consequently become subjects of interaction and negotiation, as people explore ways to resolve their problems (Stringer, 2007). The dialogical, dialectic and hermeneutic approaches adopted in this study suggest a strong link with participatory methodological paradigms (Rubin, 2009). The value of this kind of paradigm is that the diverse perspectives of the different stakeholders encourage ways of incorporating all the perspectives into a mutually acceptable technique of understanding, to enable them to work...
together in finding a solution to the research problem (Stringer, 2007). My preference for a participatory paradigm guided me to believe that participatory action research (PAR) would be a suitable methodology for my study.

1.8 THEORETICAL FRAMEWORK

Teenage pregnancy is a growing problem in South African schools, with abundant empirical and other evidence confirms that it limits the life opportunities of the teen parents (Chigona & Chetty, 2008; Grant & Hallman, 2006; Mcambi, 2010). I decided to use social learning theory (Bandura, 2002) as a theoretical framework for this study, to guide interventions and provide an analytical lens for interpreting the data. Youth learn about appropriate sexual behaviour from the media, their peers, and hopefully, also their parents and teachers. However, literature attests to the fact that parents and teachers often avoid this aspect of their children’s education (Guillamo-Ramos, Jaccard, Dittus & Collins, 2008). As a result peers are often the most important source of information and influence on sexual behaviour, for good or bad. Social learning theory posits that the environment is very important in shaping behaviour (Schunk, 2008; Woolfolk, 2010); therefore, through working with peer educators in my school, I set out to help them become a positive influence on the youth. Social learning theory also recognises the power of the individual to influence the environment (Bandura, 2002). Viewing sexual behaviour as a social construct (Deutsch, 2007), opens up the possibility for change by promoting the individual’s agency through specific interventions, such as I facilitated in this study. In addition I also used the social ecological theory of Bronfenbrenner to inform my study as it provides for the importance of context in understanding human behaviour.

1.9 METHODOLOGY

For the purpose of efficiently conducting and appropriately capturing the essence and aim of my intended research, I chose to make use of a qualitative approach. Creswell (2005) states that a qualitative study is defined as an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants and conducted in a natural setting. Key (1997) points out that qualitative research emphasises the importance of looking at variables in the natural setting in which they are found. Interaction between these variables is considered very important in the process.
Welman, Kruger and Mitchell (2005) state that the qualitative approach is also fundamentally a descriptive form of research. Qualitative research combines reality with that of the researcher, in that his/her own beliefs and value systems are integrated into the research. A qualitative approach was therefore considered suitable for this study, as I proposed to work in a participatory way with youth to help them co-construct new ways to approach prevention education regarding teenage pregnancy.

Working within the qualitative approach, I chose a participatory action research (PAR) design, which I will briefly elaborate upon below (more detail will be provided in Chapter Four).

1.10 PARTICIPATORY ACTION RESEARCH DESIGN

McGarvey (2007:2) describes participatory action research as a partnership between all stakeholders, including those in positions of authority, because participatory action research (PAR) is described as ‘bottom up’ and ‘inside out’ research. In action research, university researchers and community members collaborate on projects to produce ‘continuous feedback loops’ to advance their stated aims (McGarvey, 2007:2).

Participatory action research (PAR) is a process through which people investigate meaningful social topics, participate in research to establish and understand the root causes of problems that directly impact them, and then take action to influence policies through the dissemination of their findings to policy makers and stakeholders (Carr & Kemmis, 1986; Powers & Allaman, 2012). PAR offers a new tool for those working on social justice issues with the youth to meaningfully engage in community change (Powers & Allaman, 2012). Participatory research offers local people the necessary space to make their voices count and was therefore considered appropriate for this study, as my aim was to involve peer educators in creating prevention strategies. A participatory research orientation requires a style of interaction and an approach that stimulate and encourages initiative, thereby opening up transformational possibilities (Cornwall & Jewkes, 1995). For the above reasons, a PAR design seemed appropriate to guide the aims of this study, namely to explore the phenomenon of high school teenage pregnancy, with a view to taking action within a school environment to improve the problem and its impact on the lives of affected teenagers.
The research design consisted of two cycles:

**Cycle One of the research:** The aim in this cycle was to help youth to explore their knowledge, feelings and experiences in connection with teenage pregnancy in order to identify the themes, needs or issues that might inform their subsequent action.

**Cycle Two of the research:** In this phase, the intervention strategies and actions were formulated, implemented by peer educators, and then evaluated.

### 1.11 RESEARCH METHODOLOGY

In the following section, the various aspects of research methodology are outlined. Firstly, I discuss the way in which participants were selected, and then the appropriate data generation techniques selected to suit a qualitative approach. Finally, the selected method of data analysis is discussed.

#### 1.11.1 Participant selection

Participant selection refers to the way in which people are selected to become part of a research study (Merriam, 2009). In this study, my main participants were chosen from existing peer educators at the school. Convenience sampling was thus used in this study to identify the population (existing peer educators) and from this group, volunteers were recruited. In Cycle One of the study, I purposively recruited participants from the existing pool of peer educators from my school of both sexes, and aged between 15-18 years. The recruitment of peer educators was based on the following criteria:

- Cognitive maturity (needed for the peer educators to understand the emotions of their peers).
- The availability of the learners, gender balance (boys and girls), personal traits, potential for leadership, and good role model behaviour at school.

Participation was voluntary and I selected twenty four learners for the project. In addition to the peer educators, I also wanted to generate data from some teenage parents to provide richer answers to the first research question. I thus used snowball sampling (Creswell, 2005), as pregnant learners or learners who had had a baby or had fathered a baby in the previous two years were difficult to identify. The snowball sampling method saw an
identified individual referring to another, and so on. However, for ethical reasons, teen parents were interviewed on an individual basis in ascertaining their perspectives on the phenomenon in question. In Cycle Two, I worked with the peer educators only. Note, that due to the participatory action research design, the peer educators also gathered data from their peers at school, but the latter were not participants in the study; likewise data from some teachers were gathered when evaluating the impact of the study, but the teachers were not in the research process.

1.11.2 Data generation techniques

According to James, Milenkiewicz and Bucknam (2008), qualitative data collection tools are employed when researchers require in-depth information and create an understanding of how the participants appropriate meaning to the context and, in turn, how they have been influenced by it. A great variety of qualitative research methods can be used to collect data and to evaluate for evaluating qualitative research. I employed multiple methods for triangulation and cross-checking of multiple perspectives and information to enhance validity in this qualitative research.

1.11.2.1 Drawings

Drawings encourage individuals, not only to remember their own experiences, but also to facilitate a representation for others (Barnes & Kelly, 2007). Drawings can offer an ‘entry point’, as well as provide insight into the individuals producing them (Mitchell, Theron, Stuart, Smith & Campbell, 2011; Stuart, 2007).

In my study, I used drawings with the peer educators, based on the literature that claims drawings can help children tap into how they understand their own worlds and experiences (Coates & Coates, 2006; Mitchell et al., 2011; Veale, 2005).

The first development workshop held with the peer educators included an activity with the following instruction:

Draw a picture/symbol to describe your view on teenage pregnancy. Write or draw what comes to mind. How well you draw, does not count. Write a caption and an explanation of the drawing.
1.11.2.2 Open-ended questionnaires

The peer educators decided on three questions to ask their peers. Each peer educator gave three of their peers a questionnaire to complete (see Table 5.1, page 97).

The questions were:

- What do you think and feel about teenage pregnancy?
- Why do you think it is such a problem in our school?
- What would you, as youth, do to lower it?

Open-ended questions allow participants to contribute individualised responses that may not have been anticipated by the interviewer (Parsons, Adrian & Day, 2013). Open-ended questions are easier and quicker to handle for peers who have little time for or experience of interviewing. The peer educators decided on these questions after discussion.

1.11.2.3 Photovoice

Photovoice is a participatory action research method based on health promotion principles (Wang, 1999). The participants were given cameras to take pictures of issues and solutions related to teenage pregnancy. They used a selection of the photographs (with captions) to create a photo narrative. In this way, the voice of the youth in relation to strategies to prevent teenage pregnancy was foregrounded.

1.11.2.4 Participatory videos

A participatory video refers to participatory research that has the potential to generate data through a participatory process and the use of a video camera. Producing a participatory video creates a space in which issues that affect participants’ lives can be disguised and captured, empowering people to mobilise their capacities to be social actors, rather than passive subjects so that they manage the resources, make the decisions, and control the activities that affect their lives so as to transform the conditions of their lives (Torre, Fine, Stoudt & Fox, 2012). The participatory video introduced in this study was a learning tool that encourages thinking and the active participation of the peer educators themselves in deciding the direction the work should take (Punch, 2002).
1.11.2.5 Focus group interviews

A focus group is a form of group interview that gains from communication among research participants in order to generate data (Kritzinger, 1995). This method was used in both cycles. In Cycle One, two focus group interviews were held with the peer educators to determine their perceptions of teenage pregnancy, with 12 participants in each group. In Cycle Two, two focus group interviews were held, 1) with the peer educators and 2) with some other learners to determine the impact of the project on their learning about the phenomenon in question. Cohen et al. (2013:375) state that "group interviewing with young people enables them to challenge each other and participate in a way that may not happen in a one-to-one adult-child interview".

1.11.2.6 Individual unstructured interviews

I used individual phenomenological interviews with the young mothers and fathers, to gather information on how they viewed teenage pregnancy and what impact it had on their lives, as well as what ideas they had for the prevention thereof. The individual interviews conducted afforded them the opportunity to be forthcoming and candid about teen sexuality and pregnancy without the risk of being judged as when a group interview.

1.11.2.7 Reflection diaries, learner journals and teacher journals

Research journals are often called reflection diaries, action research journals or ‘log books’. The reflective diaries are legitimate sources of data and constitute subjective perspectives that need to be triangulated with other perspectives (Zuber-Skerritt, 2011). The purpose of systematic diary writing is to capture the creation of new knowledge and to make the researcher’s inferred knowledge evident. Journal writing was also encouraged among the learners, because it would make their thoughts more explicit, create learning opportunities when shared among members, and provide a platform for reflection-on-action. I also asked four teachers at the school to reflect on the changes they observed in the learners. My own research diary was used to chart the progress of the study and could potentially achieve the following:

- Provide a detailed account of particular events and situations, with disciplinary notes that I could use in the written report.
• Act as a log of anecdotes and exact words, as well as subjective impressions of the actions unfolding.

• Mills (2007:70) suggests that journals may provide valuable ‘windows’ into research participants’ insights, thoughts and impressions of their situation. Journals, conceptualised in the above-mentioned manner, provide a continuous, systematic reflection of the research practice that honours the unique and powerful voice of all the participants, explains Mills (2007). Moreover, they do not keep track of observation only, but also the feelings associated with and accompanying the action research.

Throughout this process, I made observations, wrote them up as field notes in my research diary, and reflected on them. Birks and Mills (2011) state that field notes refer to records made during fieldwork to record events, activities and the researcher’s responses to them during the period of study. In this study, field notes were used, both during the data generation and the data analysis processes. I encouraged the learners to keep their own reflective diaries and to use them on a daily basis. This implies that they were encouraged to reflect upon the actions they took, and on the learning that occurred as a result of their participation in this study.

1.1.3 Data analysis

Data analysis started early in the research design, because a cyclical process of collecting data and analysing data was involved (Zuber-Skerritt, 2011). Reflection occurred at every stage of the data collection process, providing an iterative unbroken chain of impressions. Data from all sources were thematically analysed (Creswell, 2005) in each cycle of the study by the participants, myself and independent coders. I employed techniques that would enable the participants to actively participate in data analysis, so that I could be sure that it was not my interpretation that was guiding the study.

1.12 MEASURES TO ENSURE TRUSTWORTHINESS

The following techniques were adopted in this research to ensure trustworthiness (Lincoln & Guba, 1985). The model of Herr and Anderson (2005) was employed to ensure the validity and authenticity of the research:

• The research took place in the natural setting of the participants.
• Tape recordings were made of discussions and interviews.
Various data collection procedures were followed.
A literature control was performed.
Independent coding and recoding were undertaken.
A rich description was used to portray the situation so that the readers would be able to draw their own conclusions.
A detailed description of the research methodology was provided.
Raw material was preserved.

1.13 ETHICAL CONSIDERATIONS

I abided by the ethical guidelines stipulated by the Ethics Committee of the Nelson Mandela Metropolitan University, including respect for the rights of the participants; that participants should not be exposed to harm; and that participation should be on a voluntary basis. In this study I adhered to all principles of research ethics in relation to the participants’ rights (Welman et al., 2005).

Firstly, I applied the principle of informed consent. Participants were requested to participate in this study at their own free will (De Vos, Delport, Fouché & Strydom, 2011). The participants were informed about the aims and objectives of the investigation. This information was captured in a letter addressed to potential participants. An assent/consent form was developed by me, clearly stating the above, to be signed by willing and eligible participants. Consent was also sought from parents, depending on the age of the participant. Based on the information provided, potential participants and parents or legal guardians were able to make an informed decision as to whether or not to volunteer their participation. Since I was a teacher at the relevant school, I used a gatekeeper to facilitate initial contact with the research participants, and the gatekeeper disclosed contact details to me only upon receiving permission to do so from the participants.

I adhered to the principle of safety in participation (protection from harm). Sarantakos (2005) states that researchers should not expose participants to physical, psychological or legal harm. In this study, the potential risks were emotional rather than physical in nature and could arise from participants being asked to recount experiences relating to teenage pregnancy. I ensured that the participants were not subjected to unnecessary stress or embarrassment. In this research, because participants shared their experiences and views regarding an intimate and personal development in their lives, confidentiality was respected.
and a sensitive approach to the participants and the personal information they shared, was followed.

Mouton (2009) emphasises the so-called epistemic imperative, which refers to the moral commitment that researchers are expected to make while in their pursuit of truth and knowledge. In order to respect the views of the participants, I treated the information offered by them in the utmost confidentiality. The participants were assured of issues of privacy and confidentiality, as well as their obligation to respect the confidentiality of any information shared by others during the study. It was the aim/goal of this study to gain in-depth understanding of the experiences of participants in collaboration; therefore, I had to establish an environment in which the participants felt free and safe to share their views openly. In order to maintain rapport, I applied the principle of trust throughout the research process. Participants were not misled in any manner and they gave their permission for the visuals that revealed their identity to be used,

1.14 POTENTIAL CONTRIBUTION OF STUDY

The methodological contribution of this study provides guidelines and theory on how participatory action research and participatory methods could help youth bring about change in their specific circumstances. The study also contributes to a better understanding of how youth view teenage pregnancy and motherhood, with the aim to add to theory about how it can best be prevented. The study explored teenage pregnancy at secondary school level with reference to health, socio-economic and educational challenges. The findings from this study could also serve to inform future prevention programmes.

1.15 DIVISION OF CHAPTERS

This study comprises seven chapters.

Chapter One provides an overview of the research rationale, the methodological choices and the ethical measures taken.

Chapter Two provides a critical literature review and theory on teenage pregnancy at secondary schools, with reference to health, socio-economic and educational challenges. The chapter includes a theoretical framework for the prevention of teenage pregnancy, against which the data collected through this study will be interpreted.
Chapter Three provides a literature review on sexuality education for the prevention of teenage pregnancy at South African schools.

Chapter Four focuses on the research design and methodology followed, emphasising the procedures adopted to generate and analyse data. Ethical issues and trustworthiness are also explained.

Chapter Five examines the research findings and how they relate to the literature review undertaken. The analysis is drawn on Cycle One.

Chapter Six relates the findings of Cycle Two, which unfold, based on the findings of Cycle One.

Chapter Seven includes a summary of the study, conclusions and research recommendations. I also reflect on my study in terms of the challenges faced. I conclude by making recommendations for training, practice and future research.

1.16 SUMMARY

The aim of this chapter was to describe the context that gave rise to the research problem. I provided an outline of the context, formulated the research questions and defined the research aims. A discussion of the research design followed, and the use of the critical research paradigm for investigating the research phenomenon was justified. An account was given of the research methodology followed, and the data collection tools and techniques best suited to the context were explained. Issues concerning and increasing the validity and trustworthiness of the knowledge creation process were also discussed. In the next chapter, I give a critical review of the literature and theory on teenage pregnancy.
CHAPTER TWO: A CRITICAL REVIEW OF THE LITERATURE AND THEORY ON TEENAGE PREGNANCY

2.1 INTRODUCTION

In Chapter Two, the intention is to provide an in-depth review and critical discussion of the existing literature and theories regarding teenage pregnancy. I will focus on literature that attempts to explain the factors that could potentially contribute to the phenomenon of unplanned pregnancy among schoolgirls, as well as outline the potential impact that it has at individual, family and community levels. The theories chosen to provide a framework for the study, namely the social learning theory and the social ecological theory, will be discussed with reference to the literature.

2.2 WHY IS INCIDENCE OF TEENAGE PREGNANCY SO HIGH?

The incidence of teenage pregnancy remains unacceptably high in schools, both in South Africa and internationally. Recent South African newspaper reports support the claim that teenage pregnancy remains a critical issue at our schools, with Health Minister Aaron Motsoaledi announcing that in 2011 a staggering 94 000 schoolgirls fell pregnant impregnated across the country (John, 2013). TABLE 2.1 below appeared in the Afrikaans daily *Die Son op Sondag* 10 November 2013, providing statistics on pregnancy among learners in the Eastern Cape in the period 2011–2013.

**TABLE 2.1:** Pregnancy among learners 2011-2013 (Eastern Cape Province)

<table>
<thead>
<tr>
<th>Place</th>
<th>2011</th>
<th>2012</th>
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<th>Place</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butterworth</td>
<td>334</td>
<td>192</td>
<td>206</td>
<td>Maluti</td>
<td>261</td>
<td>169</td>
<td>163</td>
</tr>
<tr>
<td>Cofimvaba</td>
<td>298</td>
<td>267</td>
<td>247</td>
<td>Mbizana</td>
<td>122</td>
<td>141</td>
<td>95</td>
</tr>
<tr>
<td>Cradock</td>
<td>100</td>
<td>41</td>
<td>39</td>
<td>Mount Fletcher</td>
<td>165</td>
<td>132</td>
<td>81</td>
</tr>
<tr>
<td>East London</td>
<td>325</td>
<td>151</td>
<td>170</td>
<td>Mount Frere</td>
<td>334</td>
<td>190</td>
<td>167</td>
</tr>
<tr>
<td>Fort Beaufort</td>
<td>139</td>
<td>123</td>
<td>104</td>
<td>Mthatha</td>
<td>549</td>
<td>444</td>
<td>461</td>
</tr>
</tbody>
</table>
**PREGNANCY AMONG LEARNERS: 2011-2013 – EASTERN CAPE PROVINCE**

<table>
<thead>
<tr>
<th>Place</th>
<th>2011</th>
<th>2012</th>
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<th>Place</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
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</thead>
<tbody>
<tr>
<td>Graaff-Reinet</td>
<td>49</td>
<td>81</td>
<td>41</td>
<td>Ngcobo</td>
<td>382</td>
<td>140</td>
<td>201</td>
</tr>
<tr>
<td>Grahamstown</td>
<td>86</td>
<td>47</td>
<td>33</td>
<td>Port Elizabeth</td>
<td>404</td>
<td>361</td>
<td>253</td>
</tr>
<tr>
<td>Idutywa</td>
<td>316</td>
<td>481</td>
<td>461</td>
<td>Queenstown</td>
<td>225</td>
<td>98</td>
<td>120</td>
</tr>
<tr>
<td>King William’s Town</td>
<td>394</td>
<td>198</td>
<td>116</td>
<td>Qumbu</td>
<td>84</td>
<td>49</td>
<td>21</td>
</tr>
<tr>
<td>Lady Frere</td>
<td>128</td>
<td>93</td>
<td>95</td>
<td>Sterkspruit</td>
<td>335</td>
<td>234</td>
<td>174</td>
</tr>
<tr>
<td>Libode</td>
<td>847</td>
<td>857</td>
<td>736</td>
<td>Uitenhage</td>
<td>168</td>
<td>222</td>
<td>201</td>
</tr>
<tr>
<td>Lusikisiki</td>
<td>485</td>
<td>442</td>
<td>87</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2011= 6500</strong></td>
<td><strong>2012= 5153</strong></td>
<td><strong>2013=4272</strong></td>
<td><strong>Total</strong></td>
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</table>

Source: Nel (2013:4)

It appears that, pregnancy levels are generally high in rural areas. Although in some areas, a decline has been recorded since 2011, the incidence is still alarmingly high. It is clear from the above statistics that learner pregnancy is prevalent in all districts of the Eastern Cape, the site selected for this study. From Table 2.1, no specific pattern was evident with regard to learners that were pregnant in this period; however, many districts recorded a slight decline in 2013. I spoke to the Department of Basic Education’s Director for Special Programmes at the Department of Education (PE District), who told me that, in her opinion, the decline in learner pregnancy could be attributed to the action taken by the Department to encourage debate around the topic through workshops and school programmes relating to sexuality and teenage pregnancy. However, in many schools and areas, the problem persists despite these measures, and it is clear that there is a need for more proactive interventions.

While the Department points to a general decline in teenage pregnancy rates across South Africa, rates are still high in certain provinces (Ngabaza, 2011). Despite a general decline in teenage births, the proportion of teenagers who gave birth has remained higher in rural areas (Ardington, Branson, Lam, Leibbrandt, Marteleto, Menendez, Mutevedzi & Ranchold, 2012). Fourteen percent of rural teenage girls become mothers, as compared to eleven in urban areas (Flanagan, Lince, Durao de Menezes & Mdlopane, 2013). The
Department of Basic Education (DBE) maintains that the difference between urban and rural pregnancy rates can be attributed to the increased access to education, economic development and contraceptive services in urban areas (Flanagan et al., 2013); probably also the greater accessibility of clinical abortion services.

Teenage pregnancy rates are unacceptably high in developing countries in general. According to the United Nations Population Fund (UNFPA, 2013), of the twenty countries worldwide with the highest rates of adolescent pregnancy, eighteen are African. The UNFPA (2013) report further states that when a girl becomes pregnant or has a child, her health, education, earning potential and entire future may be jeopardised, trapping her in a life of poverty, exclusion and powerlessness (UNFPA, 2013). The South African Constitution (1996) protects the right (of all citizens including children) to make decisions regarding reproductive health care (Hoffman-Wanderer, Carmody, Chai & Röhrs, 2013). Girls who fall pregnant before 18 years of age often face diminished life prospects regarding education, health and an adequate standard of living (Willan, 2013). Often their premature motherhood status renders them unable to access or exercise these rights conferred in the South African Constitution.

It is accepted, at least in most cultures that adhere to Western values and norms of childhood, that pregnancy while still at school is not in the best interests of the child, the family or society. However, I recognise that some teenage pregnancies may be planned and are even regarded as desirable in some cultures (Kirby, 2007; Macleod & Durrheim, 2002; Swartz & Bhana 2009). In this study, teenage pregnancy refers to girls who unintentionally become pregnant during their school years. The literature study highlighted the conducted, following factors that might help to explain the high rate of pregnancy among South African teenagers.

2.2.1 Social factors that contribute to teenage pregnancy

Social factors contributing to teenage pregnancy in the context of this study refer to those influences that have a shared impact on a community, although it must be emphasised that the causes and consequences of teen pregnancy are not always mutually exclusive. Examples of social factors include the social environment, social relationships, and cultural influences (Leishman & Moir, 2007). The social environment in which young people interact/participate has a decided effect on their behaviour and decision-making (Blum &
Mmari, 2006; Kirby, 2011; Kirby & Lepore, 2007; Maliki, 2014)). During adolescence, one’s sexuality becomes more salient and sexual curiosity increases significantly (Peter & Valkenburg, 2010). Learners do not usually plan to get pregnant when they engage in sexual behaviour, but teenage sexual behaviour is influenced by social context and cultural norms; it is not just a matter of individual decision making and choice.

2.2.1.1 Socio-economic factors

Poverty plays a critical role in limiting young girls’ choices about when and how to have sex (Berzin & De Marco, 2010; Kempner, 2013). The poorest girls and women have least access to information and services (Obaid, 2009). Intergenerational sex places teenage girls at particular risk, due to inequalities of power, yet poverty drives many girls to engage in relationships with older men who are in a better position to meet their desire and need for material goods, including the basic necessities such as food and clothes (Deckert, 2006; Flanagan et al., 2013; Leclerc-Madlala 2003; Mfono, 2003; Nour 2006). Panday et al. (2009) have established that when young people have relationships with partners older than themselves, they are at increased risk of engaging in sexual activity, not using contraception, contracting sexually transmitted infections (STIs), and becoming pregnant. Poverty is often the reason for the commoditisation of sex; women who are in dire economic circumstances may agree to sexual relationships with men in exchange for financial support (Flanagan et al., 2013; McLaughlin, Swartz, Kiragu, Walli & Mohamed, 2012). In other instances an older boyfriend with money may offers the girl the status, gifts and financial assistance that her parents cannot afford (Kelly & Parker, 2000). Sex for money or gifts often comes at a price: sex without a condom (Karim, 1998). The phenomenon of older men who offer money and gifts in exchange for sex, is so common that the expression ‘sugar daddy’ has been coined to describe these men. This concept not limited to South Africa only. It may be associated with sexual coercion if the male partner is much older than the girl (Brown, Jejeebhoy, Shah & Yount, 2001; Kothari, Wang, Head & Abderrahim, 2012). The findings of Abrahams (2004) indicate that over one half of infants born to South African women younger than 18 years are fathered by older men, with the girls reporting that the men would become violent if they refuse sex or suggested condom use (Abrahams, 2004).

Poverty decreases a girl’s ability to negotiate condom use, and could keep her trapped in abusive relationships, creating a further layer of unequal power, which also makes marriage
less likely (Flanagan et al., 2013; Jewkes, Morrell & Christofides, 2009; Mkhwanazi, 2010). The poorer a girl is when she falls pregnant, the less likely she is to continue her education, get married, or obtain permanent employment (Newman & Newman, 2012). Joubert (2008) has established that domestic circumstances among the poor in Nigeria often expose them to more ‘live’ sexual activity: families are required to live in small houses where there is a distinct lack of privacy for the parents. Children who grow up with such premature knowledge and exposure of sexuality are more likely to engage in sexual activity themselves as soon as they enter puberty (Coley & Chase-Lansdale, 1998). Poverty is therefore clearly connected with teenage pregnancy, as both a cause and a consequence (Flanagan et al., 2013:17).

Low family socio-economic status has been repeatedly linked to risky adolescent sexual behaviour (Maliki, 2014; Miller, Benson & Galbraith 2001). Studies have shown that growing up in low-income disrupted families and being born out of wedlock or experiencing parental divorce substantially increases the probability that women will have their first birth as teenagers (Barn & Mantovani, 2007). Reasons cited for the increased risk of pregnancy among teenagers of low-income families are more permissive sexual attitudes, less parental supervision, and/or the example of their own dating activity (Barn & Mantovani, 2007).

2.2.1.2 Lack of parental communication

Young people who openly discuss sexuality and sexual choices with their parents are more likely to delay sexual intercourse than those who do not (Deckert 2006; IRIN, 2007; Mbeki, 2010; Posel, 2013). This is true even when parents impose strict measures of supervision; therefore, no single parenting style can be blamed for early sexual activity (Miller, 2006). Several studies confirm that the lack of parent-child communication is a contributory factor to risky behaviour among children (Eaton, Flisher & Aarob, 2003; Hughes, 2003; Miller, 2006; Seekoe, 2005). It would seem as if open communication within the family around accepted morals, values and religious beliefs in respect of sex and alcohol use may act as protective factors (Akpabio, Asuzu, Fajemilehin & Ofi, 2009; Maticka-Tyndale & Tenkorang, 2010). Namisi, Flisher, Overland, Bastien, Onya, Kaaya and Aaro (2009) contend that parents would be more likely to talk openly about sex with their children if they did not associate this with encouraging its practice and if they had age-appropriate information and knew the appropriate age to begin discussions about these
sensitive issues. However, it is clear that most South African parents do not initiate talks about sex with their children due to cultural taboos and personal discomfort (Jewkes et al., 2009; Panday et al., 2009; Swartz & Bhana, 2009) or ignorance about how to approach the topic (Klein, 2005). Literature confirms that a good relationship with their family, the setting of clear expectations and parental support for achievement at school cause children to delay sexual activity (Klein, 2005; McNeely, Shew, Beuhring, Sieving, Miller & Blum, 2002).

2.2.1.3 Peer influence

Besides the family, the peer group is arguably the most important socialisation institution for teenagers (Bezuidenhout, 2002; Bunting & McAuley, 2004; Gouws, Burger & Kruger, 2008). Belonging to a group is an important part of adolescence. Rather than being ostracised, many youth will conform and engage in high risk sexual activities in order to fit in with the group. Not only do boys exert pressure on each other to be sexually active, but young girls also pressurise their female peers and boys to engage in sex (Selikow, Ahmed, Flisher, Mathews & Mukoma, 2009). One out of five sexually active girls has indicated that she has had sex with her boyfriend to please her own friends. The assumption should therefore not be made that it is only boys who influence or manipulate young teenage girls to become sexually active. However, Tripp and Viner (2005) have established that using peers of similar age as educators reduces the prevalence of sexual activity at age 16. Friends offer emotional support and people to talk to about daily activities (Bunting & McAuley, 2004), details of which adolescents would not necessarily share with their parents. Peers can also influence how adolescents view becoming pregnant, as well as their attitudes towards preventing pregnancy. Peer pressure could therefore discourage an early sexual debut or reinforce the likelihood of early and unprotected sexual activity (Chandra-Mouli Camacho & Michaud, 2013).

2.2.1.4 Social norms around alcohol and drug use

The World Health Organization (WHO, 2004) cautions that many schoolchildren experiment with alcohol before the age of 12 years and therefore encourages member states to implement effective strategies to delay the onset of alcohol use. In South Africa, 12% of youth experiment with alcohol before reaching 13 years of age (Reddy, James, Sewpaul, Koopman, Funani, Sifunda, Josie, Masuka, Kambaran & Omardien, 2010). Using alcohol and drugs increases teenagers’ chances of engaging in unprotected sex, becoming pregnant
and contracting sexually transmitted infections, including the human immunodeficiency virus (HIV) (Arata, Stafford & Tims, 2003; Kirby 2002; Limmer, 2008). Such high-risk sexual behaviour is encouraged by the tendency of alcohol to impair thought processes, which could lead to unprotected sex, which in turn could result in teenage pregnancy (Hafford, 2006). Teenagers may choose to frequent shebeens and other places where alcohol is sold illegally and where alcohol may be purchased in exchange for sex or where the environment increases the chance of rape or assault.

A common consequence of peer group pressure for teenagers is alcohol abuse which, as Hafford (2006) explains, often fuels sexual experimentation. Studies confirm that students view alcohol use and abuse as a way of having fun and coping with problems at home (Neser, Ovens, Van der Merwe, Morodi, & Ladikos, 2003). Teenagers drink to fit in, and the ensuing lack of self-control often leads to unwanted or unplanned sex, which could lead to pregnancy when a condom is not used at all or is incorrectly used (alcohol impairs judgement) (Hafford, 2006).

Drinking patterns established during the adolescent years may result in serious alcohol and other substance abuse in later years, with a negative impact on achievement in life, health and general well-being. Substance abuse is not only one of the greatest health and social problems in South Africa, but is also a key contributing factor to teenage pregnancy (Van Eijk, 2007).

2.2.1.5 Cultural barriers to contraceptive use

Other social factors that contribute to teen pregnancy are cultural practices and beliefs related to contraceptive use. South Africa has a high contraceptive usage compared to other countries in the region, with 61% of sexually active women currently using contraceptives (Cooper, Morroni, Orner, Moodley, Harries, Cullingworth & Hoffman, 2004). The most popular methods are injectable and oral contraceptives and condoms (male and female), followed by diaphragms and loops/intra-uterine devices (IUD). Yet, despite the widespread availability of contraception and its high reported use among adults, 18% of sexually active teenagers do not use any. Studies have shown that despite the high levels of knowledge about contraception, incorrect and inconsistent use persists (Farrer, 2010).
Possible barriers to the use of condoms include the many myths that persist, such as that they would be lost in the vagina (Tillotson & Maharaj, 2001; Wood & Jewkes, 2006). Some research has established that young men prefer sex to be skin-on-skin (Campbell, 2000; Perloff, 2001), a preference shared by many girls (Jewkes & Morrell, 2010). Other disadvantages cited by the youth are that too many condoms are required for many rounds of sex; fear of breaking the condoms; and embarrassment in purchasing condoms (Mbambo, Ehlers & Monareng, 2006).

In an African setting, where gender inequality is widely manifest in male dominated power relations, most girls are socialised into accepting male supremacy, growing up with the idea that men are in control and need to be sexually happy and satisfied. Females often find it difficult to negotiate condom use, out of fear of upsetting their partners, and therefore agree to have sex without protection (Moyo, 2014). In the same vein, many girls do not report sexual coercion or rape by their intimate partners (The South African Human Rights Watch, 2004). Culturally, it is an accepted norm in most of the Sub-Saharan region for girls and women to remain silent and compliant especially regarding sexual issues (Flanagan et al., 2013).

Issues such as the accessibility, availability and side-effects of contraceptives also play a role in low use (Dunkle, Jewkes, Brown, Gray, McIntyre, & Harlow (2004). Harrison, 2010; MacPhail, Pettifor, Pascoe & Rees, 2007; Stephenson, Koenig, Acharya & Roy, 2008; Varga, 2003; Williamson, Buston & Sweeting, 2009). Flanagan’s et al. (2013) findings are supported by several studies, confirming that barriers to contraceptive use among young women include a desire to prove fertility and womanhood, lack of access, fear of adult biases, perceived lack of risk, peer norms, concern for confidentiality, and power imbalance in relationship dynamics (Cooper et al., 2004; Jewkes, Vundule, Maforah & Jordaan, 2001; Katz & Naré, 2002; Macleod & Tracey, 2010; MacPhail et al., 2007; Panday et al., 2009; Pettifor, O’Brien, MacPhail, Miller & Rees, 2009). Government policy can also influence teenagers’ use of contraceptives.

The Children’s Act (South Africa, 2005) determines the right to access to contraceptives. According to the Act, no person may refuse to sell condoms to a child over the age of 12 years, or refuse to provide condoms where they are distributed free of charge. Contraceptives other than condoms may be provided to a child on request without the consent of a parent or guardian, if the child is over the age of 12 years; if proper medical
advice is given to the child; and if medical examination does not indicate reasons why a specific contraceptive would not be suitable. In 2012, the national Department of Health (DoH) launched, updated and revised its National Contraception Policy Guidelines. The Guidelines state that:

The need for the policy update was prompted by: changes in contraceptive technologies; the high prevalence of HIV in South Africa; and the need to ensure linkages and alignment with other related national and international policies and frameworks (Department of Health, 2012:7).

These guidelines seem very all-encompassing and recognise the need for improved service delivery, health care provider training and user-friendly clinics. These guidelines, however, thorough though they may be, must be implemented for them to be successful. However, access to contraceptives at local clinics is problematic in many areas, linked to the low quality of health care provided at many such clinics. This includes limited clinic opening hours, long queues, concerns around confidentiality, limited staff knowledge and poor staff training (Department of Health, 2012; Ehlers, 2003; Flanagan et al., 2013; Hoffman-Wanderer, et al. 2013; Panday, et al., 2009). The National Contraception and Fertility Planning Policy and Service Delivery Guidelines (2012) stated that only one third of clinics provided contraceptive options to people seeking contraceptives.

Many teens in rural areas have to travel considerable distances to access clinic services. A second challenge is that clinic hours may not be convenient for teenagers. For example, if a clinic closes at four o’clock in the afternoon and the teenager has extracurricular obligations, he/she may not obtain the required contraceptives. Furthermore, the teenager may have to incur transport cost to gain access to contraceptive services which they may not be able to afford. Access to contraceptive services may necessitate transport costs, which teenagers may not be able to afford. Purchasing condoms privately can be prohibitively expensive. Additionally, teenagers may be unaware of the contraceptive services and contraceptive options available in the community and may therefore not access those resources (Department of Health, 2012; Panday et al., 2009; Wood & Jewkes, 2006).

The lack of youth-friendly clinics in South Africa reduces the usage of contraceptive services (Dickson-Tettiah, Pettifor & Moleko, 2001). Teenagers indicate a lack of trust in and confidentiality of health workers. The judgemental attitudes of health workers and the poor quality of health services rendered (Panday et al., 2009) also deter youth from
accessing such services. Literature repeatedly points out that health workers’ attitudes, moral judgements, poor knowledge and insufficient training are part of the reason why teenagers do not reproductive health services (Hoffman-Wanderer et al., 2013; Holt, Lince, Hargey, Struthers, Nkala, McIntyre, Gray, Mnyani & Blanchard, 2012; MacPhail et al., 2007). Wood and Jewkes (2006) established in a relevant study in Limpopo that “nurses acknowledged problems associated with teenage pregnancy, and still preferred to teach abstinence to adolescents who presented for contraceptives” (Wood & Jewkes, 2006). It appears that adults (such as nurses) still want to decide what is best for teenagers. These adults are not in touch with the reality of teenager’s lives, and that is why teen voices are vital in determining youth-friendly prevention strategies.

2.2.1.6 The influence of the mass media on teenage sexual behaviour

The mass media have proved to be a key source of health-related information for adolescents (Bersamin, Fisher, Walker, Hill & Grube, 2007; Panday et al., 2009). For example, exposure to sex in media normalises sex; teenagers see celebrities flaunting their sexually active lifestyles, often involving a quick succession of partners, and the glorification of teen pregnancy in films such as Juno (2008). Furthermore, studies report that adolescents who watch television programmes containing sexual content tend to engage in coital activities earlier than their peers who do not (Collins, Elliott, Berry, Kanouse, & Hunter, 2003; Strasburger & Donnerstein, 1999). While age restrictions are in place to prevent the viewing of sexually explicit material by young viewers, such restrictions are ineffective without appropriate parental supervision.

Many teenage girls depend on magazines as an essential source of information about sex, birth control and health issues (Strasburger, 2009). However, magazines are not necessarily a good source of information, often offering superficial sex education only, while avoiding any in-depth coverage of teen pregnancy and sexually transmitted infections (Strasburger, 2009). Bezuidenhout (2002:31) states that “sexually arousing material, whether it is on film, in print or set in music, is freely available to the teenager and such information is often presented out of context of the prescribed sexual norms of that society.” Exposure to such materials may lead to skewed perceptions of what is normal and acceptable teenage sexual behaviour. For example, the lyrics of some songs (e.g. Anaconda) by the popular artist Nicki Minaj (2014) may lead teenagers to believe that having multiple sexual partners and having intercourse in exchange for money or goods is ‘cool’ and a lifestyle to emulate:
L’Engle, Brown and Kenneavey (2006) contend that more exposure to sexually-related media and media that condone adolescent sexual activity is related to higher levels of intention to engage in sexual behaviour and a higher level of sexual activity in general. The aforementioned authors established in a study that this effect persisted even after controlling for other factors, including parents, peers, school and religious influences. Braeken and Cardinal (2008) suggest that sex educators, social workers, other helping professionals, and parents should work together to counteract distortions that affect adolescents’ sexual development and that sexual growth and that professionals and parents need to recognise the reality and the power of the media in influencing adolescents’ perceptions of issues around sexuality.

The factors discussed above include some of the most commonly cited reasons why teenagers, and particularly those living in challenging socio-economic circumstances, may engage in unprotected sex: there is no one single reason; therefore, a multi-pronged approach to prevention is needed (Kirby, 1997).

Most of the theories about the causes of teenage pregnancy presented in literature are projected by adults, rather than based on empirical data collected with and by the teenagers themselves. Therefore, most prevention programmes are based on what adults think teenagers need, rather than on what teenagers themselves say. I argue that sex is an integral part of teenagers’ lives, whether or not they choose to engage in sexual intercourse. It is something they think and fantasise about; something that arouses deep emotions over which they often have little control. Unless we normalise sex and recognise teenagers as legitimate sexual beings (Francis, 2012), we have little chance of understanding how best to help them make sensible choices around their own sexuality. In this study, I therefore argue that it is important to give youth a voice in a matter that so deeply and intimately affects them. In the following section, I discuss some of the possible consequences of unplanned pregnancy.
2.2.2 Consequences of unintended pregnancy

The consequences of teenage pregnancy are far-reaching and inimical to the wellbeing of the adolescent population as well as their development in the broader spectrum. Some of the most commonly accepted consequences of unplanned pregnancy among teenagers are discussed below.

2.2.2.1 Health consequences

Having a baby at a young age can lead to serious health problems for both mother and child. Pregnancy holds health risks for mothers of all ages, but teenage mothers are at increased risk because their bodies are still growing and pregnancy places a burden on the reproduction and growth organs (Kamini & Avvaru 2014; Mukhopadhyay, Chaudhuri & Paul, 2010). Many of these health risks can be prevented through timely and good antenatal care (UNFPA, 2007); yet often teenagers do not seek antenatal care. They may not know when and where to seek help and may not have the financial resources or the necessary family support. Adolescent girls may seek antenatal care later than those who planned their pregnancies, because they may be reluctant to disclose the pregnancy; and the quality of health services available to pregnant teenagers may not be optimal. The following complications are related to teenage pregnancy: increased risk of pre-term delivery; low birth weight; neonatal mortality; pregnancy-induced hypertension; miscarriage; stillbirth; premature birth; blindness; deafness; chronic respiratory problems; mental retardation; mental illness; cerebral palsy; dyslexia; and hyperactivity. Congenital disabilities are more likely in teenage pregnancies (Adam, Elhassan, Ahmed & Adam, 2009; Acharya, Bhattaria, Poobalan, Van Teijlingen & Chapman, 2010; Branson, Ardington, & Leibbrandt, 2013; Marnach, Forrest & Goldman, 2013; Neal, Matthews, Frost, Fogstad, Camacho & Laski, 2012; WHO, 2012). Complications of pregnancy and childbirth are a leading cause of death among older adolescent females (WHO, 2012).

2.2.2.2 Social consequences

Negative reactions from relatives, peers and members of the community to the pregnant teenager can be described as a social consequence. In the past, pregnant girls were frequently sent away to stay with relatives during their pregnancy. However, the current trend is for pregnant girls to remain at home to raise their children and to continue with
school (Wiemann, Rickert, Berenson & Volk, 2005). While this tells us that pregnancy is no longer regarded as a scandal, there are still social consequences that are harmful to the teenage girl, parents, family and child. Stigmatisation and discrimination and less supportive and stimulating home environments increase behavioural problems among children (Breheny & Stephens, 2007; Hoffman, 2006; Kirby, 2007). Wiemann et al., (2005) describe the social consequences of teenage pregnancy as including interrupted schooling, falling prey to criminal activity, abortion, child neglect, repeated pregnancies and negative effects on domestic life. Socially, some teen mothers may feel isolated from their peers, while others may even be rejected by them (Chacko, Wymbs, Wymbs, Pelham, Swanger-Gagne, Girio & O’Connor, 2013). Moreover, teenage pregnancy in developing countries usually occurs outside marriage and carries a social stigma in many communities and cultures. Teenage pregnancy contributes to the cycle of intergenerational dysfunction, since the children of teenagers are more likely to fail in school and become teen mothers themselves (Breheny & Stephen, 2007; Gavin, MacKay, Brown, Harrier, Ventura, Kann, Rangel, Berman, Dittus, Liddon, Markowitz, Stern berg, Weinstock, David-Ferdon & Ryan 2009; Hariram, Layug, Johnson & Rahman, 2012; Hoffman, 2006; Kirby, 2007; O’Donnell & Wyneken, 2007). Spencer (2013) contends that adolescent fathers generally suffer the same consequences as teenage mothers.

2.2.2.3 Educational consequences

Teenage pregnancy could have a profound impact on young mothers and their children in placing limits on their educational achievement and economic stability and predisposing them to single parenthood and marital instability in the future (National Campaign to Prevent Teen Pregnancy, 2002). The educational impact includes the interruption or termination of formal education and the accompanying lost opportunities to realise one’s full potential (Breheny & Stephens, 2007; Hoffman, 2006; Kirby, 2007). Teenage pregnancy could also have a negative effect on the future academic performance and behaviour of the children born to teenagers (Moyagabo & Regis, 2013). Children of teenager parents are at high risk of encountering problems, ranging from lower intellect and poor academic achievement to behavioural problems (Wikus & Maxwell, 2012:15). Furthermore, having an adolescent mother has been linked to a lower IQ, more physical health problems in later childhood, as well as delayed motor and mental development (Slowinski, 2001).
The younger the teenager is when she becomes pregnant, the less likely she will be to continue attending school; as a result her job options will be limited (National Campaign to Prevent Teenage Pregnancy, 2002). Seven out of 10 teenagers who become pregnant do not graduate from high school (Rothenberg & Weissman, 2002). Less than one third of teenage females who give birth before the age of 18 can ever complete high school, and the younger the pregnant teenagers are, the less likely they are to complete their high school education.

Research on education in South African rural communities has established that teenage pregnancy, absenteeism, poverty and unemployment are causally inter-related (Weideman, Goga, Lopez, Mayet & Macum, 2007). Teenage pregnancy contributes to absenteeism in the short term; it also has the long-term effect that learners drop out of school, resulting in stigmatisation and lower self-esteem. Teenage parents drop out of school, because of the pressure they experience, including stigmatisation from peers, and a lack of needed support from family, friends, school, social service agencies and other organisations (Duncan, 2011).

2.2.2.4 Economic consequences

The economic consequences of teenage pregnancy are closely linked to its educational impact and includes exclusion from paid employment or livelihood, the additional cost of health services, and the loss of human capital. Teenage pregnancy fuels the “cycle of poverty which in young mothers stay poor and their children go on to experience teenage pregnancy, poverty and lower academic outcomes” (Bridges & Alford, 2010:4). Most of the affected teenagers face years of regret for their decision to have sex; their potential as young adults is never realised; and they become a burden on their families and society, because their poor performance at school placed a limit on their educational and economic stability (Gallop, 2004).

Teenage pregnancy can have a negative effect on the young mothers and their children by placing limits on their economic stability and predisposing them to single parenthood and marital instability in the future (Ashcraft & Lang, 2006; National Campaign to Prevent Teen Pregnancy, 2002). Early child-bearing may not necessarily lead to poverty, but it will generally worsen the economic prospect of the young women and men involved (Cassell, 2000; Shaw Lawlor & Najman, 2006).
2.2.2.5 Psychological consequences

The psychological consequences refer to the mental impact pregnancy has on a teenager. Not all teen pregnancies come to fruition: many are terminated, usually without being reported. The abortions often hold negative psychological consequences for the teenage girl involved. Unsafe abortions account for almost half of all abortions among teenagers (Sedgh, Singh, Shah, Ahman, Henshaw & Bankole, 2012; Shah & Ahman, 2012). The World Health Organization (2012) states that an unsafe abortion is a procedure for terminating an unintended pregnancy, either by people lacking the necessary skills or in an environment lacking the minimal medical standards, or both. Almost all unsafe abortions take place in developing countries, where abortion is often illegal. Where abortion is legal, adolescents may find it difficult to access the medical services provided. Data on teenage abortion is difficult to access and interpret. Although abortion is a legal option in South Africa, Grant and Hallman (2006) established in their study of pregnant teenagers that less than 3% reported not carrying to term. A study by MacPhail, Pettifor, Pascoe and Rees (2007) found that only 2.6% of the young mothers participating in the research chose to terminate. Reported reasons included the following: lack of knowledge about the option; social stigma; moralising about terminations by healthcare workers; and religious beliefs. Yet other studies indicate that many pregnant teenage girls consider abortions, largely as a result of social pressure not to be sexually active and fall pregnant, fear of disclosing their pregnancy; the likely impact of pregnancy and motherhood on their own lives, and the decision whether or not to leave school (Chohan, 2010; Kaufman, De Wet & Stadler, 2001; Ngabaza, 2011).

The above-mentioned inter-related causes and consequences all play a major role in the prevalence of teenage pregnancy. Many teens do survive and learn from their pregnancy, but on the whole it has a negative impact on their lives. The many and varied causes and consequences make prevention a difficult task. Below, I discuss the theories that I have chosen to help me understand the concept of the prevention of teenage pregnancy.
2.3 THEORETICAL PERSPECTIVE ON PREVENTION OF TEENAGE PREGNANCY

The question in this study was to ascertain how to prevent teenage pregnancy, from the perspective of the youth involved. In order to increase my understanding, I considered different theories about how young people learn sexual behaviour.

2.3.1 Bandura’s social learning theory

I decided to use the social learning theory (Bandura, 2002) as a theoretical framework for the study, to guide interventions and provide an analytical lens for interpreting data. The Social learning theory is a category of learning theories, grounded in the belief that human behaviour is determined by a three-way relationship between cognitive factors, environmental influences and behaviour.

According to Bandura, most human behaviour is learnt observationally. From observing others, one forms an idea of how new behaviours are performed, and this coded information subsequently serves as a guide for action (Boeree, 2006). The Social learning theory explains behaviour as a result of environmental and intrapersonal factors, and how people make sense of these. Too many programmes to prevent pregnancy focus on individual factors, for example, assertiveness training. This is not effective, because social factors also play an important role in sexual behaviour. The Social learning theory posits that behaviour is learnt; therefore change can be effected by providing new learning experiences. The three factors of environment, thinking and behaviour constantly influence each other. Behaviour is not simply the result of the environment and the person, just as the environment is not just simply the result of the person and behaviour (Glanz, Rimer & Lewis, 2002). The environment provides models to behaviour.
FIGURE 2.1: Three-way reciprocal relationship

Source: Glanz et al. (2002)

This model is a valuable tool, because it helped me understand the different factors that impacted on my participants’ sexuality and sexual decision-making. It helped me understand the complexity of human behaviour and learning by highlighting the importance of the social context – not just the behaviour of the individual. It also provided me with a theoretical tool to understand why children had unprotected sex in this context. My interventions were aimed at helping the youth think about the three interrelated aspects (cognitive, social and behavioural factors) as they related to teenage pregnancy and how they could be strengthened to support positive rather than negative factors.

Behavioural influence is greater when learning comes from a person who is considered to be similar, for example, peers, and it also helps with the creation of opportunities to develop self-efficacy. Self-efficacy is the individual’s perceived capabilities in learning or performing tasks at a certain level (Schunk, 1999). Van Der Bijl and Shortridge-Baggett (2002) state that individuals are more likely to engage in activities in which they have high self-efficacy beliefs and less likely to engage in those they do not. People who believe in the efficacy of their own actions are more likely to engage in health-promoting behaviour (Bandura, 2004; Mirowsky & Ross, 2003). Therefore, it follows that increased personal control is related to contraceptive use and the practice of safe sex.
Belief in one’s efficacy is a key personal resource in self-development, successful adaptation and change. Sexual risk reduction calls for enhancing efficacy rather than simply targeting a specific behaviour for change (Bandura, 1994). In other words, rather than just targeting condom use, for example, it would be more effective to help teenagers develop a belief that they are able to decide how, when, where and with whom to have sex and how to protect themselves against unwanted pregnancy and sexually transmitted infections. The major challenge is to equip teenagers with the skills and knowledge that will enable them to put the guidelines into practice.

Ungar (2008) notes that children and youth can learn from their personal experiences and failures and are able to develop self-efficacy, which is regarded as protection against adversity. Bandura (1977a) outlines four sources of information that individuals employ to judge their own efficacy and performance outcomes (performance accomplishments).

- **Creation of mastery learning experiences:** This helps participants develop and practice skills, e.g. to negotiate condom use or refuse to have sexual relations.

- **Vicarious learning:** This occurs when someone learns from the behaviour of another individual when he/she perceives that the individual’s behaviour will be rewarded. People can develop high or low self-efficacy indirectly through other people’s performances. A person can watch another perform and then compare his own competence with the other individual’s competence (Bandura, 1977a). If a person sees someone similar to him/her succeed, this could increase his/her self-efficacy. However, the opposite is also true: seeing someone similar fail, could lower self-efficacy. An example of how vicarious experiences increased self-efficacy in my study was through peer education. Peer educators are more likely to influence others by modelling the behaviours and sharing their thinking than outside adults with whom teenagers generally have little in common.

- **Positive feedback:** This occurs when a person is motivated to repeat an action following satisfactory feedback from performing the action in the first place. The action research cycles of reflection will help participants identify their success and learning in a safe and supportive environment, which will also help them to cope with the changes they need to make.

- **Creation of a positive emotional climate:** This will allow teenagers to talk more openly about prevention education, and see themselves as legitimate sexual beings, able
to make their own decisions. Working in a small group, such a climate will help peer educators develop close relationships with each other and learn how to do that with the people they in turn have to educate about pregnancy prevention. Peer educators can educate in the course of normal interaction with peers, rather than education being delivered in a more clinical classroom setting by adults with whom teenagers do not relate.

Social learning in group contexts also occurs through observation and modelling. According to Watson (1999), creating opportunity for individuals to work in groups plays a significant role in their education and training through the facilitation of interaction and collaboration. Watson (1999) indicates that when participants work together in a group, various social learning opportunities are provided that may be advantageous to both the individual and the group. The following benefits are listed:

- Participants have something to contribute to each other’s learning. The ideas that are generated between them spark off other ideas, which increase the opportunity to learn from each other.
- Learning tolerance, respect for one another, being validated or assessed and experiencing the feeling of belonging is considered to be important, especially for those who have had experiences of failure and humiliation in the past.
- Learners can share and appreciate each other’s strengths, while simultaneously learning to transform weaknesses into strengths.
- Learning in group context facilitates the process of social learning, as it enables collaboration and interaction. Collaboration promotes learning in a cooperative format when working together on a task. Group formation could therefore be viewed as an important prerequisite for group learning (Gupta, 2004). However, it is what is learnt within a cooperative learning environment that is of significance. In a study done by Hansen, Larson and Dworkin (2003), the learning experiences of adolescents in organised youth activities were studied. They found that learners reported a high rate of learning experiences in the areas of goal setting, problem solving and time management. Respondents also reported emotional learning experiences in the form of learning to manage their stress, anger or anxiety. They also found that group learning improved their ability to interact with others, and an improvement in social skills.
In addition to the social learning theory, I used Bronfenbrenner’s social ecological theory to help me to better understand the role of context and environment with regard to the phenomenon.

2.3.2 Bronfenbrenner’s socio-ecological theory

I also draw on Bronfenbrenner’s (1979) socio-ecological theory to guide my study. According to Bronfenbrenner’s ecological theory, each nested system in the environment is as important as the next in sustaining accord, and for this reason relationships between people and the various systems are important (Bronfenbrenner & Morris, 1998). The home and the school must work very closely with each other. By working together, they can create a positive synergy that will enhance teaching and learning. This school/parent partnership is a central factor in the success of schools, particularly in poor communities (Kamper & Mampuru, 2007). The ecological system requires knowledge of the person, the habitat and how these systems interact. However, this is not currently the practice in my school.

Since there is no one simple cause of teenage pregnancy, but a combination of complex factors (social, cultural, family and individual), we need a theory that recognises the complexity of human behaviour. A child’s development reflects the influence of several environmental structures, which he/she helps to construct. The same individual, on the other hand, is connected to other structures within his/her context. Bronfenbrenner’s ecological theory explains how people develop with regard to their relationships and their environments. It allows us to understand the interrelationships between the different systems that influence a person’s development to specify how they act reciprocally. Bronfenbrenner’s ecological model consists of four systems, namely the micro-, meso-, exo- and macrosystems (Bern, 2009; Donald, Lazarus & Lolwana, 2002). Figure 2.2 shows the model.
The following systems are represented in Figure 2.2:

The **microsystem**, which consists of the family and other immediate relationships with whom the learner is continually engaged, such as the school and peers.

The **mesosystem**, which refers to the links or interrelationships between microsystems. Most youth prefer to receive information from fellow peers as they share common perceptions, unlike the parents or older people. In this study, I worked on the micro and meso levels; however, the exosystem and the macrosystem are also important.

The **exosystem**, which comprises the social structures that a child does not experience directly but that also have an influence on the learner’s life, such as the media, the government, the transport system, and local industry. For example, the mass media, such as television programmes, encourage the youth to engage in alcoholism, which increases the risk of early and unprotected sex among youth, which may lead to unplanned pregnancies.

The **macrosystem**, which is the broader culture of the learner, including the social values reflected in social policies, such as how society views teenage pregnancy, how the teenager
should be treated, and what he/she should be taught. These factors influence the behaviour and choices of people.

The interplay between these multiple intrapersonal and environmental risk factors can help to provide a more comprehensive understanding of youth behaviour. Meyer, Loxton and Boulter (1997) maintain that a child’s development should not be studied in isolation, but in the context of his micro-, meso-, exo- and macrosystems. The systems interact with one another, modifying the influence of each other on the individual.

Swart and Pettipher (2005), McWhirter, McWhirter, McWhirter and McWhirter (2004) and Donald et al. (2002), believe that children have their own understanding of their environments and how they interact within these contexts. The environment does not merely have an impact on the child; children are actively involved in their own development. For example, if children are in an environment where they see sex from an early age, where parental control is lacking and where gender norms are unequal; these factors may have a negative influence on their sexual behaviour and experiences. On the other hand, if they are exposed to positive environmental factors, they will be more likely to make healthier decisions.

I applied this ecological framework to understand my participants’ possible conceptualisation of sexual behaviour. It provided me with an organising theory and literature to help me to understand my participants’ risky sexual behaviour. The conceptualisation of individual, family and extra familial (micro-, meso- and macrosystem) variables helped me to relate to my participants’ understanding of sexual activity. It is also a valuable tool because it helps me to understand how the different environments (systems) impacted on my participants’ sexuality and sexual decision-making. Knowledge of the various systems impacting on behaviour also helped to influence the design of prevention strategies that take these into account.

2.4 SUMMARY

In this chapter, I reviewed literature, focusing on factors that contribute to the phenomenon of unplanned pregnancy among schoolgirls, as well as the consequences of such unplanned pregnancies. The literature tells us that teenage pregnancy is complicated, with many contributing factors, but also highlights the importance of context in any prevention
strategies. It is not easy to separate cause and effect, because it is a very complex issue with each compounding the other and prevention strategies have to recognise this complexity. This review also highlighted the need to develop strategies that take into consideration the specific context of the youth. The gap in knowledge was also clear – few studies actually involve youth in the design of prevention strategies. I also discussed the social learning theory of Bandura, and Bronfenbrenner’s social ecological theory, that guided my interventions with youth and provided an analytical lens for interpreting the research data. The next chapter, Chapter Three, will present a critical analysis of sexuality education for the prevention of teenage pregnancy in South African schools.
CHAPTER THREE: SEXUALITY EDUCATION FOR PREVENTION OF TEENAGE PREGNANCY IN SOUTH AFRICAN SCHOOLS

3.1 INTRODUCTION

In the previous chapter, an in-depth review and critical discussion of the literature on teenage pregnancy was presented. In addition, the impact of teenage pregnancy on the individuals’ families and communities was discussed. Furthermore, the social learning theory and the social ecological theory were presented as the theoretical framework to the study. In Chapter Three, the intention is to critically analyse the current approaches to sexuality education aimed at the prevention of teenage pregnancy in South African schools. The current theoretical paradigms informing sexuality education will be explored in relation to the training available to teachers to equip them to deal with the issue, both in the formal curriculum and co-curricularly.

3.2 OVERVIEW OF CURRENT APPROACH TO SEXUALITY EDUCATION IN NATIONAL CURRICULUM

This section provides an overview of sexuality education in schools in South Africa and presents a critical analysis of the current approach. As discussed in Chapter Two, unplanned teenage pregnancy holds social, health, educational and financial consequences for all concerned, mostly negative. Sexuality education programmes aim to empower the participants and enable them to take control over their sexual lives (Allen, 2005). Furthermore, sexuality education is the cornerstone on which most HIV and Aids prevention programmes rest (Pettifor, Rees, Steffenson, Hongwa-Madikezela, MacPhail, Vermaak & Kleinschmidt, 2004). Kanku (2010) states that teenage pregnancy, HIV and Aids are vital issues that need special attention, and that they are closely linked. The correlation between these issues means that many young girls fall pregnant because they do not take prevention measures and their partners are not using condoms, rendering both sexes vulnerable to HIV infection.

The Department of Basic Education (DBE) in South Africa includes sexuality education and specifically HIV prevention education as a concept in the national curriculum (Department of Basic Education, 2012) within the mandatory subject Life Orientation (LO)
(Grade, 7-12). Life Orientation was introduced as a learning area in South African schools in the late 1990s (Department of Education, 2002; Rooth, 2005). Sexuality education therefore does not exist as a separate, subject but is integrated in Life Orientation under the topic: Development of the Self in Society.

3.2.1 What is Life Orientation?

Life Orientation is one of the four fundamental subjects required for the National Senior Certificate, which means that it is compulsory for all learners in Grades 10, 11 and 12. It is a unique subject in that it applies a holistic approach to the personal, social, intellectual, emotional, spiritual, motor and physical growth and development of learners. This encourages the development of balanced and confident learners who can contribute to a just and democratic society, a productive economy and improved quality of life for all (Department of Basic Education, 2011). The subject contains the following six topics in Grades 10 to 12: Development of the Self in Society; Social and Environmental Responsibility; Democracy and Human Rights; Careers and Career Choices; Study Skills; and Physical Education (Appendix 3.1). The issues dealt with in each topic are supposed to be taught in relation to the issues covered in the other five topics of the subject. Owing to the interrelated and holistic nature of the subject, the topics of Life Orientation function interdependently and are therefore considered to be of equal importance (Department of Basic Education, 2011). Basic Education Minister, Angie Motshekga, has stated that “Life Orientation is essential in equipping children with the skills needed to counter South Africa’s many social ills” (Joubert & Shoba, 2015:1-2).

Life Orientation aims to:

- guide and prepare learners to respond appropriately to life’s responsibilities and opportunities;
- equip learners to interact optimally on personal, psychological, cognitive, motor, physical, moral, spiritual, cultural and socio-economic levels;
- guide learners to make informed and responsible decisions about their own health and well-being and the health and well-being of others;
- teach learners to their constitutional rights and responsibilities regarding the rights of others and to the issue of diversity;
• equip learners with knowledge, skills and values to make informed decisions about subject choices, careers, additional and higher education opportunities and the world of work;
• expose learners to various study methods and skills pertaining to assessment processes; and
• teach learners to appreciate the value of regular participation in physical activity (Department of Basic Education, 2011).

Table 3.1 outlines the topics in Life Orientation in the FET Phase, which is the focus of this study.
**TABLE 3.1: Overview of topics covered in Life Orientation in FET Phase (with topics relevant to teenage pregnancy highlighted)**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Grade 10</th>
<th>Grade 11</th>
<th>Grade 12</th>
</tr>
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</table>
| **1 Development of the self in society** | • Self-awareness, self-esteem and self-development  
• Power, power relations and gender roles  
• Value of participation in exercise programmes  
• Life roles: nature and responsibilities  
• Change towards adulthood  
• Decision-making regarding sexuality  
• Recreation and emotional health | • Plan and achieve Life Goals: problem-solving skills  
• Relationships and their influence on well-being  
• Healthy lifestyle choices – decision-making skills  
• Role of nutrition in health and physical activities  
• Gender roles and their effects on health and well-being | • Life skills required to adapt to change as part of ongoing healthy lifestyle choices  
• Stress management  
• Conflict resolution  
• Human factors that cause ill-health  
• Action plan for lifelong participation |
| **2 Social and environmental responsibility** | • Contemporary social issues that impact negatively on local and global communities  
• Social skills and responsibilities to participate in civic life | • Environmental issues that cause ill-health  
• Climate change  
• Participate in a community service addressing an environmental issue | • Environments and services that promote safe and healthy living  
• Responsibilities of various levels of government  
• A personal mission statement for life |
| **3 Democracy and human rights** | • Diversity, discrimination, human rights and violations  
• National and international instruments and conventions  
• Ethical traditions and/or religious laws and indigenous belief systems of major religions  
• Biases and unfair practices in sport | • Democratic participation and democratic structures  
• Role of sport in nation building  
• Contributions of South Africa’s diverse religions and belief systems to a harmonious society | • Responsible citizenship  
• The role of the media in a democratic society  
• Ideologies, beliefs and worldviews on construction of recreation and physical activity across cultures and genders |
<table>
<thead>
<tr>
<th>Topic</th>
<th>Grade 10</th>
<th>Grade 11</th>
<th>Grade 12</th>
</tr>
</thead>
</table>
| 4 Careers and career choices | • Subjects, career fields and study choices: decision-making skills  
• Socio-economic factors  
• Diversity of jobs  
• Opportunities within career fields  
• Trends and demands in the job market  
• The need for lifelong learning | • Requirements for admission to Higher Education Institutions  
• Options for financial assistance for further studies  
• Competencies, abilities and ethics required for a career  
• Personal expectations in relation to job or career interest  
• Knowledge about self in relation to the demands of the world of work and socio-economic conditions | • Commitment to decision taken: locate appropriate work or study opportunities in various sources  
• Reasons for and impact of unemployment and innovative solutions to counteract unemployment  
• Core elements of a job contract  
• Refinement of portfolio of plans for life after school |
| 5 Study skills | • Study skills and study methods  
• Process of assessment: internal and external  
• Annual study plan | • Study styles and study strategies  
• Examination writing skills  
• Time-management and annual study plan  
• Goal-setting skills | • Reflection on own study and examination writing skills  
• Strategies to follow in order to succeed in Grade 12 |
| 6 Physical education | • Physical fitness: programmes to promote well-being  
• Skills in playground/community/indigenous games  
• Environmentally responsible outdoor recreational group or individual activities  
• Skills in traditional and/or non-traditional sport  
• Safety issues | • Improvement of current personal level of fitness and health  
• Umpiring and leadership skills in self-designed and modified games (teach peers)  
• Various leadership roles in a self-designed recreational group activity  
• Umpiring and leadership skills in self-designed and modified sport (teach peers)  
• Safety issues | • Achievement of own personal fitness and health goals  
• Long-term engagement in: traditional and non-traditional sport and playground/community/indigenous games  
• Relaxation and recreational activities  
• Safety issues |

Department of Education, 2011.
As can be seen from the highlighted topics, many of the themes in Life Orientation are relevant for the prevention of teenage pregnancy, as they focus on planning for the future, staying healthy and learning how to interact with others.

3.2.2 Implementation of Life Orientation

The National Education Policy Act (South Africa, Department of Basic Education, 2007:9) provides a list of the professional goals and expectations that the government requires teachers to meet. The Department of Basic Education (DBE) expects teachers to have certain qualifications, and to be committed to pursue their own professional development. In addition to being trained in the content and methodologies of sexuality education, teachers should ideally possess certain qualities to teach sexuality education (Walker & Milton, 2006).

- Being non-judgmental;
- Being trustworthy;
- Being open and honest;
- Being a good listener;
- Having a sense of humour;
- Establishing relationships – having rapport with the students;
- Being comfortable with their own sexuality;
- Respecting students;
- Being flexible.

However, as far as sexuality education is concerned, there is evidence that many teachers prefer to avoid it and/or simply preach abstinence (Goldman, 2008). There are many problems with implementation. Nzioka and Ramos (2008) states that poorly trained teachers are often too shy to teach sexuality education and lack true commitment or enthusiasm to teach the many topics included in the overcrowded curriculum in a short timeframe.

Pre-service teacher training does not devote much time to sexuality education; therefore, most teachers are not well informed about the best approach to implementing sex education programmes. Pre-service teachers do not get the necessary training to be able to be effective teachers of sexuality education (Jewkes et al., 2001; Panday et al., 2009).
Teachers also lack the necessary training to properly address the interplay of values, sexuality and HIV/AIDS education. This lack of training has meant that, in most cases, teachers omit certain key content, raise religious identity and beliefs as a barrier to teaching sexuality content, or maintain positions that communicate strong moral views (Francis, 2013). The lack of proper training therefore impacts negatively on the implementation of teaching sexuality programmes at schools (Baxen & Breidlid, 2004).

The moral views many educators hold about teenage sexuality make it challenging for them to teach sex education (Schaalma, Abraham, Gilmore & Kok, 2004). Several studies established that some teachers view sexuality education as a value-laden and moral issue that does not have any place in the classroom (Ahmed, Flisher, Matthews, Mukoma & Jansen, 2009; Helleve, Flisher, Onya, Mukoma & Klepp, 2009; Schaalma, Aarø, Flisher, Mathews, Kaaya, Onya, Ragnarson & Klepp, 2009).

It is clear from the literature that the success or failure of a curriculum is dependent on how it is mediated by the teacher (Harrison, Newell, Imrie & Hoddinott, 2010). Many teachers need an opportunity to reconcile personal and professional values related to sexuality, training and supportive supervision in implementing interactive pedagogical and sexual and reproductive health content, as well as practice in delivering these learning activities, in order to increase their confidence and competence (Baxen, 2008; Baxen, Wood & Austin, 2011). The traditional educational framework for teacher education does not address this aspect (Wood, 2012) nor are teachers generally exposed to knowledge about behaviour change theory and strategies on sexuality education (Kirby, Laris & Rolleri, 2006).

Certain topics are framed differently on the basis of who is teaching (Halstead & Reiss, 2003). For example, some teachers prefer to teach abstinence rather than safe sex (Ahmed et al., 2009; Mukoma, Flisher, Ahmed, Jansen, Matthews, Schaalma, 2009). Teachers omit demonstrating condom use to learners, despite policy and curriculum stipulations (Francis, 2011; Mukoma et al., 2009). This is seen as selective teaching about sexuality and HIV and Aids, which is a common problem also in Kenya and India – other countries in which strong moral prescriptions prevail (Boler, Adoss, Ibrahim & Shaw, 2003). Lack of a participatory pedagogical process also leads to teacher control over how sexuality education is mediated in the classroom.
In many South African classrooms, teachers are not equipped to implement a more participatory approach to teaching Life Orientation (Ahmed et al., 2009; Rooth, 2005). As a result, discussion is minimal (Rooth, 2005). Teaching sexuality education does not only include the facts of reproductive health but also includes building self-esteem (Kiragu, 2007). This can be achieved only if the teacher can create a space for interaction and participation. There is also the assumption that teachers can, are able to and will teach deeply private personal topics in a public space which bring their own sexuality and sexual practices into the spotlight (Baxen & Breidlid, 2004:14). Furthermore, teachers’ own assumptions about being sexual beings come into question.

The implementation of change in education relies first and foremost on the educators. Rooth (2005) indicates that the success of a curriculum depends on the readiness for and preparation that has gone into developing the necessary skills for educators to implement such a curriculum change. Hargreaves (1994:16) states that:

> The teacher is the ultimate key to educational change and school improvements ... Teachers don’t merely deliver the curriculum. They develop, define it and interpret it, too. It is what teachers think, what teachers believe and what teachers do at the level of the classroom that ultimately shapes the kind of teaching that young people get.

The importance of the educator in sexuality education cannot be overstated. The educator has the opportunity to provide learners with accurate information that they may not be able to obtain elsewhere. As such, it is important for educators to understand their responsibilities and to be passionate about teaching this subject.

Flaherty and Smith (1981:62) comment that:

> the teacher is a critical element in the success of sex education programme and needs to be comfortable with the issues, knowledge and language of human sexuality and be flexible and accepting of others, ideas and opinions creating an atmosphere of trust.

### 3.2.3 Different approaches to sexuality education

The appropriate type of sex education that should be taught in schools continues to be a much-debated issue given the high teenage pregnancy rate. The debate is centred on whether abstinence-only or comprehensive sex education should be taught in schools (Stanger-Hall & Hall, 2011). Abstinence-only approaches include discussion of values,
character building and teaching refusal skills, while avoiding issues such as contraception or safe sex (Kaiser Family Foundation, 1998). Abstinence-only education encourages students to abstain from sex without any acknowledgement of the fact that it is a basic human need and a normal part of life and relationships. In contrast, comprehensive sex education encourages teens to make informed decisions about choices such as whether, when and with whom to have sex. Comprehensive sexuality education begins with abstinence, but also acknowledges that many teenagers will choose to have sex and therefore need to be aware of the consequences of their choice and how to protect themselves. So, although abstinence-only and comprehensive sexuality education share common goals, namely the prevention of unintended pregnancies, HIV and STIs (Chin, Sipe, Elder, Mercer, Chattopadhyay, Jacob, Wethington, Kirby, Elliston, Griffith, Chuke, Briss, Ericksen, Galbraith, Herbst, Johnson, Kraft, Noar, Romero, Santelli & Community Preventive Services Task Force., 2012), they approach it from different viewpoints. Abstinence-only education does not recognise learners as legitimate sexual beings (Francis, 2012) and places the onus on them to control their natural feelings. It does not take into account the factors outside the control of the learner, such as the prevailing gender norms, which place males in a position of power; poverty which drives women to use their sexuality for material gain and family dysfunction which leads learners to seek affection and affirmation from their peers.

The desire to be loved and touched is a normal part of sexual development, which includes learning how to process the accompanying feelings and needs. Although feelings about and experiences with sexuality may change as we age, all humans are sexual beings. Sexual development does not take place in a vacuum (Diamond, 2006; Weeks, 2003), but in a society with varying cultural, religious and social expectations.

In addition, the physical and emotional changes brought on through puberty must be taken into consideration. These changes include the onset of menstruation or sperm production, pleasure derived from kissing and touching, greater awareness of being sexually attracted to others, the possibility of pregnancy or impregnating, the use of contraceptives or safe sex decisions and a strong need for independence – changes that must be taken into consideration in sexuality education.

Comprehensive sex education is an approach that advocates that young people should be provided with skills to make responsible decisions about relationships, sexual intercourse
and sexuality so that they can protect their own health (Collins, Alagiri, Summer & Morin, 2002:14; UNAIDS, 2012). A sensible age-appropriate curriculum and skilled educators are required to ensure its success. A comprehensive sex education programme also focuses on risky sexual behaviour and provides basic facts about avoiding the risks of unprotected sex (Engleberg, Meijer & Tiendrebéogo, 2003). It also acknowledges the social pressure that young people experience to have sex. It is clear from the literature as well as from practice that comprehensive sexuality approach is far more effective than an abstinence-based approach. I am in full agreement with Kirby (2008) and Rajani (2002), who emphasise the benefits of a comprehensive sexuality approach, which includes abstinence, while also teaching about contraceptives and disease-prevention methods, proven to reduce teenage pregnancy and sexually transmitted infections.

Sexuality education programmes preferably offer youth-friendly information and services, including life skills development. These programmes should be age-appropriate and culturally relevant, and provide accurate information to help teenagers make informed decisions about their sexual lives (UNESCO, 2001; 2011). They should be aimed at reinforcing the personal risk perception, self-esteem and self-efficacy of young people, teaching skills in assertiveness, communication, and decision-making, as well as coping with peer pressure and emotions (Tiendrebéogo, Meijer, Engleberg & Africa Consultants International, 2003). Based on Bronfenbrenner’s socio-ecological theory (see Figure 2.2, p.40) the youth is influenced by their social context and this ought to be taken into consideration in sex education.

Sex and HIV education programmes that are based on a written curriculum and implemented among groups of youths in schools, clinics or other community settings are a promising type of intervention to reduce risky sexual behaviour that places the youth at risk of HIV (Kirby et al., 2006). A written curriculum-based approach, such as reproductive health and HIV programmes, has been shown to increase knowledge about HIV/Aids, changes people’s attitudes, enhances sexual decision-making skills and changes behaviour to prevent HIV infection and unplanned pregnancy among secondary school youth (USAID, 2007). The advantage of this type of programme is that learners are awarded marks, based on written tests, which causes them to take the programme more seriously. Collins et al. (2002:8) reveal that where comprehensive sex education programmes have been implemented, delays in sexual initiation, a reduction in the number of sexual partners
and greater awareness of contraceptive use have been achieved. Comprehensive programmes are equally effective in a variety of communities (e.g. urban versus rural, low versus middle income, and boys versus girls).

The South African Department of Basic Education is concerned about the fact that sexuality education is not being successfully implemented in schools. Yet, with regard to sexuality education, the National Curriculum Framework does not specify any explicit topic to be discussed, effective teaching strategies for covering those topics, any particular learning activities to implement, or the important messages that should be emphasised (Kirby, Coyle, Alton, Rolleri & Robin, 2011). There is also ample evidence that teachers lack the necessary confidence and/or competence to address sexuality education for many reasons (Francis & De Palma, 2013; Wood, 2009; Wood & Goba, 2011).

In 2011, as part of the DBE’s Integrated Strategy on HIV, STIs and TB (2012-2016) development process, it commissioned a review of the Curriculum Assessment Policy Statement (CAPS) against international guidelines for developing a sexuality education curriculum (UNESCO, 2009), based on an extensive review of effective curricula for behavioural change. The outcome of this review revealed shortcomings in the current DBE’s sexuality education content within the Life Orientation curriculum (Kirby et al., 2011).

The following table, designed by Kirby (2007), highlights the characteristics of effective curriculum-based programmes. The table considers the process of curriculum development, appropriate content, and effective implementation.
TABLE 3.2: Characteristics of effective curriculum-based programmes

<table>
<thead>
<tr>
<th>Process of Developing the Curriculum</th>
<th>Content of Curriculum</th>
<th>Implementation of the Curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve multiple people with expertise in theory, research and STI/HIV education to develop the curriculum</td>
<td>Focus on clear health goals, e.g. prevention of STI/HIV/pregnancy, or all three</td>
<td>Secure support from the appropriate authorities, such as departments of health, school districts or community organisations</td>
</tr>
<tr>
<td>Assess the relevant needs and assets of the target group</td>
<td>Focus specifically on behaviour leading to goals, e.g. using condoms, give clear messages about behaviour, address the situations that lead to them, and how to avoid STIs, HIV and pregnancy</td>
<td>Select educators with the desired characteristics (where possible), train them, and provide monitoring, supervision and support</td>
</tr>
<tr>
<td>Use a logical model (health and psychosocial theory) to specify health goals, behaviours that affect goals, risk and protective factors affecting behaviour and activities to change risk and protective factors</td>
<td>Address sexual risk and protective factors that affect sexual behaviour (e.g. knowledge, perceived risk, value, attitudes, norms and self-efficacy) and change them</td>
<td>If required, implement activities to recruit and keep adolescents to overcome barriers to participation (e.g. publicise the programme, offer food or obtain parental consent)</td>
</tr>
<tr>
<td>Design activities consistent with community values and available resources (e.g. staff time, skills, space and supplies)</td>
<td>Create a safe space for young people to participate</td>
<td>Implement virtually all activities with reasonable fidelity</td>
</tr>
</tbody>
</table>
| Pilot-test the programme | • Include multiple activities to change risk and protective factors  
• Use instructionally sound teaching methods that actively involve participants, help them personalise information and are designed to change risk and protective factors  
• Use activities, teaching methods, and behavioural messages appropriate to the adolescents’ culture, developmental age, and sexual experience  
• Cover topics in logical sequence | |

Source: Kirby (2007:5)
3.2.4 Section 1: Curriculum development

Kirby (2007) suggests that the development of an effective sexual behaviour programme should involve multiple people. The relevant needs and assets of the learners (target group) should be identified. The use of the logic model to specify health goals has been shown to contribute positively to the development of a successful programme. Once experts have determined the learners’ needs and assets, suitable activities should be designed, in keeping with community values and available resources. To ensure that the programme addresses all relevant learner needs, the programme should be pilot-tested. However, this assumes that the adult designers can understand the phenomenon as the youth do. My argument is that the learners must be involved from the beginning, so that the curriculum is respondent to their needs and context.

3.2.5 Section 2: Curriculum content

Kirby suggests that the content should have a clear focus on the health goal, for instance, the prevention of pregnancy. There should also be a focus on social and structural risk factors. The content should focus on the behaviour that will lead to the goal, e.g. using condoms; give clear messages about behaviour; address the situations that lead to them; and cover the issue of pregnancy protection. The content should also address sexual risk and protective factors that affect sexual behaviour (e.g. knowledge, perceived risk, value, attitudes, norms and self-efficacy and change them; a safe space should be created, and multiple activities to change risk and protective factors should be covered). Instructionally sound teaching methods that actively involve participants and help them personalise information designed to change risk and protective factors should be used. Activities, teaching methods and behavioural messages that are appropriate to the adolescents’ culture, developmental age and sexual experience should be used. Topics should be presented in a logical sequence. Again, although these recommendations are sound, and based on research, the lived experience of the learners should also be used as a basis for deciding on content.

3.2.6 Section 3: Curriculum implementation

Curriculum implementation must conform to the following: secure support from the appropriate authorities, such as the Department of Health, school districts or community
organisations. Educators with the desired characteristics (e.g. compassion, ability to listen to learner viewpoints, open to viewpoints other than their own, able to discuss “sensitive” issues) should be selected and they should be trained (where possible), and provided with monitoring, supervision and support. All activities should be implemented with reasonable fidelity. This is the ideal situation but not one that is likely to happen in South Africa, where the literature attests to the lack of capacity among teachers to teach sexuality education, due to structural, systemic and cultural issues (see Chapter Two for discussion on this). The work done by Kirby needs to be supplemented within the context of South Africa, since it does not place enough emphasis on the importance of the lived experience of learners. Kirby et al. (2011) have identified 17 factors that should guide the design content and implementation of school-based curricula aimed at changing sexual risk behaviour, and although these are valid to an extent, they do not go far enough in recognising the social ecologies in which young people act. Aarø, Flisher, Kaaya, Onya, Fuglesang, Klepp and Schaalma (2006) concur that these 17 factors have relevance for an African context, but should suggest they should also include the need to address the social context of sexual behaviour. South African learner voices are missing. There is a need to give voice to the youth themselves to find out how they make meaning of their own situation.

Kirby (1999) suggests that effective sex education programmes –

- focus on reducing sexual-risk behaviour;
- are based on psychosocial theories that identify psychosocial sexual risk and protective factors;
- give a clear message about avoiding unprotected sex (i.e. avoiding sexual intercourse or always using condoms or contraception);
- address social pressures regarding sexual behaviour;
- provide modelling of practice in communication and refusal skills;
- use teaching methods to involve participants and help them personalise information; and
- incorporate behavioural goals, teaching methods and materials that are appropriate to the age, sexual experience and culture of the learners.
In my opinion, the last four points are not being practised by teachers within the Life Orientation subject area. Teachers tend to deliver facts about sexual behaviour, rather than focus on the social pressures and context in which they take place. Participatory pedagogy is also not the norm and so knowledge is transmitted by the teacher, rather than co-constructed with the learners. The last bullet is particularly problematic, since it is documented that teachers tend to ignore the experience that learners bring to the class, and view them as non-sexual beings, when in fact, many of them are sexually active or have situated knowledge that would contribute to a better understanding of the social pressures facing young people to have unprotected sex (Zimmerman, 2015). Furthermore, most sexuality programmes do not include discussions on emotions, feelings and relationships with significant others, although incorporating relationships and such broader contexts are considered critical (Francis, 2010). Various programmes attempt to incorporate scientific and empirical knowledge and a high dose of morals; but the majority of them continue to omit feelings and bodily emotions (Allen, 2001).

A more positive sexuality education approach is needed, in terms of which sex is seen as something desirable, yet emphasising the need to minimise unsafe sex and other risks. A positive sexuality education programme that avoids blaming and shaming youth about their sexual experiences and feelings and views sexuality as both risky and enjoyable is more likely to meet the needs of the youth (Francis, 2010). Such programmes should also help to develop competencies, skills and attitudes, such as critical thinking skills and assertiveness, as well as the ability to communicate, negotiate and recognise and resist pressure from others (Abel & Fitzgerald, 2006; Shaw, 2009). These should be discussed within a context of gendered power relations and other social risk factors.

While the networks I discuss in the following sections have become platforms for exchange and expertise and do address some of the concerns I note above, their scope and reach are constrained by limited funding, as they depend on voluntary organisations.

3.2.7 Co-curricular sexuality education

Many co-curricular activities presented by non-governmental organisations (NGOs) directly or indirectly support health promotion through sport and physical activities. NGOs may act locally or be part of a global network. The mechanisms through which these NGOs may achieve their aims include the following: fund-raising or financial aid,
support, mentoring or capacity development, education and awareness and changing social norms (Micheli, Mountjoy, Engebretsen, Hardman, Kahlmeier, Lambert, Ljungqvist, Matsudo, McKay & Sundberg, 2011).

I will now discuss two popular programmes that have been endorsed by the DBE.

### 3.2.7.1 Grassroots Soccer (GRS)

Sport activities present an important environment in which to teach basic life skills, such as resilience and self-esteem. These skills can protect learners by reducing their vulnerability to having unprotected sex (Koss & Alexandrova, 2005). Team sports can assist in teaching young people to respect one another. The inclusive nature of soccer allows for the integration of vulnerable groups and the reduction of the stigmatisation of and discrimination against young people affected by HIV (Koss & Alexandrova, 2005; United Nations, 2003).

Recognising these opportunities, organisations in developing countries are using sports in general and soccer in particular to reach out and teach adolescents about life skills and sexuality issues, specifically HIV prevention. The 2010 International Federation of Association Football (FIFA) World Cup in South Africa offered an opportunity for organisations such as GRS to highlight the power of soccer as an educational tool.

The GRS project was founded in 2002 by two retired German soccer players, Kirk Friedrich and Ethan Zohn. The main approach of GRS is to empower existing community-based organisations to implement the GRS curriculum in a locally adapted manner. The main mission of GRS is to use the power of soccer in the fight against AIDS by providing African youth with the necessary skills and support to live HIV free (Grassroots Soccer, 2008). Soccer related activities are the organisation’s primary way to reach out to adolescents and provide peer education. This project provides income generating activities for at-risk youth; teaches young entrepreneurs business skills; and provides positive models for boys and girls in poverty-affected settings.

The GRS Coaches Guide (Grassroots Soccer, 2008) provides GRS peer educators (coaches) with more than 20 different participatory activities, such as discussions, role-plays and physical exercises, to be performed together with learners. These activities address, through
playing games, crucial issues in HIV prevention and life skills development, such as transmission, risk perception, decision-making, avoidance, assertiveness, peer pressure and gender roles. GRS interventions comprise eight sessions, covering a basic knowledge of HIV and life skills. Initially, GRS relied solely on famous soccer players to convey the messages of HIV prevention to its beneficiaries (Clark, Friedrich, Ndlovu, Neilands & McFarland, 2006). GRS works with 12-14 year-olds, i.e. it targets adolescents before they become sexually active (Clark et al., 2006). GRS provides an innovative and promising approach to HIV prevention in adolescence. As this programme is soccer based, it has great potential in reaching out to male adolescents – a group difficult to reach in HIV prevention. The peer educator-based programme focuses on 12-14 year olds and successfully teaches them about HIV prevention and instils positive changes in attitude and self-efficacy. Bandura (1977b) states that the Grassroots Soccer model is rooted in social learning theory using interactive teaching methods and role models, with the aim to increase knowledge, improve attitudes and self-efficacy and ultimately change sexual behaviour and reduce HIV incidence. HIV prevention programmes that are based on testable theoretical frameworks and theories of behaviour change are generally more successful than programmes without a theoretical basis (Kirby, Short, Collins, Rugg, Kolbe, Howard, Miller, Sonenstein & Sabin, 1994). To create a stronger belief in individuals' capacity to perform desired behaviours and enhance social support, the use of role models is endorsed.

3.2.7.2 Stepping Stones (SS)

Stepping Stones follows adult education theory, which advocates that people learn better if learning is based on their own starting point. Stepping Stones is a communication, relationships and life skills training package that also covers HIV prevention and sexual and reproductive health (Gordon & Welbourn, 2001). The programme aims to improve sexual health through building stronger, more gender-equitable relationships, with better communication between partners. It uses participatory learning approaches to build knowledge of sexual health, awareness of risks and the consequences of risk taking, and communication skills to provide opportunities for self-reflection on sexual behaviour. It is run by the Planned Parenthood Association, which aims to build gender equitable relationships by drawing on everyday experiences. It was originally developed for use in Uganda (Wallace, 2006) and accepts the principle of peer education within school settings, using participatory pedagogies.
The training presented by Stepping Stones training aims to help individuals explore sexual relationships and recognise gender inequalities, and the structural forces of the HIV epidemic, in order to understand risk behaviour and seek solutions to factors that increase HIV vulnerability. Stepping Stones enables individuals and communities to find their own solutions to dealing with the reality of HIV/Aids and discover how to negotiate and cope through self-realisation, learning, sharing and caring for those most affected. Theoretically individual change is best achieved in the context of peer support and wide community changes, which include rethinking negative social and cultural norms. Jewkes, Wood and Duvvury (2010) highlights that the Stepping Stones project is successful because it incorporates a participatory gender transformation approach that focuses on critical reflection and thinking and communication skills and not solely on knowledge. It is accessible for all learners and easy to implement.

However, these programmes, although promising, are limited in scope and reach. There are other theories that underpin sexuality education, but few are suited to the South African context, having been designed for more developed economies., Wood (2013) provides a critique of popular theories that underpin HIV prevention globally, but can equally be applied to the prevention of teenage pregnancy (see Table 3.3 below).

<table>
<thead>
<tr>
<th>Theory</th>
<th>Basic Assumptions</th>
<th>Relevance To African Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS Risk reduction model (e.g. Fisher &amp; Fisher, 2000)</td>
<td>A person must first recognise the risk of HIV infection, and then make a commitment to change. This second step is influenced by factors such as self-efficacy beliefs, the information about the virus, the prevailing social norms, whether the change is perceived as enjoyable or not and how effective it is believed to be. The final stage is enactment, where they seek information and engage in safer sexual practices.</td>
<td>Implies the individual actually possesses the necessary skills to effect change and has a high level of self-efficacy. Although most South Africans have access to information about the risks of unsafe sex, they may not possess the skills to stand up to peer pressure, or to make the desired change, due to cultural influences, gender inequalities and poverty. This theory does not take into consideration the other factors influencing sexual behaviour in the African context, such as poverty, gender imbalances and traditional beliefs about sexuality, which are very deep rooted.</td>
</tr>
<tr>
<td>Diffusion of Innovation Model (e.g. Bertrand,</td>
<td>According to this model, change is influenced by the efficacy and availability of communication channels, the opinion of community leaders and the time/process of the</td>
<td>Campaigns are based on mass communication of certain norms and beliefs about behaviours, but the danger is that 'overkill' may occur and the youth no longer really pay attention to it. Criticism of</td>
</tr>
</tbody>
</table>

TABLE 3.3: Theories for the prevention of sexual risk taking based on behaviouristic assumptions
<table>
<thead>
<tr>
<th>Theory</th>
<th>Basic Assumptions</th>
<th>Relevance To African Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004)</td>
<td>communication.</td>
<td>certain programmes includes the fact that although these programmes portray the ideal youth as being responsible and able to make informed decisions and to act on them, the truth is that many youth in South Africa do not have the power to change, due to incapacitating economic circumstances. They live in environments characterised by gender violence and male domination, and find it almost impossible to live up to the ideal youth portrayed by these campaigns. Therefore, the information cannot be translated into action.</td>
</tr>
</tbody>
</table>
| Health Belief Model (e.g. Airhihenbuwa, & Obregon, 2000) | The influencing factors here depend on four beliefs of individuals, namely:  
- How susceptible they perceive themselves to be to HIV infection  
- How severe they consider the harm caused by infection to be  
- How they believe they will benefit from changing their behaviour  
- What barriers they perceive to stand in the way of change | Presupposes that the person has the ability and educational level to process information in a logical way. In South Africa, especially in the rural communities, cultural beliefs and myths abound that influence how people behave e.g. ‘condoms keep the sickness inside of you’ or ‘you have to have many girlfriends to prove you are a man’. From a youth perspective, they may consider themselves to be “untouchable” – the young live for today and believe that sickness is for old people. The hopelessness and sense of fatality that people may possess based on the debilitating circumstances in which they live also detract from their ability to process information in an objective manner. There are many social and cultural barriers to changing sexual behaviour in South Africa, especially for women; therefore, this model may not be very successful in bringing about behavioural change. |
| Social Cognitive Theory (e.g. Bandura, 2004) | This theory is based on the premise that behaviour is influenced by both personal and environmental factors. People learn through experience and/or from observing others. Change in behaviour is determined by:  
- How much the person values the perceived outcome  
- How much the person believes in his/her own ability to change | Presupposes a high sense of self-efficacy and the presence of appropriate role models. Many of the role models (parents, community members, politicians) that young people are exposed to in South Africa do not live out the desired values or model responsible sexual behaviour, for various reasons. |
| Stages of change model (e.g. Munro, Lewin, Swart, & Volmink, 2007) | This theory postulates that change occurs as a six stage process:  
1. Pre-contemplation – not aware of risk  
2. Contemplation – thinking about changing  
3. Preparation – makes intention to change  
4. Action – first six months of behavioural change | Does not really take context into consideration and focuses only on the individual. It describes the process of change, without stating any of the factors that influence it. |
5. Maintenance – maintained change for 6 months  
6. Termination – no danger of relapse evident

This theory presupposes that the individual has an intention to change, which is influenced by two factors:  
1. Attitude: The change is perceived to be beneficial  
2. Subjective norms about behaviour: They believe that others will view the behaviour in a positive light.

Assumes that abstinence, for example, will be perceived as a desired state and will be beneficial, but in the SA context the social pressures facing the youth to have sex often outweigh the view that abstinence is desirable. Also, the act of having sex is mostly not a reasoned action, but an impulsive response to a situation and physical arousal. Youth tend not to be able to delay gratification and act on the moment (will not delay sex until a condom is available).

Since the decision to be sexually active is not a straightforward decision in the context of gender inequality, poverty and violence, there is a need to look at other theories that take into consideration the complex social factors that contribute to young people having unsafe sex.

The table below indicates the theories that Wood (2013) suggests are more applicable to South Africa. It is worth noting that these do not underpin the curriculum within Life Orientation.

**TABLE 3.4: Theories underpinning sexuality education based on socio-structural assumptions**

<table>
<thead>
<tr>
<th>Theory</th>
<th>Basic Assumptions</th>
<th>Relevance To The African Context</th>
</tr>
</thead>
</table>
| **Empowerment theory**  
**Zimmerman, 2000)** | Social change happens through dialogue to build up a critical perception of the social, cultural, political and economic forces that structure reality, and by taking action against forces that are oppressive. | Change is limited by social/economical/environmental factors and these need to be addressed by integrating HIV education with economic and social development. Participation is required from all concerned to negotiate social norms and environmental cultures that will support safer sexual choices. This is very applicable to South Africa. |
| **Ecological Systems theory,**  
**(DiClemente, Salazar & Crosby, 2007)** | Recognise that successful activities to promote health, including HIV risk reduction, not only address changing individual behaviours, but multiple levels surrounding individuals, such as families, communities, institutions and policies. | This is more applicable to the South African context, where social norms and structural issues fuel the epidemic. |
<table>
<thead>
<tr>
<th>Theory</th>
<th>Basic Assumptions</th>
<th>Relevance To The African Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theory of Gender and Power</td>
<td>Social-structural theory addresses the wider social and environmental issues surrounding women, such as the distribution of power and authority, and gender-specific norms.</td>
<td>Very applicable in South Africa, where gender is a main driver of HIV infection.</td>
</tr>
<tr>
<td>(Wingood &amp; DiClemente, 2000)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


3.2.8 Peer educator approach to sex education

Peer education is an approach or intervention strategy that involves the training and support of members of a given group to effect change among other members of the same group (United Nations, 2003). The rationale of peer education is that peer educators take control of programme content and activities, with the support of teachers. The teacher’s role is that of offering on-going advice and support, but in a strictly non-directive way. A peer education setting provides a platform where peers can weigh up the pros and cons of a range of behavioural possibilities as well as behavioural norms and options in their own terminology/language (Campbell, 2000). Young people can learn, talk about and listen to issues like sexuality. Peer education is an extension of education and promotes dialogue and information sharing amongst peers. Peer programmes generally recruit and train a core group of young people who, then serve as role models and sources of information and skills development on adolescent sexuality (Speizer, Magnani & Colvin, 2003). A learner trained as a peer educator can be a very effective medium for conveying vital and relevant information to other learners, since he/she relates more closely to them (Ross, Dick & Ferguson, 2006).

Peer education is thus a promising strategy for the prevention of HIV and other sexually transmitted infections (STIs) worldwide. These interventions select individuals who share the same demographic characteristics, (e.g. age or gender) or risk behaviours as a target group and train them to increase awareness of and impart knowledge and encourage behavioural change among members of the same group (Medley, Kennedy, O'Reilly & Sweat, 2009). The effectiveness of peer-intervention among adolescents has been attributed to a number of factors (Kinsman, Nakiyingi, Kamali, Carpenter, Quigley, Pool & Whitworth, 2001; Mukoma, 2001). For example, adolescents are less likely to discuss
sensitive topics with adults or authority figures. Peer education can be implemented inexpensively, although the need for more resources increases with large groups. In order to be successful, the peer educators themselves need an adequate support network and access to sufficient resources. Without access to such support and resources, peer education is less likely to be effective. Although peer education can be effective, self-efficacy is increased with the support of more influential role models. Peer education is an effective strategy, because teenagers understand the cultural context of their peers and are influenced by the same social factors. As such, teenagers will identify with the peer educators through the group norms developed during the programme. Since teenagers are very likely to adopt the behaviour modelled by their peers, peer educators should serve as role models of healthy behaviour.

In addition to the other advantages, peer education is a flexible strategy that can be adapted to individual situations. The role of peer educator also holds benefits in terms of teaching leadership and communication skills. Engaging in peer education programmes therefore encourages personal growth and development skills, which has the potential to influence the community long after the teenager has graduated from school.

Although peer education has many advantages, the strategy also poses challenges: without appropriate training and support’s peer educators can misuse their power, breach confidentiality or become overburdened with other people’s problems (Ward, Van Der Heijden, Mukoma, Phakati, Mhlambi, Pheiffer & Bhana, 2008).

In addition to the challenges identified by Ward et al. (2014), Swartz, Bhana, Moolman, Arogundade, Solomon, Timol and Vawda (2014) expand upon the barriers to effective peer education programmes. Schools do not recognise the value of peer education, as a result of a lack of awareness. Furthermore, the focus on the core curriculum reduces opportunities for activities which lay outside the scope of the core curriculum. Thus, peer education training is not a priority in schools.

Without adequate support and training from the school, teachers and learners who tried to incorporate peer education programmes may have to resort to a ‘watered down’ version of peer education.
Parental involvement is of similar importance as school support to ensure the success of peer education programmes. Having the full support of the parents will only increase the chances of successfully implementing a peer education programme.

Having secure support from the school and the broader school community another hurdle is posed by inadequate support from the Department of Basic Education. The DBE is responsible for establishing topics to be addressed in schools and planning curriculum content and activities based upon these topics. The approach the DBE takes with regard to sexuality education is not as thorough as the learners require. A very narrow focus on abstinence neglects the realities of the learners social, sexual and environmental contexts. Should all the necessary supports be in place, the lack of funding and other resources may interfere with the successful implementation of peer education programmes. Swartz et al. (2014) found that the efficacy of peer education programmes was reduced when funding was lessen or removed.

The final and most significant challenge to a successful peer education programme is the quality of the relationships between the peers. Establishing trust between peers is of primary importance. Swartz et al. (2014) suggest that peer educators should be older than the learners that they are educating, as this seems to foster a trusting relationship. Should there be a lack of trust in the relationship learners may perceive the peer educators as ‘teacher’s pet’ or tell on ‘someone’. The issue of mistrust is most frequently seen in same-aged peers. Peer education draws on the credibility that young people enjoy among their peers, leverages the power of role modelling, and provides flexibility in meeting the diverse needs of the youth (Sloan & Zimmer, 1993). There has been criticism of peer education in literature, but since adult approaches to sex education have not been effective in reducing the incidence of teenage pregnancy in socio-economically challenged contexts, I believe that youth on youth education is still a better option. The problem with many peer education programmes is that they have been developed by adults, hence my argument that there is a need to involve youth in developing their own prevention messages and strategies.

3.3 SUMMARY

This chapter presented an overview of the literature related to sexuality education for the prevention of teenage pregnancy. The different approaches to sexuality education were
discussed. An explanation of how sexuality education was approached in Life Orientation was given and critiqued. Co-curricular activities were also discussed as vehicles for the mediation of sexuality education and their shortcomings noted. Finally, a peer education approach was mooted as a possible improvement to existing sexuality education programmes, but only if the youth themselves are involved in its design. The next chapter will be devoted to the research design and methodology used to address the research questions of this study.
4.1 INTRODUCTION

In Chapter Two, a literature review regarding teenage pregnancy at a secondary school, with reference to health, socio-economic and educational challenges, was provided. A theoretical framework for the prevention of teenage pregnancy with the supporting literature was presented in Chapter Three. In this chapter, the purpose of this study will be recapped, followed by a discussion of the chosen research design and methodology. The chapter will conclude with an explanation of the measures taken to ensure the trustworthiness of the research and adherence to ethical requirements.

4.2 PURPOSE OF RESEARCH

The purpose of the study is in line with the formulated research problem, namely to:

- explore the phenomenon of teenage pregnancy in the context of this particular school; and
- engage the peer educators in devising youth-friendly prevention strategies.

4.2.1 Main research question

*How can peer educators be engaged to create prevention strategies to reduce teenage pregnancy and its impacts?*

4.2.2 Research sub-questions

*Cycle One*

- What do learners themselves know, feel and experience with regard to the causes and effects of teenage pregnancy?
Cycle Two

- How may a participatory methodology help learners to create relevant and contextualised strategies for addressing teenage pregnancy?
- How could such strategies be implemented in a school system?
- What recommendations could be made for addressing the prevention of teenage pregnancy in a contextualised way?

4.3 RESEARCH PARADIGMS

Lichtman (2010) indicates that a paradigm is a way of viewing or making assumptions about the world. It provides a framework that researchers can use to organise and categorise observations and reasoning against a basic set of values (De Vos, Strydom, Fouché & Delport, 2002).

A paradigm may be seen as a network of beliefs about the nature of the world that regulates the thinking and actions of researchers and guides their research (Creswell, 2009; Denscombe, 2010; Denzin & Lincoln, 2008). In other words, behind each study are the assumptions that researchers make about reality (ontological assumptions) and how knowledge is created (epistemological assumptions), as well as the values and ethics that guide research (axiological assumptions), all of which influence the choice of methodology (Basit, 2010; Willis, 2007).

Three main competing paradigms inform research in social science, namely positivism, constructivism, and critical paradigms (Creswell, 2009), although variations of these themes have emerged in the form of post-positivism (Krauss, 2005) and pragmatism (Creswell, 2003). Table 4.1 below outlines the basic differences between these paradigms.

<table>
<thead>
<tr>
<th>Theoretical paradigm</th>
<th>Ontology</th>
<th>Epistemology</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positivist</td>
<td>A true reality exists, governed by cause/effect laws that can be discovered and generalised. People react in predictable ways.</td>
<td>Knowledge can be created and described using verified hypotheses that can then be taken to be laws to predict behaviour.</td>
<td>Empirical, structured designs that can be replicated. Quantitative instruments used to measure. Research is taken to be value-free; research is controlled by</td>
</tr>
</tbody>
</table>
The paradigm I used to guide this study is based on critical theory. A critical paradigm allows marginalised perspectives and voices of concerns about social injustice (Thomas, 2009) to become centre-stage. In the context of this study, peer educators were engaged in the design of a prevention programme and fully participated in sharing their knowledge, identifying problems and designing solutions related to teenage pregnancy. Because these learners were part and parcel of the everyday life world of the selected school, the critical paradigm began to perform an educative, and ultimately, transformative role (Babbie & Mouton, 2010).

I situated my research within the critical paradigm, because it was also aimed at emancipating participants from their existing ways of thinking and acting and opening them up to new possibilities, while examining the social reality of the phenomenon under consideration. I wished to understand how a particular community: that of in-school youth, understood the issue of teenage pregnancy and their agency to make a contribution to improving the situation (Hartas, 2010). I favoured the critical approach, because it accepts diversity within the school community and would captures the different and specific historical and political backgrounds of the participants. The enquiry started with a briefing.


### 4.3.1 Epistemological paradigm

The paradigm I used to guide this study is based on critical theory. A critical paradigm allows marginalised perspectives and voices of concerns about social injustice (Thomas, 2009) to become centre-stage. In the context of this study, peer educators were engaged in the design of a prevention programme and fully participated in sharing their knowledge, identifying problems and designing solutions related to teenage pregnancy. Because these learners were part and parcel of the everyday life world of the selected school, the critical paradigm began to perform an educative, and ultimately, transformative role (Babbie & Mouton, 2010).

I situated my research within the critical paradigm, because it was also aimed at emancipating participants from their existing ways of thinking and acting and opening them up to new possibilities, while examining the social reality of the phenomenon under consideration. I wished to understand how a particular community: that of in-school youth, understood the issue of teenage pregnancy and their agency to make a contribution to improving the situation (Hartas, 2010). I favoured the critical approach, because it accepts diversity within the school community and would captures the different and specific historical and political backgrounds of the participants. The enquiry started with a briefing.
to participants about the background to and reason for the research and was therefore educative in nature. The critical paradigm was seen to be an appropriate vehicle to explore and sustain participation in education, because it allows consideration for diverse opinions, methods and theories, its aim being to bring them into peaceful co-existence (Hartas, 2010). In this study, although guided by a critical and transformative paradigm (Mertens, 2009), I drew on the more interpretive social learning theory (Bandura, 1977b) and aspects of behavioural change theories (Kirby et al., 2006) to help the youth structure their prevention interventions to reach their specific health goals around the reduction of teenage pregnancy. A critical paradigm enabled me to work with youth to raise their awareness of the phenomenon being explored, namely teenage pregnancy, and to shift their thinking around it to enable them to devise strategies to deal with the issues it raises to improve the situation as it impacts on their lives (Creswell, 2009; Mertens, 2009).

4.3.2 Methodological paradigm

In order for research participants to bring change and improvement to their social situations, they need to discuss issues using dialogical, dialectical and hermeneutic approaches, which align with critical theory. Participants’ different perspectives consequently become subjects of interaction and negotiation as people explore ways to resolve their problems (Stringer, 2007). The dialogical, dialectic and hermeneutic approach adopted in this study suggests a strong link with participatory methodological paradigms. The value of this kind of paradigm is that the diverse perspectives of different stakeholders encourage ways of incorporating all the perspectives into a mutually acceptable technique of understanding, to enable them to work together in finding a solution to the research problem (Stringer, 2007). Therefore, my paradigm led me to conclude that participatory action research (PAR) would afford the peer educators who were willing to participate in this study and me an opportunity to change our practice through interactions in pursuance of a common goal, namely to reduce the level of pregnancy among secondary school girls.

Secondly, I chose PAR as my preferred methodology, because it combines research and action; with the participant being central to the process (Gordon, 2008). I believed that this research method would reveal participants’ immediate and honest responses to my research questions. Additionally, the use of participant-researchers brought various benefits to the research, such as access to knowledge that is relevant to their lives, and
developed from their experiences, and the potential to present their learning to the wider community in ways that are understandable, current and contextualised.

PAR is an effective and versatile tool in the development of young people’s knowledge, skills and abilities so that they will become experts on issues of importance to them, acting as a catalyst for systemic change in collaboration with their peers and supportive adults.

4.4 RESEARCH DESIGN

The research design can be defined as an outline of the complete investigation procedure, starting with the fundamental beliefs and notions underpinning the investigation (Denzin & Lincoln, 2005; Maree, 2007). It describes in detail how the participants will be selected and the data collection methods to be employed, as well as how the data analysis will be conducted (Denzin & Lincoln, 2005; Maree, 2007). If research findings are called into doubt, it is most often the design that is critically assessed for weaknesses (Coolican, 2009).

The purpose of a research design is to plan and structure a given research project in such a manner that the ultimate validity of the research findings will be maximised (Denzin & Lincoln, 2005). This involves making a series of decisions along the following four dimensions:

- The purpose of the research.
- The theoretical paradigm informing the research.
- The context in which the research is conducted.
- The research techniques employed to collect and analyse data.

Research design, therefore, includes the research question, the strategies deemed appropriate for addressing it, as well as the philosophical foundation on which the research will be based (Denzin & Lincoln, 2005).

There are many different types of action research, but for the purpose of my study I adopted a participatory, collaborative approach (Bruce & Pine, 2010; Gordon, 2008). Participatory action research is a process through which people investigate meaningful social topics, participate in research to understand the root causes of problems that directly
affect them, and then take action to influence policies through the dissemination of findings to policy makers and stakeholders (Powers & Allaman, 2012).

Babbie and Mouton (2010) point out the importance of engaging participants in all stages of an action research project, from conceptualisation to evaluation. However, Dick (2012) suggests that as long as there is open and transparent negotiation of the roles and responsibilities of the respective participants and partners at each stage of the action research process, then different stakeholders can be more or less engaged at specific phases. The literature indicates that participatory action research is a practical approach in which the participants become co-researchers regarding a problem that has a direct impact on them, seeking a solution to address this problem (Brown & Rodríguez, 2009). In this study, the participating peer educators engaged in a ‘social participatory process’ (Pine, 2009:53) to find ways to reduce the high teenage pregnancy rate at their school.

McGarvey (2007) describes participatory action research as a partnership between all stakeholders, including those in position of authority, describing it as ‘bottom up’ and ‘inside out’ research. In this study, I, as a post-graduate student and a teacher at the same school as the participants, collaborated with them in a series of action research cycles to help them to identify their goals, design and implement preventative strategies, and then evaluate the impact thereof from various perspectives. Zuber-Skerritt (2011) integrates participatory action learning with action research (PALAR); the only difference between the concepts being that action research is action learning that has been validated and disseminated in the public domain. PALAR involves a way of thinking that is informed by one’s values and paradigms in order to improve practice (Zuber-Skerritt, 2011). Although I prefer to use the term participatory action research, I drew on the notion of an action learning set (Zuber-Skerritt, 2011) from the PALAR design. An action learning set consists of a group of participants and a facilitator who meet regularly to discuss and share their learning about the issue in question (Zuber-Skerritt, 2011). The peer educators, the outside facilitator and I formed an action learning set that met regularly to reflect on the process and our mutual learning.

The research design of this study consisted of two cycles:
4.4.1 Cycle One of the research

The aim of this first cycle was to help peer educators explore their knowledge, feelings and experiences in connection with teenage pregnancy to identify the themes, needs or issues that might inform their subsequent action.
In the first cycle, learners that had fallen pregnant in the previous two years, or who had impregnated a school girl, were also included as participants, as an important source of knowledge regarding lived experiences and the underlying causes of teenage pregnancy. This cycle helped me to find answers to the first of my sub-questions, namely “What do learners themselves know, feel and experience with regard to the causes and effects of teenage pregnancy?” The knowledge gained in this cycle helped to inform the actions in the next cycle.

4.4.2 Cycle Two of the research

This is the phase in which the intervention strategies and actions were formulated, implemented and evaluated by the participants. The participants in this cycle were the peer educators. Wood, Morar and Mostert (2007) state that participants in participatory action research are regarded as competent and valued contributors to the inquiry. By involving the participants, I recognised that they had the power to change and improve their own situation (Mertens, 2009). Although I aimed to explore how peer educators could be engaged in the prevention of teenage pregnancy and investigate prevention strategies, I realised that other findings were also emerging, as explained in Chapter Five, which gave me a broader sense of the context in which the study took place. We, myself and the participants, were therefore creating knowledge at all stages of this exploratory journey, in line with the aim of action research (Koshy, 2010).

- How may a participatory methodology help learners to create relevant and contextualised strategies for addressing teenage pregnancies?
- How could such strategies be implemented in a school system?

The next generation of peer educators will hopefully continue to explore ways to effectively prevent teenage pregnancy at the relevant secondary school.

4.5 RESEARCH METHODS

Research methods are concerned with the technical side of the research investigation, such as sampling and data collection techniques, data analysis tools and measures to ensure trustworthiness (Bogdan & Biklen, 2007). In this study, I adopted qualitative and participatory research methods to align with the paradigm of the study.
4.5.1 Participant recruitment

The school where I was teaching at the time of the research was the research site, enabling me to access participants. This was a form of convenience sampling (Nieuwenhuis, 2007), since I chose the site where I could easily access participants. As convenience sampling implies the possibility of the participants not reflecting a true representation of the greater population (Nieuwenhuis, 2007), the implication exists that the results of this study may not be generalised to the greater population. However, it was not my aim to obtain generalisable findings, but to rather focus on the experiences of a selected group of peer educators.

In terms of participants, there were two groups. Group one consisted of six teen mothers and two teen fathers from my school, whom I recruited by means of snowball sampling (De Vos et al., 2002). I selected teen mothers who had unplanned pregnancies from uncoerced sex, since their experience would yield valuable information as to how the youth constructed the phenomenon of teenage pregnancy. I also selected teen fathers, because it was important for me to gain the male perspective on the issue. This group was only involved in Cycle One.

I also purposefully selected (Niewenhuis, 2007) 24 out of the larger pool of learners who had been trained by the Department of Education to serve as general peer educators in the school. They were selected according to the following criteria:

- Youth between the ages of 16-18 years who had been selected and trained as peer educators, by the Department of Basic Education.
- Deemed by myself as teacher to possess suitable personality traits and potential for leadership and displaying good role model behaviour at school.
- Interest in volunteering for the project.

Table 4.2 provides an outline of the biographic data of the participants:
TABLE 4.2: Overview of biographical information of all participants

<table>
<thead>
<tr>
<th>Participant Number</th>
<th>Age</th>
<th>Grade</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>16</td>
<td>11</td>
<td>F</td>
</tr>
<tr>
<td>2</td>
<td>15</td>
<td>10</td>
<td>F</td>
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<tr>
<td>3</td>
<td>17</td>
<td>11</td>
<td>M</td>
</tr>
<tr>
<td>4</td>
<td>17</td>
<td>11</td>
<td>F</td>
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<tr>
<td>5</td>
<td>15</td>
<td>11</td>
<td>F</td>
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<tr>
<td>6</td>
<td>16</td>
<td>10</td>
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<td>7</td>
<td>17</td>
<td>11</td>
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<tr>
<td>8</td>
<td>16</td>
<td>11</td>
<td>M</td>
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<td>9</td>
<td>18</td>
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<tr>
<td>10</td>
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<td>F</td>
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<td>11</td>
<td>16</td>
<td>10</td>
<td>M</td>
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<tr>
<td>12</td>
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<td>10</td>
<td>F</td>
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<td>13</td>
<td>16</td>
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<td>M</td>
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<td>16</td>
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<td>20</td>
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<td>21</td>
<td>16</td>
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<td>M</td>
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<tr>
<td>22</td>
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<td>23</td>
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<td>F</td>
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<tr>
<td>24</td>
<td>16</td>
<td>11</td>
<td>M</td>
</tr>
</tbody>
</table>
4.6 RESEARCH PROCESS

4.6.1 Data generation techniques

James et al. (2008) state that qualitative data collection tools are employed when researchers require in-depth information to create an understanding of how the participants appropriate meaning to the context and, in turn, how they are influenced by it. I employed multiple methods for triangulation and cross checking of multiple perspectives and information to enhance the validity of my study (Darbyshire, MacDougall & Schiller, 2005; Veale, 2005).

4.6.1.1 Individual unstructured interviews

Basit (2010) states that interviews are regarded as the most widespread method of collecting data in a qualitative inquiry. An interview is described by some investigators as an exchange of opinions between two or more individuals on a subject of common interest conducted by one person who wishes to obtain information from the other person (Bogdan & Biklen, 2007; Boyce & Neale, 2006; Cohen et al., 2013).

<table>
<thead>
<tr>
<th>Participant</th>
<th>Gender</th>
<th>Age</th>
<th>Child’s age</th>
<th>Home Circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>F</td>
<td>19</td>
<td>13 months</td>
<td>Stays with grandparents</td>
</tr>
<tr>
<td>2</td>
<td>F</td>
<td>19</td>
<td>1 year</td>
<td>Stays with parents</td>
</tr>
<tr>
<td>3</td>
<td>F</td>
<td>20</td>
<td>2 years</td>
<td>Stays with parents</td>
</tr>
<tr>
<td>4</td>
<td>F</td>
<td>18</td>
<td>15 months</td>
<td>Stays with family of the father</td>
</tr>
<tr>
<td>5</td>
<td>F</td>
<td>19</td>
<td>14 months</td>
<td>Stays with parents</td>
</tr>
<tr>
<td>6</td>
<td>F</td>
<td>18</td>
<td>16 months</td>
<td>Stays with mother</td>
</tr>
<tr>
<td>7</td>
<td>M</td>
<td>18</td>
<td>1 year</td>
<td>Stays with grandparents</td>
</tr>
<tr>
<td>8</td>
<td>M</td>
<td>17</td>
<td>14 months</td>
<td>Stays with parents</td>
</tr>
</tbody>
</table>

Although the peer educators also gathered data from their peers in Cycle One, and we held a focus group discussion with other learners in Cycle Two and asked teachers about their experience of the influence of the project, these groups were not regarded as participants in the participatory action research process.
According to Wellington (2000) and Leedy and Omrod (2001), interviews yield a great deal of useful information and are good ways of accessing people’s perceptions, meanings, definitions of situations, and constructions of reality. Researchers can employ different types of interviews, namely structured interviews, semi-structured interviews, and unstructured interviews.

I employed one-on-one unstructured, discursively-oriented interviews with the young mothers and fathers in my study in Cycle One (Henning et al., 2004) to encourage the participants to freely express their thoughts about themselves, their relationships and vulnerability, thereby creating the opportunity to probe and gain a better understanding of how they understood teenage pregnancy (Cohen et al., 2013). I chose to use individual unstructured interviews with the learners – all young mothers and fathers – to gather information on how they viewed teenage pregnancy and what impact it had had on their lives, as well as what ideas they had for its prevention. However, since I was their teacher and felt that that fact might inhibit them, I asked an outside social worker who had worked in the school previously to conduct the interviews. She explained to the participants that she would like to hear their views on teenage pregnancy. She asked the participants the following main questions, following up with probes for deeper understanding, according to their responses:

- How did you manage to fall pregnant/get a girl pregnant?
- What impact did the pregnancy have on your life?
- What advice will you give to other young people to avoid falling pregnant while at school?

The individual interviews afforded the participants privacy (Basit, 2010). This was important to me, as I did not want to expose them to any embarrassment. I also thought they might talk more freely if they were on their own (Cohen et al., 2013). It was more time consuming and more expensive in terms of transcriptions, but I think that the ethical considerations warranted this and that the data generated was richer than would have been elicited through group discussions (Bogdan & Biklen, 2007; Leedy & Omrod, 2001).

One difficulty in interviewing around such a sensitive topic is that some of the participants might not feel comfortable about answering questions in face-to-face interviews. Flexibility can also result in inconsistencies across interviews; and too large a volume of
information could be difficult to transcribe and manage (Cohen et al., 2013; Leedy & Omrod, 2001). I attempted to put the participants at ease by using an outside interviewer, who was not connected to their school. I conducted only six of these interviews, and the data therefore did not become unwieldy to manage.

4.6.1.2 Focus group interviews

Gubrium and Holstein (2001:141) define the focus group interview as “a research technique that collects data through interaction on a topic determined by the researcher”. Creswell (2005) describes focus group interviews as the process whereby data are gathered through interviews with a group of people, typically four to six.

There are different types of focus groups, namely exploratory focus groups, phenomenological focus groups, and clinical focus groups. For the purpose of this study, an unstructured phenomenological focus group was used (De Vos et al., 2002; Macintyre, Rustenburg, Brown & Karim, 2004). Focus group sessions were conducted with the peer educators in Cycle One, and their responses were recorded using a voice recorder, and then transcribed verbatim (ANNXURE A: Focus group discussion with peers). Implementing the focus group session in an unstructured way assists in letting the conversation flow more naturally and making sure key questions are covered (New York State Teacher Centre, 2010). This method is useful for research, because participants are encouraged to talk to one another, ask questions and comment on each other’s experiences and points of view. Focus group interviews encourage the investigation of the experiences of participants, as these are ‘lived’ ‘felt’ and ‘undergone’ (Cohen et al., 2013:38).

The purpose of the focus group interviews held in Cycle One of this study was to stimulate discussion to provoke and ascertain the youth’s views on teenage pregnancy, to answer the research question:

- What do learners themselves know, feel and experience with regard to the causes and effects of teenage pregnancy?

I introduced all the participants to one another and then informed them of the expectations hold of the group and the purpose of the discussion. The participants were encouraged to express their opinions freely, whilst, simultaneously no-one should feel obliged to speak. I
introduced a recent article that appeared in a local newspaper titled: ‘Pregnant schoolgirls left in lurch’ (John, 2013). This was used as a prompt to elicit responses from the participants. An independent facilitator conducted the interview, for the same reasons given above, using the following grand tour question (Lichtman, 2010:144): “Tell me about your experience of teenage pregnancy…” She then probed for further information on their views of the causes and consequences of teenage pregnancy, allowing the responses of the participants to guide the interview. Altogether four focus groups were held to accommodate all twenty peer educator participants. The focus group interviews were captured via audio-recordings, transcribed and then analysed so as to ascertain a comprehensive picture of the learners’ responses to the article and question.

Both advantages and disadvantages are attached to focus group interviews. The face-to-face involvement of a qualified moderator can help ensure that the conversations remain on track (Babbie & Mouton, 2010). The moderator encourages participant management to prevent one person dominating the discussion, and allows the group participants to interact with one another. The moderator can modify the topics to make them more suitable for the purpose. Focus group interviews are easy, cheap and quick to conduct and could generate richer responses, as they allow the participants to challenge one another’s views. Data are generated in a shorter period of time than during formal one-on-one interviews. In addition, group interviews are more flexible than surveys or scales, because they allow for question clarification and follow-up questions to probe vague or unexpected responses (Babbie & Mouton, 2010:292; Creswell, 2005:15; Fern, 2001:45).

The disadvantages focus group sessions, however, may include that they tend to be influenced by one or two dominant members, making the output biased. Focus groups are also less effective in dealing with sensitive topics, as focus group output cannot be generalised. Focus groups constitute a very artificial environment, which can influence the responses generated. Focus groups are therefore not designed to provide statistical projections; to help participants reach consensus on a given issue; to resolve personnel issues; or to change people’s attitudes (Krueger & Casey, 2000). The researcher has less control over the data generated, which makes data analysis more difficult.

Focus groups were also used in Cycle two. One focus group, consisting of those peer educators who were available at the time (n=14) and another with volunteer participants
from the general learner population (n=10) were conducted to ascertain the impact of the project within the school. The peer educators were asked:

*What did you learn from participation in this project – about teenage pregnancy, about yourself or about anything else?*

The volunteer learners were asked:

*What impact did this project have on you, if any?*

### 4.6.1.3 Drawings

Drawings can be used as a powerful technique for eliciting opinions and beliefs, as well as in generating discussion around a particular issue of interest (Stuart, 2007). Drawings are an effective way of encouraging people to express what they are thinking or feeling or longing for or even what they had experienced, both the good and bad, i.e. a stimulus for communication (Stuart, 2007).

Using drawings holds both advantages and disadvantages. Rivard, Gervais, Mitchell, De Lange, MacEntee and Murray (2009) and Mitchell *et al.* (2011) state that the advantages include the following:

- Accessible and inexpensive methodology, quick, unthreatening and fun.
- Suitable data collection tool for use by both children and adults.
- Powerful visual metaphors that can speak very loudly, thereby overcoming limited literacy and language barriers.
- Provide insights into the participants’ points of view.
- Make use of the meanings that participants give to their images, rather than ‘reading in’ your own interpretations.
- Allow a person to externalise emotions and events onto paper. It helps to focus on a therapeutic session.

Drawings also hold disadvantages:

- Fear of not being skilled or talented drawers (Mitchell *et al.*, 2011).
- The subjectivity and difficulty of interpreting a drawing (Wetton & McWhirter, 1998).
The steps I followed in respect of using drawings in this study were as follows:

At the development workshop held with the peer educators, I included an activity in which they were given the following instruction:

Draw a picture/symbol to describe your view on teenage pregnancy. Write or draw what comes to mind. How well you draw does not count. Write a caption and an explanation of the drawing.

I reminded the peer educators that the quality of their drawings was unimportant. The paper and drawing material were distributed and the peer educators had to draw what came to mind. They were given 15 minutes to complete the drawing. The peer educators had to write about their drawing in order to contextualize it and to explain the meaning and intention behind it. There were two boys that could not express themselves in writing, so I invited them to tell me about their drawings.

After the drawings were completed, we progressed through the following phases:

- Phase 1: Looking at the drawings
- Phase 2: Presenting it to the rest of the group
- Phase 3: Selecting and categorising activity
- Phase 4: Developing a curatorial statement
- Phase 5: Creating a visual display
- Phase 6: Reflecting on the process, using questions such as the following:
  - Why did you draw this?
  - What is the meaning of your drawing?
  - What kind of challenge does the drawing represent?

4.6.1.4 Open-ended questionnaire

The peer educators developed an open-ended questionnaire to gather data from their peers to supplement their own knowledge, feelings and experiences of teenage pregnancy. Using questionnaires holds both advantages and disadvantages. Parsons (2013) states that the advantages include the following:
• An open-ended questionnaire offers an objective means of collecting information about people’s knowledge, beliefs, attitudes and behaviour.

• It is a suitable data collection tool for sensitive topics about which respondents may feel uncomfortable to speak to an interviewer.

• Participants have time to think about their answers, as they are not usually required to reply immediately.

• The format is familiar to most participants.

• It is simple to administer.

• Information is collected in a standardised way.

• It is straightforward to analyse.

Questionnaires also hold disadvantages:

• If you omit a question, you usually cannot go back to the respondents, especially if they are anonymous.

• Respondents may ignore certain questions.

• Questionnaires may appear impersonal.

• Questionnaires may be incorrectly completed.

• Respondents may misunderstand questions because of poor design and ambiguous language.

The peer educators decided on three questions to ask their peers. Each peer educator a questionnaire to one of their peers (i.e. not in the peer educator group) to complete (see Table 5.1, page 97).

The questions were:

• What do you think and feel about teenage pregnancy?

• Why do you think it is such a problem in your school?

• What would you, as youth, do to lower it?

The answers to these questions would help the peer educators and myself to understand the answer to the first research question and to decide on the way forward in developing youth friendly strategies for prevention.
Adrian & Day, 2013). Open-ended questions are easier and quicker to handle for peers who have little time for or experience in interviewing. I workshoped the peer educators on the questions that they decided on.

4.6.1.5 Photovoice

Photovoice is a participatory research methodology, used originally in the field of public health (Wang, 2005). Photovoice, according to Wang and Burris (1997), is a process that allows people to identify and reflect on their strengths and concerns in response to a specific prompt. The creation of images allows participants to take the lead in inquiry and draw on their knowledge, stemming from their lived experience of the phenomenon being explored. The participants then become more than mere informants: they become transcultural knowers (Butz & Besio, 2004:355). It is a useful tool, as creative images convey messages in a way that words cannot express (Gauntlett & Holzwarth, 2006:82).

The core elements of visual methodologies are that they are fun, and creative and allow for the development of new knowledge of the topic, which ultimately leads to a change in how it is conceptualised and addressed by participants (De Lange, Mitchell, Moletsane, Stuart & Buthelezi, 2006). There are certain advantages attached to photovoice, such as that data can be gathered quickly. Also, it provides descriptions and visual imagery that gives meaning to the data collected.

Parthasarathy and Pies (2008) state that photovoice is useful to:

- help participants identify community strengths and challenges;
- promote dialogue and discussion about pertinent issues;
- facilitate participants to decide for themselves what is important and what needs to be preserved, and what needs to change.

I used photovoice in Cycle Two to help the participants create tools for prevention education. This method of data collection was deemed suitable for my study, because it embraced the prospect of unlocking a deeper understanding of teenage pregnancy and its impact, as visualised by the youth in this school. The photographs taken by participants exposed me, as the researcher, to the opinions, perspectives and experiences of my learners around teenage pregnancy, and in a way that was non-threatening to them.
The process of photovoice was as follows: I introduced the concept, photovoice, to the participants by explaining its uses and goals as an instrument to promote change (Wang, 1999). I then showed them examples of pictures, with captions, to consolidate the concept. In photovoice, a prompt is given to the participants, to aid them in taking the photographs. In this case, the prompt was: ‘Take photographs that represent a message that you would like to give about teenage pregnancy’.

I explained the basic functions of the camera and how to attain special effects, and allowed them to practise by giving each of them a sheet of paper on which they could number their photos and note down why they took them. I then split them into four mixed gender groups of five members each.

I also discussed with them the ethics of taking photographs. My participants were reminded that they were not allowed to take pictures of people without their consent. I gave them a consent form that they could ask people to sign and also guided them in taking pictures without identifying the person. For example, they could zoom the camera in on part of the body, not the face, or take the person from the back, or they could photograph each other.

Six participants in each group each took two pictures. I printed the photographs on a portable printer and gave them back to the participants. They arranged the ten photographs on a large sheet of paper, added captions and a title to the display. The four groups then viewed each other’s posters and I taped the discussion that ensued. Each participant then chose one photograph that he/she wanted to write about (not necessarily one of his/her own). The detailed narratives and photographs then served as rich sources of data about the messages they wished to convey to other youth about teenage pregnancy. At the end of the session, the learners engaged in a reflection session on their participation and what they had learnt from it. This session was recorded and transcribed.

4.6.1.6 Participatory video

Participatory research refers to research that involves people with direct experiences having a voice in the research process (Bennett & Roberts, 2004) – in other words, from defining the issues to working out solutions. In this study the focus was on visual participatory research. The participatory video used in this study served as a learning tool
that encourages thinking and the active participation of learners themselves, in terms of which they decided which direction the work should take.

Using participatory videos has both advantages and disadvantages. Bennett and Roberts (2004) and Punch (2002) list the advantages as that the videos offers a critical way to engage learners in research to encourage reflection on their own practices, and to take action. It can also be therapeutic, as the participants are fully involved and generally have fun (De Lange et al., 2006).

Further advantages include:

- This method is qualitative, using not only expressive language, but also creative images.
- Data can be gathered quickly.
- It generates useful and relevant data.
- It is a suitable data collection tool for use by both children and adults.
- It is an effective tool for helping to shift mindsets and raise awareness around specific issues.

Participatory videos also hold disadvantages, notably that it is an expensive methodology.

I used a participatory methodology, namely video production in Cycle Two. This method of data collection was suitable for my studies, because it unlocked incisive views of teenage pregnancy and its impact.

The process around the participatory videos was as follows:

4.6.1.6.1 Production process

Planning the participatory videos. Pre-production of the planning and writing stage of the video production.

Each group received a storyboard template on which to plan the presentation of their chosen topic. They had to decide on and allocate roles: actors, director, timekeeper and video camera operator. The participants worked in groups and were provided with the following prompt:
4.6.1.6.2 What messages do you wish to convey regarding teenage pregnancy?

The participants were encouraged to brainstorm all possible ideas related to the prompt. All the ideas were recorded on a flipchart. The participants chose one topic/idea on the list that they thought was the most important and could be visually represented. The learners placed coloured sticky dots on their choices. The participants planned the presentation of their topic using the storyboard template. They considered the central idea they wished to convey and were given ‘free reign’ (De Lange, 2008) in how they presented their video. They then came up with a title, and the concept was presented to the whole group.

4.6.1.6.3 Making the participatory video

The use of the camera was demonstrated and time was allowed for experimentation with the camera to gain familiarity. An hour and a half was allowed to shoot the participatory video, which ranged from 3 to 5 minutes in length. A data projector was set up to show the videos created by all the groups. Each group introduced its video and the audience was encouraged to participate.

4.6.1.6.4 Making a composite video to attain feedback

The end products – the videos of their engagement – were compiled into a composite video, also containing footage of the context and process, and this video was screened to a wider audience. This served to attain feedback and input from peer educators and learners that were not involved.

4.6.1.7 Observations

Trochim (2006) asserts that direct observation is a useful tool in qualitative research. Johnson and Christensen (2008) define observation as watching the behavioural patterns of people in certain situations, to gather information about a specific topic. Thomas (2009) regards observations as one of the most important ways of collecting data in social research, as it affords one the opportunity to systemically observe particular kinds of behaviour in a natural setting.

Johnson and Christensen (2008) state that when conducting qualitative observation, it is imperative that one recalls exactly what one has observed. For this purpose, I made
copious notes of what was observed and reflected on these notes soon afterwards to ensure that important details would not be overlooked.

For this study, unstructured observation was used, to enable me to immerse myself in the social situation in order to understand what was happening (De Vos et al., 2002). I took every opportunity to observe how the peer educators interacted during our sessions and also when they interacted with other learners outside of the sessions around the topic of teenage pregnancy. However, I strived to be as unobtrusive as possible, so as not to bias the observations. I watched the participants as they interacted, rather than taking part, and was focused on what the peer educators were doing. I observed the peer educators, rather than becoming immersed in the entire context.

4.6.1.8 Reflection diaries and learners and teachers’ journals

Research journals are often called reflection diaries, ‘action research journals’ or ‘logbooks’. The research journal is a legitimate source of data and a qualitative research method. It constitutes the researcher’s subjective perspective, which needs to be triangulated with other perspectives (Zuber-Skerritt, 2012). The purpose of systematic diary writing is to capture the creation of new knowledge and to make the researcher’s inferred knowledge evident.

Using reflection diaries offers both advantages and disadvantages. Zuber-Skerritt (2012) states that the advantages can include the following:

- Keeping a reflection diary in such a systematic manner has the advantage that qualitative researchers can learn from their experience.
- It helps with the development of learning principles and personal theories.
- It saves time in the long run in the writing of reports.

Reflection diaries and learners’ journals also hold disadvantages, as it is difficult to take time out for recording the main events and the participants may not be very experienced in writing detailed and in-depth reflections (Kearney, Wood & Zuber-Skerritt, 2013). I therefore spent some time coaching participants in how to write reflections.

In addition, I kept a research journal to help me account for particular events and situations, with discipline notes that I could use in writing the thesis. A research journal
acts as a log of anecdotes and exact words as well as subjective impressions of the actions unfolding. Mills (2007) suggests that journals may provide valuable ‘windows’ into the insights, thoughts and impressions of a situation. I also kept this research journal to describe and keep record of the research process, in other words, as a memory tool, to help me remember events at a later stage.

The participants’ journals contained their personal narratives, perceptions and experiences during the study. I refrained from being prescriptive by allowing them to write about their views on teenage pregnancy in their own way. The journals were particularly helpful, as they contained a record of the participants’ feelings and impressions about the research, which they might not have shared readily in oral form.

I approached four teachers who were all involved in Life Orientation and counselling. I asked them to provide me with written reflections on their observations relating to changes in the peer educators and other learners as the research process unfolded. Participation was voluntary. Throughout the research process (Cycles One and Two), I supplemented my reflections with field notes that captured my observations of a more practical nature (McMillan & Schumacher, 2010; Niewenhuis, 2010). I chose to write descriptive field notes (Mulhall, 2003), as I believe they would assist in my data generation and analysis. I wrote notes after every data generation episode, in addition to my critical self-reflections and general reflections on the process.

4.6.2 Data analysis

The goal of qualitative analysis is to condense a large volume of data to enable researchers to interact with it in a meaningful way (Lichtman, 2010). It is a process in terms of which the researcher sorts and re-sorts data until overarching conclusions or theoretical understandings emerge (Springer, 2007). The method comprises three steps, namely organising the information, identifying the themes by means of coders, and interpreting the data.

For the purpose of this study, I made use of the data analysis process, postulated by Tesch’s steps in Creswell (1998), common to most qualitative studies. The first step was the organising of the total data set of individual unstructured interviews, focus groups, photographs and narratives, recorded group discussions, fieldnotes, reflection diaries, and
learner journals. I started reading the responses to the interviews, making an in-depth study of individual and group discussions. This required working inductively, reading the data repeatedly to get an overview thereof, followed by mind maps that assisted me in forming an understanding of the transcripts. I proceeded by organising the data into files, jotting notes in the margin, coding the data, and placing it into different categories.

The second step encompassed the identification of themes through a coding system. The codes consisted of words or phrases that captured a pattern of ideas, grouped together until a theme emerged. This was an ongoing process, in terms of which categories were compared and new categories were created as new data emerged. This method enabled me to distinguish similarities and identify causalities and consequences. James et al. (2008:88) are of the opinion that a code allows researchers to carefully organise and document their work in categories, which enable them to review the data with a fresh perspective. The codes were attached to the different categories, and overarching themes emerged. As the data was examined repeatedly, more nuances of the phenomenon were uncovered. The process was repeated until no new categories emerged. The final step involved writing up my interpretations, while remaining true to the participants’ views, respectfully detailing their experiences and comments.

In both cycles in my presentation and discussion of the themes, I used verbatim quotes (Creswell, 2009) from the participants’ explanations and my fieldnotes to ensure the trustworthiness of the data. I interpreted this data in relation to the social learning theory of Bandura, the socio-ecological theory of Bronfenbrenner as my theoretical framework, and the literature reviewed on the phenomenon of teenage pregnancy.

4.7 ENSURING THE QUALITY OF THE RESEARCH PROCESS

Trustworthiness is synonymous with the following criteria: credibility (to ensure the value of the findings); transferability (to ensure the applicability of the findings); and confirmability (to ensure the criterion of neutrality) (Creswell, 2005; Lincoln & Guba, 1985).

Validity involves establishing the truth or trustworthiness of a claim to knowledge by comprehensively questioning it (Whitehead & McNiff, 2011). Validity is concerned with the accuracy of findings. An account is considered true if it accurately represents those
features of the phenomena that it is intended to describe or explain. I was obligated to report and interpret the realities as truthfully as possible.

Greenwood and Levin (2007) explain credibility as the arguments and processes that must be followed in order for someone to trust the research results. I endeavoured to comply with the requirement of internal credibility by applying the following elements:

- **Making sense:** In this study, I not only offered my best judgment, but also showed how knowledge was continually formed and that the process was never final; within one cycle of reflection resided the potential for the next research process.

- **Triangulation:** Creswell, Fetters and Ivankova (2004) recommends more than one strategy to check the accuracy of findings. In order to establish the validity of my research findings, I showed that different sources offered the same information and themes in a consistent manner. This strategy dictated that I apply member-checking by taking the findings back to participants to determine the accuracy of my reporting.

In this study, the model of Herr and Anderson (2005) was employed to ensure the validity and authenticity of the research.

**TABLE 4.4: Anderson and Herr’s Goals and Action Research and Validity Criteria**

<table>
<thead>
<tr>
<th>Goals of Action Research</th>
<th>Quality/Validity Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 The generation of new knowledge</td>
<td>Dialogical and process validity</td>
</tr>
<tr>
<td>2 The achievement of action oriented outcomes</td>
<td>Outcome validity</td>
</tr>
<tr>
<td>3 The education of both researcher and participants</td>
<td>Catalytic validity</td>
</tr>
<tr>
<td>4 Results that are relevant to the local setting</td>
<td>Democratic validity</td>
</tr>
<tr>
<td>5 Sound and appropriate research and methodology</td>
<td>Process validity</td>
</tr>
<tr>
<td>6 Effectiveness of the report</td>
<td>Rhetoric validity</td>
</tr>
</tbody>
</table>
4.7.1 Dialogical and process validity

Dialogical validity refers to what extent ongoing learning takes place through critical reflection during the cycles of enquiry. During the research process, participants should engage in critical and reflective dialogue (Argyris, 1988) with each other, to enhance their mutual learning and to give greater insight into the phenomenon under inquiry.

Process validity deals with how we define evidence. According to Herr and Anderson (2005:16), “the notion of triangulation, or the inclusion of multiple perspectives, guards against viewing events in a simplistic or self-serving way.” The participants were involved, and I regarded them as insiders who had valuable knowledge to share. Their voices were heard through the participatory strategies adopted, as indicated by the evidence provided. I also explained the research process in a detailed way, which provided evidence of its rigour.

4.7.2 Outcome validity

Outcome validity refers to the extent to which the action taken leads to a resolution of the problem that leads to the study. Greenwood and Levin (1998) also refer to it as workability. It has to do with the successful outcome of the research project on different levels. With reference to the practical outcome, the peer educators in this study were able to design and implement some strategies to educate other learners about teenage pregnancy. On the emancipatory outcome, a shift in their way of thinking was evident (see Chapters Four and Five).

4.7.3 Democratic validity

Democratic validity is the underlying philosophy that guides the researcher in all interactions and communications with the research participants. All conversations are on a level of respect and equality among peers. This study aimed to include and respect the multiple voices of the participants. Their opinions and perspectives were considered and respected, and they participated in the design and implementation of the strategies.
4.7.4 Catalytic validity

Catalytic validity is the degree to which the research process reorientates the participants’ view of reality in order to change or transform (Herr & Anderson, 2005). Action research is research practice with a social change agenda (Greenwood & Levin, 1998). The researcher needs to be open to reorientating the participants’ views and roles, and I attempted to do this throughout the study. The research project excited the participants and increased their belief and confidence that they could do something to make a difference (see Chapters Five and Six).

4.8 ETHICAL CONSIDERATIONS

Ethics refer to a system of moral behaviour. Research ethics provide researchers with a code of moral guidelines on how to conduct research in a morally acceptable way. As in any sphere of human life, certain kinds of conduct are morally acceptable, whereas others are not (Mouton, 2009).

Prior permission to conduct this research was granted by the Education Research Ethics Committee of the Nelson Mandela Metropolitan University. Prior to that, I had to seek consent from the teenagers’ parents. Based on the information, the potential participants and their parents and legal guardians had to make a decision whether to volunteer their participation. I used a gatekeeper to facilitate initial contact with the participants, and the gatekeeper disclosed contact details to me only after receiving the sought permission from the participants. I explained the purpose of my study, the research process, what participants would be doing and how this study would be beneficial to the participants (ANNEXURE B: Consent form sent to parents). In the school, I asked the gatekeeper to send the consent form to the children’s parents.

As much as the parents had given consent, I was aware of the importance of the participants’ assent to the research (De Vos et al., 2011). Before I embarked on the research process, I had to talk to them about my research purpose and how the study would benefit them. I explained to the peer educators that a peer mentor would work through the content once a month after school for three hours. I added that they would be expected to participate and give their input on the discussions (ANNEXURE C: Participants’ consent form).
The participants were assured of issues of privacy, as well as their obligation to respect the confidentiality of any information shared by others during the study (Somekh & Lewin, 2005). It was the goal of my study to gain in-depth understanding (Strydom, 2005) of the experiences of participants in collaboration; therefore, I had to establish an environment in which participants felt sure and confident enough to share their views without hesitation. In order to maintain rapport, I applied the principle of trust throughout my research process. The participants were not misled in any matter. I also explained that people who would learn about the results of this study included themselves, other learners and also the broader community, since I was going to present my research findings. They signed agreement that they were happy that their identity would be revealed in the videos and other photographs.

I explained to them that they could withdraw from the study at any time (De Vos et al., 2011). I was aware of literature that cautioned about this clause in ethics. I emphasised to the learners that as much as I would love to hear their opinions on the matter that I was investigating, they had the right to withdraw their participation at any time and that they should not feel apprehensive about their decision.

Research warns against asking children questions that could cause distress (Darbyshire et al., 2005), and in case the participating teenagers felt emotionally affected by the research process, I made arrangements for them to receive help and counselling from a qualified professional. However, throughout the research process, there were no cases where learners expressed that they had been emotionally affected. Permission letters from both the District Office and the relevant school principal were obtained before the start of the investigation process (ANNEXURE D: Permission Letter from District Office; ANNEXURE E: Letter requesting Permission and Consent from Principal). All these precautions confirmed my commitment to ensure that the research would be conducted in an ethical and reflective manner (Mouton, 2009; Wellington, 2000).

4.9 LIMITATIONS OF STUDY

This study was a qualitative study, and the size of the sample was small; therefore, it is not possible to generalise the research findings to all cases of teenage pregnancy. The study sample was confined to a school in the Northern Areas of Port Elizabeth.
4.10 SUMMARY

In this chapter, I explained and justified the participatory research design, paradigm and methodology. The data collection methods employed in this research investigation were also justified in terms of their suitability for this study. Ethical considerations and trustworthiness were discussed in the context of the study. The chapter concluded with a brief description of the limitations of the research investigation.

In Chapter Five, the first cycle of participatory action research will be presented and discussed. The research findings will be discussed in detail, supported by participants’ comments, extracts from journals and views from the literature.
CHAPTER FIVE:
FINDINGS AND DISCUSSION OF CYCLE ONE: HOW YOUTH PERCEIVE TEENAGE PREGNANCY

5.1 INTRODUCTION

The previous chapter study presented a theoretical discussion of the research design and methodology followed in this study. This chapter will focus on the research findings, in response to the first research sub-question:

*What do youth themselves know, feel and experience with regard to the causes and effects of teenage pregnancy?*

This chapter presents an analysis and interpretation of the themes, sub-themes and categories emerging from the research findings, supplemented by literature to verify or contradict the results. I undertook a literature study (see Chapters Two and Three) to help me define the research question and to ensure that the study was in line with what was already known about the research topic (Thomas, 2009:30). In Chapter Four, I explained the PAR design chosen for the study. This chapter focuses on the findings from the first cycle of the research study, which aimed to explore youth narratives on the topic; what they thought, knew and felt about teenage pregnancy. It was necessary to start with this, as I wished to ascertain if the participating youth did indeed regard it as a problem that they wanted to do something about and, if so, to help them to determine how to best do this. Since they would be fully participating in the research process, this initial exploration of their own and their peers’ narratives of teenage pregnancy would help them become more aware of their own attitudes, values and behaviour and how these might influence their roles as peer educators. To supplement their own narratives, they gathered data from their peers. Teenage mothers and fathers were also interviewed to gain the perspectives of young people who had first-hand experience of pregnancy and parenting, to add another perspective on it.
The research methods employed in this cycle are shown in Table 5.1 below.

### TABLE 5.1: Data generation and analysis activities and strategies for Cycle One

<table>
<thead>
<tr>
<th>Data generation strategies</th>
<th>Data documentation</th>
<th>Interview questions/prompts</th>
<th>Data generated and analysed by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual interviews with 2 teen fathers/6 mothers</td>
<td>Transcribed <em>verbatim</em> interviews</td>
<td>• Tell me about your experience of teenage pregnancy</td>
<td>Generated by independent interviewer to encourage openness; analysed by academic researchers and peer educators</td>
</tr>
<tr>
<td>2 Focus group 24 interviews with peer educators</td>
<td>Transcribed <em>verbatim</em> interviews</td>
<td>• Tell me about your views on teenage pregnancy</td>
<td>Generated by independent interviewer to encourage openness; analysed by academic researchers and peer educators</td>
</tr>
<tr>
<td>Drawings by 24 peer educators of how they perceive teenage pregnancy, with narrative descriptions</td>
<td>Drawings and narratives</td>
<td>• Draw a symbol or representation of what teenage pregnancy means to you. • Write or draw what comes to mind – how well you draw does not count.</td>
<td>Generated by peer educators and co-analysed with academic researchers</td>
</tr>
<tr>
<td>Qualitative questionnaires given to other learners by the 16 peer educators</td>
<td>Written answers to questions used to synthesise into general narratives of peer educators</td>
<td>• What do you think and feel about teenage pregnancy? • Why do you think it is such a problem in our school? • What would you, as youth, do to lower it?</td>
<td>Generated by peer educators and analysed by them to compile general narratives to add to the data set</td>
</tr>
</tbody>
</table>

### 5.2 PRESENTATION AND DISCUSSION OF DATA

I followed the analysis steps, as outlined in Section 4.5.3. The identifying codes were assigned to indicate the data source and to ensure participant anonymity. “D” refers to drawings, with the participant number following; “TM” refers to teenage mother; “TF” refers to teenage father; “FG” refers to focus group discussion; while “PN” (peer narratives) refer to the data that the peer educators gathered from other learners. The excerpts were quoted *verbatim* and supported with literature, where relevant. The themes are presented as the dominant narratives of the youth with regard to the topic of teenage pregnancy.

Various themes and categories emerged, as indicated in Table 5.2:
TABLE 5.2: Overview of themes and sub-themes in Cycle One

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Teenage pregnancy changes our whole life</td>
<td>1.1 It causes many problems that can threaten our future</td>
</tr>
<tr>
<td></td>
<td>1.2 Our families and communities have a negative influence on us</td>
</tr>
<tr>
<td>2. Our lifestyle and needs make us high risk for pregnancy</td>
<td>2.1 We want to fit in and so we take risks</td>
</tr>
<tr>
<td></td>
<td>2.2 We don’t get love at home so we need to find it elsewhere</td>
</tr>
<tr>
<td></td>
<td>2.3 TV and magazines make risky behaviour attractive</td>
</tr>
<tr>
<td>3. Sexuality education has little impact on us</td>
<td>3.1 We cannot communicate with our teachers</td>
</tr>
<tr>
<td></td>
<td>3.2 Adults judge us</td>
</tr>
<tr>
<td></td>
<td>3.3 We want to hear about sex education from people we can relate to</td>
</tr>
</tbody>
</table>

5.3 THEME 1: TEENAGE PREGNANCY CHANGES OUR WHOLE LIFE

The dominant narrative that emerged was that the youth regarded pregnancy as a life-changing event for teenagers, who were generally inadequately prepared to face the consequences. They portrayed the psychological consequences as considerable, not to mention the financial and family consequences. They believed that teenage pregnancy damaged any hopes for a brighter future. Yet, they did acknowledge that teenage pregnancy did not need to be the end of the world, and could even be beneficial in helping young mothers and fathers to get their lives on track.

5.3.1 It causes many problems that can threaten our future

The participating youth perceived teenage pregnancy as causing severe negative psychological consequences, such as feelings of shame, low self-esteem, fear and depression. These feelings are all interrelated: feelings of shame can erode self-esteem; reduced self-esteem could increase feelings of fear; and, together, these feelings could culminate in depression (Hong & Paunonen, 2009).

The dominant narrative was that falling pregnant made the girls feel ashamed – a profoundly debilitating emotion. Shame causes people to withdraw, and elicits hurt and pain (Bhana & Mambi, 2013):

I felt that after becoming pregnant, I was the laughing stock
amongst my friends [TM2].

At school I feel so bad, because I am supposed to be a learner and now I am pregnant … I feel sad, because I don’t like people talking about me [TM4].

The following drawing and accompanying narrative are indicative of how most of the peer educators perceived that expectant teenagers would feel:

**FIGURE 5.1:  I am all alone (D16)**

This drawing indicates that I made a mistake.

- Am I ready for these responsibilities? Should I go back to school as a mum, or should I have an abortion?
- Being pregnant whilst at school: People are going to speak about me.
- I am being judged.
- I am ashamed.

One of the greatest barriers to assisting young people is their shame about talking to the people who could potentially help them, such as family, educators and health professionals (Richter, Norris & Ginsberg, 2006). Other studies suggest that young people who become pregnant feel confused about their options and are ashamed and worried about the response of their families, teachers and others (Buchman & Robins, 1990).

Shame manifests in low self-esteem. Self-esteem is described as “the evaluation which an individual makes himself and indicates the extent to which the individual believes himself to be capable of achieving goals” (Schaffer, 2010:3). Thus, a low self-esteem will tend to be detrimental to young teenage parents, in that they may limit their aspirations in term of career and life opportunities in general.
Your dreams are shattered; your goal will be difficult to reach [TF2].

Teens with low self-esteem have an increased likelihood of engaging in irresponsible sexual behaviour (Bezuidenhout, 2004; Leerlooijer, Kok, Weyusya, Bos, Ruiter, Rijsdijk, Nshakira and Bartholomew, 2014; White, 2013). Self-esteem is very important when it comes to making good choices; the more teenagers value themselves, the better and healthier the choices they are likely to make (White, 2013). Since self-esteem is shaped by the people around an individual (Skodra & Andreailli, 2011), peer responses to teenage pregnancy have to be such that it will help the young parent regain a feeling of worth and hope for the future, otherwise they will contribute to the problem, rather than offering alternative ideas. The narratives of the youth participating in this study portrayed parents, teachers and other authority figures as being highly critical and judgemental of the behaviour of the youth, especially in falling pregnant.

Despite criticising the judgmental attitudes of adults, the peer educators themselves were also very judgmental at times:

Some parents will treat him like a dog, because what he did, was a dog act [FG2].

The next drawing considers future hopes and dreams. The participants used highly charged emotive language, such as ‘shattering of dreams’, ‘life is in jeopardy’, ‘parents write off the girl’ and the ‘future is a struggle’.
FIGURE 5.2: How pregnancy affects future hopes and dreams (D1)

The exclamation mark in the middle of my drawing symbolizes wrong choices/mistake – the bad idea of teenage pregnancy. The words surrounding symbolize the shattering of dreams like furthering your studies. The words ‘dreams’, ‘future’, and ‘goals’ are surrounded with a big cross over it to point out the points of our lives from that are in jeopardy because of teenage pregnancy. These are the consequences of being pregnant at an early stage.

Question marks are put in the drawing next to the word ‘baby’s life’, as no clear future is set out for the baby, as the young parents would not be able to provide for him/her.

The question is also asked:
- Was it love, or was it by force?

Main consequences:
- Girl left alone to deal with her pregnancy.
- Parents are disappointed and possibly writes the girl off.
- The baby’s father is unable to provide for his child and leaves the girl.
- Girl is filled with emotion like the fear of being alone.
- Girl’s future is a struggle to raise and protect her child.
FIGURE 5.3: How participants saw the consequences of teenage pregnancy (D11)

My pictures represent the following:

1. **Poverty**: The kids think that the grant and money from the father would probably be fun or help their parents as well because of unemployment.
2. **Rape**: Rape is one of the unfortunate causes of teenage pregnancy (girls are drunk – they get raped).
3. **Growing up**: She feels she wants to grow up faster so that she can be treated like an adult and she can do whatever she wants.
4. **Mom and Dad**: They aren’t there for them; they don’t communicate with parents – no role model for them.
5. **Abuse**: The boyfriend abuses her to have sex with him or her parents abuse her so looks for love outside.

The participating peer educators seemed to be convinced that a teenager’s life would be over once he/she had a baby, but the data generated from the teenage parents helped them realise that that was not necessarily the case. However, it was clear that if the participating teenager hoped to pursue the dreams she/he had prior to the pregnancy, adaptation to the new situation was required, also by the family involved.

I wanted to become a fashion designer, I had to change my direction, plans changed my future, changed all my study options – all of that [TM5].

I wanted to become a civil engineer. I took subjects in the technical stream. My parents saved money for me for this career. I was … I don’t know how to explain … I did job shadowing at my father’s company. I thought it would be a case of ‘like father, like son’ but it was just the opposite [TF1].

Although most changes brought on by teenage parenthood were perceived as negative, the lived experiences of the teen parents had a more positive slant. The teenage parents
responded to their situations with responsibility, courage and resoluteness. The teen mothers stated that there was not a question in their minds that they would continue with the pregnancy and keep their children. They accepted the responsibility of becoming teen mothers, even though they were aware of how they might be perceived and judged by friends, family, peers and society in general.

They accepted the responsibility of motherhood, aware of the many challenges that they would face in the immediate future and throughout their lives. In a positive sense, many of the teen mothers had matured, gained more insight into themselves and developed a newfound perspective on life.

Negatively, the teen mothers battled with the challenge of raising their children as young mothers with little financial help. Each of the teen mothers had a unique story and interpretation of how their lives had affected by the pregnancy, the need for aspects of their lives to be put on hold, financial struggles, and dealing with stigmatisation and stereotyping:

Becoming a teen mother helped me realise that how important it is to continue my education. Be serious, and have education and knowledge. Knowledge and education give you power. Power and education makes a difference in my life [TM3].

While teenage pregnancy is not the ideal, it is also not the catastrophic event some of the participants clearly believed it to be. By analysing the data from the interviews with the teenage parents, the other participants were able to learn that, with the correct support, teenage parents could succeed, although it would be more difficult. This helped them to be less judgemental and more nuanced in their view of teenage pregnancy, as indicated in the videos and photo-voice artefacts generated in the next cycle of this research.

The data revealed three types of fears commonly experienced by teenagers regarding sexual behaviour. The first type of fear actually precedes pregnancy, and that is fear of rejection by a romantic partner if the girl refused to engage in sex. This fear led some of the participating young mothers to become sexually active, in order to maintain the attention of their sexual partners, which of course increased the risk of pregnancy:

He said: “If you love me the way I love you, then you can
show me” [TM1].

The second type of fear concerned informing their parents that they were pregnant:

At first, I could not sleep or eat, because I did not know how my parents would react. I felt like a turtle to get in my ‘dop’ come out of my shell when it is safe and clear [TM2].

It is common for pregnant teenagers to experience trauma, fear, shame and embarrassment at having to reveal their pregnancy to family, partners and peers (Richter et al., 2006). Fear also leads to self-stigmatisation, which can cause depression, social isolation, lowered self-esteem and poorer academic performance (Wiemann, et al., 2005):

She might be depressed … she will also feel angry, very moody and despondent. It could also lead to suicide [TM4].

I was depressed for a while [TM5].

I felt neglected … I was not sure about myself … little things upset me at home [TM1].

The third fear was the fear of pregnancy itself and what to expect:

FIGURE 5.4: Fear of pregnancy as expressed by participant (D7)

- The girl is being left alone with the baby and has no knowledge.
- The girl does not know what to do and does not understand the consequences.
- The guy has no responsibilities for the baby.

Statements such as: “Teenage pregnancy is bad!” (see Figure 5.4) indicate that the peer educators tended to adopt the same reaction as the adults, whom they criticised as being judgmental.

The drawings and the accompanying narratives present what the peer educators thought could happen to a girl who fell pregnant.
FIGURE 5.5: How the teen mother is perceived to feel (D12)

This shows what pregnant girls go through:

- Alone;
- Worried;
- Scared;
- Confused.

She will go through many different emotions, which will lead her to do many things.

- Giving the child up;
- Killing herself.

5.3.2 Our families and communities have a negative influence on us

The participating youth were very aware of how living in a socio-economically challenged community negatively impacted on their own behaviour. Unlike children from more advantaged backgrounds, the families in the relevant community were not able to provide financial support. Therefore the addition of an unexpected child would severely strain already stretched budgets. Having to care for another child would increase the likelihood of the teenage parent being trapped in a cycle of poverty.

I always felt bad about it. We are five, and my parents still had to support another mouth [TM2].

The teenage parents realised that, ironically, parenthood stopped them from becoming independent, as it increased their dependence on their parents, at a time that they should be moving towards adulthood and independence:

Yes, it puts a lot of strain on your parents. If she wants to go back to school to finish her career then it will all depend on her parents. Now there is another person that the family must take care of [TF1].

There were also many indications that the parents did not speak to or educate their children about sex, drinking and responsible behaviour.
Mpetshwa (2000) states that teenagers who fall pregnant often experience ill treatment from their parents, who generally feel that their children had betrayed them, which serves to further lower self-esteem. Pregnancy made some of the teenagers feel isolated and rejected by their parents:

My dad and sister were not on speaking terms [with me] for months [TF1].

The adverse socio-economic circumstances in this community, manifest in high levels of crime, alcohol abuse, parental absence, neglect and unemployment, all interacted to limit young girls’ choices about when and how to have sex (Berzin & DeMarco, 2010), which fact was recognised by the youth in this study. There was recognition also of the lack of freedom that girls had to make their own decisions, due to the unequal and often violent gender relations.

Numerous studies have demonstrated that low family socioeconomic status is linked to risky sexual behaviour. Intergenerational sex places teenage girls at particular risk, due to
inequalities of power, yet many girls are driven to engage in relationships with older men, who are in a better position to meet their desire for material goods (Nour, 2006).

Relationships with older men were indeed a reality in this group of youth:

Girls in our area love to go out with older guys – they get paid for a job – no joke – and he calls the shots. She must do what he tells her to do. Sex without a condom – flesh to flesh [FG9].

I was 16 and the guy was 21. I was in love with this guy. It was not the first time that he asked me to have sexual intercourse. I always just said ‘no’. We used to kiss and then he wanted to do it with me and then he said: ‘if you love me the way I love you, then show me’ [TM3].

Several of the peer educators and other youth also voiced the opinion that the girls might be falling pregnant intentionally to access the government grant available for children whose parents cannot provide for material goods, although none of the teen mothers participating in this study mentioned this as a reason for becoming pregnant.

To summarise Theme 1, the main narrative that emerged, is that teenage pregnancy changes lives drastically, with potentially severe emotional, psychological and material consequences. However, the narratives of the teenage parents did reveal some positives, in that pregnancy helped them to grow up, mature and become more responsible. Furthermore, the narratives that the youth shared, suggested that families and communities could have a negative influence on them, specifically with regard to lack of financial resources and abusive home environments. The judgemental attitudes of the peer educator participants did alert us to the need to address this in the next cycle.

5.4 THEME 2: OUR LIFESTYLE AND NEEDS MAKE US HIGH RISK FOR PREGNANCY

The second theme that was identified, relates to how just being a teenager increases the risk of pregnancy. The lifestyle that these youth engaged in, was not necessarily typical of South African youth in general. The community was plagued by a gang culture which placed certain pressures, particularly on the young men. The need to fit in led to increased risk-taking among these youths. Furthermore, they indicated that the desire to be loved,
was a factor in risky sexual behaviour. Finally, the participants stated that the media normalised risky sexual behaviour, thus making it more acceptable.

5.4.1 We want to fit in and so we take risks

The narratives of the youths highlighted that teenage lifestyle behaviour increased the risk of teenage pregnancy. The desire to fit in, partying and drinking could lead teenagers to engage in risky sexual behaviour. Peer influence was a dominant factor for many of the participating teenagers. Peer influence could be part of the problem (Trucco, Colder & Wieczorek, 2011), but it could also be part of the solution. If peers are having sex, teenagers also want to have sex, because they want to be ‘cool’. They are young and want to have fun, be accepted by their peer group, and have intimate relationships:

There are many things going round us. We fall for things, because we have good times – it is something you do not plan for, it just happens, you get drunk, have unprotected sex and fall pregnant – uncalled for [TM4].

Several of the participating teenagers highlighted that they wanted to be part of a group:

You want to feel in (I don’t know how to put it). You go with the flow with your friends, and things happened and you end up in a situation where you don’t want to be [TM1].

Literature repeatedly points out that teenagers often feel that ‘everybody does it’ and ‘I don’t want to be ‘left out’’ (Bezuidenhout, 2004; Hafford, 2006; Waddington, 2007). Peer pressure and a desire to belong were also closely linked to alcohol abuse and other high risk behaviour:

They want to be cool, like their friends [FG7].

Belonging to a group is part of adolescence. Not be excluded, many youth will conform and engage in high-risk sex. Peer pressure is often seen as one of the most influential factors affecting teenage sexual decisions (Kelly & Parker, 2000; Gouws et al., 2008). Partying and drinking is part of many teenagers’ lives, and in this low economic community, alcohol abuse was only too rife, as was the use of dagga (marijuana):

We fall too much for things, because we want to have good times [TF2].
Positive peer pressure could therefore discourage an early sexual debut or could reinforce the likelihood of safe sex being practised (Chandra-Mouli et al., 2013). However, this will be true only if the peers themselves are supportive, knowledgeable and approachable, which the participants in this study did not always appear to be, given their judgemental attitudes.

Alcohol was cited by the participants as a major reason for unplanned and unprotected sex. Drinking and getting drunk was considered ‘normal’ at parties, for both males and females. Although the boys were seen to take advantage of girls when they were drunk, the girls accepted that they were just as much to blame:

> I think you are influenced by your friends. They drink, you drink and you go with a boy and have sex and forget the consequences. Parties carry on the whole night [TM5].

Waddington (2007) states that most teenagers who engage in unprotected sex when they are drunk, would never do so when they are sober.

### 5.4.2 We don’t get love at home so we need to find it elsewhere

The homes of the teenagers participating in this study were often characterised by arguments and abuse. A reason for seeking intimate relationships was the need to feel loved and understood – something they perceived as lacking at home.

> I had a boyfriend too early, I was in love, I had too much freedom and I fell pregnant the first time I had sex. I thought I was in love, but I was stupid. I also felt neglected and lost … and my mother used to fight a lot [TM2].

Many of the female participants claimed that their poor relationships with their parents had rendered them more susceptible to attention from boys and that they used sex as a weapon to ‘get back’ at their parents.

> I think it is mostly rebellion and going over values and morals [FG7].

In many instances, parents are poor role models who struggle to communicate with their children (Chigona & Chetty, 2007; Dunn & Theron, 2006). The data from this study indicated that the parents tended to be unsupportive; there was also a link between parental neglect and parental substance abuse.
The participants expressed that many of their peers experienced problems at home and sought validation from people outside their home. As a result, they would engage in risky behaviour, with no regard for the consequences:

> I was so stupid when it happened, I was sad and uncomfortable. I had an argument with my mother and then I went to my boyfriend’s place and there it happened. I was emotional and I thought that would be the way I will get back on my mother [TM3].

### 5.4.3 TV and magazines make risky behaviour attractive

The influx of hormones during adolescence is fuelled by the media that the youth are exposed to on a daily basis. The pictures of half-naked girls and movies depicting beautiful people having sex promote it as a glamorous activity with few consequences. Practicalities such as birth control and contraception are rarely shown, which could lead young viewers to dismiss these as unimportant.

Many of the participants said that they were bombarded by sexual messages, which led them to think that it would be ‘cool’ for them to have sex. As one of the participants said:

> It messes with the mind [FG7].

This finding is supported by literature (L’Engle, Brown & Kenneavey, 2006). These authors contend that exposure to sexually related media and media that convey approval of
adolescent sexual activity is related to higher levels of intention to engage in sexual behaviour and a higher level of sexual activity in general.

There was a song that gave the feeling that I am going to have sex [FG9].

The media portray sexual interaction as a ‘fairytale’, with sex as a glamorous activity. Teenagers striving for the perfect relationship emulate what they see in the media. Inspired by this ‘sexual ideal’, teenagers engage in risky sexual behaviour in line with their perceptions of what love and sex should be.

5.5 THEME 3: SEXUALITY EDUCATION HAS LITTLE IMPACT ON US

The third theme that emerged, revolved around sexuality education. The participants in this study indicated that sexuality education had had little impact on them. They added that they could not communicate with their teachers about sex, and that most adults were judgmental of their sexually active lifestyle.

The participants were adamant that sexuality education in schools had not served to change their behaviour, mainly because teachers and health practitioners stuck to the biomedical facts and constantly warned of negative consequences, without taking into consideration the social context in which the youth lived. The teenagers felt that while educators mentioned the consequences of being sexually active, they were unwilling to engage in an open discussion with learners:

They speak about wearing a condom. They do not explain, like we are explaining. They just talk about consequences, STDs and Aids [FG15].

They show you the pictures of the different parts … and pictures of what happened to people who had sex, but they will not discuss your problem [FG12].

The participants stated that the teachers and health professionals also used scare tactics, rather than engaging in discussions with the youth. The participants expressed the need to talk about these issues in relation to their life context and pressures. One participant said that her class had to listen to a Pharmacy student from the local university lecturing them on pregnancy – something that she thought he knew nothing about. She suggested a more effective tactic, which others were in agreement with:
A teenager that had a baby must come and speak to us. They had the experience. They must come and share their experience, e.g. how difficult it is to study and look after a baby [FG19].

The participants also said that the sexuality education offered them, was little use to them in terms of motivating them to make healthy lifestyle choices. The narratives of the youth highlighted that they thought that adults did not understand their pressures and that they were out of touch with reality.

One surprising finding that emerged very strongly, was the participants’ lack of knowledge about sexuality and safe sex practices (see Figure 5.8). The participants indicated a lack of understanding of contraception in general. The questions revealed a desire for accurate information and also a lack of awareness of resources relating to sexuality education. Although books were available in the school library, the library was inaccessible to learners, because it was used as a classroom. In addition, although most of the learners had internet access through their cell phones, they did not appear to be aware of the many age-appropriate websites relating to sexuality education. This made it even more imperative that different ways be found to convey such basic, yet vital knowledge to the youth.

FIGURE 5.8: “Lack of knowledge” [D8]

This drawing indicates the following:

- Lack of knowledge;
- Do not know the consequences of falling pregnant at such a young age;
- Disease, STIs, HIV/AIDS, etc.

One of the reasons stated by the participants in this study why they felt unable to communicate with their teachers and adults in general was that the latter were perceived to moralise, therefore making the teenagers fearful of discussing sex with them. The youth perceived teachers and other adults to be judgmental, making it hard to confide and share their feelings about sex, relationships and other needs:
We need to talk one-on-one with someone who will not judge [FG21].

The literature confirms that nurses are often perceived to judge adolescents who are sexually active and are therefore reluctant to provide contraceptives to them (Panday et al., 2009; Wood & Jewkes, 2006).

The participants agreed that people who had gone through teen pregnancy themselves would best be able to share their experience and relate to the learners:

People that were pregnant must tell their stories. Not use people that know little about the topic. They know the facts, but it is not relevant to their lives [FG5].

The teenagers participating in this study clearly felt the need for reliable role models who could communicate effectively, since their teachers could not do this:

They show you pictures of the different parts … and pictures of what happened to people who had sex, but they will not discuss your problem [FG12].

The social environment in which young people interact has a distinct effect on their behaviour and decision-making (Kirby et al., 2011). It is therefore vital that they have the opportunity to talk over issues that affect their lives, not only to help them make sensible decisions in difficult situations, but also to reduce stigma and help them empathise with peers who do become pregnant. Teachers and school policy tend to ostracise teenage mothers, as they are regarded as a threat to the reputation of the school (Shefer, Bhana & Morrell, 2013). Many of the youth participating in this study appeared to adopt a similar moralising stance. If a teen mother or father therefore has no support, it may drive them away from school and schooling, rather than keeping them within a network where they have a chance to gain the qualifications needed to access future life opportunities. Peer educators are often regarded as being more approachable than adults, who find it difficult to relate to the needs and thinking of adolescents (Ross et al., 2006) and they also have the benefit of being able to convey information and educate during normal interaction, rather than in a formal class setting. Using peers of similar age as educators has been shown to reduce the prevalence of sexual activity at age 16 (Tripp & Viner, 2005). Positive peer pressure can therefore discourage an early sexual debut or reinforce the likelihood of safe sex being practised (Chandra-Mouli et al., 2013). However, this will be true only if the
peers themselves are supportive, knowledgeable and approachable, which the participants in this study did not always appear to be.

5.6 TURNING THEMES INTO PREVENTION STRATEGIES

The narratives contained within the three themes discussed above revealed tension between what the youth said they needed and what adults, such as teachers and parents, thought they needed. Based on the findings, it is apparent that pregnancy prevention education needs to be approached in a more youth-friendly way and that the learning gleaned from the themes has to be the basis of departure.

During the course of a few sessions, I presented these themes to the participants. We had several discussions about the implications of the themes and particularly how their own attitudes and behaviour could help or hinder the development of effective, youth-friendly prevention strategies.

The logic model (Kirby, 2004) was used as a tool to assist the participants in strategically, purposefully and scientifically identifying pathways between health goals and interventions. The logic model consists of four steps and is read from left to right (see Figure 5.9).

The logic model is useful in explaining individual behaviour concerning health regarding high risk sexual behaviour and also in developing strategies to promote more healthy behaviour. According to the social learning theory (see Section 2.3, p.35), behaviour is learnt and learning is shaped by the environment. Therefore, creating a different environment and responding differently to the identified needs of the youth would contribute to the adoption of less risky sexual behaviour. The participants decided on their overall health goal (column 1), then took each theme and decided on changes in knowledge/attitudes/behaviour that would need to happen if teenage pregnancy were to be reduced (column 2). The determinants column indicated the outcomes needed to be able to say that less risky sexual behaviour was being practised. The participants developed this themselves, and while this could be criticised (e.g. the health goal in the logic model could be to practise less risky sexual behaviour), I deemed it important that participants develop this in order to increase their sense of ownership. The final column describes the strategies they chose to develop to reach the determinants. Although the use of a logic model is a
very behaviouristic approach and its use with such a complex and nuanced phenomenon as sexual behaviour can be criticised, I found it helped the peer educators to make sense of all the data, inexperienced as they were in research methodology. It also provided them with a visual “map” of what they needed to do next.

FIGURE 5.9: Logic model as used in this study

Step One: Establish a **HEALTH GOAL**.

Step Two: Identify and select important **BEHAVIOURS** that need to be changed to reach the goal.

Step Three: Identify and select **CAUSES** of each of the behaviours selected.

Step Four: Design **INTERVENTION** activities to change each of the selected determinants.

<table>
<thead>
<tr>
<th>Intervention Activities</th>
<th>Determinants</th>
<th>Individual Behaviours</th>
<th>Health Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Make condoms easily accessible in school</td>
<td>• Improved knowledge and behaviour in terms of condom use</td>
<td>• Increased use of condoms (Themes.2 and 3)</td>
<td>Reduce the incidence of teen pregnancy at our school</td>
</tr>
<tr>
<td>• Share information on condoms</td>
<td>• Improved knowledge of consequences of unprotected sex</td>
<td>• Increased awareness of consequences (Theme 1)</td>
<td></td>
</tr>
<tr>
<td>• Photovoice campaign to increase awareness about consequences and choices</td>
<td>• Positive attitudes towards reaching goals</td>
<td>• Increase awareness of agency to make positive choices (Theme 1)</td>
<td></td>
</tr>
<tr>
<td>• Making youth-friendly videos to respond to themes</td>
<td>• Positive peer norms about protected sex</td>
<td>• View pregnancy as uncool (Themes 2 and 3)</td>
<td></td>
</tr>
<tr>
<td>• Develop and share key messages to encourage prevention of teenage pregnancy</td>
<td>• Positive support for each other</td>
<td>• Support not judge (Theme 3)</td>
<td></td>
</tr>
</tbody>
</table>

The next chapter will present and discuss the implementation and evaluation of these strategies.
5.7 PERSONAL REFLECTION ON LEARNING

By reflecting on the findings from this first cycle of action research with the participants, I also learnt much to enable me to help them design prevention strategies that might be more effective in reaching the target market of learners at the relevant school. Firstly, I learnt that the young people at this school were confused by conflicting messages about sex from adults, the media and their peers, and had no-one to discuss such issues with. As young people, they wanted to enjoy themselves; drinking and going to parties was what they did for enjoyment. Therefore, any prevention message must take cognizance of their lifestyle, rather than try to change it. Most of them did know what they could do to prevent becoming pregnant, but were not always able to take these precautions for a variety of reasons, ranging from drinking, which impairs inhibition and judgment, to a desire to be accepted and loved. Their parents did not talk to them about sex, and their teachers tended to preach abstinence and moralise, while they were bombarded by sexualised messages and images through popular media and pressure from peers to be sexually active. Many of them had problems at home which could strengthen the potential for peer support to be more effective. Yet the participating peer educators at the school who had never been pregnant demonstrated, with some exceptions, a moralizing attitude towards those who fell pregnant. This could be due to the prevailing attitude of their teachers, who allegedly placed teenage pregnancy within a discourse of shame and disgrace (Shefer, Bhana & Morrell, 2013). The youth also positioned teenage parenthood as a threat to future life success; yet only the teenage parents themselves really understood the impact it had, both negative and positive. It appears that sexuality education was confined to information-giving (and moralizing) by teachers, in a vacuum, without relating it to the developmental needs and social context of the adolescents concerned.

Yet, none of these issues are addressed in sexuality education at school or by parents – we tend to warn, admonish and lecture about the dangers of pregnancy and having sex before they are ‘ready’. They feel confused, frustrated and misunderstood, too scared to confide in adults, whom they consider to be judgmental. They believe that they can make their own decisions, but they need help to discuss options and the possible consequences of each. I also learnt that I had to overcome the constraints that my religious upbringing imposed. At the beginning of the study, I found it very difficult to adopt the kind of open, relaxed stance that was needed to work with the peer educators and had to discuss this in depth.
with my promoter to find ways to become more comfortable. My strict Muslim code of conduct led me to want to preach abstinence only, but this project brought about a change in me as I watched the participants discuss, learn and grow. I would recommend such a process to all teachers of sexuality education, since it is only through engaging at this level with the youth that you really begin to understand ‘what they are about’. I learnt that I needed to view young people as legitimate sexual beings (Francis, 2012). Sex is an integral part of a teenager’s lives, whether they choose to engage in sexual intercourse or not. It is something they think about and fantasize about and that arouses deep emotions, over which they often have little control. Rather than preaching abstinence only or warning only of the dangers of having sex, the promotion of safe sex, and particularly condom use, is needed, but through messages that are clear and that speak to their lifestyle and in the language that they use.

I learnt that I also needed to create space for young people to discuss the social and cultural pressures on them to have sex. They need to have access to people who understand and have experienced such pressures themselves. Peer educators could fill this gap, if they are open, knowledgeable and supportive – but it was also clear to me that the peer educators participating in this study needed to work at becoming less judgmental and refraining from echoing the statements they hear from the adults within their environment.

I also came to realise that you had to talk in language the youth used in order to reach them. For example, in this study, the participants talked about teen parents having to “skarrel vir Kimbies” (hustle to get money to pay for diapers), not a phrase that I, or any other teacher, would think of using. I used these learnings to help me guide the participants in the next cycle of the research.

5.8 SUMMARY

This chapter offered the findings of Cycle One in response to the first sub-question. “What do youth themselves know, feel and experience with regard to the causes and effects of teenage pregnancy?” The following themes were identified: Teenage pregnancy changes our entire lives; Our lifestyle and needs make us high risk for pregnancy; and Sexuality education has had little impact on us. These themes clearly indicate the knowledge, feelings and experiences of the young people at this school about teenage pregnancy. An explanation of how the logic model was used to develop strategies was given.
In the next chapter, I offer a discussion of the findings as themes aligned to the two secondary research questions that collectively answered the primary research question. In the discussion, I recontextualise the findings within the existing literature.
6.1 INTRODUCTION

In Chapter Five, I presented my research findings in respect of Cycle One by discussing the themes that emerged from the raw data. I supported my interpretation of the data with verbatim quotations from the written and oral responses of the participants in the form of drawings, narratives, interviews and focus group discussions, and supported these findings with relevant literature. I also incorporated extracts from my field notes to support my findings. I then discussed my learning and reflections from the first cycle of the research study since this learning informed my approach in Cycle Two.

This chapter will focus on the research findings in response to the second and third research sub-questions:

- *How might a participatory methodology help youth to create relevant and contextualised strategies for addressing teenage pregnancy?*
- *How could such strategies be implemented in a school system?*

In this chapter, I will discuss the strategies in more detail, as well as how they incorporate the messages that emerged from Cycle One in Chapter Five (5.2.1) to address the second sub-question. The explanation of the process will also address the third sub-question, supplemented by my personal reflections on learning. Figure 6.1 below indicates how the strategies were decided upon by the participants, flowing from the research themes and related messages:
Figure 6.1: Strategies derived from themes

<table>
<thead>
<tr>
<th>THEMES IN CYCLE ONE</th>
<th>MESSAGES TO ADDRESS THEMES</th>
<th>STRATEGIES CHOSEN TO IMPLEMENT MESSAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Teenage pregnancy changes our whole life.</td>
<td>• Do not let your circumstances determine your future.</td>
<td>• Photovoice campaign to highlight consequences.</td>
</tr>
<tr>
<td>2. Our lifestyle and needs make us high risk for pregnancy.</td>
<td>• Be really aware of the consequences of having a child before you have finished school.</td>
<td>• Condom distribution/access made easier.</td>
</tr>
<tr>
<td>3. Sexuality education has little impact on us.</td>
<td>• If you are having sex, then always use a condom.</td>
<td>• Safe sex messages conveyed by cell phone app.</td>
</tr>
<tr>
<td></td>
<td>• Don’t judge others - be supportive.</td>
<td>• Video production to address all messages.</td>
</tr>
</tbody>
</table>

The findings of Cycle One of the study indicated that, although the participating young people might be aware of the consequences of teenage pregnancy on a cognitive level, they did not really appreciate the drastic changes it would cause in their lives. Pregnancy was considered a high risk for teenagers, because adolescence and young adulthood is a developmental stage that encourages experimentation with sex, relationships and other behaviour deemed to be ‘adult’, such as alcohol consumption. The findings thus indicated that it was necessary to accept that youth were likely to have sex, and that this should be acknowledged in prevention messages and strategies that aim to spread this message. Their very lifestyle, as discussed in the last chapter, makes them high risk for pregnancy. The fact that the young participants in this study were living in a socio-economically challenged environment, also placed them at risk, not only of pregnancy, but also of having little hope of being able to carve a better life for themselves than that which they saw around them. The judgemental attitude of teachers and other adults, and their prescriptive expectations of how young people should behave, also meant that the youth in this study did not think that they benefitted much from the existing adult-driven approach to sexuality education. The four messages developed by the participants spoke to these findings, and they chose strategies they considered useful to convey these messages to their peers. The development of the themes into strategies is conveyed in Figure 6.1. They used these strategies both within the school and at nearby schools in their community.
Table 6.1 summarises the prevention activities implemented and shows how they were used to generate data to provide answers to the research questions.

**TABLE 6.1: Summary of prevention activities as data generation strategies**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Purpose</th>
<th>Process</th>
<th>Data Documentation</th>
</tr>
</thead>
</table>
| Photo voice                                   | To create visual artefacts that would address the messages decided on in the first cycle:  
1. Be really aware of the consequences of having a child before you have finished school  
2. If you are having sex, then always wear a condom  
3. Do not let your circumstances determine your future  
4. Don’t judge others – be supportive | The participants created photographs with narratives that conveyed messages, particularly about the consequences of teenage pregnancy | Photo artefacts and narratives          |
| Participatory video production                | The participants created videos to convey all messages | The participants created videos to convey all messages | Edited DVDs and transcripts of process discussions |
| Presentation to primary feeder schools and condom presentation and WhatsApp messages to own peers | To disseminate the messages to future learners at high school; to send messages about safe sex to peers | Posters and video presentations at other schools; Questionnaire to peers about condom presentation: WhatsApp messages via cellphones to peers about condom use | Feedback from primary school learners – transcripts of oral comments; questionnaires; WhatsApp messages |
| Two focus group discussions:  
(a) With peer educators  
(b) With other learners in the school | To ascertain what influence project participation/prevention strategies had on the peer educators and their peers | One focus group with participants and another one with a random selection of learners who were exposed to the peer educators | The focus groups were recorded and transcribed |
| Written reflection by teachers                | To ascertain what the teachers thought of the youth-led prevention strategies | Life Orientation teachers who had viewed the photo exhibition and the videos were asked to respond to the question: “What have you learnt from this” | Teacher reflections were analysed |

The photo voice and video production projects were conducted at two separate workshops. The participants then met frequently as a group to plan where, when and how they would implement their prevention strategies in the school and at feeder primary schools in the
area over an initial period of five weeks, as indicated in ANNEXURE F: Weekly Programme.

6.2 PRESENTATION AND DISCUSSION OF DATA

In presenting the data, codes are used to ensure participant anonymity and to indicate the data source. \((Pn)\) refers to participant, and \((FGn)\) refers to the focus group discussions with other learners; \(L\) refers to learners; and \(T\) refers to teachers. The participants are quoted verbatim. The discussion is structured according to the messages the participants identified, based on their analysis of Cycle One data. For each message, I indicate how it was conveyed within the various strategies and critically discuss how such an approach may be more likely than adult-driven approaches to make an impact on the learners. I also present evidence of the influence that participation in the project had on the peer educators, and how their strategies influenced their peers and teachers and, ultimately, the school policy.

6.2.1 Message 1: If you are having sex, then always use a condom

This message was conveyed through various strategies, but was most directly addressed in one of the videos created by the participants. The poster created from the photographs by one group of participants (Figure 6.2) sends a strong message to use condoms, by making an acronym of the word CONDOM:

FIGURE 6.2: **Come On Now, Do Oppose pregnancy until Marriage**
The message being conveyed is not that teenagers must not have sex until marriage, but only that they should take the necessary precautions so that they will not fall pregnant. They are opposing pregnancy, rather than sex *per se*. Furthermore, this is embedded within the appeal to be responsible by using protection and to only have a child once you are ready for the responsibility it brings. The message conveyed in this poster has a different slant to the usual moralistic messages conveyed by many teachers (Ahmed *et al.*, 2009; Francis, 2011). It not simply promotes abstinence, but rather places the responsibility for protecting themselves on the youth.

This is in contrast to the usual ‘no sex until marriage’ message so often conveyed by teachers and parents. The images in this poster point out the consequences of teenage pregnancy and position it as ‘uncool’, but also recognise that young people are capable of making responsible choices about their behaviour. It recognises that they are legitimate sexual beings (Francis, 2011) and that if they engage in sex, then they should be adult enough to protect themselves against the negative and far-reaching consequences portrayed in the poster.

The video entitled *It’s your choice!* ([https://youtu.be/8CJHdOSX7rA](https://youtu.be/8CJHdOSX7rA)) clearly portrays the responsibility of youth regarding their own sexual behaviour.

**FIGURE 6.3:** It is your choice! (a screen capture from Video 2)
This video was humorous, as the main characters were based on a local soap opera popular among the youth. The language is colloquial and typical of how young people talk, mixing English and Afrikaans, and highlighting the common myths that were identified in the data in Cycle One (e.g. you won’t get pregnant when you have sex for the first time!). The actions of the characters, although somewhat exaggerated, are typical of how young people talk and act. This video portrays a young man who is a womaniser, but instead of this boosting his popularity and image, he ends up a ‘loser’ and finally entreats the audience to make the sensible choice and use a condom. By highlighting the ability of the youth to make responsible, ‘adult’ choices, the message may be more likely to be given serious consideration than that of preaching abstinence as the only choice. Even when a more comprehensive approach is adopted towards sexuality education, the message of adopting safe sex practices is more likely to be given as a command – you must protect yourself!

Rather than conveyed in a humorous, contextually relevant way by people the youth identify with, as in this case. Gauntlet and Holzwarth (2006) have found that video production can be an effective tool for helping to shift mindsets and raise awareness around specific issues.

At the request of the participants, condoms were also made available in a specific room in the school so that learners could access them without embarrassment. Previously, according to the data generated in Cycle One, learners were hesitant to attend local clinics, for fear of being stigmatised. The participants thought that it would be much easier and more convenient for condoms to be available in the school. They also suggested that the toilets would not be the best place for such dispensing, since learners mostly took them just “for play”, and wasted them. They reasoned that if they were placed in a particular room that the learners associated with the peer educators, then only learners who really intended to use them for personal protection would access them. During breaks, peer educators were available for anyone who wanted support, but would also ensure that learners could access the condoms without any judgment. This had an influence on school policy, since it was the first time that condoms had ever been made available at the school.

Another strategy that they adopted, was to send messages and images by WhatsApp (a phone application for instant messaging). It is a youth-friendly way of communicating, using truncated language and symbols that youth relate to (Bouhnik & Deshen, 2014), creating a positive affective environment in which learning was more likely to occur.
(Bandura, 1997). The participants sent messages on WhatsApp to their peers during and after the talk by a local nurse on sexually transmitted infections (STIs) and the need for condom use that they had requested when they realised that they needed more knowledge to be able to educate others. They sent pictures to peers on their contact lists with short messages such as “When you stand up, cover up!” “Use contraceptives every time (condoms)” “Make an educated choice”; “Don’t drink and *)!*”; “Wise guys make the right choice”. Actions such as this helped to raise awareness within the school about condom use and encouraged open and frank discussions among the learners.

In addition to the WhatsApp awareness campaign, the peer educators created a presentation on responsible condom use, which they presented to their peers. To gauge the efficacy of the presentation, they developed a questionnaire (ANNEXURE G - Evaluation of Peer Education Presentation), which was distributed among the peers after the presentation.

The learners expressed that they found the session helpful, as it made them think about the topic in a way they might not have done before:

That it’s not easy to be a parent at such young early age [L8].

What I found helpful about this session, is the fact that I can now give advice to my fellow learners of the school [L1].

They also said that the session helped them to contemplate the consequences of teenage pregnancy, and the importance of wearing a condom:

That you must think about what you doing, because it can affect your future in a good or a bad way. We’re still in school, now we must still worry about a child you have [L6].

Have sex with a condom. Have sex at the right time! [L4]

The fact that teenagers should not have sex or unprotected sex before the time, because a girl might fall pregnant and that will change her whole life [L18].

When you have sex, you must use contraceptives. When you have unprotected sex, you can fall pregnant and you won’t achieve what you wanted to be [L13].
The responses seemed to indicate that they had at least thought more about the importance of practising safe sex:

> Teenage pregnancy is not a good thing in life, and always has sex with a condom [L3].

> I have learnt that there are many negative things in this world, like if you fall pregnant there might be a possibility of turning to drugs, because of the huge responsibilities [L11].

Although the consistent use of condoms is a highly effective and cheap method of preventing the sexual transmission of HIV infection and pregnancy (Shisana, Rehle, Simbayi, Zuma, Jooste, Zungu, Labadarios, Onoya, Davids, Ramlagan, Van Zyl, M belle & Wabiri, 2014) and is preferred to other forms of protection, due to its efficacy in preventing HIV and other STIs, adolescents are often opposed to the use of condoms, because they perceive that usage will inhibit sexual pleasure (Zwane, Mngadi & Nxumalo, 2004). The peer educators addressed this in the presentation by admitting that while this might be true, it would be a small sacrifice for having your life turned upside down by an unwanted pregnancy. Thus, they acknowledged the concerns of the young people, rather than ignoring them or saying that they were asking stupid questions, as was often the response from adults.

Determining if the session actually led the youth to use more condoms, is outside the scope of this study. However, I can report that the rate of teenage pregnancy in the school in this study has decreased. In 2012 (before the study started), the school had 17 reported pregnancies; now, in 2016, we have four reported cases only. From this, I conclude that the learners are practising safe sex, or abstaining. Either way, implementing peer education appears to have had the desired effect: to raise awareness among the youth about teenage pregnancy and educate them about prevention measures.

The fear often cited in literature as the reason why schools do not want to make condoms available to learners (MacPhail & Campbell, 2001), i.e. that making condoms available, may encourage the youth to have sex, did not realise in this study. Recognising young people’s ability to make responsible choices may in fact encourage more responsible behaviour:

> It improved my decision; it strengthens my abstinence of
having sex before marriage [FG7].

More responsible, not only in a sexual way; to be more responsible as a person. It made me look at a girl in a different way. I have more empathy for the girls [P5].

Learning such as this provides evidence that this approach to education about sexuality may have more impact than the normal didactic approach followed in Life Orientation lessons. The message of safe sex clearly resonates with the participants; perhaps because the enactment of the messages by the peer educators was less abstract than mere warning about future consequences, which are not real to young people. This aligns with Bandura’s social learning theory that posits that learning that is delivered by people with whom the audience have an affinity, is more likely to be absorbed (Bandura, 1997).

6.2.2 Message 2: Be really aware of the consequences of having a child before you have finished school

This message was addressed primarily in the photovoice campaign, but also touched on in the videos. Participants took photographs, symbolic of the message they wanted to put across, and wrote narratives to accompany them. They used the same photographs to create displays and composite posters (see Figures 6.4 and 6.5).

FIGURE 6.4: Examples of photovoice display and posters with narratives
Being pregnant or having a baby is not only like a speed bump where the road is normal and you go over the speed bump and the road is normal again. Everything will change: you can’t do the things you used to do before. You’ll be a different person, a parent. Responsibilities will change. When you are a teenager, all you need to do is look after yourself and your chores. But, when you are a teenage parent, you have to look after your baby as well and the chores double, and the road is just more difficult and longer. Raising a child is not as easy as being a child [P7].
What will the future be like for me? Being a teenager mother can lock the door to your future. You will have to send most of your time feeding, taking care of and watching the baby. If you go back to school, it will be hard to concentrate, because you will always be thinking about your child. Plans and goals you have set for yourself will have to change or will take longer to achieve. Being a teenage mom or dad takes a lot of responsibility. If you do not make a success of yourself, it could affect the baby’s future too [P2].

If I could sum up the picture in one word I would use ‘confusion’. Once you end up in the situation of being a teenager and you’re pregnant you tend to have a whole of questions about what is happening to you, around you and also everyone around you. You stressing about what you have to do, what you need to do, when in reality you don’t even know if what you are doing is the right thing. When you are in a maze you don’t know if where you are going is the right way initially, that is how you’ll feel about being a teen mom [P5].

If you go for an abortion, you will always wonder and feel guilty. If you go for an adoption, you will always wonder and feel guilty. If you keep the baby, you will always wonder and feel guilty for bringing the baby into this world. It will feel like there is no escape, because there is no escape. It is not a dream where you wake up and things are back to normal. It is like being in jail; you can’t grab any opportunities or do what you want, any longer. You can run, but you can’t hide it [P6].

The messages conveyed in the photovoice displays again placed the responsibility for decision-making on the youth, while also conveying the seriousness of the consequences of having a baby before you have finished schooling. This approach encouraged the youth viewers/readers to think about their personal response and recognise their agency, rather than admonishing them to NOT do something, as most adult messages are framed.

The use of phrases like “Skarrel vir Kimbies” (hustle for nappies) speaks to the context of the young participants who came from an impoverished community in which ‘hustling’ to survive was commonplace. Also notable in the one poster (Be a kid, don’t have one – Figure 6.4) are that the participants posed questions rather than give answers: “Will you lock the door to your future?”
The use of images depicting male on female violence, gangsters and prison-like doors also aroused the emotions of the audience, since they evoked scenes and experiences they encountered on a daily basis. Many of the youth at this school came from homes in which domestic violence was commonplace. Gangsters cruised the streets and tried to recruit young people; and having a relative in prison was not an unusual occurrence. Since deep learning is a social and emotional experience, and not just a cognitive one (Fletcher, 2015), the messages might be more likely to have been internalised, due to the emotions evoked and the familiar social settings in which they were portrayed. The social learning theory also emphasises the importance of messages being conveyed by people and in contexts to which the audience can relate (Bandura, 1997). At one of the feeder schools where the videos and photographs were shown, a few of the young people watching actually cried and said that this was exactly how they felt at times. This response highlights the need to ensure that there are people present at such sessions to help the young people with their responses and process their feelings and ensure that they get further help, if needed. However, the potentially painful emotions aroused by the images were tempered by the underlying humour, and a positive emotional climate was created in which awareness could be raised and discussion encouraged (Bandura, 1997).

Both the videos portrayed the possible negative consequences of not making healthy choices, but also highlighted the positive outcomes of taking precautions against pregnancy. Again, the settings and topics portrayed, were familiar to the youth, showing the usual scenes of girls feeling unloved by parents and turning to boys for solace; boys taking advantage of this to persuade girls to have sex – but also of girls who were willing to have unprotected sex, and youth who chose not to have sex. The learners who viewed the videos agreed that, in general, they spoke to their lives:

   It happens; your friend is sleeping with your friend, which is supposed to be your best friend [FG6].

When asked what main message they would take away, two replied:

   It is your choice. [FG3].

   Learn from your friend’s mistake, instead of bumping your head or get hurt. No turning back [FG7].
No judgement was contained in the videos, and while different attitudes and behaviours were portrayed, the underlying theme was that it was up to the youth to make the right choice.

The viewing of the videos not only evoked discussion, but also critique by some learners, who claimed that one scene did not reflect the reality that girls had little power to say no:

[it is] not realistic – the girl can never say no in real life!
When the boyfriend scenario happened it was too easy. No challenges. It was too easy for her to get out (FG2).

Several audience members said they would like to remake a more realistic video and asked to be included in the peer educator group the following year.

Yes, but we want heavy ones. We are going to take it deeper. It must be more realistic (FG8).

By making the videos and creating the photo voice artefacts, the peer educators were aiming to raise awareness, evoke discussion and get their peers to think more deeply about their options with regard to sex. Reactions such as these indicate that they had some degree of success:

It made us more aware of all the consequences: emotional, financial consequences and responsibility wise. If you get pregnant, you will have a lot of responsibilities; you will have to drop your education and all of that. So it made us more aware to make other people aware of this serious thing, and it needs to stop (FG5).

Rather than excluding participants by being prescriptive, they managed to open up a space for dialogue and dissenting voices to be heard. In terms of the social learning theory, the learners were more likely to listen to their peers than if they were told about the consequences by adults (Bandura, 1997). Adults can easily be viewed as having a hidden agenda, whereas peers have no reason to be dishonest when discussing the consequences of teenage pregnancy. Being a teenage parent is still an unusual enough phenomenon so that teenagers rarely consider the consequences until they are in that position; therefore it is important that they are confronted with emotive messages in this regard (Lebese, Maputle, Mabunda & Chauke, 2015).
Through this project, the teenagers were forced to consider all possible outcomes, negative and positive, which resulted in constructive dialogue and sincere engagement with the topic, as opposed to being merely told that teenage pregnancy would ruin their lives.

6.2.3 **Message 3: Do not let your circumstances determine your future**

A message that was particularly relevant within the context of this community was to not let your circumstances determine your future. The circumstances that formed the daily reality of the learners in that community, included gangsterism, substance abuse, poverty and the social acceptance of teen parenting as ’normal’ everyday occurrences. As in many communities all over South Africa, the youth in this study faced challenges to access employment or further study opportunities on leaving school (Banerjee, Galiani, Levinsohn, McLaren & Woolard, 2008). This can lead to a sense of hopelessness, which makes them more vulnerable to unhealthy coping mechanisms (Zimmerman, Stoddard, Eisman, Caldwell, Aiyer, & Miller, 2013). The data analysis in the first cycle informed the participants that there was a need to address context, since the existing sexuality education did not take that into consideration. Hence, this was a strong theme in the video they created, entitled: Don’t *let your background determine your future* (https://www.youtube.com/watch?v=iSK9iQqV1S8&feature=youtu.be).

**FIGURE 6.6:** Don't *let your background define your future* (a screen capture from Video 1)
The participants portrayed a bullying father who walked out on his family, and a mother who was not interested in the life of her teenage daughter. This drove the girl into the arms of her boyfriend, who saw that as a chance to convince her to have sex. The outcome was positive in the end, in that she did not succumb to unprotected sex, but decided to join the peer educator group. The content evoked much discussion among the youth audience, who could identify with the family portrayed in the video. Some of them were instilled to join the ‘fight’ against teenage pregnancy:

The images are effective in depicting the realities our learners encounter on a daily basis [FG8].

We as the new peer educators will meet next week [FG3].

We must save each other’s lives. We must lower the teenage pregnancy percentage [FG6].

The importance of couching prevention messages within the contextual reality of the youth was also highlighted in the photovoice displays, as indicated in Figure 6.7 below and in Figure 6.5 earlier. As Bronfenbrenner’s bio-socio-ecological theory reminds us, young persons are influenced by their micro-system, which includes family and school (Bronfenbrenner, 1994). In a community such as the one in which the participants lived, it is important to be aware of the influence of the meso-system in which the members of the micro-system interact. There were often conflicting messages and values between what they saw lived out in their families (e.g. drug and alcohol abuse; gang membership; domestic violence – as portrayed in the photographs and videos) and what they were taught at school. It is therefore important to raise such issues in order to provoke discussions about them and awareness that learners do have a choice to choose a different lifestyle, while acknowledging the factors that can impede on that choice. The strategies employed in this study by the peer educators also took into consideration the messages conveyed in the exo-system by the media, for example, around teenage sexuality and the wider attitudes and ideologies of the culture (macro-system). Thus the message that youth must take responsibility for making a better future for themselves is an important one – one that the Life Orientation curriculum does not explicitly address in sexuality education.
Why be a sad, dark fruitless tree than to be a happy fruitful tree? You will always have darkness in your life, wondering how life could’ve been without a baby and how much you could’ve achieved. Your goals and dreams might not come true, you could’ve had a brighter future, but it’s all about choices. We all have choices, making the right choice might be more difficult, but will be worth it. The right choices will eventually grow into a fruitful tree with no regrets. Don’t do anything you will regret, because it stays with you for your entire life [P11].

Make the right choice‼

Don’t let your circumstances represent or determine your future. It doesn’t mean that you come from a disadvantaged background that you have no way out of it and that just dropping out of school or getting pregnant at a young age is your only choice. It isn’t, there is a world of opportunities: you just have to look beyond your circumstances. This is your future. Will you be able to give your baby a stable home, away from poverty even though you still at school? Because you young, uneducated (due to dropping out), no source of income, and having to settle for less will have to your choice, unless you choose differently yourself [P1].

Beg, borrow or steal? You won’t and can’t be dependent on your parents your whole life, especially when you have your own children. There will always be disagreements and conflict, whether it is about money or how to raise the child. Most of the time it’s money. You can leave school and find a job, but who wants to be a cleaner or packer at your local supermarket? You can steal from others, but you won’t be teaching your child any good. Government only gives you enough money to buy nappies. What about milk, medicine in the middle of the night, and clothing? Every parent wants to give their child the best of the best, but not while you’re still young [P10].

Don’t think you’re bigger, that you can make big decisions

The messages conveyed in Figure 6.7 also addressed the message not to let circumstances determine your future. The use of language like ‘Don’t think you’re bigger, that you can make big decisions’, although grammatically incorrect, is how the learners speak among themselves. Also notable in photo 3 (Figure 6.7), was that the participant posed the
question rather than giving an answer: ‘What will you do to get money?’ This approach made the viewers think about their responses, rather than telling them what to do.

The participating peer educators stated that involvement in the project had made them more aware of the need to take action to change their social circumstances and to spread the message to others so that they could also improve their circumstances:

We don’t want our world to be like that. We must take a right decision for our children. That is why we must step in now before it is going out of hand [P7].

I feel it is our duty to go there and share our knowledge and tell others about the consequences of teenage pregnancy and that they do not need to fall into that trap [P6].

It is pointless getting knowledge and not using it [P2].

As one of the peer educators said:

It is easy to allow circumstances to dictate your choices. If everyone around you becomes a gang member, you might believe it is your only option [P9].

This peer educator message highlighted that each person had control over his/her future and that a background of poverty did not mean that youth had to adopt behaviour that would trap them into a life that would not allow them to reach their full potential.

6.2.4 Message 4: Don’t judge others – be supportive

The final message deemed necessary to address the themes identified, was to counter a judgemental attitudes towards those who did become teen fathers or mothers, and also towards those who went to the clinic to obtain contraception. The video “Don’t let your background define your future” suggested that young people could find help and support from the peer educators, rather than from those who might wish to manipulate their feelings for their own selfish purposes.
This video aimed to raise awareness of the rejection and harsh judgment young people faced and to show that such attitudes did not help to improve the situation. Some of the comments made after watching the video and viewing the photo narratives included:

- It is good to know you have friends when you go through difficulty and that people care for you [FG5].
- The presentations show how difficult it is to continue life
after teenage pregnancy as well as the shame involved [FG1].

The manner in which learners are ostracised when pregnant is clearly illustrated [FG9].

An element of understanding among the youth at the school seemed to be developing which indicated that they were experiencing more empathy for each other:

Girls must be taught that they have so much to look forward to and accomplish, and that falling pregnant can be major obstacle on a path to a better future, although it isn’t always a ‘dream-killer’, if it happens. Instilling a sense of self-worth in girls as often as possible is vital if we are to see our girls flourish [FG13].

This more accepting and helpful attitude towards each other is important, since statistics tell us that only about one third of teenage mothers (Panday et al., 2009) return to school, due in large part to the stigma and lack of support they experience (Welsh, 2016).

I asked some fellow Life Orientation teachers to view the photographs and videos and provide written feedback. They indicated they could see the need for support rather than judgment, but also that they did not think that they had the time to do this:

Teenagers are overburdened with stresses and problems that make ‘normal functioning’ on a daily basis an impossibility. These teenage girls need a space where they are able to speak and be heard by an adult that will take in the information, offer advice or assistance, and be non-judgmental. It is important to make an effort to really listen to what these girls have to say [T1].

Our teenagers need to be exposed to what is available to them, which could improve their current living circumstances. We can do this by offering workshops, getting people in who could address the learners, but not just send the ‘good lads’ who don’t need it. Our kids need to know that we as their teachers don’t look down on them, but respect and care about them and their wellbeing [T2].

Hopefully, the peer educator participants carried out their intention to share their knowledge with the other learners, as was their stated intention:

We are going to get other learners on board, younger learners, so that they can continue with the process. We are the seniors of the school. The learners listen to us [P6].
As indicated in Cycle One, the peer educators themselves were initially judgmental of their peers who behaved in a way that they did not consider to be ‘good’, but taking part in this project helped them to shift their thinking towards becoming more empathic and supportive, as shown in the video discussed above.

6.3 TAKING THE MESSAGES OUTSIDE THE SCHOOL

At the start of the project, twenty-four peer educators were involved. Using the logic model, they developed four messages. These messages were conveyed to their peers within the school. The next step was to broaden their outreach by taking the photovoice display and the videos to other schools, and they decided that they would go to some feeder schools in the area, to prepare the Grade 7’s, who would be enrolling at to their school the following year. They thought that that would equip them with knowledge of the consequences of teenage pregnancy and the need to practice safe sex before they arrived at high school. The peer educators went to two schools (School A and School B) and targeted the learner leaders of those schools for orientation purposes. Every year, learner leaders in Grade 7 (last year of primary school) undergo an ‘orientation’ process, to prepare them for leadership in high school. These learners were most likely to become peer educators in high school, which is why they were selected.

During the discussion that followed the presentation of the photographic display with narratives, the peer educators asked the learners which messages they would take from the presentation. Their answers indicated that they did understand the messages that the photographs intended to convey:

‘You must wait for the right time’, ‘Don’t drink’, ‘Don’t have a boyfriend before the time’, ‘Listen to your parents’, and ‘You must wear a condom’.

One learner asked: “How many times can you use a condom?” which indicated that knowledge about contraception was poor. The peer educators were able to answer their questions, and talked freely with them. Two of the learners asked for the contact numbers of the peer educators so that they could talk with them later, which indicated that they found them approachable enough to discuss things with them that they felt reluctant to talk about in public. There were also comments that indicated that they identified with the
photographs and videos (e.g. ‘depression’, ‘frustration’, ‘gangs’ were mentioned as aspects that they were familiar with).

FIGURE 6.10: Peer educators presenting their posters

6.4 UNDERSTANDING PEER EDUCATOR DEVELOPMENT FROM A THEORETICAL STANDPOINT

The following section presents evidence of growth and learning as reported by the peer educators during the study, using social learning theory as an analytical lens. The scope of this study did not allow for an in-depth evaluation of the impact of the prevention strategies on the learners they reached, although I reported on some evidence of this. However, it was evident that the participating peer educators did benefit.

The data seems to suggest that the peer educator participants had developed an improved sense of self-efficacy to address teenage pregnancy and to be peer educators. This increase in self-efficacy levels was evident from their comments in the focus group in terms of developing leadership skills, communication skills and an understanding of how important it was to be inclusive and supportive of differing points of view, as the following extract indicates:

P3: “Yes, I said interacting. You get another person’s views on the situation. That is important.”

I: “Why is it important to get other people’s views?”
P4: “It makes it real. Like to hear it from another person’s viewpoint. You might have your own. Hear it from other people. You might see it from another point. I can add it to my knowledge.”

P7: “Yes, because what people says give you a broader aspect, so you can take a better decision. You will think twice. Differently.”

P1: “Other people’s views are important.”
I: “Why are they important?”
P5: “It is important, especially if you are in a leadership position. You do need input from other people. Then it is not only your idea.”

P3: “It learnt [sic] me how to treat my girlfriend. To respect yourself as well.”
I: “Wonderful. Any other skills that you may have learnt?”
P4: “Communication skills, negotiating skills, problem-solving and to be assertive.”

P2: “Yes, in the past I would look at a girl, I would laugh, but now I am more serious. It made me more mature.”

P6: “I agree before I was involved in this group. I used to giggle. It is more than just to giggle about.”

The participatory nature of this study allowed the participants to experience the four elements that contribute to the building of self-efficacy (Bandura, 1997).

The structure offered by the action-research process allowed the participants to slowly gain skills and confidence, as they were facilitated through the different actions to raise awareness of teenage pregnancy and to begin to think how they could address it and that it was a mastery experience. At each stage of this process, they were afforded the opportunity to learn new skills (e.g. to create artefacts such as videos and photovoice displays; to learn communication and presentation techniques) which were all mastery experiences (Bandura, 1997) in themselves, as participants successfully negotiated each phase.

The teamwork required for the study, particularly the presentations they did at their own and other schools, meant that they all had an opportunity to witness each other successfully modelling the required behaviour, either in person or on video. Thus, vicarious learning (Bandura, 1997) was fostered, which also helped to increase self-efficacy beliefs. Social persuasion (Bandura, 1997) was experienced through positive feedback on their efforts by the teachers, learners from other schools and each other. At the workshops, during the
presentation of the posters, photo and video recordings, their confidence was further boosted when a few parents spontaneously praised the participants on an excellent display. Each time they acted as peer educators, they received encouragement in the form of positive feedback, both from the learners and teachers. The engagement with the visual methods provided an opportunity for fun and laughter, despite the serious, sensitive topic. The sessions with the participants were characterised by a positive emotional climate, and this helped to enhance their learning and to increase their motivation for what they were doing by creating a positive affective climate (Bandura, 1997).

Throughout the process, the action-research process of reflection on what they were doing, and what they were learning, helped the peer educators realise how they were gaining in terms of knowledge, confidence and skills and to entrench their slowly building levels of self-efficacy.

They appreciated the fact that I, as teacher, merely facilitated the process and allowed them to make decisions:

Yes, Ms X allowed us to run the process for her. She would start something and keep quiet and listen to our view [FG5]

If Ms X gave us leaflets to read, it would not have the same impact [FG7].

Apart from the growth displayed by peer educators, the project also influenced other parts of the school system.

6.5 **DIFFERENT LEVELS OF INFLUENCE OF THE PROJECT**

The following table illustrates the various ways in which the study influenced the school system:

**TABLE 6.2: Different levels of influence of the project**

<table>
<thead>
<tr>
<th>Levels</th>
<th>Types of Questions</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1:</strong> Peer educators’ growth Participants use new knowledge and skills</td>
<td>• How have the peer educators grown in terms of leadership, with regard to sexual decision making?</td>
<td>• The peer educators indicated that the study did help them to become more mature in their own sexual decision-making (see 6.2.1). • More empathic towards others (see 6.2.1). • Treat women better (see 6.2.2).</td>
</tr>
<tr>
<td>Levels</td>
<td>Types of Questions</td>
<td>Findings</td>
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</table>
|        | • How have peer educators grown in terms of skills to educate others? | • Enthusiastic to share knowledge (6.2.3).  
|        | • Feelings of self-efficacy as peer educators were improved (see 6.4). | |
| Level 2: | The influence peer educators had on other learners | • How did exposure to peer education strategies influence how other learners thought about teenage pregnancy? | • Peers displayed improved critical thinking regarding sexuality (see 6.2.1).  
|        | • Feelings of self-efficacy as peer educators were improved (see 6.4). | • Messages were understood by other learners (see 6.3). |
| Level 3: | Influence of project on teachers | • How has project impacted on how teachers approach teenage pregnancy? | There has been a shift in the attitude of teachers and they appear to be more understanding and caring towards pregnant girls (see 6.2.4). |
| Level 4: | Influence of project on school policy | • What has changed in terms of policy regarding teenage pregnancy? | • School accepts peer education as viable educational strategy (see 6.2.1).  
|        |                |        | • Changes in policy relating to pregnant learners (see 6.2.1).  
|        |                |        | • Revised condom policy – free condoms available at school (see 6.2.1).  
|        |                |        | • School added sexuality education during orientation (see 6.3). |

6.6 CONCLUSION

This chapter offered the findings and discussion of how the peer educators participating in this study took action regarding teenage pregnancy. The research questions I addressed in this chapter were:

- How might participatory methods help youth to create relevant and contextualised strategies for addressing teenage pregnancies?
- How could such strategies be implemented in a school system?

I am able to conclude that although a reduction in the teenage pregnancy rate needs a multi-sectoral approach, involving youth in educating their peers can do much to raise awareness and shift thinking about the phenomenon. The participants in this project focused on social risk factors that rendered young people more vulnerable to make unhealthy choices, and did so in a way that showed they understood the adversities facing them, rather than moralising about it.

The evidence in this study seems to suggest that the strategies devised by the participants did help to convey the seriousness of the consequences of falling pregnant while at school, while also pointing out the agency that learners can have in this respect. They do not need to fall into the same patterns as others just because they come from difficult backgrounds. It also helped them to realise the need for supporting and helping each other to make
healthy decisions. The use of visual participatory methods created the space for the peer educators to talk and this, along with working collaboratively with visual artefacts, enabled the participants to explore their potential and see themselves differently. I described how the peer educators created and implemented the prevention strategies and what influence these had on their own growth, the learning of others and school policy. I also explained how this could be implemented and integrated within the normal school timetable and activity plan.

In the next chapter, I will revisit the research questions and give more detailed suggestions for how youth-led prevention strategies may be implemented within a school.
CHAPTER SEVEN: SUMMARY, RECOMMENDATIONS AND CONTRIBUTION TO KNOWLEDGE

7.1 INTRODUCTION

The previous chapter of this study presented the findings in respect of Cycle Two. In this last chapter of the thesis, I will synthesise my findings and highlight the new insights that the study has generated to enable a better understanding of how the issue of the prevention of teenage pregnancy could be addressed at South African schools. I will also focus on a response to the final sub-question:

- What recommendations could be made for addressing teenage pregnancy in a contextualised way?

I will firstly present a summary of the study to refresh the reader’s mind. Secondly, I will re-examine the research questions, and summarise how they have been answered. Thirdly, I will present my own personal learning from the study. Thereafter, I will outline the limitations of this study, and offer recommendations for further research and the implementation of programmes based on the findings. Finally, I will identify the theoretical and methodological contributions made by this study.

7.2 SUMMARY OF STUDY

The main question guiding this study was:

- How could peer educators be engaged to create prevention strategies to reduce teenage pregnancy and its impacts?

In Chapter One, I presented the argument that the existing approach to sexuality education offered within the Life Orientation curriculum did not adequately address the challenges faced by youth within a South African context, and specifically within communities facing significant social and economic challenges. I argued that the involvement of youth in the design and implementation of prevention strategies might be one way to improve the impact and effectivity of messages around the prevention of
teenage pregnancy. I justified the need for the research by identifying the gap in the literature, underpinned by the lack of programmes and studies/research on sexuality education in a South African context that involved the youth themselves. In order to engage the youth in the development of prevention education strategies, I explained how a participatory action research methodology, which allowed the youth to design, implement and evaluate strategies they developed themselves, would be suitable for such a study. In short, I presented the rationale for the study, presented my critical research questions, and explained how I would proceed to answer them.

In Chapters Two and Three, I provided a critical review of the literature pertaining to teenage pregnancy at secondary schools in South Africa. The conclusion I drew from the literature review was that sexuality education remained an uncomfortable issue for teachers and that, partly for that reason, they were not teaching it in a way that engaged their sexually active learners. Moreover, learners felt stigmatised and judged for their sexual behaviour by adults and peers. The literature therefore confirmed the need for a different approach to teaching and learning about the prevention of teenage pregnancy in schools since existing approaches clearly were not producing the desired results. Chapter Two presented an overview of the phenomenon of teenage pregnancy, positioning it as a social problem that intersected with a number of other issues facing children growing up in socially disadvantaged contexts. The phenomenon was discussed from the theoretical frameworks of social learning theory (Bandura, 2002), which I used to guide my strategic interventions and as an analytical lens for interpreting the research data. I also used Bronfenbrenner’s (1994) social ecological theory, which seeks to interpret behaviour within specific environments. Chapter Three looked in detail at the existing approaches to sexuality education in schools and the problems associated with it, further confirming the need to adopt a different approach.

Chapter Four explained the methodology followed in this study, highlighting the use of a critical paradigm to guide the participatory action research design. I situated my research within a critical paradigm, because it was aimed at emancipating participants from their existing ways of thinking and acting and introducing them to new possibilities. In relation to my study, I considered that a critical paradigm would enable me to work with the youth to raise their awareness of the phenomenon in question, namely the high rate of teenage pregnancy, and to shift their thinking around how they constructed it and what constituted
better, more appropriate or alternative responses to the sexual pressures to which they were exposed. I deemed a participatory methodology to be the most suitable approach to guide the aims of the study, with a view to taking action within a school environment to improve education around the prevention of teenage pregnancy and its impact on the lives of affected teenagers.

In Chapter Five, I discussed the findings that addressed my first research sub-question:

- What do youth themselves know, feel and experience with regard to the causes and effects of teenage pregnancy?

This chapter presented an analysis and interpretation of the themes and sub-themes emerging from the research findings, supplemented by literature, to verify or contradict the results. I recontextualised the themes and sub-themes against the backdrop of the theoretical framework of my study. The themes that emerged from this cycle included the following: Teenage pregnancy changes our whole life; Our lifestyle and needs make us high risk for pregnancy; and Sexuality education has little impact on us. This supported my argument for the need to involve the youth themselves in developing new strategies for the prevention of teenage pregnancy, since the findings indicated that existing approaches to sexuality education were making little difference to how the youth were thinking and behaving. The message was clear: lectures about the dangers of teenage pregnancy had little effect on youth, since they perceived that the lecturing adults did not understand what it was like to be a teenager in their specific context. The findings indicated a need for adults to accept that young people might opt to become sexually active and that they could play a positive role in providing a space for them to discuss how they could do so safely. The findings also indicated the need for people with credibility among the youth to convey such messages. Out of these themes the youth participants developed prevention messages that they thought were appropriate and would ‘speak to’ their peers.

In Chapter Six, I discussed the findings that answered the second and third sub-questions, which were:

- How might a participatory methodology help learners to create relevant and contextualised strategies for addressing teenage pregnancy?
- How could such strategies be implemented in a school system?
I explained in detail how the youth participants developed the prevention messages and translated them into educational material that they deemed appropriate for their peers. I also evaluated the learning of the youth participants and offered evidence to suggest the positive impact their strategies had had on other learners, teachers and school policy.

The answers to these three sub-questions provided an answer to the main research question: *How could peer educators be engaged to create prevention strategies to reduce teenage pregnancy and its impact?*

### 7.3 REVISITING THE RESEARCH QUESTIONS

I will now revisit the research questions and provide my recommendations, bearing in mind the final question of:

- **What recommendations could be made for addressing teenage pregnancy in a contextualised way?**

#### 7.3.1 What do learners themselves know, feel and experience with regard to these causes and effects of teenage pregnancy?

In Chapter Five, I employed drawings, interviews, focus group discussions and learner narratives to find out what learners themselves knew, felt and experienced with regard to the causes and effects of teenage pregnancy. The following themes were identified: i) *teenage pregnancy changes our whole life*; ii) *our lifestyle and needs make us high risk for pregnancy*; and iii) *sexuality education has little impact on us*.

#### 7.3.2 How may a participatory methodology help learners to create relevant and contextualised strategies for addressing teenage pregnancy?

The knowledge generated in this cycle suggested that simply forbidding teenagers to have sex or merely telling them about the dire consequences would not really have any significant impact on them. It would seem that involving the youth themselves in constructing this message and conveying it in a way that involves the target audience on an emotional, rather than just a cognitive level, would have greater impact. The messages
conveyed must also take into account the fact that, because of their immaturity and socialising habits, young people will engage in high risk behaviour and they have to be able to discuss this openly and think about how they can make safer decisions. I also learnt that there was a need for learners to receive information from those they thought truly understood their challenges and their needs, rather than from adults perceived to harbour judgemental views of them. Another insight generated by this study was that youth living in challenging socio-economic circumstances might not receive the needed support from their families and turn to their peers instead. This unlocks an opportunity for positive peer pressure to play an important role in education about the prevention of teenage pregnancy, as subsequently highlighted in the study in the one video, where a young person was invited to join a peer support group. The need for prevention messages to be contextualised and take into account the daily lived realities of the youth, rather than just conveying facts and knowledge unrelated to their experiences, was also highlighted. The themes generated in this first cycle of the participatory action research study thus support the need for the youth to become more involved in determining what they need to know about teenage pregnancy and how this should be conveyed. The knowledge generated by asking the youth what they knew, felt and thought about the phenomenon of teenage pregnancy was used to inform the design of appropriate prevention messages and I therefore recommend that teachers and other programme designers of strategies for the prevention of teenage pregnancy should first engage with their target audience to establish their specific needs and then involve them in deciding what messages need to be conveyed.

The knowledge gathered in the first cycle of this study helped the participants to co-construct new ways to approach the issue of the prevention of teenage pregnancy. The participatory methodology provided the participants with space to make their voices heard, and the findings from the first cycle allowed them to develop relevant and contextualised messages that responded to the needs and paradigms of their peers.

The messages they extracted from the data analysis were:

“Do not let your circumstances determine your future” “be really aware of the consequences of having a child before you have finished school” “if you are having sex, then always use a condom” and “don’t judge others – be supportive”.

These messages responded to the needs identified from the first cycle of research and as they were therefore contextualised, they were more likely to be meaningful to the youth.
audience. The photovoice and video production strategies allowed them to develop visual material that spoke to the audience not only on a cognitive level, but also on an emotional level. The evidence that the development and presentation of this prevention material was found to be meaningful for the target audience supported existing literature that suggests that involving youth in the development of prevention strategies has reaped more success than adult-designed strategies.

The participatory methodology also allowed the youth participants to develop leadership and other life skills and motivated them to act as ambassadors for the prevention of teenage pregnancy. This was valuable lifelong learning that will also enable and empower them to better negotiate and navigate future challenges and opportunities.

The knowledge generated through this study about the potential and value of participatory methodologies for educating the youth about teenage pregnancy, its consequences and prevention, provides support for the wider use of such strategies within the Life Orientation curriculum. Such strategies generate useful teaching and learning material, which could be used both in curricular and co-curricular contexts. I therefore recommend that teachers be equipped, at both pre- and in-service levels, to design and use such strategies within the subject of Life Orientation in particular, and in other relevant subjects.

7.3.3 How could such strategies be implemented in a school system?

Schools have structured timetables: all activities must fit into that timeframe. In this study, it was shown that the prevention activities and strategies developed by the peer educators could easily be accommodated within the existing timetable and in co-curricular activities after school. The detailed explanation of how this was achieved, will assist other teachers in implementing such programmes within their own schools. Peer education is supported by the Department of Basic Education, and such strategies are therefore easily implementable within schools. The role of the teacher is to facilitate action by the peer educators, and one person could easily do this within a busy school schedule. Such activities can be planned during annual meetings to decide on activities for the future year. Each school has to appoint specific educators to act as coordinators for the peer education programme, and this would therefore not add extra work to teachers’ already full programmes.
In my experience, Life Orientation teachers would be the ideal candidates to coordinate such programmes. The coordinator could manage all aspects of the programme, such as the needs assessment, networking with health and social services, the involvement of relevant stakeholders, assistance in implementation, and reporting on progress made. Teachers should play a supportive and guiding role. Although all the teachers at a school may not be involved in the programme, all educators must be aware of the goals of the peer education programme. This awareness will prevent the educators from inadvertently saying something that could have an adverse effect on the peer educators’ message. Furthermore, I recommend that a monthly report on the activities and progress made in terms of the peer educator programme be included in the agenda for staff.

The visual methods used in this project could be used as participatory pedagogical tools on an ongoing basis. Teachers could easily engage learners in creating artefacts, posters, photographs and videos in classroom time; and this would allow them to ensure that the material used is relevant for the context of these specific learners and would therefore be more likely to engage them in discussion and learning.

Artefacts generated by learners, such as photovoice displays, could also be put on permanent display in the school, to create constant awareness. It was also shown that they could be useful for the orientation of future learners, so that the latter would enter the school with a clear idea of the need to accept responsibility for their own sexual decision-making and activities.

7.4 PERSONAL REFLECTION ON MY LEARNING

To document my journey of growth and learning, it is necessary to establish where I started. My background placed me at a disadvantage regarding sexuality education, as I came from a very strict religious background, and the core tenet of my religion/education was modesty – we did not discuss topics of sex in public (or in private). Furthermore, I came from a large family: I was the second eldest. At an early age, I was expected to care for my younger siblings, and this made me very protective of them and young people in general. I adopted the approach that they needed to be told what to do and that they should never question the advice or instructions of their elders.
I therefore had to learn to engage with these learners, to listen to them and try to understand their reasoning and thinking, rather than interpreting their behaviour from my own point of view. Although this was not always easy, I slowly learnt to do this, with the help of my supervisor, who prompted me to reflect regularly on how my behaviour and thinking might be influencing the study. Although I have not changed my fundamental beliefs, I now have a different understanding of how others may view sex and sexuality, and what the feelings and perceptions of the youth in particular are on the subject. I came to understand just how far-reaching the effect of teenage pregnancy is on a learner’s life: not just for the girls, but also for the young fathers. I also came to realise the pressures on young people concerning their sexuality and becoming sexually active, whether from the media, their peers or their environment. Furthermore, I totally rethought my long-held stance that young people are in need of care and protection, as they are unable to make sensible decisions for themselves! Seeing how the participants in this project grew through being given the space to do so, I was amazed at how much they learnt and how they lived up to and embraced the responsibility given. As a teacher, this was an intense learning process for me, one that will impact on how I teach in future. I have come to realise that participatory pedagogies allow for deeper, more relevant and contextualised learning, and will strive to use them more in my teaching. I was also surprised at the creativity of the participants. Their enthusiasm towards the project was wonderful to see and motivated me to support them more. The powerful messages converged through the posters, the videos and photos taught me that peer education could be a valuable and highly effective tool.

I also learnt that learners could change school policy. One of the highlights of the study was the re-evaluation of school policy related to pregnant learners, the outcome being that the school now supports them to stay on until 26 weeks into pregnancy, whereas pregnant learners were previously asked to leave as soon as it became known that they were pregnant. The parents were requested to inform school management of a pregnancy, and a record is kept of this. This allows us to monitor the pregnant learner better and provide assistance if there are any signs of her needing it. Previously, the learners would conceal their pregnancy, and in one instance a pregnant girl, gave birth at school, without any medical help. It was this experience that prompted the development of the earlier policy, but now I was able to convince the school management that we could better support our pregnant learners by amending the policy to encourage them to continue their studies, keeping their prospects of a worthwhile career and future economic independence alive.
Furthermore, I have experienced that the teachers in general are now more open to discuss issues relating to sexuality and teenage pregnancy, as they often approach me with questions. Teachers are now able to provide continuous education for learners who would previously simply have been sent home. My initial approach to teaching was authoritarian, but as my relationship with my learners grew, my views changed and I began to see the learners for the creative individuals they are.

I strongly identify with the message put forth by Kahlil Gibran in his poem *On Children*:

> Your children are not your children.  
> They are the sons and daughters of Life's longing for itself.  
> They come through you but not from you,  
> And though they are with you, yet they belong not to you  

(Kahlil Gibran)

The feedback I received from the learners, teachers and my peers helped me to grow as a person to become more supportive and empathetic, less judgmental and more patient. I was also gratified to learn that 20 out of the 24 peer educators who took part in this project went on to pursue tertiary education. This is an unusually high number for the school under study. I believe that the confidence instilled in the participants by being part of this successful and well received project helped them to believe that they were capable of further studies. The insight and experience gained from the project aided their growth and development, and seeing its impact on peers strengthened the notion that they could accomplish their meaningful goals.

### 7.5 LIMITATIONS OF THE STUDY

While contributions, theoretical and methodological, to the body of knowledge on teenage sexuality have emerged from the study, so have limitations.

One of the limitations of the study is that generalisations cannot be made, due to its restricted nature, as it was a single-case study, implemented at one school only. However, although the study might have been localised, its findings could be used to guide other initiatives involving the youth in addressing social issues that impact on their lives. Another limitation could be that such initiatives require at least one teacher to begin and supervise the process. Thus, in one sense, it would still rely on adult intervention. This
study cannot claim to have reduced teenage pregnancy among the learners involved, since it was a qualitative study and did not have this intention.

7.6 RECOMMENDATIONS

As a point of departure, based on my own learning, and on the findings of this study, I present the following recommendations for teacher education and further research in addressing the issue of teenage pregnancy prevention at South African schools:

7.6.1 Recommendations for teacher education

For the future development of teachers (in service and pre-service) I recommend the following measures:

- Visual methods should be introduced to enhance teachers’ capacity to employ participatory methodologies in the classroom to better involve learners in their own learning. In this regard, I recommend that pre-service and in-service teacher training should incorporate arts-based methods as a core feature, with increased emphasis on developing teachers as practitioners who are comfortable with using participatory pedagogies in all subjects, but particularly to address sensitive issues, such as sexuality education. This would also require that teachers are taught the skills needed to engage responsibly with the learners in the use of such strategies.

7.6.2 Recommendations on a policy level

The knowledge generated in this study leads me to recommend that learners be involved in determining school policy about the provision of condoms and support needed for learners who do become pregnant/father a child. I also recommend that the sexuality education content and pedagogy, as contained in the subject Life Orientation, be revisited to determine how they could be adapted to incorporate more learner-centred pedagogies and take into consideration the specific contexts of different communities of learners.
7.6.3 Recommendations for further studies

The study has answered the question: *How can peer educators be engaged to create prevention strategies to reduce teenage pregnancy and its impacts?* However, several other areas that emerged from this study merit and require further exploration.

More research should be done to develop knowledge about how participatory research could be used within South African schools to engage learners in improving their education and educational circumstances. Youth Participatory Action Research has been used in other countries to this end, but little has been done within the South African context. A longitudinal study would be useful to determine if the prevention strategies employed in this study can be sustained over time and extended to other topics that affect youth in schools today.

Alcohol was mentioned in this study as one reason why young people do not practise safe sex, but this issue was not further explored by the participants in their prevention strategies. More research needs to be done to determine how alcohol abuse can be minimised among the youth, by adopting a participatory approach.

Similarly, I was surprised that HIV and AIDS did not feature more strongly in the prevention strategies, given its prevalence among the youth of South Africa. More research needs to be done to determine if this is because the youth did not take this pandemic seriously or if there are other reasons why its prevalence was not linked more closely with unprotected sex and pregnancy. It would also be interesting to conduct research on how young mothers and fathers could be supported by their peers to continue their education, since this study indicated this need.

7.7 CONTRIBUTION OF THE STUDY

Methodologically, this study contributes to the body of knowledge on visual participatory methods by showing how these can be used to involve the youth in exploring ways to reduce the high incidence of teenage pregnancy among South African youth. The detailed explanation of the participatory action research design, combined with the use of the logic model, will allow others to structure similar research interventions and participatory pedagogical experiences. The methodological contribution of this study could provide
guidelines and theory on how participatory methods could help South African youth to bring about change within a school context. Such methodological approaches to the involvement of youth in prevention work in schools are rare in South Africa, and this study could serve as an exemplar of how this could be facilitated.

The knowledge generated by the study provides insight into how youth in a socially and economically challenged community can make sense of teenage pregnancy and the affects thereof. This adds to the existing theories about sexuality education within schools and how this sensitive but pressing issue could be addressed within schools. It provides one answer to the problem that many teachers do not want to or do not feel competent to teach sexuality education. The findings from this study add to the existing body of knowledge about what young people experience in terms of sexual decision making, and the factors that influence their choices.

Finally, but perhaps most importantly, this study has contributed to the development of the 24 young participants in terms of their life skills and belief in their own ability, as well as to my own development as a teacher, which will influence my teaching in future years and so indirectly benefit other learners.

7.8 CONCLUSION

In this chapter, I brought this research report to a close by outlining the conclusions that I reached and the insight I gained in the process of the study. I also outlined how my study contributed to existing theory and methodology.

I am satisfied that I have attained the goals I set myself at the onset of this thesis. Moreover, I experienced personal development during this study, which will benefit my future work as educator with both teachers and learners.

Finally, this thesis does not represent a culmination of my research study. I see this process, with my newly gained knowledge and skills as the beginning of a new journey and new thinking for me as mother, teacher and researcher.
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ANNEXURE A:
FOCUS GROUP DISCUSSION WITH PEERS
A focus group discussion with peer educators

Present: LW (Investigator); Ms X (Observer) 17 Participants (9 females and 8 males – P_1 – P_{17}).

LW: Welcome everybody. Welcome to 2015. You are learner leaders. What does that mean?

P_5: It is a fancy name for prefect.

LW: OK! Congratulations for being learner leader.

LW: What I do want to ask you is very simply today. You don’t need to speak in order. You were in the project last year, you have done a lot, I think. Asking that everyone must speak.

LW: What did you learnt yourself from being in this project?

P_2: Not to have sex before marriage; a personal commitment.

LW: Well done!

P_7: I learnt more about the consequences. The responsibilities as well.

LW: What impact did that knowledge have on you?

P_7: It improved my decision. It strengthens my abstinence of having sex before marriage.

LW: OK! Reinforce your intention not to get pregnant or not to make anybody pregnant before the time.

P_5: More responsible, not only in a sexual way; to be more responsible as a person. It made me look at a girl in a different way. I have more empathy for the girls.

LW: And so it made big changes. Made you less judgemental, it made you more human [Ja, all replied].

LW: Anybody else.

P_4: It made us more aware of all the consequences: emotional, financial consequences and responsibility wise. If you get pregnant, you will have a lot of responsibilities; you will have to drop your education and all of that. So it made us more aware to make other people aware of this serious thing and it needs to stop.

LW: Why must you make other people aware? [All answer – we would not like them to have a future like this].

P_6&P_7: We don’t want our world to be like that. We must take a right decision for our children. That is why we must step in now before it going out of hand.
P6: I feel it is our duty to go there and share our knowledge and tell others about the consequences of teenage pregnancy.

P5: [Laughing] It is pointless getting knowledge and not using it.

LW: Is it just knowledge that you gained? You could also read it in the books. What is the difference? You said interaction.

P3: Yes, I said interacting. You get another person’s views on the situation. That is important.

LW: Why is it important to get other people’s views?

P4: It makes it real. Like to hear it from another person’s viewpoint. You might have your own. Hear it from other people. You might see it from another point. I can add it to my knowledge.

LW: Do you think the ability to listen to other people is going to help you the rest of your life?

P2: Yes, because what people says give you a broader aspect, so you can take a better decision. You will think twice. Differently.

P1: Other people’s views are important.

LW: That is important. Why is it important?

P5: It is important, especially if you are in a leadership position. You do need input from other people. Then it is not only your idea.

LW: Leadership skills and the ability to be leaders have improved you said. New character been built. In what way?

P3: It learnt me how to treat my girlfriend. To respect yourself as well.

LW: Wonderful. Any other skills that you may have learnt.

P4: Communication skills, negotiating skills, problem-solving and to be assertive.

P2: Yes, in the past I would look at a girl, I would laugh but now I am more serious. It made me more mature.

P6: I agreed before I was involved in this group. I used to giggle. It is more than just to giggle about.

LW: And it is more than just about the act of having sex. It is about relationships and planning for the future.

LW: Is there anybody that it made no impact on. They felt that the programme have done nothing for me. That is fine. Please be open.
LW: You all agreed. It helps you with leadership skills, empathy, be more responsible, be more mature, fill the gaps, more respect for other people in general. Respect for women.

LW: That is great!

LW: Tell how did you experience the process? Did you feel you could take control of this process or did Ms X boss you around all the time?

P5: Yes, Ms X allowed us to run the process for her. She would start something and keep quiet and listen to our views.

LW: You felt your voice was heard. The process of using photos, drawings and videos. They are brilliant. How did you find that?

P5: Taking it to a A-level.

P6: Explore your options how to get the message out there.

P4: Body language / confidence.

P6: Try to get the message out there.

LW: Do you think you would felt the same if Ms X gave you the leaflets and read it.

P7: No, it would not have the same impact.

LW: What influence did you had on the other learners at school? Have you seen any difference with them?

P10: I saw one girl that is pregnant.

LW: Now how many do you normally see a year.

P6: I started last year at this school and I was surprised to see all the girls that was pregnant, but as the year went on the numbers dwindled.

LW: Do you think it is because of you.

P5: We can't take all the credit.

LW: Do you think you had something to do with it?

P3: We did reach out to learners. We got them in here and show the videos and display the posters. We interacted with the learners.

LW: What else can you do about the video?

P5: I went to … High School. It was very productive. It was not teachers we are all in the same situation.

LW: Why do you think you made an impact?

P5: Somebody on the ‘chat line’ ‘whatsup’ ask Do you know the guy cam eto our school and they were speaking about teenage pregnancy.

LW: I also knew some of you used the ‘whatsup’ with the condoms.
LW: Miss X why did you people not use Facebook? It is also because of ethics and you must also get learners permission.

LW: What can you do this year to get the message out there?

P3: We are going to the primary schools and present to them the video and the posters. They will be going to high school and they must face reality.

LW: And take the videos. I was very impressed with it.

LW: What else can you do?

P5: We are going to get other learners on board. Younger learners so that they can continue with the process.

P6: We are the seniors of the school. The learners listen to us.

LW: Were you involved in the peer educator programme before this.

P3: No.

LW: What message did you think was most important to give out.

P3&P4: Will you tell him to wait or will you tell him you’re late. The myths of condoms.

LW: You do have a lot of condoms. What are you going to do with it?

P3: We are still deciding where to put it. The bathroom or in a specific classroom where learners can just go and fetch it.

LW: Because it is the stigma attached to taking condoms.

LW: Do you think the climate of being pregnant at school is cool? Did it change?

P4: Yes, madam.

LW: So you have plans. You must get it out wider. Get it out to the media, what you have done. This is good for your CV. You need to put it down. Say what I learnt from this.

LW: Any other things.

P5: Thank you for giving us the opportunity.

LW Thank you. It was your programme.

SECOND SESSION

Show video to other learners that was not part of the peer educators

P6: What can you say about this video (any comments?)

P3: It was nice, it touch my heart. Touch your emotions.

LW: How did it make you feel?

P2: When the boyfriend scenario happened it was too easy. No challenges. It was too easy for her to get out.
LW: It was not too realistic enough. The point of this video is that it raised discussions about things.

LW: What are girls facing?

P4: Girls are going through many emotions, because we are still teenagers and we are still finding ourselves. Our emotions are very different. One moment you are sad, the next time you are very happy. The problem that the girl faces with her father and family is realistic in terms with problems.

P8: [Jy kan Afrikaans praat] You can speak Afrikaans. It is good to know you have friends when you go through difficulty and that people cares for you. It was too easy. Never too easy to say no.

LW: What happens in real life?

P8: The boys will promise you the moon, the starts and the sun.

LW: After you said yes and then what will happen?

P5: When you fall pregnant, he will drop you. He only wanted what he wanted.

LW: Boys you have a bad reputation. Males have a bad reputation.

LW: Do you think that can change?

P5: Yes, if we all stand up as teenagers. We can make a difference. We can work something out.

LW: You are coming on this programme now that is good to hear. Did you notice last year anything of teenage pregnancies that was going on at school? Did any of these guys speak to you?

P4: Yes, but we want heavy one’s. We are going to take it deeper. It must be more realistic.

LW: You said it was not heavy enough. This means you guys have done your job. It is not too realistic enough. But that is great learning. They are ready for something. No criticism of the video. Don’t take it like that.

LW: We are going to watch the next one. It is slightly a different topic.

P5: What is your view on this one? Is that more realistic? It is more in our environment, in our type of situation.

LW: Yes, why?

LW It is a different message.

LW: What was more realistic about that one?

P5: It happens, your friend is sleeping with your friend, which is supposed to be your best friend.
If you showed both these videos to the learners at school, do you think they will think about their choices.

What was the message?

It is your choice.

Learn from your friend’s mistake, instead of bumping your head or get hurt. No turning back.

We as the new peer educators will meet next week.

We must save each other’s lives. We must lower the teenage pregnancy percentage.

She is a leader.

I think it all go back to the parents. Your parents will tell you they been through this and tell you sit down and speak to you. Your perception differs.

You don’t listen because they old. They are not attached. You are lucky that your parents set you down. Because most parents don’t. Most parents pretend that the children don’t know nothing about sex. It is easy. Good point. Another leader.

A lot of parents does not sit and speak to them about teenage pregnancy. The girls think their parents do not care for them. But it still depends still on you.

Do you feel comfortable to speak to people of your age or your parents.

I feel comfortable to speak to other friends.

They always want to say it is boys. It also the girls.

The girls are also pressurising the boys. Will you come and sleep with me?

It also the girls that

The girls have the last say.

Do you know anyone that was raped.

Yes

The boys usually drop the girls when they say no.

If you with older guys, they won’t accept No, but with your peers they will accept

Thank you very much.
ANNEXURE B:
CONSENT FORM PARENTS
LETTER TO PARENTS OR GUARDIANS

7 August 2013

Dear Parent/Guardian of ……………………..

My name is Farah Hendricks, and I am a PhD student at the Nelson Mandela Metropolitan University. I am conducting research under the supervision of Professor Lesley Wood. The topic of my research is ‘Exploring how peer educators can be engaged in the prevention of teenage pregnancy’.

The purpose of my research is to explore ways to reduce teenage pregnancy. I will explain my research topic and the aim of my study to my learners. I will inform them of the benefits of my study and how the lessons learnt here can help to reduce teenage pregnancy. The learners will acquire leadership skills in this study.

I am seeking consent for your child to participate in the study; I will also seek the assent of your child. Only children who agree and those with parents'/guardians’ consent will participate in the study. I ask that you discuss participation in the study with your child. The study will be used to explore prevention strategies to reduce teenage pregnancy.

I will be using 10 Grade 11 and 10 Grade 10 learners who have volunteered to participate in my studies. Data will be collected using focus group discussions, reflection diaries, unstructured interviews and photovoice. This will take approximately two hours per session and the sessions will run for most of the academic year, but will not interfere with examinations or other school work and will be held in the afternoon or weekends. All information obtained will be treated in strictest confidence. The learners’ names will not be used and individual children will not be identifiable in any written reports about the study.

A summary report of the findings will be made available to you. Participants are free to withdraw from the project at any time without a penalty. If a learner requires support as a result of their participation in the survey, steps can be taken to accommodate this. Participation in this project will help your child to develop various life skills and increase their experience as a peer educator.

Please discuss participation in this project with your child. To give consent for your child to participate, please complete the attached form and I will collect from you. I will send a copy of our final report, when the study is completed and I will come back to tell you of some of my findings.

Thank you for taking the time to read this information. Should you wish to speak to me or the study leader at any time please contact us on:

Prof Lesley Wood  0822969202

Ms F Hendricks

Farah Hendricks
Researcher
ANNEXURE C:
PARTICIPANTS’ CONSENT FORM
Assent From to be signed by participants

If you agree to what I have explained, please place an ‘X’ in the ‘yes’ boxes to show that you understand and agree with each statement:

<table>
<thead>
<tr>
<th></th>
<th>I understand the information about the study in the Information Letter. Any questions I had were answered.</th>
<th>Yes, I understand ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>I realise that participation is completely voluntary and that my child can stop the study at any time. If my child is uncomfortable answering any questions, she/he may choose not to answer.</td>
<td>Yes, I understand ☐</td>
</tr>
<tr>
<td>3</td>
<td>My child will read and speak in a group, participation will not be confidential.</td>
<td>Yes, I understand ☐</td>
</tr>
<tr>
<td>4</td>
<td>I understand that what I say may be quoted at great length in publications, presentations and the final report. If I become concerned with anything I said, I can ask for parts, or all, of what I said not to be quoted. I may also have deleted any parts of the interview I want deleted.</td>
<td>Yes, I understand ☐</td>
</tr>
<tr>
<td>5</td>
<td>I understand that even if my parent or guardian consents to my taking part in the study, it is my decision whether I want to participate. If I do not wish to participate, or want to withdraw from the study at any time, my wishes will be respected without penalty. My parent’s or guardian’s consent does not make me have to participate.</td>
<td>Yes, I understand ☐</td>
</tr>
<tr>
<td>6</td>
<td>I understand that if something troubles me while participating, the researcher will provide me with information about community resources (e.g. a local psychologist) that might help me. The researcher ensures that counselling is free and timeously available.</td>
<td>Yes, I understand ☐</td>
</tr>
<tr>
<td>7</td>
<td>The researcher seeks consent for audio/video recording. If you do not wish to participate in the recordings your wish will be respected without penalty.</td>
<td>Yes, I understand ☐</td>
</tr>
</tbody>
</table>

I agree to take part in this study

__________________________________________  ____________________________
(Research Participation’s Signature)                     Date

__________________________________________  ____________________________
(Parent/guardian Signature)                             Date

The study has been explained to the learners and this form signed voluntarily.

__________________________________________  ____________________________
(Researcher’s Signature)                              Date

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A PARTICIPATORY ACTION RESEARCH APPROACH TO ENGAGING PEER EDUCATORS IN THE PREVENTION OF TEENAGE PREGNANCY

8 November 2013

Explanation of the Study (What will happen to me in this study?)
The reason for this research is to explore how youth can be engaged in creating prevention strategies to reduce the incidence of teenage pregnancy and its consequences. We are doing this study because there is such a high rate of teenage pregnancy in your school and we think your participation will serve as an important source of knowledge regarding the underlying causes of teenage pregnancy.
You will be involved in a one-on-one interview to express your views on teenage pregnancy and what impact it has had on your life, as well as what ideas you have for prevention.

Risks or Discomforts of Participating in the Study (Can anything bad happen to me?)
Nothing bad should happen, but if you feel uncomfortable at any time, feel free to contact me or my study leader, Prof. Lesley Wood (0822969202) to discuss it. We can arrange further counselling/help if needed.

Benefits of Participating in the Study (Can anything good happen to me?)
You will only be involved in one interview, but should you wish to receive further help, you can contact me or my study leader.

Confidentiality (Will anyone know I am in the study?)
No, you are a participant in my studies, and this is not known to others. In terms of reporting on the project, I will not use your real name or identify you in visuals.

Compensation for Participation/Medical Treatment (What happens if I get hurt?)
You should not get hurt, as we will only be talking for about half an hour.

Contact Information (Who can I talk to about the study?)
- Prof. Lesley Wood – Supervisor – 018-2994770
- Mrs Farah Hendricks – Researcher – 072-7295-702 or 041-4573604
- Ms Razia Nordien – Social Worker – 084-3714-615
- Ms Keble – Counsellor – 041-4561632

Voluntary Participation (What if I do not want to do this?)
Participation is completely voluntary. You are free to withdraw from the project at any time without penalty.

Do you understand this study and are you willing to participate?

YES  NO

Signature of PARTICIPANT  Date
ANNEXURE D:
PERMISSION LETTER FROM DISTRICT OFFICE
Mrs F. Hendricks
Researcher
c/o Professor L. Wood / Ms C. Poisat
Supervisor
Nelson Mandela Metropolitan University
E-mail: lesley.wood@nmwu.ac.za / carol.poisat@nmwu.ac.za / ericawag@areosat.co.za

Dear Mrs Hendricks

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL SCHOOLS: PORT ELIZABETH

I refer to your letter dated 27 May 2013 and received on 02 August 2013.

Permission is hereby granted for you to conduct your research on the following conditions:

1. Your research must be conducted on a voluntary basis.
2. All ethical issues relating to research must be honoured.
3. Your research is subject to the internal rules of the school, including its curricular programme and its code of conduct and must not interfere in the day-to-day routine of the school.

Kindly present a copy of this letter to the principal as proof of permission.

I wish you good luck in your research.

Yours faithfully,

DISTRICT DIRECTOR: PORT ELIZABETH

02 August 2013
ANNEXURE E:
LETTER REQUESTING PERMISSION AND LETTER OF CONSENT FROM PRINCIPAL
21 April 2013

Dear Sir/Madam

Request for permission to work with peer educators

I am presently an educator at the above-mentioned school, as well as a part-time first-year PhD student at Nelson Mandela Metropolitan University (NMMU), doing research under the supervision of Prof. L. Wood.

My study involves engaging youth in the creation of strategies for preventing teenage pregnancy.

I will be working with the peer educators at the school to help them to develop prevention strategies for teenage pregnancy. I will be working with the youth after school hours and will not disrupt the school programme.

I hereby seek permission from you and the school/governing body to conduct my investigation at school. The investigation will be guided by a strict code of ethics, as prescribed by the Ethics Committee of the NMMU. All the data collected during the investigation will be treated in a strictly confidential manner.

I am available to answer any queries you may have regarding the nature of my investigation and you can contact Prof Wood at lesley.wood@nwu.ac.za or 018 299 4770.

Thanking you in anticipation.

Yours faithfully

F. Hendricks (Mrs)

Persal Number 50369726
TO WHOM IT MAY CONCERN

Permission is hereby granted for Ms Farah Hendricks to do the necessary research for the completion of her PhD Degree in Education.

Mr … …

(Acting Principal)

15 June 2013
ANNEXURE F:
WEEKLY PROGRAMME
## WEEKLY PROGRAMME

### WEEK 1 (21/07/2014 - 25/07/2014)

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>21/07/2014</td>
<td>Meeting: Peer Educators (14:30-15:30)</td>
</tr>
<tr>
<td>Tuesday</td>
<td>22/07/2014</td>
<td>Meeting: Peer Educators (14:30-15:30)</td>
</tr>
<tr>
<td>Wednesday</td>
<td>23/07/2014</td>
<td>Poster Display. Second Break – Photo Exhibition – Gelvandale High School</td>
</tr>
<tr>
<td>Thursday</td>
<td>24/07/2014</td>
<td>Poster Display. Second Break – Photovoice Exhibition <strong>“”</strong></td>
</tr>
<tr>
<td>Friday</td>
<td>25/07/2014</td>
<td>Poster Display. Second Break – Photo Exhibition - <strong>“”</strong></td>
</tr>
</tbody>
</table>

### WEEK 2 (28/07/2014 – 01/09/2014)

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday</td>
<td>29/07/2014</td>
<td>Photo Exhibition – Arcadia Secondary School (Alumni Week)</td>
</tr>
<tr>
<td>Wednesday</td>
<td>30/07/2014</td>
<td>Photo Exhibition</td>
</tr>
<tr>
<td>Thursday</td>
<td>31/07/2014</td>
<td>Show video to Grade 8A &amp; B (Second Break)</td>
</tr>
<tr>
<td>Friday</td>
<td>01/08/2014</td>
<td>Assembly led by peer educators. Show video to Grade 8C &amp; D Break</td>
</tr>
</tbody>
</table>

### WEEK 3 (04-08-2014 – 09/08/2014)

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>04/08/2014</td>
<td>Show video to Grade 8E, F, &amp; G</td>
</tr>
<tr>
<td>Tuesday</td>
<td>05/08/2014</td>
<td>Parents Day Grade 8 &amp; 9 13:00-15:00 Photo exhibition; Display of Posters; Show video to parents</td>
</tr>
<tr>
<td>Wednesday</td>
<td>06/08/2014</td>
<td>Break: Show video to Grade 9A &amp; B</td>
</tr>
<tr>
<td>Thursday</td>
<td>07/08/2014</td>
<td>Parents Day: Grade 10, 11 &amp; 12</td>
</tr>
<tr>
<td>Friday</td>
<td>08/08/2014</td>
<td>Show video to Grade 9C, D, E</td>
</tr>
</tbody>
</table>

### Week 4 (11/08/2014 – 15/08/2014)

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>11/08/2014</td>
<td>Show video to Grade 9F, G, H &amp; I</td>
</tr>
<tr>
<td>Tuesday</td>
<td>12/08/2014</td>
<td>Break: Show video to Grade 10A &amp; B</td>
</tr>
<tr>
<td>Wednesday</td>
<td>13/08/2014</td>
<td>Break: Show video to Grade 10C, D &amp; E</td>
</tr>
<tr>
<td>Thursday</td>
<td>14/08/2014</td>
<td>Show video to Grade 10F, G, H</td>
</tr>
<tr>
<td>Friday</td>
<td>15/08/2014</td>
<td>Show video to Grade 10I &amp; J</td>
</tr>
</tbody>
</table>

Saturday: 09/08/2014
- Women’s Day – Invite all hostel learners to main hall
  - Display of posters
  - Photo exhibition
  - Show video to hostel learners
  All peer educators involved

**Weekend Activities:**
- Women’s Day – Invite all hostel learners to main hall
  - Display of posters
  - Photo exhibition
  - Show video to hostel learners
  All peer educators involved

**Weekend Activities:**
- Women’s Day – Invite all hostel learners to main hall
  - Display of posters
  - Photo exhibition
  - Show video to hostel learners
  All peer educators involved


<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>11/08/2014</td>
<td>Show video to Grade 9F, G, H &amp; I</td>
</tr>
<tr>
<td>Tuesday</td>
<td>12/08/2014</td>
<td>Break: Show video to Grade 10A &amp; B</td>
</tr>
<tr>
<td>Wednesday</td>
<td>13/08/2014</td>
<td>Break: Show video to Grade 10C, D &amp; E</td>
</tr>
<tr>
<td>Thursday</td>
<td>14/08/2014</td>
<td>Show video to Grade 10F, G, H</td>
</tr>
<tr>
<td>Friday</td>
<td>15/08/2014</td>
<td>Show video to Grade 10I &amp; J</td>
</tr>
</tbody>
</table>

Afternoon Meeting: Planning for week 5
### WEEK 5 (18/08/2014 – 22/08/2014)

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>18/08/2014</td>
<td>Break: Show of video to Grade 11A &amp; B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Peer Educators: AL &amp; CM</td>
</tr>
<tr>
<td>Tuesday</td>
<td>19/08/2014</td>
<td>Break: Show of video to Grade 11C, D &amp; E</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Peer Educators: CM &amp; CJ</td>
</tr>
<tr>
<td>Wednesday</td>
<td>20/08/2014</td>
<td>Photo Exhibition: Primary School (School B)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Break: Show video to Grade 11F &amp; G</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Peer Educators: AB &amp; SD</td>
</tr>
<tr>
<td>Thursday</td>
<td>21/08/2014</td>
<td>Break: Visit from clinic sister</td>
</tr>
</tbody>
</table>
ANNEXURE G:
EVALUATION OF PEER EDUCATION PRESENTATION
EVALUATION OF PEER EDUCATION PRESENTATION

1. What did you find useful or helpful in this session?
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

2. What did you learn that might make a difference to how you behave in future?
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

3. What do you think about getting information about teenage pregnancy from young people rather than adults?
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

4. Is there anything about teenage pregnancy or sex that you would like to know more about?
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

5. Additional comments / suggestions
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
ANNEXURE H:
AN EXAMPLE OF DECODING DATA
AN EXAMPLE OF DECODING DATA

.........

RL: Why do you think you would have been stronger if he was with you?
P3: Because he made me feel like that.

RL: How did your friends or people reacted at school?
P3: They stared at me. I was flat. That is why they gossip about me. My friends were not there for me. Their parents said they must stay away from me. I told my friends ‘stay away from sex whilst still at school’. See how I am ‘sukkeling’ [struggling]. See boyfriend left me. Let it be an example to you. But they did not listened.

RL: If I listen to you, you sound like you had to deal with a lot of people’s attitudes and rejection?
P3: Yes, when I fell pregnant, the people started to gossip. You were [Beauty Queen title] and now you are pregnant. So I had to deal with it. I got sick at school. My sir asked me if I wanted to go home. He said he had to tell the secretary. The secretary told my mother to come and speak to the principal. The principal chased me home. He said it was against the law. I was six months pregnant. He showed us the organiser with regards to pregnancy. He asked me if I got hurt then what would have happened.

RL: He chased you away from school. So could you not go back to school?
P3: No, but I did, I went behind his back to school.

RL: Tell me how did you deal with your family that rejected you, friends dropped you and now at school?
P3: My sir said: ‘do not stay at home. Come to school. Stay out of the principal’s way’. But the principal saw me, but he left me. But there was a time that I could not come to school because I was sick. My legs were swollen.

RL: How did you deal with the rejection from your family and friends?
P3: It was very difficult, very difficult for me when my friends were not on my side.
ANNEXURE I:
CONSENT: RESEARCH ETHICS COMMITTEE
Dear Prof Wood

EXPLORING HOW PEER EDUCATORS CAN BE ENGAGED IN THE PREVENTION OF TEENAGE PREGNANCY

PRP: Prof L Wood
PI: Ms F Hendricks

Your above-entitled application for ethics approval served at Research Ethics Committee (Human).

We take pleasure in informing you that the Research Ethics Committee (Human) approved the extension of your application.

The ethics clearance reference number is H13-EDU-ERE-042, and is valid for three years. Please inform the REC-H, via your faculty representative, if any changes (particularly in the methodology) occur during this time. An annual affirmation to the effect that the protocols in use are still those for which approval was granted, will be required from you. You will be reminded timeously of this responsibility, and will receive the necessary documentation well in advance of any deadline.

We wish you well with the project. Please inform your co-investigators of the outcome, and convey our best wishes.

Yours sincerely

Chairperson: Research Ethics Committee (Human)

cc: Department of Research Capacity Development

Faculty Officer: Education
ANNEXURE J:
DECLARATION: LANGUAGE EDITOR
TO WHOM IT MAY CONCERN

25 November 2016

I, Marthina Hendrina Nel, Coordinator: Language Proficiency of the Nelson Mandela Bay Municipality (NMBM), have edited the language used in a thesis written by Farrah Hendricks, enrolled as a student at the Faculty of Education at the Nelson Mandela Metropolitan University, towards the requirements for the degree of Philosophiae Doctor Educationis. The title of the thesis is:

_A Participatory Action Research Approach to Engaging Peer Educators in the Prevention of Teenage Pregnancy_

I am a South African citizen and a member of the South African Institute of Translators and Interpreters.

I have a BA (Hons) Degree in Literary Science (1979) from the (Orange) Free State University, having obtained a BA (Languages) Degree in English, Afrikaans-Nederlands and Literary Science at the same institution. I have worked as a professional editor since 1981, and have been employed as head of the Language Proficiency Office of the NMBM for the past twenty years.

Over the past twenty years, I have done extensive editing for both students and lecturers at the NMMU: approximately 350 theses and dissertations, as well as countless articles due for publication in a broad spectrum of academic journals.

_M H NEL_

Contact details: Tel. 041 506 1537 / Cell 082 780 3108