

Learner pregnancy-policy interplay:

School dropout of adolescent girls during pregnancy and in the postpartum period in selected South African provinces

2023



Commission for Gender Equality
A society free from gender oppression and inequality



**LEARNER PREGNANCY-POLICY INTERPLAY:
SCHOOL DROPOUT OF ADOLESCENT GIRLS DURING PREGNANCY AND
IN THE POSTPARTUM PERIOD IN SELECTED SOUTH AFRICAN PROVINCES
2023**



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FOREWORD AND ACKNOWLEDGEMENTS

Some adolescent girls become pregnant and do not return to school after giving birth, and the longer the adolescent mothers stay out of school, the lesser the chances of ever returning to school. Pregnancy or childbirth-related school abandonment may have detrimental effects on the mother's and the child's health, education, and socio-economic status. In many cases, dropping out of school may exacerbate problems that already significantly impact the daily lives of many South Africans, such as intergenerational illiteracy, unemployment, poor family and community backgrounds, and general societal vulnerability.

Previously, the Department of Basic Education (DBE) Pregnant Learner Management Policy contributed to the negative impact as the policy prohibited adolescent mothers from returning to school until they had spent two years attending to their babies. This policy sought to protect the interests of the infants by releasing the adolescent mothers to attend to them. However, the policy excluded adolescent mothers from exercising their right to education. The policy has since been rescinded. In 2021, the new National Policy on the Prevention and Management of Learner Pregnancy was introduced and obligates schools to put measures in place for retaining pregnant learners and integrating adolescent mothers into the schooling system postpartum.

In addition to the policy hindrances, pregnant learners and adolescent mothers also experience institutional, social, economic, cultural, and religious barriers that prevent them from successfully completing their education. For this reason, the Commission for Gender Equality (CGE) undertook this study to contribute towards enriching the understanding of school dropouts by adolescent girls during pregnancy and in the postpartum period. The CGE conducted this study as part of fulfilling its Constitutional mandate to promote respect for, protection, development, and attainment of gender equality in the Republic. As per the Commission for Gender Equality Act No. 39 of 1996, the CGE is required to "monitor, investigate, research, educate, lobby, advise, and report on issues concerning gender equality".

The research participants were from three provinces (KwaZulu-Natal, Limpopo, and Eastern Cape). These provinces are currently regarded as the provinces with the highest rates of teenage pregnancy in South Africa. It was established from this study that several factors contributed to pregnancies of adolescents, including poor and inconsistent uptake of contraceptives due to incorrect information, beliefs, and social context, as well as inadequate parental involvement and guidance in the sexual and reproductive health education of adolescents.

It was also noted that practices employed in the management of learner pregnancies were incoherent and staggered despite the government's introduction of the National Policy on the Prevention and Management of Learner Pregnancy. Efforts to provide training, capacity building, and policy awareness within schools by the DBE were fragmented, hence the inconsistencies in policy application among provinces.

This report would not be possible without the cooperation and participation of the National, Eastern Cape, and KwaZulu-Natal Provincial Departments of Basic Education. The CGE is also grateful to the school principals, school governing bodies (SGBs), educators, learner support agents (LSAs), school management teams (SMTs), and the adolescents and parents, without whom this study would not have been possible.

The CGE further acknowledges and appreciates the hard work of the research team, namely:

- Ms Lindelwe Motha (Project Leader)
- Ms Naledi Selebano
- Ms Monalisa Jantjies



ABBREVIATIONS AND ACRONYMS

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
BPA	Beijing Platform for Action
CBOs	Community-Based Organisations
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CGE	Commission for Gender Equality
DBE	Department of Basic Education
DHS	Demographic and Health Survey Program
DoH	Department of Health
DSD	Department of Social Development
EC	Eastern Cape
ECDoE	Eastern Cape Department of Education
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
ICESCR	International Covenant on Economic, Social and Cultural Rights
IGR	Intergovernmental Relations
LMICs	Low and Middle-Income Countries
LSA	Learner Support Agent
PEPUDA	Promotion of Equality and Prevention of Unfair Discrimination Act
SACE	South African Council of Educators
SAPS	South African Police Services
SASSA	South African Social Security Agency
SGB	School Governing Body
SMT	School Management Team
SRHR	Sexual and Reproductive Health and Rights
SRH	Sexual and Reproductive Health
STAT SA	Statistics South Africa
STIs	Sexually Transmitted Infections
WHO	World Health Organization



1. INTRODUCTION

Research shows that only a third of adolescent girls that become pregnant in South Africa return to school, with each year that passes after giving birth decreasing the chances of ever returning to school.¹ Mokgalabone² found that pregnancy was among the causes of school disruption, particularly at the secondary school level, and that in many cases the birth of a baby marked the end of schooling for adolescent mothers. A study conducted by the Human Sciences Research Council (HSRC) showed that more than 60% of pregnant teenagers did not return to school after the two-year period previously enforced by the Department of Basic Education (DBE). The 2007 Pregnant Learner Management Policy stated that learners should not return to school for up to two years after giving birth. In other words, the policy excluded adolescent mothers from exercising their right to education, even though the right to basic education is a constitutionally protected right unequivocally guaranteed to all children in South Africa. The policy has, however, since been rescinded, with a new policy introduced in 2021 that obligates schools to put measures in place for retaining pregnant learners and reintegrating adolescent mothers into the schooling system in the postpartum period.

Apart from policy loopholes and institutional barriers within the schooling system, literature also identifies many social, economic, cultural, and other challenges that limit school attendance by pregnant learners and adolescent mothers.³ Even so, there appears to be agreement among researchers that more studies are warranted to explore insights into the support that pregnant learners and adolescent mothers require to remain in school and complete their education successfully. Therefore, the Commission for Gender Equality (CGE) has decided to contribute to this body of knowledge by conducting this study to investigate reasons for school dropout by adolescent girls during pregnancy and in the postpartum period. The study adopted a qualitative approach that involved in-depth face-to-face interviews with adolescent girls who dropped out of school either during pregnancy or after delivery. The involvement of key informants was also incorporated into the study. Participants were drawn from three provinces (KwaZulu-Natal, Limpopo, and Eastern Cape) currently regarded as the provinces with the highest rates of teenage pregnancy in South Africa.

With this study, the CGE hopes to make a meaningful contribution to the body of knowledge relating to the factors that influence pregnant learners and adolescent mothers not to return to school postpartum. In addition, the CGE conducted this study as part of fulfilling its Constitutional mandate to promote respect for, protection, development, and attainment of gender equality in the Republic. The CGE has the power, as contained in the Commission for Gender Equality Act No. 39 of 1996, to “monitor, investigate, research, educate, lobby, advise, and report on issues concerning gender equality”.

1.2 PROBLEM STATEMENT

Maxwell⁴ explains that the formulation of a research problem is the first and most important step of the research process. A problem statement describes the issue needing to be investigated, explains why it is an issue and explores further details that affect it. In terms of this research project, the study attempts to unravel reasons for adolescent girls dropping out of school during pregnancy and in the postpartum period.

¹ Toska E, Cluver LD, Boyes M, Pantelic M, Kuo C. (2015). From 'sugar daddies' to 'sugar babies': exploring a pathway among age-disparate sexual relationships, condom use and adolescent pregnancy in South Africa. *Sex Health*, 12(1):59-66. doi:10.1071/SH14089.

² Mokgalabone MB. (1999). Socio-cultural conditions, teenage pregnancy and schooling disruption: themes from teachers and teenage mothers in “poor rural schools. *South African Journal of Education*, 19:55-66.

³ Kim, J et al. 2016. Teenage pregnancy rates and associations with other health risk behaviours: a three-wave cross-sectional study among South African school-going adolescents.

⁴ Maxwell, J.A. (2013). *Qualitative Research Design: An Interactive Approach*. 3rd ed. Thousand Oaks. CA: Sage Publications.



There seems to be consensus in South Africa that adolescent pregnancy and school dropout due to pregnancy are social problems that need intervention. The reason behind adolescent pregnancy is a subject that seems to be under endless debate, with some sections of society blaming older men, others blaming aloof parents. Others blame adolescent girls, labelling them as promiscuous. Blaming adolescent girls and perceiving them to be promiscuous is problematic because these ideas seem to neglect the ills in South Africa that create fertile ground for the pregnancies that lead to subsequent school dropouts. These include poverty, rape, and child abuse.

The challenge of pregnancy-related school dropouts mostly and directly affects adolescent mothers who may feel the need to drop out of school due to an unsupportive educational system or the need to care for their children, consequently jeopardising their futures. In addition, pregnancy-related school dropouts affect the offspring of adolescent mothers as the adolescent mothers may not be able to provide a conducive environment in which their offspring can grow up. This could be due to a lack of family support or poor family background. Adolescent mothers' families are also affected by the problem, especially if these families are disadvantaged and now have to face the added challenge of another mouth to feed.

School dropout as a result of pregnancy or having a child may lead to negative health, educational and socio-economic outcomes for both the mother and child. In many instances, dropping out of school may perpetuate issues that already plague many South Africans' day-to-day lives, including poor family and community backgrounds, single-parent households, unemployment, intergenerational illiteracy, and overall societal vulnerability.

In 2021, Cabinet approved the National Policy on the Prevention and Management of Learner Pregnancy to close the policy gap in the management of learner pregnancy and measures to retain pregnant learners and adolescent mothers in school. The policy, which will be discussed at length under Section 3.2 on legislative frameworks addresses the 2012 Constitutional Court judgment against the DBE on their 2007 measures that subjected pregnant learners to a two-year ban from school post-delivery. Although these measures were revoked in 2011, in the absence of a national policy, schools have been developing and utilising discretionary policies, some of which still aligned with the 2007 DBE measures. The CGE, therefore, conducted this study to investigate factors that lead to school dropout of pregnant learners and adolescent mothers in light of the new policy. This will be one of the first studies to be undertaken since the introduction of the national policy. The CGE also hopes to contribute knowledge in this area through this study.

1.3 AIM AND OBJECTIVES OF THE STUDY

a. Primary aim of the study

The study aimed to investigate reasons for school dropout by adolescent girls during pregnancy and in the postpartum period. The study explored social, cultural, legislative, and economic factors that pose as barriers to school attendance by adolescent girls during pregnancy and after delivery.

b. Objectives of the study

The study sought to achieve the following objectives:

- To investigate factors that prohibit adolescent girls from returning to school during pregnancy and the postpartum period.
- To assess the effectiveness of current institutional, legislative, and other efforts to protect and promote the right to education and non-discrimination of pregnant learners and adolescent mothers.



1.4 RESEARCH QUESTIONS

- What factors pose as barriers to the retention of pregnant learners and adolescent mothers in schools?
- To what extent are the current legislative frameworks, as well as initiatives, approaches, and programmes, effective in safeguarding the right to education of pregnant learners and adolescent mothers?

1.5 RESEARCH METHODOLOGY AND APPROACH

This section of the report is focused on the research approach and methodology of the study. The section aims to describe the methodological procedures and techniques adopted by the CGE research team in carrying out the project.

1.5.1 RESEARCH APPROACH

The study used the qualitative research approach as it offers access to rich data that enables a deeper understanding of people's behaviours, knowledge, views, and subjective experiences.⁵ The qualitative approach offers the advantage of going beyond what is physically observed, thereby understanding the meanings that individuals and groups ascribe to a social phenomenon.⁶ The approach was relevant for this study as its main purpose was to explore the personal experiences and views of adolescents who dropped out of school due to pregnancy or motherhood. The qualitative approach was, therefore, appropriate as it granted the researchers the opportunity to explore deep insights regarding the views of the participants on the subject.

1.5.2 RESEARCH DESIGN

The study adopted the phenomenological research design that is premised on the philosophy that the world is socially constructed. The design aligns with the research approach (qualitative approach) in that it is also concerned with meanings that individuals attach to their social realities. The design is appropriate for studies that seek to unravel the views of participants on their lived experiences, as this study sought to do. The basic aim is to obtain the perceptions of the participants to understand the meaning of an event, how the participants understand it, and to answer research questions. Furthermore, the participants must have direct experiences with the phenomenon being studied.⁷ The phenomenon under investigation in this study was the barriers that deter pregnant learners and adolescent mothers from returning to school and continuing with their education.

Successful implementation of the phenomenological design relies mainly on extensive engagements between researchers and the selected sample of participants. The typical sample size ranges between five and 25. Details on sampling for this study are discussed in Section 1.5.3.

1.5.3 POPULATION AND SAMPLING

The population and sample of the study consisted of adolescent girls who had dropped out of school as a result of pregnancy or motherhood. The study further incorporated those adolescents reintegrated into the school setting due to the unique dynamics of the provinces covered. These dynamics are discussed in Section 4 on the findings. According to the World Health Organization (WHO), adolescence is the period between childhood and adulthood, encompassing persons between the ages of ten and 19.⁸

⁵ Sullivan, T. J., & Dejong, C. R. (2005). *Applied Social Research: A tool for the Human Services*. Melbourne: Brook/Cole-Thomson Learning.

⁶ Creswell, J. W. (2009). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. London: SAGE Publications.

⁷ Leedy, P. D., & Ormrod, J. E. (2013). *Practical Research: Planning and Design*, 10th ed. Pearson.

⁸ WHO, n.d. <https://apps.who.int/adolescent/second-decade/section2/page1/recognizing-adolescence.html>. Date accessed 22 June 2022.



WHO identifies three stages of adolescence, namely the early adolescence stage (ages ten to 15), middle adolescence (ages 14 to 17), and late adolescence (ages 16 to 19).⁹

Participants were drawn from three provinces with the highest rates of teenage pregnancies in the country: KwaZulu-Natal, Limpopo, and Eastern Cape. According to Statistics South Africa (Stats SA),¹⁰ more than 83,000 children between the ages of ten and 17 gave birth countrywide during the 2019/2020 financial year. KwaZulu-Natal recorded 18,550 births, while 13,129 births were recorded in Limpopo and 12,671 in the Eastern Cape. The study considered covering provinces with a high number of learner dropouts associated with pregnancies and childbirth. However, accurate and reliable statistics that reflect these variables were not publicly available.

The study had a sample size of 24 teenage participants and 27 key informants, thus 51 participants in total. The sample size was derived from the study design (phenomenological design), which advocates for the participation of between five and 25 participants in order to obtain valuable and rich data.

The inclusion and exclusion criteria were as follows:

- Participants had to be between the ages of ten and 19 at the time of their participation in the study
- Participants must have dropped out of school while pregnant or after giving birth
- Participants must have dropped out of school temporarily or permanently due to pregnancy or childbirth
- Participants must have dropped out of school for at least six months to offer deep insights to enrich the study
- Adolescents with a known history of mental illness were excluded as their participation in the study could have prompted an increase in or return of symptoms
- Adolescents with a history of domestic or dating violence, rape, and sexual abuse were also excluded.

In addition to the adolescents, the other participants were:

- Senior officials from the National Department of Basic Education
- School principals
- Educators
- Members of the school governing bodies (SGBs)
- Members of the school management teams (SMTs)
- Learner support agents (LSAs).

These categories of key informants covered some of the key role players and subject experts with deep knowledge and understanding of issues related to pregnancies of adolescents and school dropouts. The list also covers some of the stakeholders identified in the application of the National Policy on the Prevention and Management of Learner Pregnancy (see Table 1).

⁹ WHO. (2010). Participants manual: IMAI one-day or orientation on adolescents living with HIV. https://apps.who.int/adolescent/second-decade/section/section_2/level2_2.php. Date accessed 22 June 2022.

¹⁰ IOL <https://www.iol.co.za/news/south-africa/western-cape/shocking-stats-sa-report-shows-33-000-teen-mothers-in-2020-660-of-them-younger-than-10-years-old-ffbceb71-f44a-42c1-936e-0dfee472ed51>. Date accessed 22 June 2022.



Table 1: Participants of the study

Province	Interviews with adolescent girls	Interviews with key informants
KwaZulu-Natal	7 participants	2 school principals, 4 educators, 4 SGB members, 4 SMT members, 2 learner support agents.
Limpopo	4 participants	0
Eastern Cape	13 participants	2 school principals, 4 educators, 6 SGB members, 4 SMT members, 1 learner support agent.
Total	24	27

The glaring disparities in the list of participants stem from some of the challenges experienced, as well as dynamics that emerged during fieldwork. The CGE sought to interview a balanced representation of participants across all categories, but this was impossible for two reasons. Firstly, the CGE relied on the assistance of provincial departments of basic education to identify schools and assist with recruiting participants. However, the Limpopo Department of Basic Education was uncooperative, which led to challenges in the recruitment of the full scope of participant categories, especially with key informants who could not participate in the study without the relevant permissions from the department. The CGE's efforts to independently source out-of-school adolescents yielded the participation of four adolescents in the province. A similar study conducted in Namibia illustrated that it was possible to reach data saturation with the participation of four people.¹¹

The second reason was that in the Eastern Cape, five of the 13 adolescents interviewed had intended to drop out of school but ended up remaining due to the policy awareness drive that the DBE facilitated to inform school officials, learners, and parents about learner rights to education and the National Policy on the Prevention and Management of Learner Pregnancy. These participants were interviewed to unpack the reasons they had intended to drop out of school in the first place.

It is also worth noting that two senior officials from the National Department of Basic Education were also interviewed for the study.

1.5.4 RECRUITMENT STRATEGY

Regarding the recruitment strategy, the CGE relied on the assistance of the Provincial Departments of Basic Education and their public schools to recruit adolescent girls and the key informants who fit the sampling criteria. Formal letters detailing these requests were written and sent to the departments, and as already indicated, the department in Limpopo did not render any support. The researchers also relied on snowball sampling, which involves referrals of the relevant participants by the first few identified cases/participants of a hard-to-reach population.¹² Snowball sampling was relevant given the hard-to-reach sample of adolescents who have dropped out of school due to pregnancy or in the postpartum period.

¹¹ Maemeko, E., Nkengbeza, D. & Chokomosi, T. (2018). The Impact of Teenage Pregnancy on Academic Performance of Grade 7 Learners at a School in the Zambezi Region. *Open Journal of Social Sciences*, 6, 88-100. doi: 10.4236/jss.2018.69006.

¹² Neuman, W. L. (2006). *Qualitative and Quantitative Measurement in Social Research Methods: Qualitative and Quantitative Approaches*. Boston: Pearson and Ally and Bacon.



1.5.5 METHODS OF DATA COLLECTION AND RESEARCH INSTRUMENTATION

In-depth individual face-to-face interviews were used as the data collection method. The interviews with the National Department of Basic Education officials were conducted virtually via Microsoft Teams. Individual interviews were used because they offered the opportunity to capture rich, descriptive data about lived experiences, which is what this study sought to achieve.¹³

The interviews were tape-recorded with the knowledge and permission of participants, including parents and guardians in the case of adolescents under 18 years. Semi-structured interview guides for the various categories of study participants were developed and utilised to facilitate engagements during the interviews.

1.5.6 METHOD OF DATA ANALYSIS

Thematic analysis was used as the method of data analysis. This method involves the analysis of qualitative data by identifying themes and patterns in the data.¹⁴ The method requires the organisation and description of data sets with the aim of answering the research question. Researchers had to look for recurring themes, similarities, and differences among the responses of the participants while applying this method. The researchers followed the following steps during the thematic analysis:

1. Familiarised themselves with the data
2. Generated initial codes
3. Searched for themes
4. Reviewed themes
5. Defined and named the themes
6. Analysed the data and produced the report.¹⁵

In terms of this study, both diverse and similar themes emerged from the data collected from the sampled schools.

1.6 CONSTRAINTS/LIMITATIONS OF THE STUDY

During the study, the researchers faced a number of limitations or constraints. The constraints were as follows:

The researchers experienced delays in getting responses confirming DBE's participation and collaboration with the CGE in the study. This was due to the sensitive nature of the study and having adolescents as participants. The delay in responses contributed to the research study taking longer than researchers originally expected. In one instance, researchers had to write a letter explaining the CGE's mandate as a monitoring body to the Eastern Cape Department of Education (ECDoE) when researchers were asked to go through the department's research permission channels, which would have caused further delays.

Researchers experienced some uneasiness from the schools due to the data collection being done from October to December. This time of year is crucial, particularly for Grades 10 to 12, because it is revision and exam time in most schools. This uneasiness by school staff led to two interviews with adolescents being drastically shortened, while another interview was cancelled completely by the principal at one of the schools.

¹³ Patton, M. Q. (2005). Qualitative research. Encyclopaedia of statistics in behavioural science.

¹⁴ Kawulich, B. B., & Holland, L. (2012). Qualitative data analysis. In C. Wagner, B. B. Kawulich, & M. Garner, *Doing social Research: A global context* (pp. 229-245). Maidenhead: McGraw-Hill Education.

¹⁵ Braun, V., & Clarke. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.



Researchers found gaining access to adolescents in some provinces challenging, forcing researchers to resort to telephonic interviews for some participants. Ethical considerations were, however, adhered to.

The Limpopo Department of Basic Education was uncooperative and nonresponsive. Researchers wrote numerous emails, called multiple times, and physically went to the department to solicit cooperation, but none of these efforts yielded positive results. Researchers then resorted to recruiting participants themselves. This was a significant limitation as the cooperation of the Limpopo Department of Basic Education could have increased the sample size and contributed greatly towards enriching findings from the Limpopo Province.



2. STATEMENT OF RESEARCH ETHICS

- **Informed consent**

Before the commencement of the interviews, participants were informed about the study's rationale, goals, objectives, and methodological procedures. A participant information sheet was developed and handed out to the participants and their parents or legal guardians since the study involved the participation of children under 18. Participants were also afforded the opportunity to ask questions or seek clarification on any aspect of the study that may have been unclear.

- **Voluntary participation**

None of the participants was coerced to participate in the study or promised any incentives. Consent and assent forms were handed out to the participants and their parents or legal guardians for those under 18. The legal age at which a person can consent to participation in research is 18 in South Africa. Research participants under the age of 18 can only give assent. Thus, their parents or legal guardians had to give consent by signing the consent forms. Cooperation was also sought from the key informants of the study.

- **Confidentiality and anonymity**

Participants were informed that the study would culminate in a research report and that their names would not be mentioned in any documentation or presentations regarding the research. The interviews were held in locations that could guarantee the confidentiality of the participants, and the tape recordings were kept in password-protected devices. The transcripts of the research interviews are kept in a lock-and-key cupboard that is only accessible to the researchers involved in this project.

- **Beneficence**

The right of participants to be free from harm, uneasiness, and mistreatment was respected. While precautionary measures were taken to ensure that the study did not expose participants to any risk or harm, the need for psychosocial support was a possibility, given the sensitive nature of the topic. The researchers provided participants with the Lifeline 24-hour national counselling line for free telephonic counselling if needed. This number was reflected on the participant information sheet. Lifeline is a non-profit organisation that "offers community members access to a 24-hour telephonic service that can assist them in addressing the psychological and social stresses and trauma that they are struggling to deal with".¹⁶ Face-to-face services are also made available upon booking an appointment.

¹⁶ Lifeline South Africa <http://lifelinesa.co.za/index.html>. Date accessed 22 June 2022



3. LITERATURE REVIEW AND KEY LEGISLATIVE FRAMEWORKS

3.1 LITERATURE REVIEW ON TEENAGE PREGNANCY AND SCHOOL DROPOUT OF ADOLESCENT GIRLS DURING PREGNANCY AND IN THE POSTPARTUM PERIOD

3.1.1 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS ISSUES FOR ADOLESCENTS

Sexual and reproductive health and rights (SRHR) is defined as a state of physical, emotional, mental, and social wellbeing concerning all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity.¹⁷ This definition underscores the importance of reintegrating adolescent mothers back into school postpartum in order to promote their emotional, mental, and social wellbeing. Achievement of sexual and reproductive health relies on the realisation of sexual and reproductive rights, which are based on the human rights of all individuals to:¹⁸

- Have their bodily integrity, privacy, and personal autonomy respected
- Freely define their own sexuality, including sexual orientation, gender identity, and expression
- Decide whether and when to be sexually active
- Choose their sexual partners
- Have safe and pleasurable sexual experiences
- Decide whether, when, and whom to marry
- Decide whether, when, and by what means to have a child or children, and how many children to have
- Over their lifetimes have access to the information, resources, services, and support necessary to achieve all the above, free from discrimination, coercion, exploitation, and violence.

Adolescents face many life changes and challenges related to sexual and reproductive health and rights. They include:

- **Puberty**

Puberty is the transition from childhood to adulthood. It is characterised by bodily changes specific to boys and girls, which prepare them for reproduction. Puberty can be very challenging and eventful. It may also be characterised by confusion, a sense of searching (asking oneself questions like *Who am I?* or *Where do I belong in the world?*), as well as a sense of self-discovery. As challenging and eventful as this phase may be, adolescents must go through it while still attending school.

- **Menstruation**

Menstruation, or periods, is normal vaginal bleeding as part of a woman's monthly cycle. Every month, the body prepares for pregnancy. If no pregnancy occurs, the uterus, or womb, sheds its lining. In South Africa, adolescent girls (of school-going age) from disadvantaged backgrounds have been reported as missing school during their menstrual cycles due to the lack of sanitary towels. Many governments, NGOs, and citizens worldwide have established programmes to enable donations of and access to sanitary products for schoolgirls. Within South

¹⁷ Department of Health. (2019). National Integrated Sexual & Reproductive Health and Rights Policy, 1st edition, National Department of Health Library Cataloguing-in-Publication Data.

¹⁸ Ibid.



Africa, some provincial-level policies have attempted to address this matter, with various interventions at various times.¹⁹ Some provinces distribute disposable sanitary pads and others distribute reusable menstrual cups.²⁰ In some cases, the distribution of sanitary products is combined with an educational programme about health and hygiene, menstrual cycles, and sex.²¹

- **HIV/AIDS and other sexually transmitted infections (STIs)**

Human Immunodeficiency Virus (HIV) is a virus that causes Acquired Immune Deficiency Syndrome (AIDS). HIV is a sexually transmitted infection that attacks and weakens the body's immune system leaving the infected person vulnerable to opportunistic infections that could eventually kill them. According to UNICEF,²² the main mode of HIV transmission among adolescents who were not perinatally infected is unprotected heterosexual sex. Hence, the rate of teenage pregnancy in South Africa is concerning because it points to incidents of unprotected sex which expose teens to HIV and other STIs. In this regard, "age-disparate sexual relationships increase risk of HIV acquisition among adolescent girls since older men are more likely to be HIV positive, and such relationships are characterised by unprotected and coercive sex".²³ The curriculum in South African schools includes sex education and HIV/AIDS, and the Health Department offers HIV/AIDS-related services to all South Africans. However, despite these interventions, the decision to have unprotected sex is still made by some adolescents.

- **Gender-based violence (GBV)**

The scourge of GBV in South Africa has been studied extensively by the CGE. Over the years, the CGE has found that despite South Africa's interventions, programmes, and policies, the GBV plague in the country remains rampant. GBV is characterised by unequal power relationships, usually between men and women. The former would also be the case in relationships between adolescent girls and boys or adolescent girls and older men. GBV includes battering, sexual abuse of female children/adolescents in households, early marriage, forced marriage, female genital mutilation, harmful traditional practices, sexual harassment in school and elsewhere, commercial sexual exploitation, and human trafficking. A community-based study in South Africa among 3,515 children aged ten to 17 years revealed that 31.2% of adolescent girls had experienced physical abuse in their lifetime, with 8.4% reporting sexual abuse or rape.²⁴

- **Adolescent pregnancy**

'Teenage/adolescent pregnancy' refers to a pregnancy between the ages of ten and 19. However, it needs to be acknowledged that in South Africa, children as young as nine years old have been reported to be pregnant.²⁵ All pregnant women and adolescent girls in South Africa have a right to access free healthcare services from all public clinics and hospitals. Teenage pregnancy in South Africa involves many factors and consequences discussed in greater detail in Section 3.1.2.

¹⁹ Van Billoen C & C, Burger. (2019). The period effect: the effect of menstruation on absenteeism of schoolgirls in Limpopo. Stellenbosch Economic Working Papers: WP20/2019. <http://www.ekon.sun.ac.za/wpapers/2019/wp202019> Date accessed December 2019.

²⁰ Ibid.

²¹ Department of Women. (2017). Sanitary Dignity Policy Framework. Retrieved from Republic of South Africa website: <http://pmg-assets.s3-website-eu-west-1.amazonaws.com/RNW3693sanitary.pdf>

²² UNICEF. Opportunity in Crisis: preventing HIV from early adolescence to young adulthood. Geneva: Joint United Nations Programme on HIV/AIDS, 2011.

²³ Evan M, Risher K, Zungu N, et al. (2016). Age-disparate sex and HIV risk for young women from 2002 to 2012 in South Africa. *J Int AIDS Soc*, 19(1):21310.

²⁴ Meinck F, Cluver LD, Boyes ME, Loening-Voysey H. (2016). Physical, emotional and sexual adolescent abuse victimisation in South Africa: prevalence, incidence, perpetrators and locations. *J Epidemiol Comm Health*, 70(9):910-916. <http://dx.doi.org/10.1136/jech-2015-205860>.

²⁵ Bhengu, L. More than 600 girls aged nine and ten gave birth in 2020. 12 Nov 2021. News24.



In a webinar held by the CGE, the DBE²⁶ identified other sexual and reproductive health and rights challenges that South African adolescents face issues such as access and use of contraception, unsafe abortions, child marriages, and *ukuthwala*,²⁷ as well as sex, gender, and sexual orientation issues.

3.1.2 ADOLESCENT PREGNANCY IN SOUTH AFRICA

Teenage pregnancy in South Africa is a multifaceted problem with many contributing factors such as poverty; gender inequality; GBV; drugs and substance abuse; poor access to contraceptives; challenges with the termination of pregnancy; low, inconsistent, and incorrect use of contraceptives; a limited number of healthcare practitioners and healthcare facilities; poor healthcare workers' attitudes and behaviour; and inadequate SRH information.²⁸ Some of these factors will be expanded on in the section below:

a. Older sex partners and adolescent pregnancy

A study by Macleod and Tracey²⁹ identified several factors that increased vulnerability to early unwanted pregnancy in South Africa, namely early sexual debut, gender-based sexual violence, and having older sexual partners. Several studies have argued that adolescent schoolgirls engage in sex with older partners and have transactional sex, exchanging gifts or money for sex.³⁰ Such relationships result in adolescent women having little or no negotiating power with their partners to insist on condom usage, which may result in a high risk of becoming pregnant and contracting STIs, including HIV/AIDS.³¹ A large proportion of births to adolescents involve older fathers. For both genders involved in adolescent pregnancies, having an older partner is associated with an elevated likelihood that the pregnancy is carried to term.³²

Having sex at a young age with an older partner places adolescents at risk of several negative reproductive health outcomes. Compared with teenagers who first have sex with a partner close to their age, those who initiate sex with older partners are less likely to say they wanted sex to occur, use contraceptives less frequently, are at greater risk of being involved in teenage childbearing and acquiring STDs.³³ These risks are particularly high for the youngest teenagers with the oldest partners.³⁴

Communication barriers and power differentials between partners of various ages may be partly responsible for these more negative outcomes, as youth may depend on more experienced partners for information or may not feel able to negotiate contraceptive use with them.³⁵

²⁶ South African Department of Education. Policy Framework and Challenges on Teenage Pregnancy. Sexual Reproductive Health Webinar, 31 August 2021.

²⁷ Ukuthwala is the abduction of a girl or woman for the purposes of marrying them.

²⁸ Kim, J et al. (2016). Teenage pregnancy rates and associations with other health risk behaviours: a three-wave cross-sectional study among South African school-going adolescents.

²⁹ Macleod CI, Tracey T. A decade later: follow-up review of South African research on the consequences of and contributory factors in teen-aged pregnancy. *South African J Psychol* [Internet] 2010;40(1):18–31. Available from: <http://proxy.antioch.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=48480774&site=ehost-live&scope=site>. [Google Scholar].

³⁰ Mchunu G, Peltzer K, Tutshana B, Seutlwadi L. (2012). Adolescent pregnancy and associated factors in South African youth. *Afr Health Sci*, 12(4):426–34. doi: 10.4314/ahs.v12i4.5. PMID: 23515418; PMCID: PMC3598281.

³¹ Bledsoe C. (1990). School fees and the marriage process for Mende girls in Sierra Leone. In: Sanday PR, Goodenough RG, editors. *Beyond the second sex: Essays in the anthropology of gender*. Philadelphia, Pennsylvania: University of Pennsylvania Press; 1990. pp. 283–305. [Google Scholar].

³² Mchunu G, Peltzer K, Tutshana B, Seutlwadi L. (2012). Adolescent pregnancy and associated factors in South African youth. *Afr Health Sci*, 12(4):426–434. doi:10.4314/ahs.v12i4.5.

³³ Darroch J.E, Landry D.J and Oslak, S. (1999). Age differences between sexual partners in the United States, *Family Planning Perspectives*, 1999, 31(4):160–167.

³⁴ Ibid.

³⁵ Ibid.



b. Teacher scholar sexual relations encouraging adolescent pregnancy

In South Africa, especially in low socio-economic communities, there is a damning social phenomenon of sexual relationships between adolescent scholars and their educators. According to a South African Council of Educators (SACE) study, the new age of technology denotes that the unmonitored technological (cell phone) accessibility and social media use made sexual relationships more viable and secretive.³⁶ Children already deal with a lot because they must ensure they do well in their studies; they should not have to deal with adults who prey on them. It is unspeakable behaviour.³⁷ Sexual misdemeanour of an adult towards a child results in sexual trauma and exploitation. Silence and shame are then used as instruments to continue this exploitative action. Educators also encourage learners to have sexual and/or romantic relationships with their peers concurrently with their relationships to keep and maintain secrecy.³⁸ The concurrent exploitative sexual relations also expose female learners to health risks and unwanted pregnancies.

The lack of safety in South African schools is documented in widespread forms of gender violence, sexual harassment, and coercion. This act is directed particularly towards the victimisation of girls by teachers and boys.³⁹ It is alarming that in low socio-economic communities and rural communities in South Africa, many female learners report (which more often than not is under-reported) sexual violence such as rape, sexual abuse, sexual harassment, and assault by male learners and teachers at schools, as well as the high HIV/AIDS prevalence.⁴⁰

The report by the Centre for Applied Legal Studies (2014) conducted in rural KwaZulu-Natal revealed that the culture of silence among learners is encouraged by the fear of losing the material benefits afforded to them by their teachers, hence causing the reluctance to disclose abuse afflicted on them by the teachers. Another study corroborating the research findings by the Centre for Applied Legal Studies was conducted by the Medical Research Council (MRC) in 2001. MRC's study denoted that sexual harassment of girls in South African schools showed that many adolescent girls aged 15 and below have been coerced or persuaded to have sex against their will. Of the adolescent women who said they had been raped as children, 32.8% said their educators raped them.⁴¹ Unsurprisingly, the CGE finds these accounts of lived experiences concerning.

Teachers and society sometimes claim that students harass them sexually. Due to the learners' lack of power, this cannot be considered sexual harassment.⁴² It is important to remember that in cases of sexual harassment, the issue is an unhealthy sexual dynamic and actions that are exploitative, abusive, and detrimental to mental health and academic performance. Teachers have a moral and legal obligation to shield students from sexual harassment and violence. The social environment at school paints a picture of the larger socio-political, cultural, and sexual domains of masculinism and domination in the larger societal context.

³⁶ SACE (2017) Retrieved from https://www.sace.org.za/assets/documents/uploads/sace_79756-2017-12-06-FACTORS%20FACILITATING%20SEXUAL-RELATED%20MISDEMEANOUR%20BETWEEN%20TEACHERS%20AND%20LEARNERS%20-%20CPTD.pdf.

³⁷ Macupe (2020) Retrieved from <https://mg.co.za/education/2020-08-09-teachers-having-sexual-relationships-with-learners-is-illegal/>.

³⁸ Katjiua, J. B. (2013). Effects of teacher sexual relationship with learners on the delivery of HIV/AIDS programmes in schools: Focus on two High Schools in Rundu (Doctoral dissertation, Stellenbosch: Stellenbosch University).

³⁹ Bhana, D. (2012). "Girls are not free"—In and out of the South African school. *International Journal of Educational Development*, 32(2), 352-358.

Chaka, J. N. (2017). A critical analysis of sexuality education in schools beyond the disciplinary boundaries of life orientation (Doctoral dissertation, University of the Free State).

⁴⁰ Chaka, J. N. (2017). A critical analysis of sexuality education in schools beyond the disciplinary boundaries of life orientation (Doctoral dissertation, University of the Free State).

⁴¹ Prinsloo, S. (2006). Sexual harassment and violence in South African schools. *South African journal of education*, 26(2), 305-318.

⁴² Smit, D., & Du Plessis, V. (2011). Sexual harassment in the education sector. *Potchefstroom Electronic Law Journal/Potchefstroomse Elektroniese Regsblad*, 14(6), 173-217.



c. GBV as a factor exacerbating adolescent pregnancy

In a study conducted in Alexandra, a township in South Africa, fear of boys and men was articulated as a common thread. Adolescent girls expressed fear towards their boyfriends, male teachers, men in the township neighbourhood, and men at home.⁴³ While the adolescent girls and women attempted to exercise agency by reporting their alleged perpetrators, these attempts appeared too limited in the context of a greater structural and social environment of inequalities and the pervasiveness of gender norms through which male sexual violence is asserted. The legacy of apartheid and systemic structural inequalities combined with male dominance or power provides an important backdrop to understanding the persistence of rape and sexual violence, which diminishes adolescent girls' freedoms and agency in South Africa.

Sexual violence is thus understood by some social scientists as located within specific social and material contexts, where expressions of male power are embodied in masculine and misogynistic vulnerabilities and weaknesses. Schools are integrally related to the social contexts and cultures that constitute gender power and expressions of sexual violence.⁴⁴ African girls in poor townships face heightened vulnerability to gender violence and HIV.

In the era of consent, it is well known that experiences of sexual violence are gender-specific, under-reported, under-prosecuted, and more likely within relationships.⁴⁵ This is especially concerning given that only one in nine South African women who are raped reports the rape to the police, according to the MRC⁴⁶ study. Only 50.5% of the 2064 rape cases that were the subject of the MRC investigation ended in an arrest. Less than one in five arrested people had their cases brought to court, and just 42.8% of them were charged. The conviction rate was 6.2% or 1 out of every 20 cases.

d. Ukuthwala and adolescent pregnancy

Ukuthwala is a form of abduction that involves kidnapping a girl or a woman by a man and his friends or peers with the intention of compelling the girl's or woman's family to endorse marriage negotiations.⁴⁷ In ancient Africa, particularly among the Nguni, *ukuthwala* was a condoned albeit abnormal path to marriage targeted at certain girls or women of 'marriageable age'. However, raping or having consensual sex with the girl before marriage requirements had been concluded was not condoned. Today, *ukuthwala*, particularly in the Eastern Cape, increasingly involves the kidnapping, rape, and forced marriage of minor girls as young as 12 years old by grown men, old enough to be their fathers/grandfathers.

A proven link exists between the lack of education, underdevelopment, and poverty. *Ukuthwala* deprives girl-children of opportunities to be educated and developed. Research indicates that most girls and women who are victims of *ukuthwala* are from poor families.⁴⁸ Some of these girls are married to older men in exchange for *ilobolo*⁴⁹ or gifts by their own families as means of extricating themselves from the jaws of poverty.

⁴³ Pyke, T. (2017). "Reformed" Men? Positioning Masculinities in Alexandra Township (Doctoral dissertation, University of East Anglia).

⁴⁴ Karim, Quarraisha Abdool, & Baxter, Cheryl. (2016). The dual burden of gender-based violence and HIV in adolescent girls and young women in South Africa. *SAMJ: South African Medical Journal*, 106(12), 1151-1153. <https://dx.doi.org/10.7196/SAMJ.2016.V106i12.12126>.

⁴⁵ Bragg, S., Ponsford, R., Meiksin, R., Emmerson, L., & Bonell, C. (2021). Dilemmas of school-based relationships and sexuality education for and about consent. *Sex Education*, 21(3), 269-283.

⁴⁶ Vetten, L., Jewkes, R., Sigsworth, R., Christofides, N., Loots, L. and Dunseith, O. (2008). *Tracking Justice: The Attrition of Rape Cases Through the Criminal Justice System in Gauteng*. Johannesburg: Tshwaranang Legal Advocacy Centre, the South African Medical Research Council and the Centre for the Study of Violence and Reconciliation.

⁴⁷ Department of Justice and Constitutional Development. (Nd). *Ukuthwala lets stop stolen childhood*.

⁴⁸ Ibid.

⁴⁹ *Ilobolo* is a bride price/dowry.



Research indicates that parents unwittingly send their children into forced marriages to settle family debts and as compensation. Furthermore, Rembe, Chabaya, Wadesango, and Muhuro⁵⁰ assert that in many traditional settings, poor families use the early marriage of daughters as a strategy for reducing their own economic vulnerability, shifting the economic burden related to a daughter's care to the husband's family.

Ukuthwala ultimately robs girls of their childhood as they are forced into motherhood and marriage at an early age. There is a myriad of negative effects that go with this practice as girls and women are violently separated from their loved ones (family) by men who are strangers who force themselves on the girls and negatively affect their psychosocial well-being, as well as their human rights. For instance, girls often stop going to school. Their lack of education and underdevelopment due to *ukuthwala* deepen their poverty and perpetuate the cycle of poverty.⁵¹ Most of the girls who are propelled into this gruesome life may make it into the statistics of teenage mothers, although some of these cases may not be recorded due to the nature of the practice.

e. Poor access to contraceptives for adolescents

Access to reproductive health services is another factor that contributes to adolescent pregnancy since young people always want to be able to access sexual and reproductive health information and services without being exposed to public stigma.⁵² Approximately 16 million adolescent girls aged 15 to 19 years give birth each year, contributing to nearly 11% of all births worldwide, many of which result from unintended pregnancies.^{53, 54} More than 90% of these births occur in low and middle-income countries (LMICs).⁵⁵ In light of the above, it can be argued that one of the contributing factors to this problem is adolescents' poor access to contraceptives and poor healthcare workers' attitudes.

Research shows that in South Africa, women's and girls' unmet need for contraception is 19% among 15 to 49 years (women of reproductive age), 31% among 15 to 19 years (adolescent girls), and 28% among 20 to 24 years (young women).⁵⁶ The high unmet need for contraception among adolescent girls and young women (AGYW) contributes to adolescent pregnancy rates, which are decreasing at a slower rate in South Africa compared to other developing countries.⁵⁷

Although contraception services are available and offered at no cost from the public health services in South Africa, AGYW are often offered fewer choices for contraceptive methods at public health facilities and given limited explanations of the side effects and mechanisms of action, which contributes to the low uptake of contraceptives and subsequently the high unmet need.⁵⁸ Ultimately, this results in unintended or unwanted pregnancies among teenagers.

⁵⁰ Rembe, S., Chabaya, O., Wadesango, N., & Muhuro, P. (2011). Child and forced marriage as violation of women's rights, and responses by member states in Southern African Development Community. *Agenda*, 25(1), 65-74.

⁵¹ Maphalala, M. C. (2016). The Impact of Ukuthwala on the Schooling and Livelihood of A Girl Child: A Case of the EMangweni Tribe in Bergville, KwaZulu-Natal. *Sociology and Anthropology Journal*.

⁵² Longfield K, Glick A, Waihakka M, Berman J. (2004). Relationships between older men and younger women: implications for STIs/HIV in Kenya. *Stud Fam Plann* 2004;35(2):125-34.

⁵³ UNFPA. (2015). *Girlhood, not motherhood: preventing adolescent pregnancy*. UNFPA, New York. World Health Organization (WHO), 2015. *Maternal, newborn, child and adolescent health*. http://www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en/. Date accessed 25 June 2022.

⁵⁴ World Health Organization. (2014). *Adolescent Pregnancy*. Fact Sheet No 364. September. <http://www.who.int/mediacentre/factsheets/fs364/en/>. Date accessed 25 June 2022.

⁵⁵ Jonas K, Crutzen R, Van den Borne B, Reddy P. (2015). Healthcare workers' behavior and personal determinants associated with providing sexual and reproductive healthcare services to teenagers in sub-Saharan Africa: a systematic review. PROSPERO 2015. CRD42015017509 Available from http://www.crd.york.ac.uk/PROSPERO_REBRANDING/display_record.asp?ID=CRD42015017509. Accessed 25 June 2022.

⁵⁶ Demographic SA. *Health Survey (SADHS)*. (2016). Key indicators report 2016.

⁵⁷ Chersich M, Wabiri N, Risher K, et al. (2017). Contraception coverage and methods used among women in South Africa: a national household survey. *S Afr Med J*, 107(4):307-14.

⁵⁸ Jonas K, Crutzen R, Van den Borne B, Reddy P. (2015). Healthcare workers' behavior and personal determinants associated with providing sexual and reproductive healthcare services to teenagers in sub-Saharan Africa: a systematic review. PROSPERO 2015. CRD42015017509 Available from http://www.crd.york.ac.uk/PROSPERO_REBRANDING/display_record.asp?ID=CRD42015017509. Accessed 25 June 2022.



Moreover, teenagers sometimes find it difficult to visit healthcare facilities due to fear of being judged and ridiculed by healthcare workers. Keeney et al.⁵⁹ assert that when healthcare workers are available, they are often under-utilised, especially by adolescents, for various reasons, such as healthcare workers' negative behaviours and attitudes. Negative behaviours and attitudes of healthcare workers potentially affect access to, utilisation of, and quality of SRH services for women and adolescents.⁶⁰ Studies in sub-Saharan Africa indicate that healthcare workers' negative behaviours discourage women from seeking antenatal care and adolescents from attending clinics or making follow-up visits.⁶¹ Some of the reported negative behaviours that discourage women from giving birth at healthcare facilities and sexually active adolescents from seeking SRH services are a lack of respect for their opinions and preferences for birthing options, adolescents' lack of privacy and confidentiality, and ill-treatment by healthcare workers.^{62, 63}

Socio-demographic factors also contribute to teenagers having less access to SRH services. Such factors include lack of essential drugs and equipment, distance and long travel times to the facilities, shortage of healthcare workers, and long waiting times.⁶⁴ In some rural South African areas, basic amenities are far from residential areas, including clinics and hospitals, which can discourage teenagers from accessing SRH.

Furthermore, poor access to contraceptives by teenagers can also be due to poor or no sex education. Poor understanding of how contraceptive methods work and how they should be used results in adolescents using them incorrectly.⁶⁵ This is evident in the statement by an adolescent woman who said, "I take a pill when I know my boyfriend is coming and we are probably going to make love. I sometimes forgot to take it before we make love, so I take it after we made love".⁶⁶

Another contraceptive challenge that was identified is their consistent use by adolescents.⁶⁷ An analysis of Demographic and Health Surveys (DHS) data from 40 countries revealed that in most countries, adolescents are more likely to discontinue contraception than older women.⁶⁸ Male condoms are the most commonly used by adolescents because they are readily accessible and inexpensive.⁶⁹ However, consistent condom use tends to decrease over time within stable partnerships because their use is associated with being 'unfaithful' or 'not trusting'.⁷⁰

⁵⁹ Keeney GB, Cassata L, McElmury BJ. Adolescent health and development in nursing and midwifery education. Geneva: WHO; 2004.

⁶⁰ Jonas, K., Duby, Z., Maruping, K. et al. (2020). Perceptions of contraception services among recipients of a combination HIV-prevention interventions for adolescent girls and young women in South Africa: a qualitative study. *Reprod Health* 17, 122 (2020). <https://doi.org/10.1186/s12978-020-00970-3>.

⁶¹ Biddlecom AE, Munthali A, Singh S, Woog V. (2007) Adolescents' views of and preferences for sexual and reproductive health services in Burkina Faso, Ghana, Malawi and Uganda: original research article. *Afr J Reprod Health*, 11(3):99–110.

⁶² Ibid.

⁶³ Glasier A, Gulmezoglu AM, Schmid GP, Moreno CG, Van Look PF. (2006). Sexual and reproductive health: a matter of life and death. *Lancet*, 368:1595–607.

⁶⁴ Jonas, K., Duby, Z., Maruping, K. et al. (2020). Perceptions of contraception services among recipients of a combination HIV-prevention interventions for adolescent girls and young women in South Africa: a qualitative study. *Reprod Health* 17, 122 (2020). <https://doi.org/10.1186/s12978-020-00970-3>.

⁶⁵ Richter M.S, Mlambo G.T. (2005). Perceptions of rural teenagers on teenage pregnancy. *Health SA Gesondheid*, 10: 61-69.

⁶⁶ Ibid.

⁶⁷ Chandra-Mouli, V., McCarragher, D.R., Phillips, S.J. et al. (2014). Contraception for adolescents in low and middle income countries: needs, barriers, and access. *Reprod Health*, 11. <https://doi.org/10.1186/1742-4755-11-1>.

⁶⁸ Blanc A.K, Tsui A.O, Croft TN, Trevitt J.L. (2009). Patterns and trends in adolescents' contraceptive use and discontinuation in developing countries and comparisons with adult women. *Int Perspect Sexual Reprod Health*, 35 (2): 63-71. 10.1363/3506309.

⁶⁹ Bankole A, Malarcher S. (2010). Removing barriers to adolescents' access to contraceptive information and services. *Stud Fam Plann*, 41 (2): 117-124. 10.1111/j.1728-4465.2010.00232.x.

⁷⁰ Chandra-Mouli, V., McCarragher, D.R., Phillips, S.J. et al. (2014). Contraception for adolescents in low and middle income countries: needs, barriers, and access. *Reprod Health*, 11. <https://doi.org/10.1186/1742-4755-11-1>.



Some adolescents with unintended and unwanted pregnancies choose abortion. Where access to abortion is legally or logistically restricted, most abortions are unsafe.⁷¹ Evidence demonstrates that only about two-thirds of these unintended pregnancies end in childbirth, while a third result in unsafe abortions.⁷² A study conducted in Soweto, South Africa, revealed that abortions ended 23% of pregnancies of 13 to 16-year-olds and 14.9% of 17 to 19-year-olds.⁷³

f. Adolescent pregnancy, peer pressure and substance abuse

Peer pressure is a factor worth noting when it comes to adolescent pregnancy. The college years are times of dramatic personal, social, and cognitive change. Erikson⁷⁴ refers to adolescence, the developmental stage of most college students in society, as a psychosocial “moratorium” during which young people search “for the social values that define identity”. Erikson also notes how eager adolescents are “to be affirmed by their peers” in their search for values.⁷⁵ In the United States, cliques are often distinguished from other peer groups through the pressure they exert on their members to conform to certain norms in school orientation, drug use, and sexual behaviour.⁷⁶

The influence of peers has been the traditional cause of much teenage mischief.⁷⁷ Research shows that teenagers rely on their friends for information, as they want to be accepted within a particular social group.⁷⁸ This information is often misleading and uninformed. Adolescents often get pregnant not to please themselves but only to be accepted by a group of pregnant or parenting friends.⁷⁹ Sometimes they advise each other with information that is often misguided and completely inaccurate: that to keep a loved boyfriend, the solution is to have sex with him and bear a child for him.⁸⁰ Research also shows that many adolescent girls have unprotected heterosexual intercourse because they feel pressured to maintain a “good” female (sexual) reputation amongst peers.^{81, 82}

Moreover, risky sexual behaviours and substance use often occur in combination with one another, both in developed countries and in low and middle-income countries (LMIC).^{83, 84} Substance use, particularly marijuana and cocaine, continue to represent individual-level risk factors associated with adolescent sexual behaviours, including the use of contraception, safe sex practices, and teenage pregnancy.⁸⁵

⁷¹ Shah I.H, Ahman E. (2012). Abortion differentials in 2008 by age and developing country region: high burden among young women. *Reprod Health Matters*, 39: 169-173.

⁷²Bankole A, Malarcher S. (2010). Removing barriers to adolescents' access to contraceptive information and services. *Stud Fam Plann*, 41(2):117-124. 6.

⁷³Buchmann EJ, Mensah K, Pillay P. (2002). Legal termination of pregnancy among teenagers and older women in Soweto, 1999–2001. *S Afr Med J*, 92:729-731.

⁷⁴Erikson, E. (1963) *Childhood and society*. New York: Norton.

⁷⁵*Ibid.*

⁷⁶*Ibid.*

⁷⁷Goethals, G. (1999). *Peer Influences Among College Students: The Perils and the Potentials* George. Williams College

⁷⁸Davies, S. (2000). *Teen pregnancy, teenage sex and the consequences*. USA: LA.

⁷⁹*Ibid.*

⁸⁰*Ibid.*

⁸¹East PL, Khoo ST, Reyes BT. (2006). Risk and protective factors predictive of adolescent pregnancy: A longitudinal, prospective study. *Appl Dev Sci*, 10(4):188–199.

⁸²Dunkle KL, Jewkes RK, Brown HC, et al. (2004). Transactional sex among women in Soweto, South Africa: prevalence, risk factors and association with HIV infection. *Soc Sci Med*, 59:1581–1592.

⁸³ Kirby D. (2001). Understanding what works and what doesn't in reducing adolescent sexual risk-taking. *Fam Plan Perspect*, 33:1–14.

⁸⁴Taylor M, Dlamini SB, Kagoro H, Jinabhai CC, de Vries H. (2003). Understanding high school students' risk behaviors to help reduce the HIV/AIDS epidemic in KwaZulu-Natal, South Africa. *J Sch Health*, 73:97–100.

⁸⁵Cavazos-Rehg PA, Krauss MJ, Spitznagel EL, Schootman M, Cottler LB, Bierut LJ. (2011) Substance use and the risk for sexual intercourse with and without a history of teenage pregnancy among adolescent females. *J Stud Alcohol Drugs*, 72(2):194.



Furthermore, substance use among adolescents, especially alcohol and drugs, has been reported to influence what adolescents do sexually and make them less likely to practice safe sex.⁸⁶ In general, substance-use behaviours independently contribute to an increased risk of sexual intercourse experience with and without a history of teenage pregnancy.⁸⁷ Palen et al.⁸⁸ argue that substance use in South Africa has been associated with higher rates of lifetime sexual intercourse. For instance, high school adolescents who used alcohol or smoked cigarettes were two to three times more likely to be sexually active in KwaZulu-Natal.⁸⁹

3.1.3 SCHOOL DROPOUT DUE TO PREGNANCY, THE RETURN AND REINTEGRATION OF ADOLESCENT MOTHERS BACK INTO SCHOOL POSTPARTUM

Adolescent pregnancy can negatively impact health, educational, and socio-economic outcomes for adolescent mothers and their children. Supporting adolescent mothers' educational attainment and timely return to school may be the key to interrupting intergenerational cycles of adversity.⁹⁰ A 2021 United States-based study with 301 adolescent mothers indicates that higher levels of completed education in the years after birth are associated with better self-reported health at age 50.⁹¹ Especially relevant to a country like South Africa with many people living with HIV, studies⁹² also suggest that education might work as a 'social vaccine' in HIV endemic environments, showing that length and completion of secondary education reduces the risk for HIV infection, especially for girls.

Despite the importance of effectively promoting adolescent mothers' return to school, evaluated programmes to date – all from the United States – show largely small impact,⁹³ and there remains a lack of support for adolescent mothers within sub-Saharan Africa.⁹⁴ In South Africa, recent news reports⁹⁵ reported girls as young as nine and ten years old giving birth in 2020. According to Ardington, Menendez, and Mutevedzi,⁹⁶ supporting such girls' returns to school after childbirth is crucial, especially because prolonged absence can increase the risk of a permanent school dropout. In a webinar hosted by the CGE, the DBE shared that only a third of girls stay in school during their pregnancy and return following childbirth.⁹⁷

⁸⁶ Ibid.

⁸⁷ Cavazos-Rehg PA, Krauss MJ, Spitznagel EL, Schootman M, Cottler LB, Bierut LJ. (2011). Substance use and the risk for sexual intercourse with and without a history of teenage pregnancy among adolescent females. *J Stud Alcohol Drugs*, 72(2):194-8. doi: 10.15288/jsad.2011.72.194. PMID: 21388592; PMCID: PMC3052889.

⁸⁸ Palen L, Smith EA, Flisher AJ, Caldwell LL, Mpfu E. (2006). Substance use and sexual risk behavior among South African eighth grade students. *J Adolesc Health*, 39:761-3. doi:10.1016/j.jadohealth.2006.04.016.

⁸⁹ Taylor M, Dlamini SB, Kagoro H, Jinabhai CC, de Vries H. (2003). Understanding high school students' risk behaviors to help reduce the HIV/AIDS epidemic in KwaZulu-Natal, South Africa. *J Sch Health*, 73:97-100.

⁹⁰ Jochim, J, Meinch, F, Toska, E, Roberts, K, Wittesaele, C, Langwenya, N & Cluver, L. (2022). Who goes back to school after birth? Factors associated with postpartum school return among adolescent mothers in the Eastern Cape, South Africa. *Global Health*. <https://doi.org/10.1080/17441692.2022.2049846>.

⁹¹ Maslowsky, J., Hendrick, C. E., & Stritzel, H. (2021). Mechanisms linking teenage mothers' educational attainment with self-reported health at age 50. *BMC Women's Health*, 21(1), 1-9. <https://doi.org/10.1186/s12905-020-01150-y>.

Mekonnen, T., Dune, T., & Perz, J. (2019). Maternal health service utilisation of adolescent women in sub-Saharan Africa: A systematic scoping review. *BMC Pregnancy and Childbirth*, 19(1), 1-16. <https://doi.org/10.1186/s12884-019-2501-6>.

⁹² Stoner, M. C. D., Pettifor, A., Edwards, J. K., Aiello, A. E., Halpern, C. T., Julien, A., Selin, A., Twine, R., Hughest, J. P., Wang, J., Agyei, Y., Gomez-Olive, F. X., Wagner, R. G., MacPhail, C., & Kahn, K. (2017). The effect of school attendance and school dropout on incident HIV and HSV-2 among young women in rural South Africa enrolled in HPTN 068. *Aids (London, England)*, 31(15), 2127-2134. <https://doi.org/10.1097/QAD.0000000000001584>.

⁹³ Harding, J. F., Knab, J., Zief, S., Kelly, K., & McCallum, D. (2020). A systematic review of programs to promote aspects of teen parents' self-sufficiency: Supporting educational outcomes and healthy birth spacing. *Maternal and Child Health Journal*, 24(S2), 84-104. <https://doi.org/10.1007/s10995-019-02854-w>.

⁹⁴ Toska, E., Laurenzi, C. A., Roberts, K. J., Cluver, L. D., & Sherr, L. (2020). Adolescent mothers affected by HIV and their children: A scoping review of evidence and experiences from sub-Saharan Africa. *Global Public Health*, 15 (11), 1655-1673. <https://doi.org/10.1080/17441692.2020.1775867>.

⁹⁵ Bhengu, L. More than 600 girls aged nine and ten gave birth in 2020. 12 Nov 2021. News24.

⁹⁶ Ardington, C., Menendez, A., & Mutevedzi, T. (2015). Early childbearing, human capital attainment, and mortality risk: Evidence from a longitudinal Demographic surveillance area in rural KwaZulu-Natal, South Africa. *Economic Development and Cultural Change*, 63(2), 281-317. <https://doi.org/10.1086/678983>.

⁹⁷ South African Department of Education. Policy Framework and Challenges on Teenage Pregnancy. Sexual Reproductive Health Webinar, 31 August 2021.



However, the source quoted in the DBE's presentation was from 2015, which could imply that the department may be having a challenge of producing up to date data on the matter.

While adolescent pregnancy has enjoyed plenty of investigation in South Africa and worldwide, Jochim et al. point out that there is sparse quantitative evidence on the factors that prevent girls from returning to school after birth. Exceptions to this include two studies, both relying on data collected prior to 2010.⁹⁸ In 2008, Grant and Hallman,⁹⁹ utilising a cross-sectional sample of female adolescents from two districts in KwaZulu-Natal, found that greater odds of school return were associated with good school performance prior to pregnancy, co-residency with a female household member younger than 60 years, fewer years since birth, and adolescent mothers' higher age at the time of the research interview. A later study using longitudinal data drawn from South Africa's National Income Dynamics Study showed that living in a higher-income household, higher education of the adolescent mother's caretaker, and rural residency prior to the pregnancy was associated with higher odds of a postpartum return to school.¹⁰⁰

Although these two studies contributed immensely to the subject matter, more research is still needed. In agreement with the need for more knowledge, Joachim et al.¹⁰¹ note that more insights into the support that adolescent mothers require to navigate the dual challenge of parenting whilst attending school is needed.

A recent mixed-methods study with 90 adolescent mothers from Umlazi in KwaZulu-Natal validates the importance of instrumental support, showing a relationship between the return to school and family assistance with the re-enrolment process, provision of childcare from the family or support to organise external childcare and financial support.¹⁰² According to Jochim et al.,¹⁰³ these results align with a small pool of research from Zambia that indicates that lacking financial means and the need for childcare are the main barriers to school return for adolescent mothers.

Chigona and Chetty¹⁰⁴ identify the following as some of the barriers that may result in pregnant learners and adolescent mothers dropping out of school:

- Lack of support from the school, home, and community
- Socio-economic status of the family
- Learner and teacher prejudices
- Lack of awareness and counselling to combat the stigma attached to teenage pregnancy
- Lack of understanding and pressure from teachers and fellow learners.

Also relating to barriers that may encourage school dropout are some school policies disregarding the human rights approach and unjustifiably imposing restrictions on pregnant and adolescent mothers.

⁹⁸ Ibid.

⁹⁹ Grant, M. J., & Hallman, K. K. (2008). Pregnancy-related school dropout and prior school performance in KwaZulu-Natal, South Africa. *Studies in Family Planning*, 39(4), 369–382. <https://doi.org/10.1111/j.1728-4465.2008.00181.x>

¹⁰⁰ Timaeus, I. M., & Moultrie, T. A. (2015). Teenage childbearing and educational attainment in South Africa. *Studies In Family Planning*, 46(2), 143–160. <https://doi.org/10.1111/j.1728-4465.2015.00021.x>.

¹⁰¹ Jochim, J, Meinch, F, Toska, E, Roberts, K, Wittesaele, C, Langwenya, N & Cluver, L. (2022). Who goes back to school after birth? Factors associated with postpartum school return among adolescent mothers in the Eastern Cape, South Africa. *Global Health*. <https://doi.org/10.1080/17441692.2022.2049846>.

¹⁰² Groves, A. K., Gebrekristos, L. T., McNaughton Reyes, L., Moddley, D., Raziano, V., & Maman, S. (2021). A mixed method study of resilience and return to school among.

¹⁰³ Jochim, J, Meinch, F, Toska, E, Roberts, K, Wittesaele, C, Langwenya, N & Cluver, L. (2022). Who goes back to school after birth? Factors associated with postpartum school return among adolescent mothers in the Eastern Cape, South Africa. *Global Health*. <https://doi.org/10.1080/17441692.2022.2049846>.

¹⁰⁴ Chigona, A & Chetty, R. (2008). Teen mothers and schooling: lacunae and challenges. *South African Journal of Education*, Vol 28:261-281.



One study from South Africa proposed that existing school-based services might be well placed to identify girls at risk for school discontinuation during pregnancy,¹⁰⁵ but future research should explore which additional services could interrupt pathways of risk to early school discontinuation. In terms of policies, South Africa is known for its progressive policies and legislation, even though implementation is often problematic. These policies and legislations are discussed in detail in Section 3.2.

3.2 LEGISLATIVE FRAMEWORKS

a. International frameworks

South Africa is a State party to several international instruments: conventions, protocols, and declarations, among others. These commit the country to abide by internationally agreed standards for the elimination of discrimination against girls and women in the field of education. Below are some of the key instruments that the country has signed up to in its efforts to end gender discrimination and to promote equality in the education of girls and women:

- **Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)**

Article 10 of CEDAW guarantees the right to education for girls and women by placing an obligation on State parties to promote gender equality through the endowment of equal rights for men and women in education. The Convention calls for the reduction of female student dropout rates and for member states to introduce interventions that will reintegrate girls and women back into schools. It also provides access to health education, including information and advice on family planning.

- **Beijing Platform for Action (BPA)**

The education and training of women form part of the 12 key areas for action entailed in the BPA. The instrument recognises that access to education for girls and women is impeded by many challenges, including early marriages and pregnancies. Thus, the BPA calls for urgent action on the part of State parties to address these challenges systematically and eliminate the causes of discrimination against women and inequalities between women and men.

- **International Covenant on Economic, Social and Cultural Rights (ICESCR)**

Article 13 of the International Covenant on Economic, Social and Cultural Rights protects everyone's right to education at all levels and in all forms of education. General Comment 13, which expands on Article 13 of the ICESCR, states that "educational institutions and programmes have to be accessible to everyone, without discrimination, within the jurisdiction of the State party".

- **Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol)**

Article 12 of the Maputo Protocol on the right to education calls for eliminating all forms of discrimination against women and requires member states to guarantee equal opportunity and access in the sphere of education and training. The Article further delineates a specific provision for State parties to "promote the enrolment and retention of girls in schools and other training institutions and the organisation of programmes for women who leave school prematurely".

¹⁰⁵ Jochim, J., Groves, A. K., & Cluver, L. D. (2020). When do adolescent mothers return to school? Timing across rural and urban South Africa. *South African Medical Journal*, 110(9), 850–854. <https://doi.org/10.7196/SAMJ.2020.v110i9.14664>.



- **African Youth Charter**

According to Article 13 of the African Youth Charter, member states are required to put measures in place to encourage regular school attendance and to address the challenge of school dropouts. The Charter further places an obligation on member states to come up with interventions to ensure that pregnant learners continue with their schooling.

- **African Charter on the Rights and the Welfare of the Child**

The African Charter on the Rights and Welfare of the Child under Article 11 guarantees the right to education for every child. The Charter obligates State parties to put mechanisms in place to ensure that pregnant children are given the opportunity to continue with their education.

b. National frameworks

Since the advent of democracy, South Africa has developed and adopted several policy frameworks and key pieces of legislation to protect the rights of its citizens, including the right to gender equality and education. Some of the policy and legislative frameworks incorporate provisions of the international instruments to which the country has signed up. Below are some of these national frameworks:

- **Constitution of the Republic of South Africa**

Section 29 of the Constitution of South Africa guarantees everyone the right to basic education. Chapter 2 of the Constitution, which is the Bill of Rights, declares that the State may not discriminate against anyone on the grounds of gender and pregnancy and that no person must discriminate against anyone on the same grounds.

- **Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA)**

The purpose of PEPUDA is to give effect to Section 9 of the Constitution of South Africa, which provides for the enactment of national legislation to prevent or prohibit unfair discrimination and to promote the achievement of equality in the country. Section 6 of the Act states that “neither the State nor any person may unfairly discriminate against any person”. The Act prohibits unfair discrimination on the grounds of gender, including on the grounds of pregnancy. The Act further prohibits discrimination that results in limiting women’s access to social services or benefits.

- **South African Schools Act**

Section 5 of the South African Schools Act prohibits any unfair discrimination against learners in their admission to public schools. Subsection 1 of Section 3 of the Act states that parents must ensure that their children attend school from the first school day of the year in which they reach the age of seven years, until the last school day of the year in which they reach the age of 15 years or Grade 9, depending on which one comes first.

The Act further states that “(5) If a learner who is subject to compulsory attendance in terms of subsection (1) is not enrolled at or fails to attend a school, the Head of Department may (a) investigate the circumstances of the learner’s absence from school; (b) take appropriate measures to remedy the situation; and (c) failing such a remedy, issue a written notice to the parent of the learner requiring compliance with subsection (1)”.

The Act imposes punitive measures for parents or anyone who unjustifiably prevents compulsory school attendance.



- **National Policy on the Prevention and Management of Learner Pregnancy**

In 2021, Cabinet approved the National Policy on the Prevention and Management of Learner Pregnancy that came into effect in January 2022. Part of the rationale behind the introduction of this policy was to respond to the 2012 Constitutional Court judgment against the DBE on their controversial 2007 measures for preventing and dealing with pregnancy among schoolgirls that subjected pregnant learners to a two-year ban from school post-delivery. Although the policy was revoked in 2011, its abandonment created a policy vacuum that left the country without national regulations on dealing with pregnancy in schools. As a result, some schools continued to apply these 2007 guidelines, even after the 2012 Constitutional Court ruling.

The National Policy on the Prevention and Management of Learner Pregnancy aims to close this gap, as well as to prevent unfair discrimination against pregnant learners by ensuring the protection and promotion of their constitutional rights. The policy aims to create an enabling and supportive environment for pregnant learners. It obligates the DBE to provide access to care, counselling, and support for pregnant learners. A notable provision of the policy is the obligation it places on teachers to report learner pregnancies of children under the age of 16 years with a male person older than 16 to the South African Police Services (SAPS). The age of consent in South Africa is 16 years, meaning that sexual activities involving children under 16 years are considered statutory rape. This explains the obligation for such cases to be reported to the police.

Another key provision of the policy is that schools are expected to retain pregnant learners, as well as reintegrate them into the schooling system in the postpartum period. The policy, however, states that the affected learners must submit medical information to the teachers about the pregnancy, as well as the delivery date. The policy states that “in addition, the pregnant learner will be asked to provide medical reports to her appointed teacher or school principal certifying that it is safe for her to continue with her schooling if she wishes to stay in school beyond 30 weeks (eight months) of pregnancy. If the learner does not provide this information and fails to provide an explanation, she may be asked to take a leave of absence until medical proof is provided. The medical information provided by the learner to the principal shall be strictly confidential to protect the learner’s right to privacy.”¹⁰⁶

The policy further states that “schools in the basic education system will assist learners in continuing their education during and after pregnancy and will take all reasonable steps to facilitate this. The goal is to ensure the retention of pregnant learners in the system before and after giving birth. Retention of these learners in the basic education system will be managed in accordance with other DBE policies, which may be reviewed to align them with the National Policy on the Prevention and Management of Learner Pregnancy. In order to achieve this goal, principals will encourage learners to continue their education before and after delivery and provide appropriate educational support where possible. Moreover, the school will accept and be flexible in dealing with these absences, provided the learner is not taking off a disproportionate amount of time. In this event, the school principal will seek a meeting with the learner and her parents, guardians, or caregivers to agree to a leave of absence. The school, its principal, and educators will always be supportive and sympathetic to each case.”¹⁰⁷

Finally, the policy prescribes that a Sub-Committee on Learner Pregnancy be established to take on monitoring functions over the policy implementation and oversee the alignment, delivery, and coordination of the policy, operational activities, budgetary priorities, and educator and staff training in the DBE. These arrangements are to be systematised to facilitate the regular flow of information up to DBE senior management and down to the district and school levels in all nine provincial Departments of Education.¹⁰⁸

¹⁰⁶ National Policy on the Prevention and Management of Learner Pregnancy. (2021), pp. 34-35.

¹⁰⁷ National Policy on the Prevention and Management of Learner Pregnancy. (2021), pp. 35.

¹⁰⁸ Ibid.



4. FINDINGS OF THE STUDY

4.1 KWAZULU-NATAL

4.1.1 BRIEF BACKGROUND

In KwaZulu-Natal, DBE was approached and asked to provide the names of two schools with the highest adolescent pregnancy prevalence. The two identified schools were situated in the rural parts of KwaZulu-Natal – one school in Pietermaritzburg and the other in Newcastle.

The schools were based in the traditional or indigenous communities in KwaZulu-Natal. The traditionalist stance that rural ideals operate on is usually based on patriarchal principles contrary to democratic ideals.¹⁰⁹ Understanding these contexts was important to enhance the researchers' understanding of the nuanced influences regarding adolescents' decision making and choice making.

Communal and cultural belief systems do influence choices and decision making. An example of this is the late access to antenatal care because of traditions in some KwaZulu-Natal rural communities whereby pregnant women must not be seen or noticed.¹¹⁰ This notion of not being seen when pregnant results in some adolescent mothers staying home until after birth.

Access to healthcare services remains a challenge for rural women in KwaZulu-Natal.¹¹¹ Healthcare centres are far from schools and residential areas, contributing to the lack of contraceptive use and antenatal care.

The two schools selected by the DBE for the study fell under Quintiles 1 and 2. These schools are placed in these quintiles as determined by the DBE. The criteria for determination take into consideration the socio-economic status of the community the school is based in, as well as the parents' financial status. In lower quintile schools, schools are either fully or partially funded by the DBE and are supported with scholar transport and feeding schemes. In Quintile 3, parents are expected to pay a partial fee, and thus the school fees are relatively low. Scholar transportation and feeding schemes are available for all learners at these (mainly township) schools. Quintiles 4 to 5 are the more affluent schools or former model C schools and thus do not enjoy large subsidies from the DBE.

¹⁰⁹ Beall, J., & Ngonyama, M. (2009). Indigenous institutions, traditional leaders and elite coalitions for development: The case of Greater Durban, South Africa, p. 5.

¹¹⁰ Sibiya, M. N., Ngxongo, T. S. P., & Bhengu, T. J. (2018). Access and utilisation of antenatal care services in a rural community of eThekweni district in KwaZulu-Natal. *International journal of Africa nursing sciences*, 8, 3.

¹¹¹ Sibiya, M. N., Ngxongo, T. S. P., & Bhengu, T. J. (2018). Access and utilisation of antenatal care services in a rural community of eThekweni district in KwaZulu-Natal. *International journal of Africa nursing sciences*, 8, 1-7.



4.1.2 FACTORS LEADING TO ADOLESCENT PREGNANCY

4.1.2.1 KNOWLEDGE, ATTITUDE, AND PERCEPTIONS REGARDING ACCESS AND USE OF CONTRACEPTION SERVICES

Concerning teenage pregnancy, it is vital to zone in on teenagers' attitudes, perceptions, and knowledge of contraception, as these inadvertently play a role in the access and use of contraception.

Perceptions regarding contraceptive use were resoundingly negative among adolescents interviewed for this study.¹¹² Some of the key informants interviewed also revealed that parents and SGB members believed that allowing the availability of contraceptives and the use of contraceptives among adolescents would be misconstrued as an indication that sexual activity by adolescents is permitted. Due to this lack of support, adolescent girls had minimal to no uptake of contraceptive services.¹¹³ This was despite the efforts undertaken by the Department of Health (DoH) to educate teenagers about sexual and reproductive health and the value of contraceptives. The findings also indicated that mobile clinics had been set up for scholars from schools on the outskirts and considered far away from the clinics. Additionally, scholars feared ridicule by their peers and elders and thus hardly made use of the services. As a result, the service had to be terminated.

Researchers observed a non-verbal cue of shoulder shrugging and looking down during interviews with adolescents each time the topic of sex and contraceptives was raised, signifying shame or embarrassment. This suggested that there was discomfort regarding discussions of sex between the adolescents and elders, which could reflect the kinds of relationships they had with elders in their immediate environments. An SGB member explained, displaying the following sentiments:

*"I think we fail our kids because we don't speak about sex openly. We sugarcoat or try too hard to narrate sexual talk in a respectful manner with our kids. Whereas, on social media, TV, and when they are out there, there is no sugar coating or finding nice or respectful cover-up words for talking about sex. We are leaving them to exposure, and they don't feel comfortable talking with us. We get surprised when there is a pregnancy."*¹¹⁴

As mentioned, the study participants revealed that they feared using contraception services provided through the mobile health clinic when healthcare personnel were at the school premises. Adolescents shared that they would rather use the fast-lane contraceptive option available at the local clinic, given the privacy or secrecy that this option presented. The fast-lane contraceptive option offered scholars the opportunity to bypass long queues at clinics. This afforded scholars the opportunity to return to school faster after receiving contraceptive services. The DoH introduced the fast-lane approach to reduce the stigma and afford accessibility to adolescents to curb teenage pregnancy.¹¹⁵

Myths and misconceptions about contraceptive services existed among the adolescents interviewed. One of the participants had the following to say:

"I do not contracept because I am afraid. What if I won't have children again, and it messes me up? I prefer using condoms, even though in the heat of the moment, it does become forgotten".¹¹⁶

¹¹² Mncwabe, J. S. (2014). An interpretive evaluation of a positive rights based sexual health programme for Grade 11 learners in a secondary school in Durban, KwaZulu-Natal (Doctoral dissertation).

¹¹³ Mqadi, N. P. (2020). Perspectives and experiences of young mothers who are recipients of the child support grant (CSG): a case study in rural KwaZulu-Natal (Doctoral dissertation).

¹¹⁴ Interview with SGB member, KwaZulu-Natal 31 October 2022.

¹¹⁵ Branson, N., & Byker, T. (2018). Causes and consequences of teen childbearing: Evidence from a reproductive health intervention in South Africa. *Journal of health economics*, 57, 221-235.

¹¹⁶ Interview with teenage mother drop out, KwaZulu-Natal 14 November 2022.



An educator who was interviewed had the following to say:

*“You know how scholars are. They say that their bodies won’t be right. They will become shapeless and look old. They will gain weight and have loose skin and their privates will be too wet. These are the corridor talks I hear [spoken] by the kids”.*¹¹⁷

The above extract sheds light on popular myths among adolescents about contraceptive use. These popular myths can be considered contributing factors to the lack of or low contraceptive uptake.

The findings of the study also revealed that lack of appropriate information or ignorance about sexual and reproductive health played a role in adolescent pregnancies. The following was shared by one of the adolescents who took part in the study:

*“I never thought falling pregnant would happen to me. I thought it could not happen to me because I did not have a regular period. I was shocked and disappointed to find out that I am pregnant, knowing the struggle at home”.*¹¹⁸

The extract above indicates that the participant was under the impression that an irregular menstrual cycle meant that she was not ovulating, and therefore could not fall pregnant, which was a distorted belief. The Mayo Clinic states that many women with irregular menstrual cycles get pregnant and go on to have normal pregnancies. In fact, irregular menstrual cycles do not automatically mean that there are fertility issues.¹¹⁹

Religious norms and beliefs also came up as an impediment to accessing contraceptives. One of the adolescent mothers explained her situation as follows:

“My grandmother is a pastor and told me that I cannot use contraceptives because the community will know if I go to the clinic for family planning that I am sleeping around with boys. To not ruin her reputation, I told myself let me abide by her rules and not prevent pregnancy. Today I find myself with two children with two baby daddies [fathers of her children]...”

The extract above illustrates that religious beliefs may influence the uptake of contraceptives by adolescent girls and women. An ethnographic study conducted in Mexico found that the Christian religion does shape contraceptive practices and fertility.¹²⁰ The study revealed that the views of older and younger women varied, similar to this study. The participant quoted above seemed to have avoided contraceptive use to please her grandmother. While the extract does not overtly suggest that the adolescent mother did not hold the same views as her grandmother, the extract does not illustrate that she agreed either, as she seemed to blame the grandmother for the birth of her two children.

4.1.2.2 LACK OF PARENTAL INVOLVEMENT AND SUPPORT

The study attributed the lack of parental involvement and support to adolescent pregnancy. This information was elicited through triangulation of the varying sets of participants who mentioned that the teenage pregnancy rate was hiked because of child-headed households, learners renting on their own, and learners residing with their grandmothers, which meant little to no supervision and guidance from an adult.

¹¹⁷ Interview with SMT member, KwaZulu-Natal 27 October 2022.

¹¹⁸ Interview with teenage mother dropout, KwaZulu-Natal 10 November 2022.

¹¹⁹ Torborg, L. Mayo Clinic. [Mayo Clinic Q and A: Irregular periods, infertility not necessarily linked – Mayo Clinic News Network](#). Date Accessed 24 March 2023.

Interview with teenage mother dropout, KwaZulu-Natal 27 October 2022.

¹²⁰ Hirsch, J. S. (2008). Catholics using contraceptives: religion, family planning, and interpretive agency in rural Mexico. *Studies in family planning*, 39(2), 93-104.



The parents of most of the learners who were interviewed were migrant workers. This phenomenon could be attributed to the rife unemployment rate that persists in rural KwaZulu-Natal. Working-class individuals tend to migrate to the cities to find employment,¹²¹ resulting in children being left behind either on their own or with grandparents. According to reports by Premier Nomsa Dube-Ncube, KwaZulu-Natal has an alarmingly high unemployment rate of 46.4% and the highest unemployment rate among the provinces.

A notable finding that came up during the interviews of the study was that this phenomenon of having migrant working parents led to some parents renting alternative accommodation for their children away from familial homes but closer to the school they attended. This left adolescents with no guidance and supervision by a guardian, which gave them the freedom to do as they pleased, including engaging in sexual activities.

Some learners were orphaned and lived in child-headed households, lacking parental care and guidance. Parental care and guidance are fundamental to the health and overall well-being of a young person.^{122, 123, 124} Having active, intentional, and present caregivers tends to influence the life outcomes of adolescents positively, given the support, protection, and guidance provided.¹²⁵

One of the learners in the study mentioned that she felt rejected by her mother. She also expressed that she was dating to fill a void after the loss of her father and disclosed that she had been missing love.

Absent or unavailable parents can instil trauma, distress, feeling invalidated, and psychological ill health.¹²⁶ This was also a view of one of the adolescent mothers who said:

*“My grandparents told me that when you get married you leave children at your maternal home. I feel like she could have taken me with her. She chose a relationship over me. I feel my mom chose a man over me”.*¹²⁷

This participant felt unloved and unwanted by her mother, which in turn led to her looking for love in a romantic relationship.

4.1.2.3 ECONOMIC FACTORS

The learner support agents (LSAs) interviewed at both schools highlighted the dire situation the families with pregnant learners were usually in.

One of the LSAs expressed the following:

*“It is so bad in other homes. The parents are really unable to give the children transport money to go to the clinic to contracept (missed family planning date led to pregnancy)”.*¹²⁸

A principal further held the view that some learners saw an opportunity to create a livelihood by dating working-class men and thus got involved in transactional relationships with the men.

¹²¹ Mosoetsa, S. (2011). Eating from one pot: The dynamics of survival in poor South African households. NYU Press.

¹²² Cook, S. M., & Cameron, S. T. (2015). Social issues of teenage pregnancy. *Obstetrics, Gynaecology & Reproductive Medicine*, 25(9), 243-248.

¹²³ Chandra-Mouli, V., Camacho, A. V., & Michaud, P. A. (2013). WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. *Journal of adolescent health*, 52(5), 517-522.

¹²⁴ Nkosi, N. N., & Pretorius, E. (2019). The influence of teenage pregnancy on education: perceptions of educators at a secondary school in Tembisa, Gauteng. *Social Work*, 55(1), 108-116.

¹²⁵ Shefer, T., Bhana, D., & Morrell, R. (2013). Teenage pregnancy and parenting at school in contemporary South African contexts: Deconstructing school narratives and understanding policy implementation. *Perspectives in Education*, 31(1), 1-10.

¹²⁶ Corcoran, J. (2016). Teenage pregnancy and mental health. *Societies*, 6(3), 21.

¹²⁷ Interview with teenage mother drop out, KwaZulu-Natal 28 October 2022.

¹²⁸ Interview with LSA, KwaZulu-Natal, 1 November 2022.



Therefore, having a child is often never part of the plan but rather an unwanted result. For adolescent girls and women who came from poor families, in a context of high unemployment, poverty and food insecurity, with few opportunities for income generation and a sustainable livelihood, transactional sexual relations appeared to be a legitimate means for attaining financial support and this was consistent with existing research.¹²⁹

4.1.3 FACTORS LEADING TO WITHDRAWAL FROM SCHOOL

4.1.3.1 INDIVIDUAL FACTORS

The adolescent mothers interviewed for this study encountered many factors that pushed them to drop out of school. One of the factors was at an individual level. One of the mothers explained her reasons as follows:

"I lost myself. I even considered going to a TVET college because I fear facing people who made fun of me at school for leaving my previous school and coming here only to have another child. I was depressed and I had suicidal thoughts, especially after my second baby. I ran away to live with my uncle, whom I knew would not have much to say and [not] judge me".¹³⁰

Based on the literature, adolescent pregnancy may result in feelings of shame and guilt, leading to a momentary or even permanent delay in pregnant learners' dreams.¹³¹ In addition to external support, internal resilience may need to be mastered by the pregnant learner wishing to return to school. The hormonal and physical changes also contribute to the trauma and shock the learner experiences when learning they are pregnant and when sharing this news with others who may not be receptive to the information. The learner also has to suddenly adjust to the adult role of being a mother while still being a child.¹³² Therefore, not all adolescents may feel adequately prepared psychologically to return to school and do well academically, leading to school dropouts.¹³³

4.1.3.2 HOUSEHOLD FACTORS

Support in the household is crucial in facilitating the return to school of pregnant learners and adolescent mothers. The literature illustrates that family support is instrumental during the re-enrolment process: the family provides childcare, organises external childcare, and provides financial support. Furthermore, learners are most likely to return to school in a home with financial support and a childminder. When a teenage mother's financial status does not allow for a childminder, crèche, or medical challenges or disabilities, there is a high chance that the learner will not return to school. Therefore, household circumstances play an integral role in the learner deciding whether to return to school.

An adolescent mother expressed the following:

"Sisi, I am just waiting for my child to be two years so that I can leave her with my grandmother. My grandmother cannot stay with my child while very little. My mom is working in Durban and cannot afford me and my child".¹³⁴

¹²⁹ Duby, Z., Jonas, K., McClinton Appollis, T., Maruping, K., Vanleeuw, L., Kuo, C., & Mathews, C. (2021). From survival to glamour: motivations for engaging in transactional sex and relationships among adolescent girls and young women in South Africa. *AIDS and Behavior*, 25(10), 3238-3254.

¹³⁰ Interview with teenage mother drop out, KwaZulu-Natal 28 October 2022.

¹³¹ Holden, G. W. (2019). *Parenting: A dynamic perspective*. Sage Publications.

¹³² Osok, J., Kigamwa, P., Huang, K. Y., Grote, N., & Kumar, M. (2018). Adversities and mental health needs of pregnant adolescents in Kenya: identifying interpersonal, practical, and cultural barriers to care. *BMC women's health*, 18(1), 1-18.

¹³³ Chigona, A., & Chetty, R. (2007). Girls' education in South Africa: Special consideration to teen mothers as learners. *Journal of education for international development*.

¹³⁴ Interview with teenage mother drop out KwaZulu-Natal 1 November 2022



Experiences expressed by a young mother:

“I am hurt that the father of my child is carrying on with school. I am stuck here with my child. I tried negotiating for my baby boy to stay with his father's family. At least my child's paternal grandfather is around but my boyfriend's mother refused. My mom suggested I find work because she says I am a woman now with responsibilities. She wants me to feel my child”.¹³⁵

In the case of this study, three of the participants could not return to school due to financial constraints. These participants were from low-income households that could not afford childminder services and crèche fees. Therefore, adolescent mothers opted to leave school to care for their children.

4.1.4 LEGISLATION, POLICY, STRATEGIES, AND PRACTICES OF SCHOOLS

4.1.4.1 KNOWLEDGE OF RELEVANT LEGISLATION AND POLICIES ON HANDLING LEARNER PREGNANCY AND THE RETENTION OF LEARNERS IN SCHOOL

School principals from both schools included in the study expressed an understanding of the National Policy on the Prevention and Management of Learner Pregnancy. Based on the information shared during the interviews, the gazetted policy was handed to them by the DBE to disseminate to SMTs, SGBs, educators, learners, and parents and guardians of the learners. The principals from both schools further indicated that knowledge-sharing and awareness-creation sessions were conducted through several meetings. In contrast, findings from interviews with educators, SGB members, and adolescent mothers illustrated a lack of knowledge of the policy. This could mean that the awareness-raising sessions that the school principals cited could have been inadequate to capacitate all policy stakeholders with the necessary information. Findings indicated that more work needed to be done to disseminate information about the policy.

The principal expressed the following pertaining being acquainted with the policy:

“As the principal, I had a district official present the policy to me and it was my responsibility to share it with the SMT, educators and SGB members. I had to get to grips with that policy in that one session with the district official”.¹³⁶

Another SMT member expressed the following sentiments:

“I really am unclear about the policy. We were called to a meeting by the principal to share this new policy. I cannot recall the contents of the policy. All I know is that we should not discriminate and treat pregnant girls differently. That is why I do not draw attention to them and give them special treatment. And I also know that no scholar must be denied education”.¹³⁷

Based on the literature, ignorance, poor knowledge of policy, and inadequate policy dissemination are challenges in South Africa.¹³⁸ These phenomena often result in a lack of proper implementation policies, strategies, and initiatives, rendering policies futile.

¹³⁵ Interview with teenage mother drop out KwaZulu-Natal 31 October 2022

¹³⁶ Interview with Principal KwaZulu-Natal 31 October 2022

¹³⁷ Interview with SMT member KwaZulu-Natal 30 October 2022

¹³⁸ Ramulumo, M. R., & Pitsoe, V. J. (2013). Teenage pregnancy in South African schools: Challenges, trends and policy issues. *Mediterranean Journal of Social Sciences*, 4(13), 755.



4.1.4.2 TRAINING AND CAPACITY BUILDING

As already indicated, policy dissemination had only been done through meetings which most stakeholders interviewed for this study did not recall happening. Training and capacity building on the policy regulating the handling of pregnant learners and retention of the learners in school is important, as it would ensure the standardisation of practices within schools. Capacity building would also ensure that correct procedures are followed in handling this sensitive manner of the retention of pregnant learners and adolescent mothers in school.¹³⁹ Another imperative for training and capacity building on policy is that the National Policy on the Prevention and Management of Learner Pregnancy specifies roles for the various stakeholders involved in handling pregnant learners and adolescent mothers in schools. Without the necessary training, these role players could thus be unwittingly executing their roles incorrectly. It must be noted, however, that a senior official from the national DBE highlighted during a research interview that the rollout of training on the policy had not been covered in the whole country.¹⁴⁰

The lack of training led to some educators feeling inadequate and unsupported in handling situations of pregnant learners.

An educator disclosed the following:

*"I don't know much about the policy. I just know that I must not treat a pregnant learner any differently than I did before pregnancy. I also know that the child has the right to education and must not be denied or chased out of school because of pregnancy."*¹⁴¹

4.1.4.3 APPLICATION OF LEGISLATION, POLICY, AND PRACTICES BY SCHOOLS

The research findings revealed that there were no standardised practices in place for handling pregnant learners and their retention in school. This largely stemmed from the lack of knowledge and training on the National Policy on the Prevention and Management of Learner Pregnancy among key stakeholders. One of the educators revealed the following:

*"I am only trained to be an educator. Now at the school, I must deal with substances and weapons in school. Even teenage pregnancy I am not qualified to handle, let alone be trained on it."*¹⁴²

An adolescent interviewed shared that the school had denied her the opportunity to return to school based on a falsified narrative that she was over the age of admission. The adolescent mother was 19 and in Grade 12 when this happened. She explained that six months into the postpartum period, her grandmother enquired about her return to school. The school, however, resisted the learner's return. It was through the intervention of the CGE KwaZulu-Natal provincial office that the learner was readmitted to school as the school's conduct was found to be discriminatory.

Another interviewed adolescent mother shared that her calls to inquire about procedures relating to learner reintegration into school after having a child were met with silence. Instead, the participant explained that she was informed that she must return school textbooks, implying that she had been dismissed from school. This is what she said:

¹³⁹ Mahlomaholo, S. M. G. (2010). Towards sustainable empowering learning environments: Unmasking apartheid legacies through scholarship of engagement. *South African Journal of Higher Education*, 24(3), 287-301.

¹⁴⁰ Davids, E. L., Kredo, T., Gerritsen, A. A. M., Mathews, C., Slingers, N., Nyirenda, M., & Abdullah, F. (2020). Adolescent girls and young women: policy-to-implementation gaps for addressing sexual and reproductive health needs in South Africa. *South African Medical Journal*, 110(9), 855-857.

¹⁴¹ Interview with Educator, KwaZulu-Natal 14 November 2022.

¹⁴² Interview with Educator, KwaZulu-Natal, 1 November 2022.



"I received no responses from the mams [female teachers] at school, no call no nothing. I just received a call to return books. When they see me in town, they ask about the child – that's it."¹⁴³

It is clear from this extract that the adolescent mother had been denied the opportunity to return to school, which contravened the National Policy on the Prevention and Management of Learner Pregnancy that prescribes that learners must be supported and reinstated into the school after childbirth.

The support of learners was also inconsistent and reliant on the benevolence of teachers. The findings revealed that it was not standard practice for schools to provide academic support to pregnant learners and adolescent mothers. Instead, the support depended on the willingness of teachers. As a result, some learners fell behind on the curriculum, with no measures put in place to provide assistance. An SMT member stated the following:

"I had to apply for concession for several scholars to write their exams in hospital. I also use my discretion when it comes to assisting a young mother to catch up if I see they are falling behind. Otherwise, there is no school policy or practice guide guiding us."¹⁴⁴

One of the adolescent mothers interviewed recalled falling asleep during an exam, only to be woken up closer to the exam end time. The learner had started feeling unwell during an exam and fell asleep, with no one showing concern.

This is what she said:

"I had no support. I remember being troubled in my first trimester, and I was sleepy all the time. I slept in an exam and was woken up close to the time the exam was to end."¹⁴⁵

Another adolescent mother relayed her experience as follows:

"I received no support from the school. Not even after I was called into office and was captured by the LSA, I received no support. It is only now that I want to return, out of my own accord and enthusiasm to return to school that the LSA is contacting me to arrange my return next year."¹⁴⁶

In the case of male educators, those interviewed for the study shared that they avoided getting involved in issues of learner pregnancy, given the dominant culture that feminises pregnancy. This interesting finding illuminates a dynamic not covered by the National Policy on the Prevention and Management of Learner Pregnancy. The policy does not openly cover issues of tradition and customs.

Another area that hampered the effective provision of learner support by schools, as revealed by the findings, was that learners tended to disclose their pregnancies late. School officials interviewed for this study revealed that learners went to great lengths to conceal pregnancies, which in return led to late discoveries by the school with very little opportunity to provide support. Support in such cases could only be provided during postpartum.

¹⁴³ Interview with teenage mom, KwaZulu-Natal 27 October 2022.

¹⁴⁴ Interview with SMT member, KwaZulu-Natal 27 October 2022.

¹⁴⁵ Interview with teenage mom, KwaZulu-Natal 14 November 2022.

¹⁴⁶ Interview with teenage mom, KwaZulu-Natal 28 October 2022.



4.2 EASTERN CAPE

4.2.1 BRIEF BACKGROUND

Stats SA notes that the Eastern Cape is counted amongst provinces that are predominantly rural with high levels of poverty.¹⁴⁷ The poverty levels in these provinces are reported as Limpopo (25%), Eastern Cape (20%) and KwaZulu-Natal (20%).¹⁴⁸ These provinces were also found to have the highest proportions of households that relied on agricultural activities to supply their own food.¹⁴⁹

Stats SA also found that a fifth of the Eastern Cape population was adolescent in 2020; this translated to 20.3% of the Eastern Cape population being adolescents.¹⁵⁰ In 2019/2020, the Eastern Cape reported 12,671 live births among adolescents,¹⁵¹ consequently assuming the third position of the highest live births among adolescents aged 10 to 17.¹⁵² It can thus be argued that with higher rates of live births among adolescents comes the risk of increased school dropout rates. According to Stats SA, the most prominent reasons for non-attendance of school in 2021 included illness and disability (22.7%), poor academic performance (21.2%), and lack of money for fees (19.6%).¹⁵³ However, reasons given for dropping out of school differed by gender, especially for female learners who felt that they had to stop attending school due to family commitments (13.4%), while close to 5% of male adolescents stopped attending school because they had no interest in education.¹⁵⁴ The family commitments reported by female adolescents included getting married, minding children, and pregnancy.¹⁵⁵

For confidentiality and anonymity reasons, the four schools visited in the Eastern Cape will be referred to as Schools A, B, C, and D. All the schools were situated in rural areas, and at least three of them¹⁵⁶ (Schools A, B, and D) experienced mobile network issues that affected their ability to call for assistance when needed, for example when a pregnant learner needs medical intervention.¹⁵⁷ The schools also had poor toilet facilities. They used pit latrines and generally had little to no running water.

School C described its teenage pregnancy problem as moderate,¹⁵⁸ while School A believed theirs was high and rising.¹⁵⁹ The number of learners who were pregnant around October 2022 in School A was 22, and researchers were shown a list as evidence.¹⁶⁰ In School B, the principal estimated the number of pregnant learners in 2022 at 50.¹⁶¹ The pregnant learners who dropped out of School D had not returned at the time researchers were collecting data. Learners interviewed in School B and School A had either dropped out temporarily and returned or had considered dropping out but were convinced otherwise after a change in school practices regarding pregnant learners.¹⁶² No learners were interviewed from School C, and only one school official was included in the sample.

¹⁴⁷ Stats SA. Towards Measuring the Extent of Food Security in South Africa. (2019). Report 03-00-14 www.statssa.gov.za.

¹⁴⁸ Ibid.

¹⁴⁹ Ibid.

¹⁵⁰ Stats SA. Profiling the health challenges faced by adolescents (10-19 years) in South Africa. Report No. 03-09-15. Statistics South Africa, 2022. www.statssa.gov.za.

¹⁵¹ Francke, R. (2021). Shocking Stats SA report shows 33 000 teen mothers in 2020, 660 of them younger than ten years old. ILO. <https://www.iol.co.za/news/south-africa/western-cape/shocking-stats-sa-report-shows-33-000-teen-mothers-in-2020-660-of-them-younger-than-10-years-old-ffbce71-f44a-42c1-936e-0dfee472ed51>. Date accessed 22 June 2022.

¹⁵² Francke, R. (2021). Shocking Stats SA report shows 33 000 teen mothers in 2020, 660 of them younger than ten years old. ILO. <https://www.iol.co.za/news/south-africa/western-cape/shocking-stats-sa-report-shows-33-000-teen-mothers-in-2020-660-of-them-younger-than-10-years-old-ffbce71-f44a-42c1-936e-0dfee472ed51>. Date accessed 22 June 2022.

¹⁵³ Stats SA. General Household Survey. (2021). www.statssa.gov.za.

¹⁵⁴ Ibid.

¹⁵⁵ Ibid.

¹⁵⁶ Interviews with School Officials, Eastern Cape. 23-30 November 2022.

¹⁵⁷ Interviews with School Officials, Eastern Cape. 23-30 November 2022.

¹⁵⁸ Interview with SGB member, Eastern Cape. 30 November 2023.

¹⁵⁹ Interviews with School Officials, Eastern Cape. 23 November 2022.

¹⁶⁰ Interview with SGB member, Eastern Cape. 23 November 2023.

¹⁶¹ Interview with School Principal, Eastern Cape. 24 November 2023.

¹⁶² Interviews with Learners, Eastern Cape. 23 November 2022 & 28 November 2022.



4.2.2 FACTORS LEADING TO ADOLESCENT PREGNANCY

4.2.2.1 KNOWLEDGE, ACCESS, AND USE OF CONTRACEPTION SERVICES

Contraception use intentionally prevents pregnancy using chemicals, devices, or natural or surgical procedures.¹⁶³ Globally, there are about 1.2 billion adolescents aged between ten and 19, and 86% live in developing countries.¹⁶⁴ Approximately 23 million have an unmet need for modern contraception and therefore are at risk of unplanned pregnancies.¹⁶⁵ Low contraception use among adolescents in South Africa is a common phenomenon. Many factors influence this phenomenon, and one of the school principals interviewed in the study shared the following in relation to this:¹⁶⁶

“The Department of Health assisted us with giving contraception, but parents said they do not want their children to be given contraception. They believe that it will make their children barren and all those kinds of things. The Department of Health started coming less because of this. I think that’s why our pregnancy rate has increased.”¹⁶⁷

An SGB member from one of the schools noted peer pressure as one of the reasons for teenage pregnancy in her school.¹⁶⁸ She further recalled conversations with learners where they expressed concerns over contraceptives “making their bodies wobbly”.¹⁶⁹ Sharing the same sentiments as the school principal quoted above, an SMT member from the same school as the aforementioned SGB member said:¹⁷⁰

“We agreed at a parents’ meeting that we would speak to the clinic and nurses would come here monthly to give contraceptives. Then later on parents turned on us and said we are playing with their kids. Hence, we stopped pushing kids to go to the mobile clinic when it comes. We now take a step back and let those who want to go, go and those who don’t we leave them because parents think contraceptives will have negative effects on their children’s bodies”.

Data unearthed from interviews points to the DoH’s willingness to provide contraception services to schools. An interview¹⁷¹ with a senior official from the DBE revealed that this was an intentional effort from the government. The senior official explained that the DBE coordinates the implementation of an integrated school health programme where health services are provided within schools.¹⁷² In synergy with the description of health services in the above quote, the DBE senior official shared that through the Integrated School Health Programme, the DoH and other implementing partners provide mobile health vehicles that go to schools to provide health services.¹⁷³

As demonstrated above, the reception of contraception services appears to be a problem among parents and learners of at least two¹⁷⁴ of the schools visited in the Eastern Cape. In addition to other experiences already shared, an educator from one of the schools had the following to say about contraception use among adolescents in his school:

¹⁶³ Jain R, Muralidhar S. (2011). Contraceptive methods: Needs, options and utilization. J Obstet Gynaecol India, 61(6):626-34.

¹⁶⁴ Atuhaire, S., Ngendakumana, J., Galadima, A., Adam, A., & Muderhwa, R.B. (2021). Knowledge and attitude towards contraceptive use among adolescents in Africa: a systematic review. International Journal of Reproduction, Contraception, Obstetrics and Gynecology Atuhaire S et al. Int J Reprod Contracept Obstet Gynecol, 10(11):4292-4303 www.ijrcog.org.

¹⁶⁵ Ibid.

¹⁶⁶ Interview with School Principal, Eastern Cape. 23 November 2023.

¹⁶⁷ Interview with School Principal, Eastern Cape. 23 November 2022.

¹⁶⁸ Interview with SGB member, Eastern Cape. 23 November 2022.

¹⁶⁹ Interview with SGB member, Eastern Cape. 23 November 2022.

¹⁷⁰ Interview with SMT member, Eastern Cape. 23 November 2022.

¹⁷¹ Interview with DBE senior official, 27 October 2022.

¹⁷² Interview with DBE senior official, 27 October 2022.

¹⁷³ Interview with DBE senior official, 27 October 2022.

¹⁷⁴ Another school later expressed a similar challenge.



"They do go to the clinic but because of having to attend school they sometimes miss their injections. The department does come to offer contraceptives at the school but sometimes they are too shy to go because they have to go there in a group. Some end up not going for that reason, out of fear that getting contraceptives is seen as a bad thing to do".¹⁷⁵

Learners from the various schools were also engaged by researchers on their use of contraceptives. Some went silent when asked about their feelings about and use of contraceptives.¹⁷⁶ Others said they do not know why they did not use contraceptives when they first started having sex.¹⁷⁷ One learner said that condom use was discussed briefly in her relationship but never practised.¹⁷⁸ Another learner admitted to using contraceptives inconsistently,¹⁷⁹ while another said she only started using contraceptives after she had her baby.¹⁸⁰

Researchers argue that another reason for low contraception use among adolescents in the four Eastern Cape schools could be attributed to the long distance between clinics and learners' places of residence.¹⁸¹ In this regard, one learner said, "it's very far from where I stay. It costs me R22 or R23 to go there. The clinic used to come to my school, but it's been a while now since they've been there. Unless if they went after I dropped out".¹⁸²

School officials from the various schools also shared that in addition to Life Orientation classes, awareness raising regarding teenage pregnancy, contraception use, and crime takes place in the schools.¹⁸³ This was done in partnership with the DoH, DSD, and SAPS.¹⁸⁴ When researchers probed further, it seemed that these awareness-raising visits from the departments were infrequent and sometimes difficult to arrange with at least one of those departments. In this regard, an SMT member shared that "the principal even went to SAPS in person to ask them to visit the school and they still didn't come".¹⁸⁵

4.2.2.2 MINIMUM OR LACK OF PARENTAL INVOLVEMENT AND SUPPORT

It is undeniable that parental involvement and support is crucial in adolescence. Although the non-residence of parents does not necessarily mean a lack of involvement in the lives of their children, it does raise concern about the well-being of adolescents as it increases the likelihood of minimal or total lack of parental involvement in their lives. Granted, South Africa has a diversity of types of families and households. However, some of them are not perceived as conducive to the development of children or adolescents. School officials interviewed in the sampled schools in the Eastern Cape revealed that learners came from child-headed homes. Some lived with their grandmothers or single mothers. Others lived alone in rented accommodation to be closer to the schools.¹⁸⁶ A minority of learners were reported to be living with both their mothers and fathers.¹⁸⁷ When engaged on the subject, an SGB member shared that "they live with grandmothers, and we see this when we request to see parents and grandmothers show up. Their parents work far from home".¹⁸⁸ Similarly, an SMT member said "our learners are orphans living alone or with their grandmothers".¹⁸⁹

¹⁷⁵ Interview with an Educator, Eastern Cape. 23 November 2022.

¹⁷⁶ Interviews with Learners, Eastern Cape. 23 November-03 December 2022.

¹⁷⁷ Interviews with Learners, Eastern Cape. 23 November-03 December 2022.

¹⁷⁸ Interview with a Learner, Eastern Cape. 23 November 2022.

¹⁷⁹ Interview with a Learner, Eastern Cape. 29 November 2022.

¹⁸⁰ Interview with a Learner, Eastern Cape. 29 November 2022.

¹⁸¹ Interviews with School Officials & Learners, Eastern Cape. 23-30 November 2022.

¹⁸² Interview with a Learner, Eastern Cape. 3 December 2022.

¹⁸³ Interviews with School Officials, Eastern Cape. 23-30 November 2022.

¹⁸⁴ Interviews with School Officials, Eastern Cape. 23-30 November 2022.

¹⁸⁵ Interview with SMT member, Eastern Cape. 23 November 2023.

¹⁸⁶ Interviews with School Officials, Eastern Cape. 23-30 November 2022.

¹⁸⁷ Interviews with School Officials, Eastern Cape. 23-30 November 2022.

¹⁸⁸ Interview with a Learner, Eastern Cape. 23 November 2022.

¹⁸⁹ Interview with SMT member, Eastern Cape. 29 November 2023.



Section 137 of the Children's Act defines child-headed households as households where a child over the age of 16 has assumed the role of primary caregiver for other children in the household, even if there is an adult living in the household who, for example, is too old or too ill to take on that role.¹⁹⁰ So, regarding the functioning of a child-headed household, the Children's Act further states that "a child-headed household must function under the general supervision of an adult designated by: (a) children's court or (b) an organ of State or a non-governmental organisation determined by the provincial head of social development".¹⁹¹

An analysis of child-headed households in a 2017 General Household Survey revealed that:¹⁹²

- Three-quarters of child-headed households are in Limpopo, Eastern Cape, Mpumalanga, and KwaZulu-Natal
- Most (95%) children in child-headed households have at least one living parent
- Most (90%) child-headed households have at least one member aged 15 or over.

In 2017, about 58,000 children lived in 48,000 households where all the resident members were under the age of 18.¹⁹³ This is concerning because, according to Hall and Mokomane, children in child-headed households are vulnerable and tend to be extremely poor, with low access to social grants.¹⁹⁴ They may also struggle to access schooling or to achieve academically. Lastly, they may be vulnerable to violence, abuse, and exploitation and experience high anxiety, stress, or grief levels.¹⁹⁵

As mentioned earlier, some learners live in single-mother households. Describing her relationship with her mother and the support she lacked after her baby passed on soon after birth, one learner said:¹⁹⁶

"I lost my child. It's hard because when my mom and I argue she brings up the fact that I got pregnant while at school and I gave birth to a baby that didn't even survive. That affects me and it affected my relationship with my mom. I am no longer staying with her right now. I stay with my stepmom".

This points to a traumatic experience of falling pregnant while at school, losing a baby and a strained relationship between mother and daughter which resulted in them living apart. The learner also shared that her father passed on a few years ago, however, she was determined to "finish school and take care of herself".¹⁹⁷

4.2.2.3 ECONOMIC FACTORS

Poverty as a factor that drives adolescent pregnancy rates higher occurred several times during interviews. Principals, educators, SMT and SGB members, and LSAs cited poverty as a factor.¹⁹⁸ This was not surprising as researchers assessed (through observation) the type of areas the four sampled schools were in. The brief literature review done for the study had already identified poverty as one of the contributing factors to adolescent pregnancy. When asked to describe her home life, one learner lamented the following:¹⁹⁹

¹⁹⁰ Children's Act 38 of 2005, section 137.

¹⁹¹ Children's Act 38 of 2005, Section 137.

¹⁹² Statistics South Africa (2018) General Household Survey 2017. Pretoria: Stats SA. Calculations by Katharine Hall, Children's Institute, UCT.

¹⁹³ Hall, K, & Mokomane, Z. (2019). The shape of children's families and households: A demographic overview. South African Child Gauge.

¹⁹⁴ Ibid.

¹⁹⁵ Ibid.

¹⁹⁶ Interview with a Learner, Eastern Cape. 29 November 2022.

¹⁹⁷ Interview with a Learner, Eastern Cape. 29 November 2022.

¹⁹⁸ Interviews with School Officials, Eastern Cape. 23-30 November 2022.

¹⁹⁹ Interview with a Learner, Eastern Cape. 3 December 2022.



“The situation is bad, it's very, very bad. We live a struggling life. Even now we don't even have maize meal, its bad. I thank God that my child is breast feeding. We will see what the child's father will do because as the child grows, they become more expensive”.

An LSA at one of the schools expressed that most learners came from disadvantaged backgrounds, and when they fall pregnant, there is always the fear and perception that they are worsening their situation.²⁰⁰

Controversially and unproven, one of the school principals and an SMT member²⁰¹ described adolescent pregnancy as a means to access the childcare grant. An SGB member explained that learners were already surviving on social grants. She said that “others are really struggling because you find a grandmother who lives with many grandchildren, and they all survive on grants”.²⁰²

4.2.2.4 CULTURAL NORMS AND BELIEFS

Cultural norms and beliefs did not feature much in interviews conducted in the Eastern Cape. However, referring to the cultural practice that is believed to mark the transition from childhood to manhood, an SMT member shared that “boys in our community come from initiation school and want to prove their manhood to these girls. They take pride in being known to have a child with a certain girl from a certain family”,²⁰³ In South Africa, traditional male initiation/circumcision is embedded in the cultural practices, norms, and beliefs of the Xhosa people, as well as other tribes. Over the years, this practice has been marred with both good and bad reports that have seen the DoH, Cooperative Governance and Traditional Affairs (CoGTA), as well as the CGE, getting involved in efforts to prevent the death of young men and boys during the practice.

4.2.2.5 SUBSTANCE ABUSE

Substance abuse was another factor believed to play a role in the extent of adolescent pregnancy in the Eastern Cape schools visited by researchers.

An educator in one of the schools shared that “we also have an alcohol problem with our learners, and we come across them drunk within the community”.²⁰⁴ Referring to female learners in her school, another educator said, “they also drink alcohol and it's concerning because when they are drunk, they can be taken advantage of easily”.²⁰⁵ From interviews, researchers found that School A even has a groundsman who monitors school grounds and toilets because learners are said to be drinking and smoking marijuana at school. An SMT member in the aforementioned school shared the following:

“They are on marijuana both girls and boys. SAPS used to help us with this but now they don't. We even caught a girl learner once who had a lunch box full of marijuana. We suspect she was selling it to other learners. We even have a man patrolling such things in the school”.

²⁰⁰ Interview with a Learner Support Agent, Eastern Cape. 3 December 2022.

²⁰¹ Interview with SMT member, Eastern Cape. 29 November 2023.

²⁰² Interview with SGB member, Eastern Cape. 30 November 2022.

²⁰³ Interview with SMT member, Eastern Cape. 24 November 2023.

²⁰⁴ Interview with an Educator, Eastern Cape. 23 November 2022.

²⁰⁵ Interview with an Educator, Eastern Cape. 29 November 2022.



4.2.2.6 STATUTORY RAPE, DATING OLDER MEN AND TEACHER-LEARNER SEXUAL RELATIONS

Abdool-Karim, Sibeko, and Baxter²⁰⁶ argue that although relationships with older men might be one of the fundamental drivers of the rapid spread of HIV infection in young girls and women; other factors/dynamics that affect the vulnerability of adolescent girls and women in Africa exist. These factors include a complex interplay of biology, gender-power disparities, socio-economic, and other social triggers, including violence against women. The same argument applies when conceptualising statutory rape, older men dating adolescent girls and teacher-learner sexual relations as contributing factors to adolescent pregnancy. In such a reality, adolescent girls may find themselves in a position where they are unable to negotiate sex, condom use, family planning, or marriage due to the gender-power disparities and socio-economic factors that exist within these relationships and broadly in the patriarchal society in which they live.

Participants were engaged extensively on the subject of statutory rape, older men dating adolescent girls and incidents of teacher-learner sexual relations within schools. Responses were both diverse and similar. School officials communicated that learners were having relationships with other learners within the same schools.²⁰⁷ However, they were also dating other learners from other schools.²⁰⁸ One educator shared the following:²⁰⁹

“What I see in our school is that a Grade 12 learner will be dating a Grade 8, 9, or 10 learner. Grade 12s here don’t like dating amongst each other. So, there’s a three-year age gap between them. It does happen that a 14-year-old falls pregnant, but we hardly ever get involved unless the parent comes to lay a complaint. I understand that abuse may have occurred in such instances, but I don’t know the procedures that need to be taken”.

The current National Policy on the Prevention and Management of Learner Pregnancy compels educators to report learner pregnancies of children under the age of 16 by males older than 16 years to the SAPS. However, the extract above shows that the educator was unaware of the steps to take with the matter.

An SGB member from a different school said:²¹⁰

“They date amongst each other. When you trace the stories, you find that the kids rent in the same area very close to each other. I remember at the beginning of the year the principal asked parents to carefully choose the places they rent for their kids because you cannot rent for a girl child at a place where its mostly men who live there. A child’s safety should be a priority. Children are also easily tempted”.

School officials interviewed in School A shared that they understood their responsibility to report incidents of adolescent learners under the age of 16 being impregnated by males older than 16.²¹¹ However, they found it difficult to penetrate the secrecy surrounding the identity of fathers as engaging pregnant learners and their parents proved futile.²¹² In this regard, an SGB member shared that:²¹³

“Remember when the man is much older there would be financial benefits that the pregnant learner is getting, so, they would hide the man’s age from us because if they tell us they might lose those benefits. As a teacher the benefits they will be getting will be irrelevant to me, I will just look at the age gap and see that its child abuse”.

²⁰⁶ Abdool Karim Q, Sibeko S, Baxter C. Preventing HIV infection in women: a global health imperative. Clin Infect Dis 2010; 50 (suppl 3): 122–29.

²⁰⁷ Interviews with School Officials, Eastern Cape. 23-30 November 2022.

²⁰⁸ Interviews with School Officials, Eastern Cape. 23-30 November 2022.

²⁰⁹ Interview with an Educator, Eastern Cape. 29 November 2022.

²¹⁰ Interview with SGB member, Eastern Cape. 30 November 2022.

²¹¹ Interviews with School Officials, Eastern Cape. 23 November 2022.

²¹² Interviews with School Officials, Eastern Cape. 23 November 2022.

²¹³ Interview with SGB member, Eastern Cape. 23 November 2022.



One of the school principals interviewed was also asked about the subject, and it concerned researchers that he expressed that “I don't even ask who the father is, it's none of my business, it's the learner's business and her parents”.²¹⁴

Concerning information was also shared about teacher-learner sexual relations. An SMT member shared that:

“We once heard that a teacher was dating a learner years back. When we asked the learner, she denied this. Community members would see the teacher fetch the child from her home with his car, but the learner refused to tell us the truth. So, I do ask them, but I don't believe the answers they give me”.

An educator revealed the following about her school:²¹⁵

“We had rumours here once of a teacher who was dating students. Another one said she was impregnated by a teacher's assistant, but I don't know where that case ended up. Another learner also reported a teacher for sexual advances he made towards her, this was a while ago and it was handled by our previous principal. That teacher's contract was terminated after the case was finalised and he was an SGB member from the teacher component”.

When asked about the subject and whether school staff were aware that having romantic/sexual relationships with learners was illegal, one of the school principals responded by saying:²¹⁶

“They know about it. We discuss it. We had a case two years ago where a learner reported to her parents and then the parents came to me and told me that there is a certain teacher proposing to their child who was in Grade 12 at the time. The teacher was reported, there is a case going on right now, but the teacher is still in the school. The SGB was involved, the teacher denied everything, but I took the case to the district office but even then, he continued denying it. I don't know where the case is now”.

Another school principal claimed that his school had never had such cases, but the illegality of teacher-learner sexual relations was something he emphasised to staff emphatically. School officials of that school confirmed this emphasis. However, an SMT member slightly contradicted the school principal by sharing that:²¹⁷

“Such rumours or accusations do come up in the school but unfortunately with no evidence. Worst of all our area here has been on the news where it was said that teachers are having affairs with learners. I remember two or three times our principal called all of us male teachers and asked us about these rumours and accusations going around the school. He threatened us to stop if we are doing it and said he is waiting for the day a parent comes to point out one of us as having done that, and he will take action”.

During her interview, a senior official from the DBE acknowledged the issue of older men dating adolescent girls and teacher-learner sexual relations.²¹⁸ She further noted that the department was aware of cases (especially in the rural areas) where older men or male educators pay a fine, commit to financially supporting the pregnant learner's family, and even promise to marry the learner in an effort to erase or disrupt cases levelled against them.²¹⁹ Such situations then make families uncooperative. However, the senior DBE official interviewed in the study explained that the DBE has formed collaborative partnerships with the DSD and Houses of Traditional Leaders to raise awareness in communities.²²⁰

²¹⁴ Interview with School Principal, Eastern Cape. 24 November 2023.

²¹⁵ Interview with an Educator, Eastern Cape. 23 November 2022.

²¹⁶ Interview with School Principal, Eastern Cape. 23 November 2023.

²¹⁷ Interview with SMT member, Eastern Cape. 24 November 2023.

²¹⁸ Interview with DBE senior official, 27 October 2022.

²¹⁹ Interview with DBE senior official, 27 October 2022.

²²⁰ Interview with DBE senior official, 27 October 2022.



The senior official from DBE further acknowledged the difficulty schools found themselves in because if they report the issue of older men dating adolescent girls and teacher-learner sexual relations, the risk rises of pregnant learners dropping out, especially if they and their families are trying to protect the older men who impregnated them.²²¹

Regarding dealing with cases of teacher-learner sexual relations, the DBE has developed a protocol for managing sexual abuse in South African schools.²²² The protocol explains the role of the principal and such cases are reported to the South African Council for Educators (SACE) and SAPS for investigation.²²³ The senior DBE official explained that this would result in a professional case where a teacher would be struck off the roll for misconduct and a criminal case where he would be criminally charged if found guilty.²²⁴

The efforts of the DBE are laudable. However, the system of handling such cases is not without fault. To this effect, South Africa has seen disturbing reports and headlines regarding older men dating adolescent girls and teacher-learner sexual relations. The following are a few examples of such headlines:

- Teachers implicated in 30 pregnancies of pupils at one school²²⁵
- KwaZulu-Natal teacher, accused of impregnating learners, takes sick leave ahead of suspension²²⁶
- Blessers²²⁷ and teachers impregnate more than 11,000 Limpopo pupils²²⁸
- KwaZulu-Natal teacher impregnates five pupils and then forces one to abort²²⁹
- Unrest in an Eastern Cape school after a teacher was accused of impregnating a learner²³⁰
- Three teachers accused of impregnating 16 schoolgirls.²³¹

Lastly, an SGB member²³² in one of the Eastern Cape schools shared that “even us female teachers are warned by our principal not to take male learners and make them our Ben 10s”.²³³ This is important to highlight as female educators are not exempt from this problem and the law.

Inappropriate sexual conduct by learners

Two officials in one school shared concerning incidents of learners having sex with each other on school grounds. An SMT member said that “learners have sex on school grounds, and we had an incident where a teacher caught learners having sex in a classroom”.²³⁴ An educator in the same school confirmed this disturbing revelation by saying, “they even have sex on the school grounds, especially during exams, because they have time on their hands”.²³⁵

²²¹ Interview with DBE senior official, 27 October 2022.

²²² Interview with DBE senior official, 27 October 2022.

²²³ Interview with DBE senior official, 27 October 2022.

²²⁴ Interview with DBE senior official, 27 October 2022.

²²⁵ IOL, 1 September 2017.

²²⁶ News24, 21 November 2018.

²²⁷ ‘Blessers’ is a term used to describe older men with money.

²²⁸ The Citizen, 8 July 2022.

²²⁹ The Citizen, 15 November 2018.

²³⁰ SABC News, 9 February 2018.

²³¹ ENCA, 5 September 2017.

²³² Interview with SGB member, Eastern Cape. 30 November 2022.

²³³ ‘Ben 10s’ is a term used to describe a young boy or younger partner in a sexual relationship.

²³⁴ Interview with SMT member, Eastern Cape. 23 November 2023.

²³⁵ Interview with an Educator, Eastern Cape. 23 November 2022.



Although not as extreme as the above incidents, an SMT member in another school said this about learners in his school, “we see them on the school grounds having relations with each other and being touchy with one another, and we have to reprimand them sometimes”.²³⁶

4.2.3 FACTORS LEADING TO THE WITHDRAWAL FROM SCHOOL

4.2.3.1 HOUSEHOLD-RELATED FACTORS

A few school officials interviewed in the study mentioned the socio-economic statuses of families, parental involvement, and support issues as part of the reasons why some learners drop out of school during pregnancy and post-delivery.²³⁷ When asked why some pregnant learners do not return to school after delivery, an SGB member from one of the schools answered by saying: ²³⁸

“They don't have someone to look after the baby so that they can return to school. One learner once told us that she has to stay with her child for at least two years before she returns to school. We then called her parent and literally begged her to let the learner return earlier and after a lot of back and forth the mother agreed”.

A learner who earlier described her home life as “very, very bad” due to poverty was asked why she had not returned to school after the birth of her child. Her answer was, “I have not returned because there is no one to take care of my child while I'm at school. I live with my grandmother and my brother”.²³⁹ The learner reiterated this later in her interview by stating: ²⁴⁰

“A challenge is getting someone to take care of my child in order for me to return to school. Right now, I might not be able to even return to school next year because of this. The solution would be for the father of my child's family to take him so I can return to school”.

These accounts confirm the findings of Stats SA that reasons for dropping out of school for some female adolescents point to family commitments such as getting married, minding children, and pregnancy.²⁴¹ The senior DBE official interviewed in the study explained that learners first disengage from school (meaning they are considered absent), and the school is responsible for conducting a home visit through an LSA, social worker, the class teacher or principal.²⁴² A home visit will inform the school about the home circumstances of the learner and the possible reasons for the school withdrawal of the learner. Only after the home visit can the school be in a well-informed position to declare the learner a dropout and capture this for statistical purposes.²⁴³

Although the LSA interviewed in one of the Eastern Cape schools confirmed this process, findings point to irregular, and in some cases non-existent implementation of home visits when a learner disengages from the schooling system. In terms of overall statistics of learners who fall pregnant, the senior DBE official interviewed in the study admitted that the DBE did not have a complete picture of the situation.²⁴⁴ This is because the DBE does not have a system of capturing births, miscarriages, and terminations of pregnancies recorded in the private sector,²⁴⁵ such as private hospitals and clinics.

²³⁶ Interview with SMT member, Eastern Cape. 24 November 2023.

²³⁷ Interviews with School Officials, Eastern Cape. 23-30 November 2022.

²³⁸ Interview with SGB member, Eastern Cape. 23 November 2022.

²³⁹ Interview with a Learner, Eastern Cape. 3 December 2022.

²⁴⁰ Interview with a Learner, Eastern Cape. 3 December 2022.

²⁴¹ Interview with DBE senior official, 27 October 2022.

²⁴² Ibid.

²⁴³ Ibid.

²⁴⁴ Ibid.

²⁴⁵ Ibid.



4.2.3.2 SCHOOL-RELATED FACTORS

School-related factors include attitudes of teachers and learners, lack of psychosocial support systems and lack of academic support that may lead to the dropout of pregnant learners and adolescent mothers. Attitudes of teachers and learners towards pregnant learners and adolescent mothers were described as incidents that do occur in schools, but none of the participants attributed them to school dropouts.²⁴⁶ Pregnant learners who considered dropping out and those who dropped out expressed that most of the time, educators did not discriminate against or ridicule them for being pregnant or being mothers.²⁴⁷

One educator admitted to once jokingly calling herself the grandmother of a certain learner's new-born baby, to which the learner felt embarrassed and asked the educator to stop and never do it again.²⁴⁸ The educator acknowledged that, in hindsight, she understood the learner's reaction but also felt that learners who were mothers preferred not being identified as mothers or being engaged on the subject of motherhood.²⁴⁹ An SMT member who was also an educator felt that his fellow educators and himself could do better in terms of their relationships with learners. He articulated this as follows: ²⁵⁰

"It's merely a theory that teachers are also parents to learners. Children hide their pregnancies out of fear of being attacked by us because we also tease them for falling pregnant. In fact, once they fall pregnant, we no longer view them as children. We don't support them as we do our own children. It's better now that we have an LSA because she is closer to them in age meaning that they can relate with her better".

Some school officials felt that pregnancy in their schools was so common that learners viewed it as normal, which then meant that they would not discriminate against each other because of it.²⁵¹ On the contrary, other school officials also noted that learners mocked each other and sometimes even reported each other to educators for this,²⁵² but the educators viewed the mocking as normal childlike behaviour and deemed that it did not warrant serious intervention.

Attitudes of school officials and fellow learners that may drive pregnant learners and adolescent mothers out of school due to feeling discriminated against and stigmatised need to be taken seriously and addressed accordingly as they contribute to the school experience of those learners. Although attitudes of school officials and fellow learners were not attributed to the dropout rates of pregnant learners and adolescent mothers, they cannot be discounted as a potential contributory factor in schools not sampled in this study.

Researchers identified the lack of academic and psychosocial support systems during data collection at the Eastern Cape schools. One positive narrative on this subject was shared with researchers:²⁵³

"We once had a Grade 12 learner who had a baby, but the baby was not well, so the learner had to remain at the hospital with the baby. We then had to go to the hospital with examination papers and allow the learner to write from the hospital".

A principal from the same school as the educator who shared the above narrative confirmed the events by saying, "for three years in a row, we've had learners who have had to write exams in the hospital because they had just delivered babies or were unwell due to the pregnancy".²⁵⁴ When probed further on academic support systems for learners who had dropped out, school officials mentioned returning learners asking their classmates

²⁴⁶ Interviews with School Officials, Eastern Cape. 23-29 November 2022.

²⁴⁷ Interviews with Learners, Eastern Cape. 23 November - 3 December 2022.

²⁴⁸ Interview with an Educator, Eastern Cape. 23 November 2022.

²⁴⁹ Interview with an Educator, Eastern Cape. 23 November 2022.

²⁵⁰ Interview with SMT member, Eastern Cape. 24 November 2023.

²⁵¹ Interviews with School Officials, Eastern Cape. 23-30 November 2022.

²⁵² Interviews with School Officials, Eastern Cape. 23-30 November 2022.

²⁵³ Interview with an Educator, Eastern Cape. 23 November 2022.

²⁵⁴ Interview with School Principal, Eastern Cape. 23 November 2023.



for missed schoolwork or attending extra classes. However, extra classes were a norm for all learners, meaning that the classes were not an academic support system developed for pregnant learners and adolescent mothers specifically.

In terms of psychological support for pregnant learners and adolescent mothers, schools relied on their LSA (if they have one) or their local social workers. However, another senior DBE official interviewed in the study noted that LSA positions only had a minimum requirement of a Grade 12 certificate, meaning that LSAs were not professionals in psychosocial support provision.²⁵⁵ Hence, their role was solely linking learners with healthcare and other support services.²⁵⁶ The senior DBE official further noted that LSAs have basic training in psychosocial support services. However, they are always cautioned not to delve too deeply when learners present with psychosocial issues because they do not have the proper skills to handle those issues correctly.²⁵⁷ An SGB member who involved a social worker when a learner appeared to be in distress recounted the following harrowing account:²⁵⁸

“Sometimes we call a pregnant learner and ask why they got pregnant, and they’ll just break down in tears. One child once told me that her uncle was raping her and when I displayed anger and probed further the child stopped talking. I think she got afraid that I will take action and the uncle was the breadwinner. We call our local social worker for such cases, but that child dropped out of school. I do know that she was seeing the social worker regularly though before she left the school. That child had started drinking as well. She was pregnant with the second child. She also had intellectual and psychological problems. This was 2019. I was her class teacher and I tried to call her when she stopped coming to school but could not reach her”.

School strategies or practices that go against policy and might drive pregnant learners and adolescent mothers away from school are discussed in-depth in Section 4.2.4, which delves into legislation, policy, strategies, and practices of schools.

4.2.3.3 COMMUNITY-RELATED FACTORS

Through observations, researchers noted that the communities in which the four schools were in had significant socio-economic challenges that could lead to learner pregnancy and school dropouts. This has already been confirmed by literature and various narratives by participants. To this effect, an SMT member interviewed in the study stated that “we don’t have many day-care centres here, so sometimes learners don’t have someone to mind their babies”.²⁵⁹ The impact of not having enough day-care centres in a community undoubtedly affects a community that needs such a service because even those who can afford it cannot access it.

4.2.4 LEGISLATION, POLICY, STRATEGIES, AND PRACTICES OF SCHOOLS

4.2.4.1 KNOWLEDGE OF RELEVANT LEGISLATION AND POLICIES ON HANDLING LEARNER PREGNANCY AND THE RETENTION OF LEARNERS IN SCHOOL

School officials were asked to detail their knowledge of the National Policy on the Prevention and Management of Learner Pregnancy approved by the Cabinet in 2021. In School A, school officials were aware of the policy and were able to give accurate synopses of it. School officials shared that senior officials from the Eastern Cape Department of Basic Education went to the school and explained the policy after recognising that school

²⁵⁵ Interview with DBE senior official, 9 November 2022.

²⁵⁶ Ibid.

²⁵⁷ Ibid.

²⁵⁸ Interview with SGB member, Eastern Cape. 30 November 2022.

²⁵⁹ Interview with SMT member, Eastern Cape. 24 November 2023.



officials had little to no knowledge of it. One of the educators explained how the school's knowledge of the policy came about: ²⁶⁰

"We received the policy on 30 September then the following week there was a visit from District officials where they asked us to call the SGB/SMT component and parents. They were then told what was in the policy, but learners were not part of it. We have 1,200 learners but only a hundred and something parents manage to attend that briefing. Meaning that most parents currently don't know what is happening with this policy".

School officials from School A shared the same sentiments regarding the National Policy on the Prevention and Management of Learner Pregnancy.²⁶¹ Some school officials, including the principal, expressed interest in more engagement regarding the policy to increase their understanding and communicate dissatisfaction.²⁶² School officials in School B had no knowledge of the policy. According to them, the DBE had not informed them about a new policy or sensitized them to it.²⁶³ The school official interviewed in School C said she did not recall anyone from the DBE visiting the school to make staff aware of the new policy.²⁶⁴ Only learners were interviewed in School D, and none were aware of the policy. In fact, all learners interviewed in the Eastern Cape did not know about the new policy.

4.2.4.2 TRAINING AND CAPACITY BUILDING

School officials from all the schools visited in the Eastern Cape received no training or capacity building to assist them in handling pregnant learners or the problem of adolescent pregnancy in schools and related school dropouts.²⁶⁵ The LSA interviewed in one of the schools explained that LSAs were trained by the DBE on how to identify and assist vulnerable learners. However, training and capacity building specific to pregnant learners and their needs was not offered.²⁶⁶

4.2.4.3 APPLICATION OF LEGISLATION, POLICY, AND PRACTICES BY SCHOOLS

The legislative framework section of the report gives a synopsis of the National Policy Prevention and Management of Learner Pregnancy, approved by Cabinet in 2021 and came into effect in January 2022. As mentioned earlier, School A was familiar with the policy. School officials interviewed at the school explained that a senior DBE official from their district office had visited the school for other reasons when she noticed parents sitting in various places around the school and enquired about it. This is how the events unfolded: ²⁶⁷

"What we normally do when we discover that a learner is pregnant, we invite their parents when the learner is seven months pregnant. We invite the parent to look after the pregnant learner here at school because of the past experiences we have had. Earlier this year an official from DBE came and saw parents sitting under the tree and asked why they were here. We then explained why they were there, and she explained that it's against the policy. If a learner is pregnant, we need to make sure she brings a medical report that explains how far along she is and when she is due. Us keeping the parents at the school was unconstitutional. That's when we started looking at the policy seriously and the district office officials came and talked to us and parents about the policy. I feel that we need to be engaged more on the policy because I feel like I do not know everything it says".

²⁶⁰ Interview with an Educator, Eastern Cape. 23 November 2022.

²⁶¹ Interviews with School Officials, Eastern Cape. 23 November 2022.

²⁶² Interviews with School Officials, Eastern Cape. 23 November 2022.

²⁶³ Interviews with School Officials, Eastern Cape. 24 November 2022.

²⁶⁴ Interviews with SGB member, Eastern Cape. 30 November 2022.

²⁶⁵ Interviews with School Officials, Eastern Cape. 23-30 November 2022.

²⁶⁶ Interview with a Learner Support Agent, Eastern Cape. 3 December 2022.

²⁶⁷ Interview with School Principal, Eastern Cape. 23 November 2023.



As seen in the above quote, the school had its own 'pregnancy strategy' or 'practice' that required seven-month pregnant learners to be accompanied to school daily and guarded by a parent or a caretaker in case they went into labour or had any pregnancy-related complications. All school officials interviewed in the school confirmed this pregnancy strategy.²⁶⁸ When asked how it came about, officials explained that it resulted from pregnancy-related incidents in the school.²⁶⁹ A parents' meeting was called, and school officials and parents endorsed the idea.²⁷⁰ The pregnancy-related incidents that happened in the school were shared with researchers in the following quote:

"It was from a meeting between parents, SGB, and other officials in the school because there was a year where a learner delivered a baby here at the school and I am the one who assisted the learner to deliver the baby and we were not aware that the learner is pregnant. There was another incident whereby a learner asked to go to the clinic, and we were not aware that the learner is pregnant and due. We then received a call from a community member who informed us that there is a learner who just delivered a baby on her way to the clinic and dogs started gathering around the learner and women in the community ran to assist the learner. We then rushed to the scene, when we got there, indeed, she had already delivered the baby. This is when we called parents to discuss this problem and the parents are the ones who came up with the idea of accompanying pregnant learners".

School officials also explained their uneasiness about having to use their own resources (such as cars) to transport pregnant learners in labour or suffering complications to the clinic or hospital.²⁷¹ The need for transport is a result of the school being in a rural area that struggles with cell phone coverage, hindering school officials from calling for help. In addition, the local clinic is not equipped to deal with childbirth. The hospital is far, and an ambulance would take a long time to reach the school.²⁷² School officials also felt inadequate with regard to pregnancy and childbirth emergencies.²⁷³ They were worried about being blamed or held liable if something went wrong while trying to assist a pregnant learner in an emergency.²⁷⁴

School officials explained that since the policy briefing by senior officials from the district DBE office in the Eastern Cape, pregnant learners are no longer required to be accompanied by a parent or caretaker from the seventh month of pregnancy.²⁷⁵ However, the school officials bemoaned the secrecy that often surrounds pregnancies in the school, with learners reporting that their parents instruct them not to inform the school about the pregnancy but to "let teachers see for themselves".²⁷⁶

This indicates the need to engage parents on the National Policy on Prevention and Management of Learner Pregnancy and assure them that pregnant learners will not be barred from school or be required to be accompanied by parents or caretakers from the seventh month of pregnancy.

Five of the six learners who were interviewed in School A shared that they were aware of the school's pregnancy strategy and were planning to drop out because of their parents' inability and unavailability to accompany them to school or hire a caretaker to do so from the seventh month of pregnancy.²⁷⁷ According to the learners, dropping out of school was no longer a possibility when school officials explained that the pregnancy strategy was no longer being applied.²⁷⁸

²⁶⁸ Interviews with School Officials, Eastern Cape. 23 November 2022.

²⁶⁹ Interviews with School Officials, Eastern Cape. 23 November 2022.

²⁷⁰ Interviews with School Officials, Eastern Cape. 23 November 2022.

²⁷¹ Interviews with School Officials, Eastern Cape. 23 November 2022.

²⁷² Interviews with School Officials, Eastern Cape. 23 November 2022.

²⁷³ Interviews with School Officials, Eastern Cape. 23 November 2022.

²⁷⁴ Interviews with School Officials, Eastern Cape. 23 November 2022.

²⁷⁵ Interviews with School Officials, Eastern Cape. 23 November 2022.

²⁷⁶ Interviews with School Officials, Eastern Cape. 23 November 2022.

²⁷⁷ Interviews with Learners, Eastern Cape. 23 November 2022.

²⁷⁸ Interviews with Learners, Eastern Cape. 23 November 2022.



It is evident from the learners' explanation that the National Policy on Prevention and Management of Learner Pregnancy and awareness-raising about the policy among school staff changed school practices for the benefit of pregnant learners, and most importantly prevented the potential dropping out of learners during pregnancy.

The pregnancy strategy was applied in the other three sampled schools. This was somewhat expected as school officials had expressed no knowledge of the National Policy on Prevention and Management of Learner Pregnancy. A learner from one of the schools explained the following when asked about her awareness of children's right to education: ²⁷⁹

"Yes, I know. I knew even then and I tried to text the principal and I told him that I can't find a caretaker that I can afford but he never responded. When I went physically to the school, he said we shouldn't return if we have no caretakers. I wasn't alone, there's another girl I was with. We were initially called together when we were seven months pregnant, and we were told not to come back and indeed we didn't. Even the girl I was with dropped out due to not being able to afford a caretaker. She wanted to come with her father to be her caretaker but was told that a man cannot help her if she has a problem with her pregnancy or when labour pains start. Then she just kept quiet".

This was an interesting finding that the gender of a caretaker often meant that the caretaker would be rejected if they did not fit traditional gender roles that are accepted and practised in the area. Such belief systems emerged throughout interviews where participants would share that "male learners would be hurried away when a pregnant learner would suddenly start bleeding in class" or when male teachers were described as 'helpless' or 'too inept' to deal with pregnant learners in comparison to their female counterparts.

Another learner who had dropped out of the same school shared the following: ²⁸⁰

"There is someone who deals with pregnant learners at my school, so she came to ask me if I was pregnant. And I said yes and then she took me and another girl who was also pregnant to the principal. I was six months pregnant, and the principal and another teacher told me that I need a parent or a caretaker from seven months. I was told not to come to school if I didn't have a caretaker".

The learner further explained that she lived with her grandmother, who said she could not accompany her to school or afford to hire a person, leading to the learner dropping out of school in August 2022.²⁸¹

Earlier, researchers mentioned that the ongoing practice of the pregnancy strategy in Schools B, C, and D was somewhat expected, seeing that the schools reported knowing nothing about the National Policy on Prevention and Management of Learner Pregnancy.

However, it was surprising as well because all four schools were far from each other and yet had a common pregnancy strategy or practice. This then raises concerns regarding the possible number of schools in the Eastern Cape that might be practising this pregnancy strategy unbeknown to the DBE and to the detriment of pregnant learners' right to education.

²⁷⁹ Interviews with a Learner, Eastern Cape. 3 December 2022.

²⁸⁰ Interviews with a Learner, Eastern Cape. 3 December 2022.

²⁸¹ Interviews with a Learner, Eastern Cape. 3 December 2022.



4.3 LIMPOPO

4.3.1 BRIEF BACKGROUND

Limpopo was ranked second on the list of provinces with the highest number of births recorded among children ages ten to 17 in the 2019/2020 financial year.²⁸² The total stood at 13,129, which only covers the estimated number of births and not the actual number of pregnancies in the province. Although the province had a low dropout rate of 800,²⁸³ taking the eighth place of the nine provinces in 2020/2021, Limpopo had the largest number of learners in the country who repeated Grades 8 to 11, as well as the lowest matric pass rate overall in the country at 66.7% in 2022/2023.²⁸⁴

The province is predominantly rural, with over 80% of the population living in rural areas.²⁸⁵ Public schools in the province have continuously faced challenges of poor infrastructure, poor parental involvement, and a general lack of resources.²⁸⁶ Knowledge and use of contraceptives are reportedly low among adolescents in the province, with a study illustrating that 29% of female adolescents had experienced sexual debut before the age of 14.²⁸⁷

This section of the report focuses on the findings of the study based on four individual in-depth interviews held with female adolescents on reasons for school dropout during pregnancy and in the postpartum period in Limpopo.

4.3.2 FACTORS LEADING TO ADOLESCENT PREGNANCY

Two factors were common among adolescents interviewed for this study regarding circumstances that led to them falling pregnant. The first relates to issues of knowledge, access, and use of contraception services, while the second is based on a lack of parental involvement and support. These themes are discussed below.

4.3.2.1 KNOWLEDGE, ACCESS, AND USE OF CONTRACEPTION SERVICES

All four participants had some form of knowledge of the various types of contraceptives but displayed very little understanding of how they work. The most common types of contraceptives known to the participants were the contraceptive injection, contraceptive pills, and contraceptive implants. It is also worth noting that none of them had used contraceptives prior to falling pregnant.

This is what one of the participants had to say:

"[L]ike the injection and the pills? Yes, I knew about contraceptives... I think they turn sperms into, uhm! something like water... so they won't cause pregnancy like that, cause they are weak like water. So, you just pee them out. Something like that".²⁸⁸

²⁸² Francke, R. (2021). Shocking Stats SA report shows 33 000 teen mothers in 2020, 660 of them younger than ten years old. ILO. <https://www.iol.co.za/news/south-africa/western-cape/shocking-stats-sa-report-shows-33-000-teen-mothers-in-2020-660-of-them-younger-than-10-years-old-ffbceb71-f44a-42c1-936e-0dfee472ed51>. Date accessed 22 June 2022

²⁸³ Basic Education Minister, Angie Motshekga. 13 November 2020. Responses to written questions in the National Assembly.

²⁸⁴ Department of Basic Education. 19 January 2023. [Release of NSC Examination Results](#).

²⁸⁵ Malatji, M. T. (2020). Rural development outcomes and policies in South Africa's Limpopo Province. Dissertation. <https://uir.unisa.ac.za/handle/10500/26719>. Date accessed 8 March 2023

²⁸⁶ Sethusha, M. J. (2015). An exploration of the challenges facing underperforming schools in the Vhembe district, Limpopo Province, South Africa. *Journal of Educational Studies*.

²⁸⁷ Netshikweta, M. L., Olaniyi, F. C. & Tshitangano, T. G. (2018). Reproductive Health Choices Among Adolescents in Secondary Schools: A Case Study of Selected Schools in Limpopo, South Africa. Vol. 11. 319-321.

²⁸⁸ Interview with a Participant, 11 December 2022.



Another participant, who had only started using the injection following the birth of her child, had the following to say:

"I know the injection because I use it, I like it, it stays longer in your system... it weakens the sperm, so even it [the sperm] enters me, it just won't work".²⁸⁹

These extracts from the interviews with the adolescents not only demonstrated the limited knowledge they possessed regarding various types of contraception methods but also reflected some misinformation regarding how contraceptive injections and pills work. Firstly, two types of contraceptive injections are available in South Africa: a three-month injection and a two-month injection.²⁹⁰ Secondly, these injections do not work by weakening the sperm or turning sperm into a water-like substance. Instead, contraceptive injections steadily release a progestogen hormone that stops the female body from releasing eggs and thickens the cervical mucus, making it difficult for the sperm to pass through the cervix to meet the egg. Contraceptive pills work similarly to injections, even though they must be consumed daily for 21 days. A wide range of contraceptive pills is available in South Africa. However, there are two types: a combined pill that contains oestrogen and progestogen and a one-hormone pill that contains progestogen.²⁹¹

Poor understanding of how contraceptive methods work is not unique to this study, as a 2005 publication uncovered a similar phenomenon.²⁹² The study²⁹³ conducted in Namibia among female participants aged 15 to 24 revealed that most participants were more familiar with the pill and injections, just like in this study of CGE. Another study found that adolescent women in South Africa did not know about the wide range of contraceptives available, such as intrauterine devices (IUDs) and emergency contraceptives.²⁹⁴

In addition to limited knowledge of contraceptives and how they work, the participants' reluctance to take up contraceptives was also influenced by biological misconceptions and myths regarding the side effects of contraceptives. Below is what a participant said:

"I didn't think of taking contraceptives because a friend of mine told me they [contraceptives] lead to infertility... I don't know where she got this from, but it made sense to me. But the nurses at my local clinic told me it's not true because many women who use contraceptives still manage to fall pregnant many, many times, as they want. One of the nurses told me that contraceptives are not 100% because some people fall pregnant even while on them (laughs), that frightened me. I just thought, hayi! It's better to just abstain, that's the 100% way... I don't know, it seemed frightening to imagine falling pregnant while also being careful. It doesn't make sense".²⁹⁵

It must be noted that this participant had only enquired about contraceptives at the local clinic after she had already fallen pregnant. Another participant had the following to say:

"I heard that the implant can travel to your womb and cause bleeding [vaginal bleeding] and clots until you die. So, I wasn't comfortable about it. To be honest, I don't know whether it's true or not, I was just too scared to find out... I haven't asked anyone about it, I don't know."²⁹⁶

²⁸⁹ Interview with a participant, 12 December 2022.

²⁹⁰ YOURLIFENOW. <https://www.yourlifenow.co.za/en/contraception-methods/short-acting-contraception/the-pill>. Date accessed 7 March 2023

Marie Stopes South Africa. <https://www.mariestopes.org.za/contraceptives/>. Date accessed 7 March 2023

²⁹¹ Ibid.

²⁹² Richter M.S. & Mlambo G.T. (2005). Perceptions of rural teenagers on teenage pregnancy. *Health SA Gesondheid*. 10: 61-69.

²⁹³ Indongo, N. (2008). Contraceptive choice and use of methods among young women in Namibia. *African Population Studies*. 23(1):41-55. doi:10.11564/23-1-312.

²⁹⁴ Chersich, M. F, Wabiri, N., Risher K, et al. (2017). Contraception coverage and methods used among women in South Africa: A national household survey. *S Afr Med J.*, 107(4):307-314. doi:10.7196/SAMJ.2017.v107i4.12141.

²⁹⁵ Interview with a participant, 12 December 2022.

²⁹⁶ Interview with a Participant, 11 December 2022.



It is common for adolescents to uphold mythical beliefs regarding contraception. A number of studies on this subject have uncovered those misconceptions regarding contraception, and the misconceptions often lead to unwanted pregnancies among teenagers.²⁹⁷ These fears and misconceptions, coupled with low levels of contraceptive knowledge, demonstrate a significant gap in sexual and reproductive health education among participants interviewed in this study.

Despite the myths and misconceptions regarding contraceptive use, participants alluded to having acquired their pre-existing knowledge of contraceptives from school through their Life Orientation (LO) lessons. None of the participants had interacted with healthcare workers to obtain information or to access contraceptive services prior to falling pregnant. Participants expressed fear of being stigmatised and the preconceived healthcare workers' negative attitudes as a barrier. The data obtained from the interviews revealed that these fears were influenced by friends' interactions with healthcare workers, given that they did not have first-hand personal experiences with healthcare facilities prior to falling pregnant.

The literature review section of this report covered a discussion that illustrates that even though contraceptive services are available at no cost in public health facilities, about 31% of adolescent girls aged 15 to 19 years in South Africa have an unmet need for contraception. Reasons for this vary, including adolescents finding it difficult to visit healthcare facilities due to fear of being judged.²⁹⁸ This longstanding challenge recorded in the literature seemingly legitimises participants' fears. Those who ended up using contraceptives in the period following the pregnancy revealed that they preferred to obtain services through private healthcare facilities such as private clinics and general practitioner (GP) doctors. A common view among the three participants that eventually used contraceptives was that healthcare workers in private facilities demonstrated a non-judgmental attitude and were friendly and empathetic.

The interviews also highlighted the extent of the efficacy of sexual and reproductive health education programmes covered in the LO subject in schools. LO is taught from Grades 7 to 12 in South African schools. Perceptions of participants in this study contradicted a picture painted by a senior government official from the DBE who claimed that LO covered a comprehensive programme on sexual and reproductive health topics. Another government official from the same department added that schools were implementing several other programmes that played a complementary role to the LO subject, such as the comprehensive sexual and reproductive health programme. However, none of these were known to the participants who had not been out of the school system for long. On average, participants had only been out of school for one year.

A study conducted in 2014 found that while LO teachers recognised the value of teaching about relationships and safe sex in the curriculum, many preferred to promote abstinence as the appropriate choice for learners.²⁹⁹ This may explain the poor knowledge of contraceptives and how they work, as well as the myths and misconceptions regarding contraceptives among the study participants who mainly relied on LO for education about contraceptives.

²⁹⁷ Ochako, B, Mbondo, M., Aloo, S., Kaimenyi, S., Thompson, R., Temmerman, M., & Kays, M. (2015). Barriers to modern contraceptive methods uptake among young women in Kenya: a qualitative study. *BMC Public Health* 15, 118. <https://doi.org/10.1186/s12889-015-1483-1>.

Jonas, K., Duby, Z., Maruping, K., Harries, J., & Mathews, C. (2022). Rumours, myths, and misperceptions as barriers to contraceptive use among adolescent girls and young women in South Africa, *Frontiers in Reproductive Health*. 10.3389/frph.2022.960089, 4.

Mimmie C Ngum Chi Watts, Liamputtong, P., & Carolan, M. (2013). Contraception knowledge and attitudes: truths and myths among African Australian teenage mothers in Greater Melbourne, Australia. *Volume 23*, 15-16, 2131-2141.

²⁹⁸ Keeney, G. B., Cassata, L., & McElmurry, B. J., 2004. Adolescent health and development in nursing and midwifery education. Geneva: WHO.

²⁹⁹ Francis, D. A. & DePalma, R. (2014). Teacher perspectives on abstinence and safe sex education in South Africa. *Sex Education*, 14(1): 81-94.



4.3.2.2 LACK OF PARENTAL INVOLVEMENT

The findings of the study revealed that the topic of sex was taboo in most households. All four participants interviewed in Limpopo had come from female-headed households, with three headed by the participants' biological mothers and one by the maternal grandmother. One of the participants had the following to say on this matter:

"I don't remember us [the participant and her mother] ever discussing sex or boys. I personally don't care much about the sex topic, but I wish we could discuss boys, like how they change after pregnancy... just to let my mother know how I feel. But I've always been afraid of her. She does not seem like the type of person anyone can talk to about such. She would actually shout at me... like even after I started dating my baby daddy [father of the child], I wanted to talk to my mother about it, to get advice and all that. But I was scared she would shout at me and tell me to focus on my studies. That's the one thing she has always emphasised to me, to focus on my books and not even look at boys".³⁰⁰

This extract illustrates the limited parental involvement in providing comprehensive sex education other than just promoting abstinence. The parent appeared to have adopted an abstinence-only approach taught through a moralistic injunction. Another participant shared the following experiences:

"She [mother] never discusses such [sex education], I've never heard her talking about such with any of my siblings either".³⁰¹

The participant described a situation whereby the topic of sex was treated with avoidance in the home, whereby opportunities were never created for honest and open conversations between the parent and her children about sex. As explained in the previous section of the report, it appeared that information related to sexual and reproductive health was mainly obtained through the LO subject or through friends and peers. However, as already illustrated in the same section, the information provided was either distorted or incomplete. There is evidence that suggests that parental involvement is much desired given that "their strong and supportive involvement is an essential factor in the emotional and social development of their children".³⁰² However, it is usual for parents to avoid contributing towards their adolescent children's knowledge about sexual and reproductive health. In fact, studies³⁰³ record that while many parents agree that sex education should be incorporated into the school curriculum, most avoid discussing such issues with their children. Others refrain from such discussions resulting from the fear that they may increase their children's quest for sexual activities. Furthermore, for some parents placing emphasis on abstinence is prioritised, as well as discussing the dangers of sexually transmitted infections and unwanted pregnancies while avoiding the issue of contraceptive use.³⁰⁴

One of the dangers that parents seemed oblivious to concerning the avoidance of 'sex talk', however, was how it laid fertile ground for older men to prey on and begin sexual relationships with their children in secret. All four adolescents who participated in this study in Limpopo had been impregnated by older men whose ages ranged from 24 to 30, in contrast with the adolescent's ages of 16, and three who were 17 years old when they fell pregnant. Although the adolescents were 16 and 17 years old, which means they were of consenting age when they fell pregnant³⁰⁵, it should be noted that three of them³⁰⁵ had had their first sexual encounters at ages below sixteen.

³⁰⁰ Interview with a participant, 12 December 2022

³⁰¹ Interview with a participant, 11 December 2022

³⁰² Netshikweta, M. L., Olaniyi, F. C., & Tshitangano T. G. (2018). Reproductive Health Choices Among Adolescents in Secondary Schools: A Case Study of Selected Schools in Limpopo, South Africa. Vol. 11. 319-321.

³⁰³ Ibid.

³⁰⁴ Ibid.

³⁰⁵ According to the Criminal Law (Sexual Offences and Related Matters) Amendment Act of 2007, a person who commits an act of sexual violation with a child who is 12 years of age or older but under the age of 16 years, despite the consent of the child to have the sexual act, is guilty of statutory rape.



However, it was not confirmed during the interviews whether these first encounters were with the fathers of their children or not. Nonetheless, parents only became aware of the identities of the fathers once the pregnancy had already occurred, given that sex and dating were taboo subjects in their households.

4.3.3 FACTORS LEADING TO WITHDRAWAL FROM SCHOOL

A combination of factors played a role in determining whether school attendance would continue or come to a halt once adolescents discovered that they were pregnant. These factors are discussed under the various themes below:

4.3.3.1 INDIVIDUAL FACTORS

The interviews revealed that individual factors, such as adolescents' self-esteem and motivation, played a role in determining the prospect of retention in school during pregnancy and after the birth of their children.

One of the participants had the following to say:

"The reason why I dropped out from school is because I was just shy and scared of being turned into a laughingstock. Er! I didn't like the fact that people would turn me into a laughingstock... they laughed at me because the father of my child had turned his back on me. He was absent... I then decided to quit school".³⁰⁶

The above extract illustrates that the participant's self-esteem had been affected by the shame and stigma associated with teenage pregnancy, as well as the stigma connected with single teenage mothers. The stigma associated with teenage pregnancy is a universal phenomenon that remains unabated despite initiatives and positive legislative contexts. A study conducted in Rwanda, for example, found that even though pregnant learners and teenage mothers were encouraged to remain in school, most of them did not remain due to the stigma associated with teenage pregnancy.³⁰⁷ This stigma tends to affect learners' self-esteem, resulting in psychological challenges and negative academic outcomes.

In terms of the stereotypes associated with single motherhood, society generally burdens women with the responsibility of keeping relationships afloat.³⁰⁸ This explains why single and divorced women are often shamed. In this regard, the participant opted to drop out of school to avoid being ridiculed owing to her partner walking out of the relationship. The mockery and shame seemed to have affected her self-esteem negatively, prompting her to leave school.

Another participant shared the following:

"To be honest, with my pregnancy, my family offered me a lot of support. It's just me, I was not confident... That time, I was doing matric"³⁰⁹

The participant had lost confidence in her ability to manage schoolwork to complete the academic year. The issue of poor academic performance is associated with reasons for school dropout by pregnant learners is recorded in the literature.

³⁰⁶ Interview with a Participant, 13 December 2022.

³⁰⁷ Ruzibiza, Y. (2020). 'They are a shame to the community ...' stigma, school attendance, solitude and resilience among pregnant teenagers and teenage mothers in Mahama refugee camp, Rwanda. *Global Public Health*, 763-774 26. <https://doi.org/10.1080/17441692.2020.1751230>

³⁰⁸ Konstam, V., Karwin, S., Curran, T., Lyons, M., Celen-Demirtas, S. (2016). Stigma and Divorce: A Relevant Lens for Emerging and Young Adult Women? *Journal of Divorce & Remarriage*, (57) 173, 194.

³⁰⁹ Interview with a participant, 12 December 2022.



Because of school interruptions due to ill health and the time taken off for maternity leave, some adolescent girls experience discouragement from continuing with their education. During a research study in Namibia teachers' perceptions revealed that pregnancy affected learners' ability to remain in school as a result of truancy due to pregnancy-related issues and a sense of tiredness, especially when the adolescent girl was about to give birth. The teachers in the study further stated that they believed the ability of learners to retain good performance and to remain in the school system depended on the learner's intellectual ability. The extract above from the interview with a participant of this study shows that the participant lacked motivation, as she did not believe she possessed the right qualities to remain in school as a result of challenges during pregnancy.³¹⁰

4.3.3.2 HOUSEHOLD FACTORS

The interviews revealed that two interactive household factors played a role in influencing participants' decisions to withdraw from school. These factors were the socio-economic status of the household and parental support. As already mentioned, participants were from female-headed households, with one from a household led by an elderly woman. The family of four grandchildren relied on an old age pension (R1,990) for survival, while the mothers of the three other participants were involved in precarious employment. The main sources of income for these families were laundry washing, working as a shop assistant on a temporary basis, and cleaning at a local hair salon. Consequently, parents could not volunteer to provide care for their grandchildren while the mothers went to school. Below is an extract from an interview with one of the participants illustrating this point:

*“As much as she was supportive, she couldn't stop hustling just to take care of my child. My siblings and I would suffer... even my child would suffer because the child support grant is not enough”.*³¹¹

The participant saw it necessary to leave school to take care of her child, given that her mother would not be able to. Another participant had the following experiences to share:

*“[S]o I decided to leave school. My mother was very angry as well and said she would not take care of me in that way. She said she would not take care of my child either and said since I will also be a mother like she is, I must also just take care of my own child. So, the best option was that I quit school”.*³¹²

In the case of this participant, as seen from the extract above, her mother was angry about the pregnancy and was unwilling to offer child-minding support, citing that the mother should take the lead in raising her child. The participant further indicated that her mother once expressed that the child would be an additional financial burden, suggesting that she should find work to provide for her child.

Consistent evidence suggests that female-headed households in South Africa are vulnerable to lower income situations and have a higher chance of experiencing poverty than male-headed households.³¹³ The unemployment rate in South Africa is high, with women (35.5%) disproportionately affected by the phenomenon compared to men (30.4%).³¹⁴ The situation is usually worse in skip-generation homes where grandparents care for their grandchildren. The participant in this study, whose guardian was her grandmother, bore testament to this as she related the situation of deep poverty that the family experienced. She could not afford to pay for child-minding services because the family relied on the old age pension for income. As a result, she opted to drop out of school to take care of her child. This is what she said:

³¹⁰ Maemeko, E., Nkengbeza, D. & Chokomosi, T. (2018). The Impact of Teenage Pregnancy on Academic Performance of Grade 7 Learners at a School in the Zambezi Region. *Open Journal of Social Sciences*, 6, 88-100. doi: 10.4236/jss.2018.69006.

³¹¹ Interview with a participant, 12 December 2022.

³¹² Interview with a participant, 11 December 2022.

³¹³ Stats SA. (2012). Social profile of vulnerable groups 2002–2012. Nwosu, C.O., & Ndinda, C. (2018). Female household headship and poverty in South Africa: an employment-based analysis. https://www.researchgate.net/publication/337294054_Female_household_headship_and_poverty_in_South_Africa_an_employment-based_analysis. Date accessed 8 March 2023.

³¹⁴ Stats SA. (2022). Quarterly labour force survey Q4: 2022.



"It's not that I dropped out because I wanted to. My grandmother is old and sick, she could not take care of my child. She advised me to leave school as we couldn't afford to pay crèche fees. Since there was no one to assist me, I had no choice but to drop out, yeah!"³¹⁵

It is evident from the findings of the study that insufficient support, which was in many instances hindered by the socio-economic situation of the households, played a role in limiting adolescent girls' chances to return to school, particularly postpartum. This is consistent with literature that suggests that parental support is key for ensuring the retention of pregnant learners in school, as well as the adolescents' return in the period after their maternity leave.³¹⁶

Furthermore, except for one participant who had indicated that the father of her child had been absent, one of the fathers was unemployed, and the other two were involved in informal trade. Participants alluded to the fact that the fathers of their children could not make significant financial contributions towards the upbringing of their children, given that they did not earn much. The primary caregiving role rested with the mothers, which appeared to be the norm in their local communities. Fathers were thus not involved in creating the means to ensure that children are taken care of while the mothers return to school.

4.3.3.3 SCHOOL-RELATED FACTORS

All four participants had dropped out of school during the pregnancy as opposed to in the period following the birth of their children. The dropouts took place at various stages in the pregnancies, one participant at seven months pregnant, the second at eight months, the third at four months, and the fourth participant at six months. Typically, a pregnancy bump begins to show in the third trimester (between 16 and 20 weeks).³¹⁷ This indication gives a sense of how long participants might have had to endure some of the school-related challenges before withdrawing from school. Challenges experienced included the negative attitudes of teachers and learners and the lack of academic support. One of the participants had the following experience to share in relation to the attitudes of teachers:

"They just saw, I didn't go and tell them anything. Once they found out they accused me of making other learners sleepy. The word 'pregnancy' also became a constant mention in the classroom. It has never necessarily been tabooed or anything, but I'd noticed that when I fell pregnant, the mentions became more frequent. There were two of us who were pregnant in the school from my knowledge".³¹⁸

Another participant said the following:

"They just noticed on their own. Around three months. There's one teacher who displayed a judgmental attitude towards me. But she was the only one. She would be so rude and would start topics about pregnancy out of the blue to make me feel bad... he's [the school principal] a man, so he didn't have a problem. He just advised that I don't go to the matric camp because if something happens, there would be problems. So, he advised me to stay at home. He was very nice to me".³¹⁹

Although the participant explained that only one of her teachers displayed a negative attitude towards her during her pregnancy, as a learner in the school, she had frequent interactions with this teacher as she was in her class multiple times each week. Interactions with the school principal, who was described as a nice person

³¹⁵ Interview with a participant, 9 December 2022.

³¹⁶ Jochim, J., Meinck, F., Toska, E., Roberts, K., Wittesaele, C., Langwenya, N., & Cluver, L. (2022). Who goes back to school after birth? Factors associated with postpartum school return among adolescent mothers in the Eastern Cape, South Africa. *Global Public Health*, DOI: 10.1080/17441692.2022.2049846.

³¹⁷ WebMD. <https://www.webmd.com/baby/when-do-pregnant-women-start-showing>. Date accessed 9 March 2023.

³¹⁸ Interview with a participant, 13 December 2022.

³¹⁹ Interview with a participant, 12 December 2022.



on the other hand were limited given that the principal did not take up teaching roles. Literature³²⁰ reveals that as much as teachers can play a positive role in encouraging pregnant learners to remain in school, as well as facilitate their smooth reintegration into the school after maternity leaves, teachers may also stigmatise pregnant learners driven by the fear that they may influence their peers to also fall pregnant.

In terms of negative attitudes from fellow learners, a participant shared the following experience:

*“Heeish! Ja! It was painful because when I discovered that I was pregnant I was still in school and my fellow learners were laughing at me and mocking me everyday. Then I decided to leave school. It was really painful. It’s not that I just dropped out of school for no reason, I dropped out because I couldn’t handle that type of behaviour from my fellow learners anymore”.*³²¹

Another participant said the following on a similar matter:

*“[H]aa! It was very painful. I’d ask myself a lot of questions. Such as what I had done? Whether everyone going through a pregnancy at my age went through the same thing. It was very difficult. I asked myself a lot of questions I couldn’t answer. But in the end, I told myself that’s life and I must just accept and learn from the experience”.*³²²

A third participant shared that:

*“My friends and classmates distanced themselves from me”.*³²³

It is clear from the findings of this study that participants felt stigmatised in the school environment, leading to loneliness, isolation, and solitude. In a study that sought to describe factors that affect teens’ attitudes towards their pregnant peers, the findings indicated that, amongst other things, adolescents who held strong beliefs in the effectiveness and availability of contraception displayed more negative attitudes towards their pregnant peers.³²⁴ In other words, teenagers tend to be judgmental regarding teenage pregnancies despite some of the systemic and cultural barriers that exist in relation to access to contraceptives.

Furthermore, none of the participants recalled ever receiving special academic support to make up for days they could not make it to school as a result of not feeling well, even though the National Policy on the Prevention and Management of Learner Pregnancy dictates that such support should be offered. A participant in the study mentioned that her feet swelled up, which prevented her from walking to school. Another participant could not attend matric revision camps due to fears arising at the school that she would require special medical attention during the trips. Yet, no alternative arrangements were made to help her catch up. Additionally, the interviews revealed that schools never objected to learners dropping out. In the case of two participants, parents had gone to their respective schools to inform them of their withdrawal from school. The schools reportedly accepted these decisions without hesitation. The other two participants had simply stopped attending school without warning, and in their cases, schools made no effort to follow up on them.

The findings of this study are consistent with a study that revealed that lack of academic support from schools contributed to learner dropout during pregnancy. Learners in that study struggled to catch up on time missed for health reasons and could not cope with the added roles and stresses of pregnancy and motherhood.³²⁵

³²⁰ Segalo, L. J., 2020. The Learner pregnancy in secondary schools in Soth Africa: Has attitudes and perceptions of teachers changed? KOERS – Bulletin for Christian Scholarship, 85(1). <https://doi.org/10.19108/KOERS.85.1.2461>.

Nkosi, N. N. & Pretorius, E. (2019). The influence of teenage pregnancy on education: perceptions of educators at a secondary school in Tembisa, Gauteng. Social work. Stellenbosch. 55,108-116.

³²¹ Interview with a participant, 13 December 2022.

³²² Interview with a participant, 11 December 2022.

³²³ Interview with a participant, 9 December 2022.

³²⁴ Kuckertz, J. M., & McCabe, K. M. (2011). Factors Affecting Teens’ Attitudes Toward Their Pregnant Peers. The international honor society in psychology. Psi Chi Journal of Undergraduate Research. (Vol. 16) NO. 1/ISSN 1089-4136).

³²⁵ Segalo, L. J., 2020. The Learner pregnancy in secondary schools in South Africa: Has attitudes and perceptions of teachers changed? KOERS – Bulletin for Christian Scholarship, 85(1). <https://doi.org/10.19108/KOERS.85.1.2461>.



5. OVERVIEW AND DISCUSSION OF KEY ISSUES FROM THE FINDINGS

The CGE embarked on this study to investigate the reasons for school dropout by adolescent girls during pregnancy and in the postpartum period. The study explored social, cultural, legislative, economic, and structural factors that were barriers to school attendance by adolescent girls during pregnancy and after delivery. Early and unplanned pregnancies of adolescent girls coupled with inadequate or unimplemented policies and practices regarding learner pregnancy heightened the risk of learner dropouts related to pregnancy and adolescent motherhood. The study identified several factors that contribute to adolescent pregnancy:

- Knowledge, access, and use of contraception services
- Minimal or lack of parental involvement
- Socio-economic factors
- Cultural norms and beliefs
- Statutory rape, dating older men and teacher-learner sexual relations
- Substance abuse
- Inappropriate sexual conduct by learners.

The study also found the following contributing factors influencing the withdrawal of pregnant learners and adolescent mothers from school:

- Individual-related factors
- Household-related factors
- Community-related factors
- School-related factors
- Legislation, policy, strategies, and practices of schools
- Training and capacity building of school officials.

The provision of school health programmes by the DBE was fragmented and inconsistent among the three provinces visited for this study. Interactions with participants in Limpopo, for example, revealed that school-based health programmes, particularly on sexual and reproductive health, were limited. In the other provinces, the department offered an integrated school health programme where healthcare services were provided to schools. These healthcare services included the provision of contraceptives to learners who wanted them. However, contraception services/use among adolescent learners was sometimes rejected by parents as well as the adolescent learners themselves. This was a result of misconceptions or limited knowledge about how contraceptives worked and perceived negative effects contraceptives would have on adolescent girls (contraceptives were thought to induce infertility and make female bodies wobbly or watery). Learners were also sometimes too shy or ashamed to access contraceptive services offered in schools and in community clinics due to being seen accessing such services being considered by others as 'a bad thing' that would confirm that they were sexually active.

Limpopo, KwaZulu-Natal and Eastern Cape are predominantly rural provinces with high levels of poverty. Hence, socio-economic factors were found to play a significant role in adolescent girls falling pregnant and dropping out of school because of pregnancy or motherhood. Most learners lived with their grandmothers, single mothers, in child-headed households or alone in rented accommodation to be closer to school. This placed adolescents at a disadvantage compared to their counterparts from two-parent households. This also



meant that adolescents who lived alone with limited parental involvement, support, and guidance would have to navigate adolescence alone without the proper guidance and protection from an adult. Limited or non-existent parental involvement in sex education or sex discussions with adolescents was also noted as a factor contributing to adolescent pregnancy, especially in interviews in Limpopo and KwaZulu-Natal.

Traditional male circumcision/initiation was also identified as a possible factor influencing adolescent pregnancy. The belief was that initiates came out of initiation wanting to 'prove' their manhood by having sex, thus impregnating their female counterparts. This perception emanated from the Eastern Cape. However, it was not common among participants. Another factor perceived to be contributing to adolescent pregnancy was substance abuse, where learners were known to consume alcohol and marijuana inside and outside of the school. This made them susceptible to unsafe sex and sexual exploitation. Findings in one of the schools visited in the Eastern Cape also note that learners engaged in sexual behaviour with each other during school hours within the school, confirming early sexual debut and sexual activity among learners that increase the likelihood of adolescent pregnancy. In KwaZulu-Natal, some cultural and religious norms and beliefs emerged that are perceived to contribute to adolescent pregnancy, school withdrawal, as well as the decision to keep the pregnancy or baby.

Participants in KwaZulu-Natal, Limpopo, and Eastern Cape reported an atmosphere of stigma and discrimination towards pregnant learners and adolescent mothers. Schools did not seem to have proper systematic methods to deal with pregnancy stigma and discrimination as it was predominantly viewed as normal, childlike, and inevitable. Negative attitudes from educators and fellow learners towards pregnant learners and adolescent mothers were reported as common in the Eastern Cape schools visited. However, participants (including learners) did not attribute the negative attitudes of educators and fellow learners to school withdrawal during pregnancy or post-delivery.

Adolescent mothers were often unable to return to school after delivery due to the added responsibility of taking care of the baby because of the absence of or inadequate family support and assistance with childcare. Socio-economic factors also played a role in adolescents finding themselves in sexual relationships with older men and male educators. Findings point to male educators being aware of the illegality of engaging in romantic/sexual relationships with learners yet occurrences of such cases in schools were noted by school officials. These relationships put learners in a disadvantaged position that renders them unable to negotiate their own sexual debut, condom use, and other family planning options.

The DBE deploys LSAs in schools to work with principals and educators to support learners with socio-economic, health, and behavioural problems. However, not all South African schools currently have LSAs assigned to them. The minimum requirement to become an LSA is Grade 12 and by the DBE's own admission, this limits the LSA role. LSAs are unable to provide psychosocial support services to learners because of a lack of training. Therefore, their role is to identify learners in need of assistance, conduct home visits, and refer learners to their local social workers.

Training and capacity building regarding the teenage pregnancy phenomenon and the treatment, retention, and reintegration of pregnant learners and adolescent mothers into schools was reportedly not offered to school officials interviewed in the study. Findings, therefore, point to a lack of concrete systems and strategies to follow up with learners who withdraw from school and reintegrate them into the schooling system.

South Africa was indeed in need of the National Policy on the Prevention and Management of Learner Pregnancy that was approved by Cabinet in 2021 and came into effect in January 2022. However, schools are often unaware of it or unfamiliar with its contents.



All four schools visited in the Eastern Cape were forcing pregnant learners to bring parents or caretakers to school from the seventh month of pregnancy until delivery. School A reported knowing about the national policy and having been made aware of it by a senior official from the DBE district office who visited the school and discovered this unlawful seventh-month pregnancy practice. School officials feared pregnancy complications or childbirth taking place at schools. The pregnant learners were forced to drop out of school in cases where their parents could not accompany them to school from the seventh month or hire a caretaker to do so. However, this practice stopped after a senior official from their district office visited the school and warned the school about the unconstitutionality of the practice. These practices in schools point to the DBE's slow rollout of the National Policy on the Prevention and Management of Learner Pregnancy and slow implementation of awareness raising about the policy among school officials, parents, and learners.



6. CONCLUSIONS AND RECOMMENDATIONS

6.1 CONCLUSIONS

The CGE concludes from the findings that an array of factors play a role in enabling pregnancies of adolescents. Among these factors are the longstanding issues of inadequate and distorted knowledge, as well as poor and inconsistent uptake of contraceptives among adolescents. These challenges concern policymakers, academia, civil society groups, international treaty bodies, and society. The study illustrated that there is a dynamic interplay between beliefs, social context, and interpretive agency in influencing contraceptive use.

The CGE further concludes that alongside various other forms of support, parental involvement and support are key in preventing adolescent pregnancy and reintegrating pregnant learners and adolescent mothers back into school. Inadequate parental involvement and guidance in the sexual and reproductive health education of adolescents often lead to poor decision making in terms of the appropriate age of sexual debut, choice of partners, and methods of pregnancy prevention.

Finally, the CGE concludes that practices employed in the management of learner pregnancies across the schools in the provinces visited for the study remained incoherent and staggered despite the government's introduction of the National Policy on the Prevention and Management of Learner Pregnancy. Efforts to provide training, capacity building, and policy awareness by the DBE were fragmented, resulting in inconsistencies in policy application among provinces.

6.2 RECOMMENDATIONS

Based on the findings of the study, the CGE makes the following recommendations:

- The study revealed that adolescent pregnancy is a result of numerous intersectional factors that range from limited parental involvement in the provision of comprehensive sexual and reproductive health education, fragmented sex education provided by schools in the various provinces visited, poor access to contraception services, intergenerational and teacher-learner sexual relations, substance abuse, religious and cultural beliefs, and other factors. This wide array of issues necessitate a comprehensive approach that incorporates awareness raising among parents, educators and broader communities about the importance of open communication about sexual and reproductive health and related services, the provision of comprehensive sexual and reproductive healthcare services by adequately trained healthcare providers, strict law enforcement against teachers involved in sexual relations with learners and cases of statutory rape, and educational programmes against the use and abuse of substances by children. The CGE recommends that the Departments of Basic Education, Health, Social Development, and South African Police Services spearhead school-based and community programmes regarding these areas.
- The research study unearthed findings that indicated that pregnant learners and adolescent mothers were in need of financial support, with many of the participants coming from female, elderly, and child-headed households that were economically vulnerable. The CGE recommends that more studies be undertaken to unpack in detail the specific economic needs of pregnant learners and adolescent mothers that lead to withdrawal from school. Additional studies will contribute to clear and specific recommendations in light of the kind of support needed to be drawn and brought to the attention of relevant government departments and State agencies, such as the Department of Social Development and the South African Social Security Agency (SASSA).



- The study raised concern over the stigma learners face in the school environment perpetrated by both educators and learners. The negative remarks and attitudes displayed induced low self-esteem and inferiority complexes, leading to school dropout. The CGE, therefore, recommends that schools create a positive learning environment by adopting values of empathy, non-judgmental attitudes, and emotional support. These values should be entrenched in the teaching and learning culture of schools. A zero-tolerance policy for bullying should be adopted by schools, with a strong emphasis on anti-bullying practices against pregnant learners and adolescent mothers.
- Despite South Africa establishing an enabling policy environment to retain pregnant learners and adolescent mothers in school, policy prescripts were not fully known, understood, or applied seamlessly across provinces. Schools in provinces such as the Eastern Cape continued to enforce unconstitutional policies that required pregnant learners to be accompanied by a caretaker to unburden educators from providing medical support in emergencies. This practice served as an institutional barrier for learners who wished to continue their education but could not owing to the financial obligations of finding a caretaker. The CGE thus recommends that the National and Provincial Departments of Basic Education roll out advocacy and awareness-raising initiatives to support and strengthen the application of the prescripts of the National Policy on the Prevention and Management of Learner Pregnancy across all schools in all provinces. These awareness-raising activities should target all school officials, such as principals, educators, members of the SGBs, learners, and parents.
- Finally, the findings of the study indicated that pregnancy-related ailments and additional care roles of motherhood led to poor academic outcomes, serving as a barrier to the retention of pregnant learners and adolescent mothers in school. The CGE, therefore, recommends that the application of the National Policy on the Prevention and Management of Learner Pregnancy be accompanied by programmes that create academic support for pregnant learners and adolescent mothers in the form of catch-up initiatives and remedial education. The CGE recommends that the Department of Basic Education take up this initiative with civil society organisations.

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