

## **Educational support for pregnant and parenting schoolgirls in rural South African school settings**

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Teenage pregnancy and motherhood are among the major causes of gender inequality in education in the contemporary global community. This study sought to examine the effectiveness of interventions in redressing the negative effects of schoolgirl pregnancy on teaching and learning at four high schools that experienced high rates of schoolgirl pregnancy in a rural setting in Limpopo Province, South Africa. A case study design and qualitative research methods were used to collect and process data. Purposive sampling was employed to select 20 members of the school governing body (SGB), 4 school management team (SMT) members, 8 pregnant-monitoring teachers, 8 class teachers and 8 schoolgirls who were either pregnant or parenting at the time of data collection. The main findings of the study were that pregnancy-monitoring teachers played roles that were beneficial to pregnant and parenting girls, there was a non-alignment between national policy and school guidelines on pregnant and parenting girls, and the four schools differed in the way they implemented national policy concerning schoolgirl pregnancy.

### **Introduction**

Teenage pregnancy and teen motherhood are among the major societal problems which impact negatively on the educational participation and outcomes of women, especially in developing nations (Kaufman, de Wet & Stadler, 2000; Grant & Hallman, 2008; World Health Organisation [WHO], 2020). In this regard, Grant & Hallman (2008) noted that for many South African teenage girls, falling pregnant has a devastating effect on their secondary schooling, with consequent negative impacts on their lives. In response, the government of South Africa requires schools to develop policies and structures for inclusion of pregnant and parenting girls to continue with their education, as education is every citizen's democratic right in the country (Republic of South Africa, 1996b; Runhare & Hwami, 2014). This paper reports the results of a case study that investigated the effectiveness of interventions used by schools to manage and address the negative effects of schoolgirl pregnancy on the educational access and participation of pregnant and parenting girls.

### **Literature review**

Teenage pregnancy among schoolgirls is a major concern in many countries including the Republic of South Africa. According to the World Health Organisation [WHO] (2020), pregnancy amongst schoolgirls is one of the social problems which prevent girls from continuing with their education.

Studies show that adolescent pregnancy is a universal social and educational concern in developed, developing and underdeveloped countries (Panday et al., 2009; Maputle et al., 2015; WHO, 2020; Ramalepa et al., 2021).

### **Prevalence of adolescent pregnancy in developed countries**

In the developed world, some studies indicate that even the United States of America (USA) also has high adolescent pregnancy rates. Studies conducted in 2019 showed that the United States' adolescent birth rate was 16.9 births per 1,000 females between the ages 15 and 19 (National Centre for Health Statistics, 2022). For example, in 2019 Arkansas had the highest teenage birth rate of 30.0 births per 1,000 women while Louisiana had teen birth rate of 27.8 births per 1,000 women. European Union (EU) member states are not exceptions. A study conducted in 2020 established that Romania had the highest adolescent pregnancy amongst the EU member states. Romania had 19 million people and approximately 10% of all newborns were delivered to adolescent mothers (AFP, 2021). The study found that a total of 673 girls under 15 had given birth and around 15,915 young mothers aged between 15 and 19 gave birth, with a majority of these being for the second time.

### **Prevalence of adolescent pregnancy in Sub-Saharan Africa**

Studies conducted revealed that currently, Sub-Saharan Africa has the highest regional rate of adolescent pregnancy in the world (UNICEF, 2019; World Bank, 2020). A study conducted by World Bank (2020) found that in 2018, the regional adolescent birth rate was more than double the global average. The estimated global adolescent birth rate was 42 births per 1,000 girls aged 15 to 19 and Sub-Saharan Africa was having 101 births per 1,000 girls within the same age range. For instance; Niger had 184 births per 1,000 girls while Rwanda had 39 births per 1,000 girls (World Bank, 2020). These figures are indicative of educational attrition which causes gender imbalance in education in the region. In the southern region of the continent, Zimbabwe is one of the countries with a massive problem of adolescent pregnancy. It was reported that between January and February 2021, Zimbabwe recorded approximately 5,000 pregnant girls and 1,800 who entered early marriages (Mavhunga, 2021). The report attested that,

The country has a high adolescent fertility rate of 108 per 1,000 among young women aged 15 to 19 years. This is against average fertility rate of 101 births per 1,000 young women aged between 15 and 19 in sub-Saharan Africa. (Mavhunga, 2021, p.3).

Uganda is another Sub-Saharan Africa country which is highly affected by adolescent pregnancy. In 2016, a qualitative research was conducted by Nabugoomu and colleagues in Eastern Uganda, Jinja district, between March and May (Nabugoomu et al., 2020). In-depth interviews were conducted with 101 purposively sampled participants who included adolescent mothers, family members, and workers in government and non-government organisations (NGOs). The study revealed various findings which included neglect by parents, lack of knowledge on how to avoid pregnancy, pressure to contribute to family welfare through early marriage or sexual transactions, and lack of community

responsibility, as well as cultural beliefs that promote early marriage/childbearing. The study also found that media influences, peer pressure and lack of role models contribute to high rate of adolescent pregnancy (Nabugoomu et al., 2020).

Generally, UNICEF (2019) reported that in the Sub-Saharan Africa, indicated that four in ten women aged between 20 and 24 reported having given birth for the first time by the age of 18 as compared to the South Asian region which was one in ten women.

In 2017, Demographic and Health Surveys (DHS) gathered birth data on the 15 to 19 year-old sub-group. The survey was conducted in 60 United States Agency for International Development (USAID)-assisted countries in more- and less-developed regions. Analysis was conducted by the USAID Knowledge Management Services II project. The study found that 22.5 million adolescents aged 15 to 19 gave birth. The study also revealed that “approximately 4.1 million adolescents gave birth to a second or higher-order child” (Norton et al., 2017: 547-548).

### Prevalence of adolescent pregnancy in South Africa

Teenage pregnancy among school-going girls has grown at an alarming rate and is a serious concern in South African society. Media reports showed that in 2019, the number of births by adolescent mothers in all nine provinces was 124,628 (Maqhina, 2019). On 13 December 2019, the Independent Media released a statement by the Minister of Basic Education who confirmed that, “A total of 3,529 deliveries were reported among 10 to 14-year-olds and 121,099 among 15 to 19-year old respectively.” (Maqhina, 2019, p.2).

The summary in Table 1 is indicative that the prevalence of adolescent pregnancy in South Africa in all the nine provinces ranges from above 3500 to over 30,000 for the 15 to 19 years age group, and almost 100 to nearly 1,000 for girls from 10 to 14 years.

Table 1: Summary of prevalence of adolescent pregnancy by province and by age

Province	Pregnant girls 15-19 years	Pregnant girls 10-14 years
KwaZulu-Natal	34,482	989
Eastern Cape	16,742	425
Limpopo	16,210	377
Gauteng	14,501	419
Mpumalanga	11,229	590
Western Cape	10,675	312
North West	7,700	157
Free State	5,618	161
Northern Cape	3,942	99
Total	121,099	3529

Source: Maqhina (2019)

Evidence from media coverage reflects on continuous increase of schoolgirl pregnancy in South Africa, specifically in Gauteng Province. On 17 August 2021, Gauteng Health

Department MEC confirmed that, “Gauteng recorded 23,226 teenage pregnancies between April 2020 and March 2021, with 934 girls between the ages of 10 and 14 giving birth” (Bhengu, 2021:1).

The reports point to adolescent pregnancy as a severe barrier to the accomplishment of the country’s *National Development Plan 2030*, which identifies education as its basic component due to the significant role that the education system plays in building an inclusive society (Republic of South Africa, n.d.).

### **Impact of early motherhood on education**

Literature indicates that teenage pregnancy is one of the roots of violation to a girl’s right to education as their education is negatively affected although it also has health, social, physical and psychological consequences (United Nations Convention on the Rights of the Child, 1989). Several studies have shown that although girls can return to school after becoming mothers, they face many challenges in trying to balance motherhood and the demands of schooling (Chigona & Chetty, 2008; Panday et al., 2009; Ramalepa et al., 2021; Runhare & Hwami, 2014).

### **Educational challenges faced by pregnant and parenting girls**

Pregnant and parenting girls experience many educational challenges which negatively impact on their education. According to the World Health Organisation (2010), the major challenges that inhibit the education of pregnant and parenting girls include poor school attendance due to health conditions, poor academic performance due to child-rearing problems, and drop out from school due to various reasons such as social problems, financial problems, and health condition of both the mother and the child. Similarly, other studies have indicated that schoolgirl pregnancy causes disruption of learning due to absenteeism and school dropout (Chigona & Chetty, 2008; Panday et al., 2009; Ramalepa et al. 2021).

To creating a health-promoting and health-seeking schools, some countries including South Africa, have laws, policies and measures to manage schoolgirl pregnancy, which vary but are comparable. South Africa has signed several United Nations Conventions. The United Nations Convention on the Rights of the Child (UNCRC), Article 28(1) (e) states that South Africa must take measures to encourage regular attendance at schools and the reduction of drop-out rates (UNCRC, 1989). In the same note, the Constitution of the Republic of South Africa Act 108 of 1996 Section 9(3), explicitly prohibits discrimination on the grounds of pregnancy. Based on this, South Africa has adopted continuation policy. A South African policy, “Measures for the Prevention and Management of Learner Pregnancy 2007” allows schoolgirls to return to school after giving birth (Department of Education [DoE], 2007). The core principles of the policy guidelines safeguard the educational interests of the pregnant schoolgirl.

The Zimbabwe government included measures that aimed to democratise formal schooling for pregnant schoolgirls in a Ministerial policy titled “Discipline in schools:

Suspension, exclusion, expulsion and corporal punishment” (Ministry of Education Sport and Culture [MoESC], Policy Circular Minute, P.35., 1999). According to Zimbabwe Education Act, Chapter 25:04 of 1996, “every child of school going age has a fundamental right to education”. In the USA, there are two legislations regarding learner pregnancy namely; the Educational Amendment Act of 1972 which is also referred to as Title IX and the Women Educational Equity Act of 1975 (WEEA). These laws advocate for the rights of pregnant schoolgirls to continue with education (McGaha-Garnnet, 2007).

In this regard, pregnant schoolgirls are given the legal right of education just like any other child or learner who is not pregnant.

### **Intervention in managing schoolgirl pregnancy in developing countries**

There are many interventions in managing schoolgirl pregnancy implemented by various developing countries, but we chose Philippines, where the campaign is comparable to South African national policy on management of learner pregnancy. The national policy states that role players in managing and prevention of schoolgirl pregnancy must include, “parents, learners, educators, communities, non-governmental organisations (NGOs), the South Africa Police Services (SAPS), and the Department of Education, Health and Social Development” (DoE, 2007:1). Philippines campaign on intervention for adolescent pregnancy also involves community spirit.

Philippines as a developing country in Southeast Asia faces a serious challenge of high rates of adolescent pregnancy. According to UNFPA Report 2015, Philippines is the only country in Southeast Asia where teenage pregnancies were not falling. On 11 August 2017, Western Philippines University launched the campaign to address prevention and response to teenage pregnancy. The campaign was named *Babaenihan* which combines the Tagalog words for “women” and “community spirit” (Villamor, 2017). The launch was an open forum on teenage pregnancy, and it was conducted with high school students. During the launch, the Vice President was cited as saying, “We want to focus on 10- to 19-year-old girls. We want them to maximize their potential, so we want to hear from them about the challenges they’re facing, particularly teenage pregnancy” (Villamor, 2017). The United Nations Population Fund (UNFPA) Country Representative stated, “Too many young girls do not have access to correct information, advice and services to prevent pregnancy” (Villamor, 2017). Comparable to South African national policy, the campaign was the collaboration of various stakeholders including the UNFPA, the Office of the Vice President, the public and private sectors, as well as civil society partners.

### **Intervention strategies in managing schoolgirl pregnancy in South African schools**

Despite the intervention strategies which are implemented, many countries continue to experience a high incidence of teenage pregnancy. Studies show that numerous prevention interventions and programs have been introduced in South Africa by government and non-governmental organisations (NGO). These interventions include school-based sexual education, peer education programs, adolescent friendly clinic initiatives, mass media

interventions (e.g. Khomanani, Soul City and Love Life), as well as community campaigns (Panday et al., 2009).

In addition to such programs, the then Deputy President of South Africa, Mr Cyril Ramaphosa (now President of the Republic) launched two interventions in 2015 and 2017, namely *B-Wise* and *She conquers*. The *B-Wise* interactive mobi-site was launched in 2015 to address issues such as sexual and reproductive health, among others. *She conquers* focused on HIV infections, unwanted pregnancies and school dropout amongst girls and young women. However, the primary focus of all these interventions was to prevent human immunodeficiency virus (HIV) (Panday et al., 2009) may be a contributing reason for young mothers failing to complete their studies (Grant & Hallman, 2008). Comparably, in Indonesia, policies related to sexuality are rarely designed to suit health or educational concerns. This evidenced in a study titled, "HIV and Sexual Health Education in Primary and Secondary Schools" which was conducted in Indonesia, with a focus on the biology of sexual reproduction and not on sexual practices in social contexts.

On 31 July 2019, the Basic Education Minister and Education Ministers from African countries including Uganda, Kenya and Zimbabwe launched the *Let's Talk* unintended pregnancy awareness campaign. The campaign was launched in Gauteng Province. *Let's Talk* is the early and unintended pregnancy (EUP) campaign for girls across the continent. It promotes social and behaviour change to reduce early and unplanned pregnancies across 21 countries in the Eastern and Southern Africa region. Literature indicates this region has one of the highest adolescent fertility rates in the world. South Africa is not an exception, studies revealing that 82,000 schoolgirls between the ages of 14 and 19 falling pregnant in 2017 in South Africa. During the launch, the Basic Education Minister was cited saying, "As the education sector, we are especially apprehensive of the resultant high drop-out rates from school by young girls who experience unplanned and early pregnancies" (South African Government News Agency, 2019). South Africa pinned its hopes on a social and behaviour change campaign to curb early and unplanned teen pregnancies.

## Theoretical landscape

The study was underpinned on liberal feminist theory. According to Giddens (2001:692), the liberal feminist theory "is a theory which believes that gender inequality is produced by reduced access for women and girls to civil rights and allocation of social resources such as education and employment". According to Stromquist (2005), liberal feminists advocate for equal rights for women and demand equitable access to human rights provisions. However, literature indicate that that pregnant schoolgirls face barriers that affect their access to education due to increased discrimination, maltreatment and unequal treatment (Chigona & Chetty, 2008; Panday et al., 2009; Maputle et al., 2015). Meanwhile the promotion of equality and prevention of unfair discrimination Act No. 4 of 2000 states that pregnant schoolgirls shall not be unfairly discriminated (Republic of South Africa, 2000).

Liberal feminists acknowledge that schools and education are positive because education improves the well-being of women. Their goal is to improve the existing education system as they view schools as agents of social change for women liberation socially as well as economically (Samkange, 2015). They resist legislative intervention that would oppose the judgements of women hence they believe that change is accomplished through education and empowerment of women. This is in line with the Department of Basic Education which recognises the responsibility and influence of the education system on learner pregnancies in public schools by establishing the national policy guidelines (Department of Education [DoE], 2007). In line with the liberal feminist perspective, this study investigated how the four secondary schools served the educational needs of pregnant and parenting girls so that pregnancy may not be a hurdle for their educational access, opportunity and life chances.

### **Problem statement**

Studies conducted world-wide have shown that adolescent pregnancy or early motherhood is a global challenge (UNICEF, 2008; WHO, 2020; Ramalepa et al., 2021). Adolescent childbearing is generally considered a social problem with costs to the teenage mother, her child and society at large (UNICEF, 2008; WHO, 2015). Globally teenage pregnancy has been a major interference to the educational achievement of female learners (WHO, 2020). In South Africa, the problem of schoolgirl pregnancy and early motherhood is also of great concern as observed by Galal (2021) that between 2018-2019, nearly 5% of the girls between 14 and 19 years were pregnant. This could be an indication of educational loss which creates gender disparity in educational access and participation in favour of boys and men. Fortunately, South Africa is one of the countries on the continent that has democratised access to education by pregnant and parenting girls (Runhare & Vandeyar, 2012; Runhare & Hwami, 2014). While provision for basic access to schooling by pregnant and parenting girls is guaranteed in South Africa, the nature and extent to which pregnant and parenting girls are supported by schools has not been adequately investigated and reported in the country. Most studies have focused on prevalence, causes and educational challenges of teenage pregnancy (Chilisa, 2002; Chigona & Chetty, 2008; Panday et.al, 2009; Nkosi & Pretorius, 2019; Ramalepa et al., 2021), while the provision of educational interventions for enrolled pregnant and parenting girls still has knowledge gaps which this study sought to reduce.

### **Research method**

In pursuit of the objective of evaluating the effectiveness of the interventions that schools provide to pregnant and parenting girls they have enrolled, a case study research design and qualitative data gathering and analysis were employed. These enabled originality and naturalness in studying the problem at hand in real school settings (Maree, 2010; Yin, 2016). The study participants were drawn from four purposively selected secondary schools as these provided rich and relevant data, having high rates of schoolgirl pregnancy. As a case study of four schools in a rural setting, the findings may not be generalised to a wider population of schools (Cohen et. al, 2007), but may be applicable to schools facing similar challenges as those found at the study sites for this research.

### Sampling and study sample

We used both purposive and snowball sampling to select 48 participants who were relevant to the research objectives of the study (Maree, 2011). The 48 participants included 20 SGB members, 4 SMT members, 8 pregnancy-monitoring teachers, 8 class teachers, and 8 pregnant and parenting girls who were attending school. The SGBs were selected because they are responsible for the *Learners' Code of Conduct* on managing learner pregnancy as mandated by the South African Schools Act (SASA) No 84 of 1996 (Republic of South Africa, 1996b). Members of SMT were included because they are school policy implementers; pregnancy-monitoring teachers were included because they serve in the committee that implements school policies on schoolgirl pregnancy (Department of Education [DoE], 2007); and class teachers were included as they are directly in charge of teaching, monitoring and supporting pregnant and parenting girls. We used snowball sampling to select 8 pregnant and parenting girls who were willing to participate in the study, as it focused on some sensitive aspects of their life experiences (Cohen et. al, 2007). Each pregnant and parenting girl was requested to help identify another girl who could accept taking part in the study.

### Data collection and analysis

Data were gathered using document analyses, individual and focus group interviews (FGIs), to complement each other, and provide triangulation measures which strengthened study findings. The study opted to use individual face-to-face interviews to collect data from the SMTs, the pregnancy-monitoring teachers, the class teachers and the pregnant and parenting girls. Individual interviews enabled follow-ups on matters emerging from the study of documents and FGIs. The study also used focus group interviews to collect data from the SGBs concerning formulation of school policy.

Data were collected between July and August 2018. The pregnancy monitoring register, attendance register, and records of school discipline were studied between 2017 and June 2018. These records helped to determine trends in school attendance before, during and after pregnancy, noting names of PPLs, ages, grades, frequency of their names, and nature of their offences, particularly related to absenteeism, incomplete or no submission of school work, late coming, attendance of morning and afternoon studies, enrichment classes, etc.

We had an engagement with the study participants. As lead researcher, I personally went to the four schools, conducted interviews as guided by the interview schedules, and gathered in-depth information from the participants of the study. Audio recordings were used for interviews and later transcribed and translated from Xitsonga and Sepedi to English.

Documents such as circuit records on learner pregnancy, attendance and pregnancy monitoring registers were used to complement narrative data from study participants. We also studied administrative documents such as the *Learners' Code of Conduct* to get a deeper understanding of how learner pregnancy is managed at the four participating schools.



When studying the Learners Code of Conduct, I strongly considered the fact that the Learners` Code of Conduct must have provisions for management of learner pregnancy as mandated by SASA No. 84 of 1996. In the administrative documents or Learners` Code of Conduct under the section which deals with management of learner pregnancy, the following were noted: conditions of managing learner pregnancy, responsible people in managing learner pregnancy, roles of school-based stakeholders, how learner pregnancy is managed, involving of community support systems in managing of learner pregnancy, and other related matters (see Appendix 2).

The purpose of data analysis is to outline the data clearly, identify what is typical and atypical of the data, and bring to light differences and relationships (Creswell, 2002). We used both thematic and content analysis. According to Dawson (2009), thematic analysis is described as inductive because themes emerge from the data and are not imposed upon it by the researcher. Maree (2011) explained content analysis as a logical approach to the analysis of qualitative data. Data were analysed manually by looking for categories emerging from the responses. We analysed both textual data from the school documents and the narrative data from the interviews. We also studied how non-interactive information from school records related to interactive data collected from the interviews.

### **Ethical measures**

Permission for field entry in the conduct of this research was sought from the office of the Department of Basic Education and later from school principals because the study involved learners. All participants including parents of the pregnant and parenting girls consented before participating in the study. The research participants were assured of anonymity and confidentiality regarding the security of the data collected in the research process (Cohen et. al, 2007). They were promised that the information would be kept safe and to be used only for the purposes of this study. Snowballing sampling was also adopted as an ethical measure for confidentiality of the 8 pregnant and parenting girls. Accordingly, narrative statements made by participants are allocated pseudonyms and the names of their schools are not mentioned in this report.

### **Demographic information of pregnant and parenting girls**

Table 2 shows the demographic information and pseudonyms of the pregnant and parenting girls from the four selected secondary schools who participated in the study.

The results showed the age participants when the study was conducted, age of the participant when she fell pregnant, grade when the study was conducted, designation, and the school the girl was attending. A total of 8 pregnant and parenting girls from Grade 8 to Grade 11 participated. Their ages ranged from 14 to 17 years. The results showed that 2 girls fell pregnant at the age of 13 while they were still attending primary school.

Table 2: Pregnant and parenting girls' demographic information

Pseudonym	Age	Age when falling pregnant	Grade	Pregnant/parenting	School
Nkami	14	14	08	Pregnant	A
Ntsakisi	17	15	11	Parenting	A
Ntsako	16	15	10	Pregnant	B
Thina	15	14	10	Parenting	B
Josna	15	15	09	Pregnant	C
Nyeleti	14	13	08	Parenting	C
Legacy	15	14	10	Pregnant	D
Amukelo	14	13	09	Parenting	D

## Results

The objective of the study was to examine the effectiveness of school-based interventions for the teaching and learning needs of pregnant and parenting girls. Data were obtained from interviews with School Governing Body (SGB) members, School Management Team (SMT) members, pregnancy-monitoring teachers and class teachers, as well as pregnant and parenting girls, on the effectiveness of the school interventions in terms of gaps between national policy guidelines, school policy guidelines, and practices at the four participating schools. From the gathered narratives of the participants who shared their experiences, we derived two main themes and three corresponding sub-themes (Table 3).

Table 3: Summary of themes and sub-themes

Theme	Sub-theme
Functional strengths of the school interventions through PMTs for supporting pregnant and parenting girls' educational needs.	
Functional weaknesses of the school interventions on teaching and learning needs of pregnant and parenting girls	Gaps between national policy and practice on teaching and learning needs of pregnant and parenting girls; Inconsistent intervention approaches to educational needs of pregnant and parenting girls; Punishment behind parental involvement in supporting pregnant and parenting girls.

### Functional strengths of the school interventions via PMTs for supporting PPLs educational needs

The study discovered that there were teachers, referred to as pregnant-monitoring teachers, who had the responsibility to monitor pregnant and parenting girls at the four schools. During the interviews, some participants referred to pregnancy-monitoring teachers as link teachers or social workers because of the social-inclusion role they played in the schools for integration of pregnant and parenting girls into mainstream of the learners. Both narrative and textual data established that pregnancy-monitoring teachers

were a functional strategy for ensuring that pregnant and parenting girls continued with their schooling.

The significant role of pregnancy-monitoring teachers was summed up by one SMT member from one of the schools who elaborated that:

We have established a team of pregnancy-monitoring teachers to work with pregnant learners. They are delegated to monitor and handle all the pregnancy-related cases [Mr Mabunda].

In the same vein, the role of the pregnancy-monitoring teachers in the educational support structure for pregnant and parenting girls was alluded to by one class teacher who pointed out that:

We have teachers who act as social workers at school. They monitor and support the pregnant learners. Pregnant learners report all their problems to them (Mrs Mdaka).

The above statements showed that pregnancy-monitoring teachers were delegated to monitor and give psychosocial support to pregnant and parenting girls for them to continue with schooling. The pregnancy-monitoring teachers therefore created some level of supportive learning environment for pregnant and parenting girls, which is needed both at school and in the home (Bhana et al. 2006; DoE, 2007; Dlamini, 2016).

### **Functional weaknesses of the school interventions on teaching and learning needs of pregnant and parenting girls**

Although it was noted that the pregnancy-monitoring teachers were a central arm for the school interventions to minimise the negative effects of schoolgirl pregnancy on pregnant and parenting girls, some functional weaknesses were identified in the way the support to pregnant and parenting girls was provided at all four schools.

#### *Gap between national and school policy and practice*

One of the study findings was that there was gap between the national Department of Education (2007) guidelines to schools on management of pregnant and parenting girls and common practices at the four schools. The narrative data provided by the pregnant and parenting girls indicated that there was a gap between the national policy guidelines and the school practice regarding the number of sick leave days given to pregnant learners for delivery and recovering. Most of the pregnant and parenting girls complained that the number of sick leave days given to them were not enough and this was voiced by a pregnant and parenting girl who complained that, "I gave birth by caesarean, I returned to school two days after I was discharged though I was not fully recovered" [Ntsakisi]. In concurrence, one of the pregnancy-monitoring teachers confirmed that, "Some pregnant learners gave birth by Caesarean delivery and return back to school immediately after delivery" [Mrs Shimati]. Another similar experience was echoed by a parenting girl who complained that: "After giving birth, they give you one week to stay at home and recover although a week was not enough" [Nkami]. The indication from these statements is that schools were not sufficiently considerate on the health of the pregnant and parenting girls.

From a narrated case by one pregnancy-monitoring teacher who indicated that one pregnant learner nearly gave birth in class: “She kept quiet since morning. Around 12, her waters broke” [Mrs Baloyi]. It appears that some pregnant and parenting girls did not open up for fear of unspecified action against them.

The narratives above showed that there was improper implementation of national policy guidelines which allowed pregnant learners to attend school until they gave birth. It was evident from the narrative data that although pregnant and parenting girls could continue with their schooling during pregnancy, there were both pre- and post-natal conditions which the schools did not handle well.

We concluded from the participants’ views that although policy guidelines exist on paper, they are not implemented practically, resulting in pregnant learners attending school until they undergo labour pains. It is also evident from the study that some young mothers were returning to school immediately after giving birth, which contravenes the national policy guidelines that “No learner should be re-admitted in the same year that they left school due to pregnancy” (Department of Education [DoE], 2007: 5).

*Inconsistent intervention approaches to educational needs of pregnant and parenting girls*

Despite the Bill of Rights which protects all individuals from unequal treatment and discrimination (Republic of South Africa, 1996a), the study disclosed that there were unconstitutional practices at some of the study sites. Narrative data disclosed that there were inconsistencies in the implementation of interventions, which compelled parents or guardians or delegated persons to accompany the pregnant girl to school in order to implement continuous enrolment after falling pregnant, as provided by the education policy (Runhare & Hwami, 2014).

To give more light to the continuous enrolment of pregnant learners, one of the pregnancy-monitoring teachers explained that: “We do not expel pregnant learners. We had advised parents to accompany the pregnant learners, so a pregnant learner is not allowed without her parent” [Mr Malungani]. However, a contradictory statement which shows an inconsistent approach within the school was related by one parenting girl who stated that: “My mother was not told to accompany me. The link teachers took her contact details so that they could call her if labour pains start” [Ntsako]. It would seem the schools are not consistent on this practice of parental support as another pregnant and parenting girl from the same school stated that:

We were two pregnant learners in February, and we were accompanied by our parents. From there, I’ve never seen parents until in August when I saw parents again [Thina].

The aforesaid narratives were examples of the general feelings of the pregnant and parenting girls which disclosed inconsistencies in the implementation of school interventions at the four South African schools. It was also evident that although there was a school policy guideline in place, the practice was totally different as the school policy was not adhered to.

*Punishment behind parental involvement in supporting pregnant and parenting girls*

Although the national policy guidelines state the roles and responsibilities of parents regarding the support which must be given to pregnant learners (Department of Education, 2007), this study noted mismanagement of parental involvement at schools. Due to the manner of implementation, the demand for parents to accompany pregnant and parenting girls to school was viewed negatively, despite its noble intention of protecting the educational rights of the pregnant and parenting girls (Bhana et.al., 2006).

The demand for parental support to pregnant and parenting girls was emphasised by one pregnancy-monitoring teacher who indicated that:

Parents must accompany their pregnant children to school to take care of their child if she experiences labour problems because teachers are not nurses [Mrs Shivambu].

In the same vein, one SGB member from the other school concurred:

All parents should accompany their pregnant children to school. If the parent is not at school therefore the pregnant learner is not allowed to attend (Mr Baloyi).

We noted from these statements that there was a restriction attached to the school rule regarding the involvement of parents, which participants did not take in the positive manner. An unhappy experience on the negative perceptions of the pregnancy-monitoring teachers was displayed by one pregnant girl who complained that:

I was taken from the classroom by pregnancy-monitoring teacher while writing a test because my mother did not accompany me to school [Josna].

The statement demonstrates an inappropriate action by a pregnancy-monitoring teacher, taking a pregnant girl from an examination just because of failure to be accompanied to school by a parent.

Inconsiderate practices by pregnancy-monitoring teachers were exposed by one class teacher who bemoaned that “Orphan pregnant learners stay at home rather than come to school, for fear of being embarrassed” [Mr Chuma].

These statements show that the work of pregnancy-monitoring teachers seemed like a push-away-factor for pregnant learners, as also was observed by Maputle et al. (2015:148) who stated, “There was drop-out and expulsion of pregnant learners who did not have parents or guardians to wait at the school gate”.

It was therefore evident that what the schools were doing in this regard violated the educational rights of pregnant and parenting girls since it was against the laid down policy that “Punishing learners because they are pregnant is against the law and the constitution.” (Draga, Stuurman & Petherbridge, 2017:162).

## **Discussion of results**

This study revealed that there were school interventions to counter the negative effects of schoolgirl pregnancy on teaching and learning used by the key education duty bearers at the four participating schools. There was clear observation of the national policy guidelines by the four schools that pregnant learners could continue with their schooling before and after giving birth (Department of Education [DoE], 2007; Runhare & Hwami, 2014).

The study found that the roles of pregnancy-monitoring teachers could be beneficial to pregnant and parenting girls although at times their activities created a burden to the pregnant and parenting girls that they meant to serve. The role of pregnancy-monitoring teacher was established as an inclusion strategy to allow pregnant and parenting girls to continue with their schooling and so enhance their educational opportunities, in line with the national policy guidelines which specify that:

The designated educator or educators should take responsibility for the implementation and management of these measures, on behalf of the school (DoE, 2007: 5).

Though the four schools had a Learners' Code of Conduct drawn in line with SASA No 84 of 1996, they did not all implement them fully. The study disclosed that the Learners' Code of Conduct at all the four participating schools did not have a clause on the management and prevention of learner pregnancy. It was found that while the policy was available, discrepancies in the implementations were noted. The study further divulged that there was no written evidence on management and prevention of learner pregnancy on school guidelines of all the four schools. The findings were based on the narrative data systematically written down from different participants during interviews, but some room remained for teachers' haphazard practices with pregnant and parenting girls.

The study revealed that parents or guardians were compelled to accompany their pregnant girls to school in case of pregnancy related health problems. However, some pregnancy-monitoring teachers misused this school strategy and deprived pregnant girls of their right to education due to inconsiderate and inconsistent application of this regulation. It was disclosed that in the same school, some pregnant learners could be sent back home for not being accompanied by their parents while others were not. Such unequal treatment is contrary to the Constitution of the Republic of South Africa Number 108 of 1996 that contains the Bill of Rights which protects every person from unfair discrimination and unequal treatment (Republic of South Africa, 1996a).

## **Conclusion**

The study disclosed that there were both functional strengths and functional weaknesses in the school interventions used by duty bearers at the four participating schools. Although the functioning of the pregnancy-monitoring teachers had some unsatisfying practices, the study found pregnancy-monitoring teachers' roles to be beneficial for pregnant and parenting girls' right to education if the roles were well implemented.

Although the schools have Learners' Codes of Conduct, there is non-alignment between policy and practice as management of pregnant and parenting girls was not clearly indicated in school policies. The study therefore concluded that while most South African schools could be providing the basic right to education for pregnant and parenting girls to continue with their education, pregnant and parenting girls may not be benefiting academically because of weak school policy and practices environments.

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## Appendices: Interview schedules extracted from the thesis

### Appendix 1: Focus group interview schedule for school governing body

1. What are your challenges in governing the school which has pregnant and parenting learners?
2. Explain the problems which affect pregnant learners in your school?
3. Describe the problems which affect the parenting learners in your school.
4. How do teachers to support pregnant learners?
5. Explain what you are doing as SGB of the school to assist teachers to support parenting learners cope with schooling.
6. How effective is your support to PPLs is helping them to cope with their schooling?
7. What do you think must still be done by the SGB in your school to help the PPLs to cope with their schooling?

### Appendix 2: Individual interview schedule for school management team

1. What are the challenges you as SMTs faces in teaching pregnant and parenting learners?
2. Describe the problems which affect pregnant and parenting learners in your school.
3. What do you do as SMT to assist teachers to support pregnant learners?
4. How effective is your support to PPLs is helping them to cope with their schooling?
5. Explain the administrative measures you take as SMT members if the pregnant or parenting learner missed lessons due to giving birth.

6. As SMT, what do you think must still be done to support the pregnant and parenting learners to cope with their schooling?

**Appendix 3: Individual interview schedule for class teachers**

1. What challenges have you experienced in teaching pregnant and parenting learners in your class?
2. Indicate the problems which affect pregnant and parenting learners in your class.
3. Explain what you are doing as class teachers to assist teachers to support pregnant learners in your class to cope with schooling.
4. As class teacher, what measures do you put in place if the pregnant or parenting learner missed lessons due to giving birth?
5. How effective is your support to PPLs in helping them to cope with their schooling?
6. As class teachers, what do you think you must still do to support PPLs to cope with their schooling?
7. Explain the challenges you face as class teachers in supporting PPLs to cope with schooling.

**Appendix 4: Individual interview schedule for pregnancy monitoring teachers**

1. What challenges do you face as monitoring teacher for pregnant and parenting learners?
2. As a monitoring teacher for PPLs, indicate the problems which affect pregnant and parenting learners in your school?
3. As the monitoring teacher for PPLs explain what you are doing in the school to assist teachers to support these learners with their schooling.
4. As Pregnancy Monitoring Teacher, what do you do if the pregnant or parenting learner misses lessons?
5. As Pregnancy Monitoring Teacher what support are you giving the PPLs to assist them to cope with their schooling?
6. How effective is your support to PPLs in helping them to cope with their schooling?
7. As Pregnancy Monitoring Teacher, what do you think you must still do to support PPLs to cope with their schooling?
6. As Pregnancy Monitoring Teacher, what challenges do you face to support PPLs to cope with their schooling?

**Appendix 5: Individual interview schedule for pregnant and parenting learners**

1. What are some of the problems that affect you in class as a pregnant or parenting learner?
2. Indicate the problems that affect you at school as a pregnant or parenting learner?
3. Explain what the school is doing to assist you as a pregnant or parenting learner.
4. How do teachers do to you as a pregnant or parenting learner when you miss lessons?
5. Describe how your classmates support you to cope with your schooling.
6. Describe how your teachers support you to cope with your schooling.
7. Describe how the SMT support you to cope with your schooling

8. In your opinion, what do you think must be done by your classmates to assist the pregnant and parenting learners to cope with their schooling?
9. As pregnant and parenting learner, what support do you need from your teachers to assist you to cope with your schooling?
- 10 As pregnant and parenting learner, what support do you need from the SMT to assist you to cope with your schooling?

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