The experiences of learners regarding the teenage pregnancy prevention programme in Mpungu Circuit Kavango West Region, Namibia

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DECLARATION

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I declare that this mini dissertation is my own original work. Where secondary material is used, this has been carefully acknowledged and referenced in accordance with the University requirements.

I understand what plagiarism is and I am aware of the University Policy in this regard.

Signature____________________________________ Date: 18 February 2019
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ABSTRACT

Despite the introduction of teenage pregnancy prevention programmes in Namibia, these efforts have been a fruitless exercise in combating teenage pregnancy. The endeavour aimed at reducing teenage pregnancy in Namibia is a continuous war that seems to be destined for failure. The problem with teenage pregnancy specifically, is that many teenagers perceive early pregnancy as socially acceptable. Moreover, intervention strategies do not take these perceptions and myths into account. No recent, local research providing an account of teenagers’ perceptions of teenage pregnancy and prevention programmes were found to exist, yet many intervention strategies, conferences and campaigns are presented on a regular basis at considerable expense. The ecological systems approach was chosen as the most appropriate theoretical framework as it looks at individuals holistically. The aim of this study was to explore and describe the experiences of learners relating to the pregnancy prevention programme in schools. The study was qualitative in nature and simple random sampling was employed to select five learners who attended the prevention programme in Mpungu Circuit. Additionally five participants who implemented the prevention programme at the selected schools participated in the research study. An interview schedule was used to guide the process of data gathering through one-on-one, semi-structured interviews. Data was analysed thematically. Findings showed that the teenage pregnancy prevention programme is a good strategy. However, cultural values and school policies hamper the efficacy of such interventions. In order to develop effective intervention strategies, teenagers’ perceptions and opinions need to be taken into account. Parents and schools should work in partnership in addressing the problem. Education and awareness programmes should be peer led and provided by stakeholders and the Media. Additionally, traditional and religious leaders are crucial role-players in changing perceptions and stereo types.

LIST OF KEY CONCEPTS

- Experiences
- Learner
- Teenage pregnancy
- Pregnancy prevention programme
# TABLE OF CONTENTS

Contents

DECLARATION........................................................................................................... 2

ACKNOWLEDGMENTS............................................................................................... 3

ABSTRACT.................................................................................................................. 4

LIST OF KEY CONCEPTS.......................................................................................... 4

TABLE OF CONTENTS .............................................................................................. 4

CHAPTER 1: GENERAL INTRODUCTION AND ORIENTATION OF THE STUDY........ 9

1.1 Introduction......................................................................................................... 9

1.2 Problem statement and rationale ..................................................................... 12

1.3 Research question............................................................................................. 12

1.4 Goal and objectives of the research study ....................................................... 13

1.4.1 Goal .............................................................................................................. 13

1.4.2 Objectives .................................................................................................... 13

1.5 Research methodology...................................................................................... 13

1.6 Limitations of the study.................................................................................... 15

1.7 Definitions of key concepts ............................................................................. 15

1.8 Contents of the research report ....................................................................... 16

CHAPTER 2: TEENAGE PREGNANCY PREVENTION PROGRAMMES .............. 18

2.1 Introduction....................................................................................................... 18

2.2 Theoretical framework .................................................................................... 18

2.2.1 microsystem .................................................................................................. 20

2.2.2 Mesosystem ................................................................................................ 20

2.2.3 Exosystem .................................................................................................... 21

2.2.4 Macrosystem ................................................................................................ 21

2.2.5 Chronosystem ............................................................................................. 22

2.3 Adolescence as a developmental phase............................................................ 22

2.3.1 Physical development .................................................................................. 22

2.3.2 Cognitive development .............................................................................. 24

2.3.3 Social development .................................................................................... 25

2.3.4 Emotional development ............................................................................. 27
2.3.5 Moral development.................................................................................28
2.4 Risk and Protective factors .....................................................................29
  2.4.1 Individual-related factors .................................................................29
  2.4.2 Peer-related factors ...........................................................................30
  2.4.3 School-related factors ......................................................................30
  2.4.4 Family-related factors ......................................................................31
  2.4.5 Community-related factors ...............................................................32
  2.4.6 Societal factors .................................................................................33
  2.4.7 Cultural and Religious factors ............................................................34
  2.4.8 Media and Technological Advancement ............................................34
2.5 Extent of teenage pregnancy ...................................................................35
  2.5.1 International context .........................................................................35
  2.5.2 Regional context ................................................................................36
  2.5.3 National prevalence rates .................................................................37
2.6 Legislative and Policy Frameworks ........................................................38
  2.6.1 International Legislative and Policy Frameworks ...............................38
  2.6.2 Regional Legislative and Policy Frameworks .....................................39
  2.6.3 Namibian Legislative and Policy Frameworks ...................................42
2.7 Pregnancy Prevention Programmes .......................................................43
  2.7.1 International context .........................................................................43
  2.7.2 Regional context ................................................................................44
  2.7.3 National context .................................................................................47
2.8 The impact of teenage pregnancy ............................................................50
  2.8.1 Impact on health status of the individual ..........................................50
  2.8.2 Impact on educational outcomes of the individual ............................51
  2.8.3 Impact on society ..............................................................................52
  2.8.4 Impact on psychological well-being of the individual .......................52
  2.8.5 Impact on economic status of the individual .....................................53
2.9 Barriers to implementing prevention programme ....................................53
  2.9.1 Learner-related barriers .................................................................54
  2.9.2 Family-related barriers .................................................................55
  2.9.3 Peer-related barriers .......................................................................55
  2.9.4 Institution related barriers ...............................................................56
  2.9.5 Community related barriers .............................................................57
  2.9.6 Societal barriers ..............................................................................58
2.10 The role of social workers in preventing teenage pregnancy ................58
  2.10.1 Direct Practice .................................................................................58
CHAPTER 3: RESEARCH METHODOLOGY AND EMPIRICAL STUDY ........... 61

3.1 Introduction ........................................................................ 61
3.2 Research Question ............................................................... 61
3.3 Research Methodology ......................................................... 62
   3.3.1 Research approach ....................................................... 62
   3.3.2 Type of research ......................................................... 63
   3.3.3 Research design ......................................................... 63
   3.3.4 Research population, sample and sampling method ........ 64
   3.3.5 Data-collection method ................................................. 66
   3.3.6 Data analysis ............................................................. 67
3.4 Trustworthiness .................................................................. 70
   3.4.1 Credibility ................................................................ 70
   3.4.2 Transferability ........................................................... 70
   3.4.3 Dependability ............................................................. 71
   3.4.4 Conformability ......................................................... 71
   3.4.5 Reflexivity ................................................................ 71
3.5 Pilot study ........................................................................... 71
3.6 Ethical issues ...................................................................... 72
   3.6.1 Informed consent ........................................................ 72
   3.6.2 Violation of privacy/confidentiality and anonymity .......... 72
   3.6.3 Avoidance of harm .................................................... 73
   3.6.4 Compensation .......................................................... 74
   3.6.5 Action and competence of the researcher .................... 74
   3.6.6 Debriefing ................................................................. 74
   3.6.7 Release or publication of findings .................................. 74
3.7 Empirical findings and interpretations ................................... 75
   3.7.1 Section A: Biographical information ............................ 75
   3.7.2 Section B: Empirical findings ...................................... 77
3.8 Summary ............................................................................. 77

CHAPTER 4: FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS ........ 104

4.1 Introduction ........................................................................ 104
4.2 Goal and objectives of the study .......................................... 104
4.3 Achievement of objectives ................................................................. 105
4.4 Findings, Conclusions and Recommendations ........................................ 107
  4.4.1 Findings .......................................................... 107
  4.4.2 Conclusions ........................................................................ 109
  4.4.3 Recommendations for social work practice and policy ......................... 110
4.5 Recommendations for further research ............................................... 111

REFERENCES ......................................................................................... 112

APPENDIXES

Appendix A: Approval of ethical clearance from the University of Pretoria 128
Appendix B: Request for permission to conduct research in Mpungu Circuit 129
Appendix C: Approval letter: from Kavango East-West Regional office 132
Appendix D: Informed consent form for teachers 133
Appendix E: Informed consent form for parents/guardian 136
Appendix F: Learners’ assent form 139
Appendix G: Learners semi structured interview schedule 142
Appendix H: Teachers semi-structured interview schedule 143
Appendix I: Permission to record the interviews 144

LIST OF FIGURES

Figure 2.1: Ecological model of behaviour ..................................................... 19

LIST OF TABLES

Table 3.1: Learner participants ........................................................................ 75
Table 3.2: Teacher Participants ........................................................................ 76
Table 3.3: Themes and Sub-themes ................................................................. 78
CHAPTER 1: GENERAL INTRODUCTION AND ORIENTATION OF THE STUDY

1.1 Introduction

In Namibia, the enrolment of girls in schools has increased (Nekongo-Nielsen & Mbukusa, 2013:51), but the completion rates have decreased due to the escalating prevalence of teenage pregnancy. Teenage pregnancy poses challenges and has negative implications for Namibian schools. As in many countries, teenage pregnancy contributes significantly to learner dropout rates (United States Agency for International Development (USAID, 2011:1).

The USAID (2011:9) confirms that teenage pregnancy is increasing, not only in many developing countries, but also in developed countries. In support, Panday, Makiwane, Ranchod and Letsoalo (2009:35) state that “teenage pregnancy is a worldwide phenomenon, as two-thirds of learners drop out of school as a result of the problem”. McCaw-Binns, Bailey, Holder-Nevins and Alexander (2012:154) concur that the rate of teenage pregnancy continues to increase. The authors add that pregnant learners drop out of school to take care of their children.

The Planned Parenthood Federation of America (PPFA) (2013:2) asserts that countries such as the United States, Brazil and the Netherlands share a common concern, which is, early childbearing. Moreover, the Namibia Planned Parenthood Association 2010-2014 Strategic Plan (NAPPA, 2010-2014:22) reports that 111 million new cases of sexually transmitted diseases among people aged 10 to 24 were recorded worldwide. The report shows that 10% of those affected are teenage mothers and that 4.4 million adolescents aged 15 to 19 years sought abortions. Within the African context, McCaw-Binns et al. (2012:154) and Muraranganda (2014:2) found that teenage pregnancy is particularly high in Namibia and that it affects learners’ academic performance and achievement.

The increased focus on young people has led to a proliferation of research studies to explore preventative measures which could curb the prevalence of teenage pregnancy. As a result, several interventions were put in place to address the problem. However, research studies and programme evaluations have shown that it is neither feasible nor productive to focus on a particular behaviour without addressing a broader set of adolescent sexual and reproductive health concerns (USAID, 2011:1). Furthermore,
there is evidence to show that the most effective interventions protect teenagers against harm, and do not simply attempt to reduce risk (Brown, 2013:78).

Therefore, the rising interest in identifying those factors that not only predispose individuals to harm, but also diminishes risk and increases protective factors (McCaw-Binns et al., 2012:156). The researcher also believes that recognising these factors and how they operate, will not only help target those adolescents who are at greatest risk of becoming pregnant, but will also help to design more effective intervention programmes that will protect teenagers against undesirable long-term physiological and socio-economic outcomes.

Moreover, cultural factors were identified as contributing to the problem. For instance, in Namibia child marriage is practiced. Nekongo-Nielsen and Mbukusa (2013:58) point out that in such cultures, teenage pregnancy is acceptable. Thus, it could be justified that some adolescents who become pregnant are displaying age and culturally appropriate behaviour (Beukes, 2015:3). Various programmes on teenage pregnancy and child marriage have been implemented to seek alternative ways to decrease teenage pregnancy rates (NAPPA, 2011:1). These programmes were developed and implemented in response to the increased number of school dropouts due to teenage pregnancy. The researcher questions whether these programmes incorporate cultural aspects and indigenous knowledge systems. Eurocentric or westernised programmes that do not take into consideration the Namibian and/or African context will not yield positive outcomes.

Other contributory factors to teenage pregnancy relate to the stage of development young people find themselves in. A number of researchers point out that adolescence is the period when children start their transition into adulthood (Shaningwa, 2007:10; USAID, 2011:10; Berk, 2013:6). During this transition period, many young people decide to separate from their families and choose their own destiny. Intervention programmes have to take such issues into account.

Berg, Landreth and Fall (2013:171) support the view that many adolescents are in conflict with their parents as they experience an overwhelming need to be accepted by their peers. Bouwer, Dreyer, Herselman, Lock and Zeelie (2007:73) argue that adolescents who see their peers engage in intimate relationships might feel pressured to follow suit. The PPFA (2013:4) confirms that many adolescents engage in intimate
relationships as a result of peer pressure. Hence, the warning that the issue of peer pressure should not be ignored and the challenges that adolescents are faced with, should not be taken lightly (PPFA, 2013:4). Thus, the Namibian Government, in collaboration with the NAPPA, launched the Comprehensive Sexual Education (CSE) programme for adolescents in schools. The aim of the CSE programme is to empower adolescents and prevent early sexual activity, teenage pregnancy, HIV/AIDS and other sexually transmitted infections (National Policy for Reproductive Health, 2001-2004:4).

Nekongo-Nielsen and Mbukusa (2013:51) concur with the PPFA (2013:4) by stating that teenagers who have not received guidance or interventions are certainly not heading for a life of economic independence, but to one of gloom and hardship. Therefore, efforts to design and implement effective pregnancy prevention programmes need to be intensified. Brown (2013:30) confirms that teenagers who have attended intervention programmes are better adjusted than their counterparts.

NAPPA has observed a fairly low level of attendance among adolescents in the Kavango West Region (NAPPA, 2010-2014:18). Therefore, the utilisation of these and other preventative initiatives is called into question. Moreover, the USAID (2011:17) indicates that learners are aware of organisations such as Window of Hope; My Future is My Choice; NAPPA; and other media campaigns, but teenage pregnancy is still high as their behaviour and attitudes have not changed. The report further claims that the low level of intervention utilisation raises the questions whether enough is done to decrease the teenage pregnancy rate, and whether there is political will to deal with the teenage pregnancy challenge effectively.

In defence to the state, Beukes (2012:3) asserts that the Namibian government is spending more money and manpower in an attempt to reduce the teenage pregnancy rate, but teenage pregnancy continues to increase unabated. The assumption is that the current approach is not effective because it overlooks the cultural practices that promote child marriage. Thus, drastic reconsideration is needed not only regarding teenage pregnancy prevention programmes, but also regarding the policies and legislations concerning teenage pregnancy prevention services in Namibia.

Hence, Schuiling and Likis (2013:38) argue that existing laws and policies should be reviewed, updated, and adapted to accommodate the Namibian context and the changing times. Furthermore, the authors argue that teachers need to educate teenage
boys and girls and appraise them about the hurdles they will face as teenage parents (Schuiling & Likis, 2013:38). Additionally, they need to participate in policy review processes in support of attempts to address the negative socio-economic implications of teenage pregnancy on society.

Nekongo-Nielsen and Mbukusa (2013:51) show that Namibia is among those countries where teenage pregnancy is particularly high. The researcher has observed that while the issue of teenage pregnancy has been widely researched in many countries, the assumption is that the problem is exacerbated by the fact that the effectiveness, impact or outcomes of prevention programmes have not been equally well researched in Namibia. Hence, it is the researcher's view that this study can offer valuable insight into improving teenage pregnancy prevention programmes. In order to elaborate on the motivation for this study, the problem statement and rationale are discussed next.

1.2 Problem statement and rationale

The rationale of the study was linked with the increasingly of teenage pregnancy in the Kavango West Region. Beukes (2012:2) gives evidence to substantiate the pronounced magnitude of teenage pregnancy in Namibia. Although the Namibian government introduced life skill education to reduce learners’ pregnancy in schools, it is without doubt that learners are dropping out school due to teenage pregnancy. Statistics indicated that 6217 learners become pregnant in Namibia (Beukes, 2015b).

Considering the high number of teenage pregnancy in Namibia, this research attempted to explore the experiences of learners regarding the teenage pregnancy prevention offered in school.

1.3 Research question

Rubin and Babbie (2011:166) assert that a research question should state what a researcher intends to learn from a study and should be framed in such a way that it points to the information and understanding that will help accomplish practical interventions. Additionally, Flick (2009:98) explains that the research question has to be formulated in concrete terms with the aim of clarifying what the participants are supposed to reveal. Therefore, the research question was formulated as follows:
What are the experiences of learners regarding the teenage pregnancy prevention programme in Mpungu Circuit, Kavango West Region, Namibia?

In order to explore the problem of teenage pregnancy among learners, and gain understanding about the outcomes of the teenage pregnancy prevention programme from the implementers, the following goal and objectives were formulated.

1.4 Goal and objectives of the research study

1.4.1 Goal
The goal of the study was to explore and describe the experiences of learners regarding the teenage pregnancy prevention programme in Mpungu Circuit, Kavango West Region, Namibia.

1.4.2 Objectives
The objectives of the study were:

- To conceptualise and contextualise the teenage pregnancy and prevention programmes from the perspectives learners and life skills teachers.
- To explore and describe the strengths and weaknesses of the teenage pregnancy prevention programme, from the perspectives of learners.
- To explore and describe the opportunities for and threats to the teenage pregnancy prevention programme, from the perspectives of learners.
- To draw conclusions and make recommendations regarding enhancing the successful implementation of the teenage pregnancy prevention programme in Mpungu Circuit, Kavango West Region, Namibia.

1.5 Research methodology

The study followed the qualitative research approach. Qualitative research involves purposeful investigations, searches, or processes that gather and evaluate information in order to gain knowledge and understanding of the experiences of learners regarding the teenage pregnancy prevention programme as implemented in high schools in Namibia (Nieuwenhuis, 2007:99). The qualitative approach proved to be the most suitable as the researcher collected relevant data in the field, at the site where participants attend the programme sessions (Fouché & Delport, 2011:65).
This study conforms to the tenets of applied research. Leedy and Omrod (2010:44) assert that applied research is useful for assisting practitioners and researchers in solving specific problems facing a specific community, as it is the case with teenage pregnancy in Namibia. The researcher hoped to make a contribution towards improving the implementation outcomes of the teenage pregnancy programme in practice (Carey, 2012:31), by gaining knowledge and understanding of teenagers' perceptions and experiences, as well as the views of programme implementers.

The appropriate research design was therefore a case study. Fouché and Schurink (2011:32) state that a case study is relevant because qualitative research involves an exploration of a single or multiple cases over a period of time through detailed, in-depth data collection methods, involving multiple sources of information such as learners and life skill teachers (Cote & Nightingale, 2012:43). The collective case study design was utilised (Neuman, 2011:177) as the researcher needed to understand the experiences of learners and the views of programme implementers regarding the existing teenage pregnancy prevention programme.

The population for this study consisted of five full time learners of both genders who attend the teenage pregnancy prevention programme and life skills teacher who implements the life skills programme at the selected public schools namely, Imarwa Ithete secondary school. Simanaya combined school, Kahenge combined school, Kandjimi Murangi secondary school and Insu combined school in the Mpungu Circuit, Kavango West Region. The study population consisted of ten participants who share the same characteristics required for this study (Strydom, 2011a:223). Within the context of this study, probability sampling, specifically simple random sampling was applied because Strydom (2011a:228) asserts that simple random sampling allows each individual in the population an equal chance of being selected. Consequently, five learners and five programme implementers were selected for participation in the study.

One-on-one semi-structured interviews, using an interview schedule were conducted in order to collect data (Greeff, 2011:351). A pilot study was conducted with two teachers and three learners. These participants were not part of the main study. The researcher followed a dynamic and circular process of data analysis as proposed by Creswell (2014:186). This method was appropriate because Strydom and Delport (2011:398)
explain that qualitative research is flexible and dynamic, and that the analysis of qualitative data is an active and interactive process.

To ensure trustworthiness, several strategies were used and relevant ethical aspects informed consent, violation of privacy, confidentiality and anonymity, violation of harm, compensation, action and competence of the researcher debriefing and release or publication of findings were taken into consideration. These components of the research methodology will be in detail in Chapter 3.

1.6 Limitations of the study

The researcher acknowledges the following limitations of the study:

- The participants feared victimisation by the implementers for disclosing information. This might have influenced the quality and depth of their responses. However, their identity were protected by using their real names.

- Some female teachers were not willing to take part and assist the researcher because they feel unsafe that the researcher will reveal their identification, and some female learners who might have experienced sexual abuse at the hands of older men would have been uncomfortable to answer the questions and only gave little information.

- The sample size was small, therefore, the findings cannot be readily generalised to the entire population of teenagers in Namibia.

- Time was wasted at some schools due to appointment changes. This poor communication could have compromised the data collection process. The researcher has to make appointment for the following day.

- The distance between schools and home might have affected the researcher and this could have compromised the data collection process because day scholar learners they fail to show up for afternoon study.

1.7 Definitions of key concepts

Key concepts related to the study are defined below:
Experiences: Schuiling and Likis (2013:48) define experiences as the knowledge or skill acquired through a period of practically going through something. Such could be gained in a particular education or instance of personal encounter whilst undergoing something. Pretorius (2008:72) says experience relates to the totality of cognitions accompanied by a given perception. Within the context of the study, experience is the process where something is encountered or gained, perceived, understood, and remembered.

Learner: According to the Namibia Education ACT 19 of 1980, section 2(b) a learner is a person whom education is provided to (Namibia Department of Education, 2001:6). In this study, a learner is a young person who is taught something to gain knowledge or skill.

Teenage Pregnancy: Kanku and Mash (2010:13) define teenage pregnancy as a phenomenon whereby a teenage girl falls pregnant. UNICEF (2008:1) defines teenage pregnancy as a teenage girl, usually within the ages of 13-19 years, who becomes pregnant. Within the context of this study, teenage pregnancy is a condition that occurs when young girls between the ages of 13 and 19 engage in unprotected sexual intercourse that results in them conceiving a baby.

Pregnancy Prevention Programme: The Education Sector Policy for the Prevention and Management of Learner Pregnancy (2012:7) defines pregnancy prevention programme as an educational programme that entails prevention measures that do not resort to punishing learners. Pretorius (2008:15) describes a pregnancy prevention programme as a course of action in which knowledge is to be presented to the participants for them to learn. In this context, the concept is used to refer to a service provided by programme implementers to educate learners regarding teenage pregnancy and the associated risks.

1.8 Contents of the research report

CHAPTER 1: General orientation

In this chapter, a general introduction and contextualisation of teenage pregnancy and prevention programmes is provided. This is followed by a description of the problem statement and rationale; the research question; and the goal and objectives of the
study. Next follows a brief description of the research methodology; trustworthiness, pilot study, ethical aspects, limitations of the study and definition of key concepts. The chapter concludes with an outline of contents of the research report.

CHAPTER 2: Teenage pregnancy prevention programmes

The chapter provides a review of literature pertaining to teenage pregnancy and prevention programmes. Firstly the relevant theoretical framework is provided. This is followed by a discussion of adolescence as a developmental phase; the extent of teenage pregnancy; the risk and protective factors; the availability of teenage pregnancy programmes and the impact thereof. This discussion is followed by the policy and legislative frameworks. The next section focuses on barriers to implementing effective teenage pregnancy prevention programmes and the role of the social worker. The chapter concludes with a summary.

CHAPTER 3: Research methodology and empirical study

This chapter focuses on the research methodology. Firstly, a recap of the research question, goal and objectives is provided. This is followed by a detailed discussion pertaining to the research methodology. Specifically, the chapter focuses on the research approach; type of research, research design, population, sample and sampling method, data collection and analysis method, trustworthiness, pilot study and relevant ethical aspects. Lastly, the empirical findings are presented according to the themes and sub-themes that emerged from the analysis. The chapter concludes with a summary.

CHAPTER 4: Findings, conclusions and recommendations

The final chapter focuses on how the objectives of the study were achieved. This is followed by a presentation of key findings; conclusions and recommendations.
CHAPTER 2: TEENAGE PREGNANCY PREVENTION PROGRAMMES

2.1 Introduction

Globally, teenage pregnancy rates remain fairly high despite the teenage pregnancy prevention programmes, which are in place. According to Panday et al. (2009:27), teenage pregnancies have frequently occurred mostly in developing countries. Sub-Saharan Africa has seen the highest rates of teenage pregnancy in the world. Hence, the need for Governments across the continent and the world, to intensify prevention efforts to curb the worrying trends and long-term negative effects.

This chapter discusses the ecological systems theory as the appropriate theoretical framework which underpins this research study. This approach will assist to contextualise teenage pregnancy with specific focus on the Namibian context and to provide holistic understanding about this phenomenon. This discussion is followed by the adolescence as a developmental phase. Next is the discussion of risk and protective factors, and prevalence rates. This discussion will then be followed by a review of existing legislative and policy frameworks, and intervention and prevention strategies. The impact of teenage pregnancy and barriers to prevention efforts are discussed next. The chapter concludes with a discussion of the role of social work practice in addressing this scourge.

2.2 Theoretical framework

The study is rooted in the ecological systems theory. The ecological systems theory is an approach within the social sciences that gives meaning to the complex interactions between the individual and his or her multi-faceted environment (Germain & Gitterman, 1987:349). In accordance with this theoretical framework, the environment in which a teenager has been born and raised, offers a point of reference in relation to their growth and development. Zastrow (2007:25) states that the ecological systems theory views people in a holistic manner within the context of their environment. Children and their environment should be understood in terms of the interrelationship,
wholly each influences the other. Additionally, the ecological systems theory facilitates insights into the origin of the difficulties individuals, such as high school learners, encounter in life (Kirt-Ashman & Hull, 2006:10). As such, the behaviour of teenagers should be investigated from a holistic ecological perspective (Grobler & Schenck, 2009:1).

Holloway and Wheeler (2010:25) highlight that an individual should be viewed as part of ecological systems and not as separate parts. For instance, understanding their needs, emotions, perceptions, frames of reference and values are crucial to understanding their behaviour. The ecological approach was chosen to help the researcher understand adolescents’ behaviour within the context of their interaction with significant others and how such interactions influence their behaviour.

The ecological systems theory states that interactions between the teenager and their multiple spheres of influence namely: The Micro; Meso; Exo, Macro; and Chrono systems, may contribute to teenage pregnancy or may serve as protectors that diminish the pregnancy problem, as displayed in Figure 2.1 and the ensuing discussions in sub-sections 2.2.1 – 2.2.5.

**Figure 2.1**: Ecological model of behaviour

Source: Adapted from Rogers (2013).
2.2.1 Microsystem

Brown (2013:27), states that the first system that a child comes into contact with during his or her development is called the microsystem. Structures that are part of this system include family, school, neighbourhood, as well as other systems to which the developing child is closest and has direct contact with (Beck, 2000:17; Paquette & Ryan, 2001:21). In this microsystem level, the relationships a child has with their family influences their being and behaviour (Brown, 2013:28).

Besides the microsystem, the teenager may also be influenced by some bodily developmental changes such as hormonal development which could result in some bodily developmental changes. Such changes may also influence the behaviour of the individual. So, as hormones change in a teenager’s body, the changes will affect their behaviour (Martin & Fabes, 2009:452). Such physical and behavioural changes might contribute to teenage pregnancy which could in turn have an influence on other systems that interact with the young person as will be discussed next.

2.2.2 Mesosystem

Louw and Louw (2007:328) point out that the mesosystem involves connections and processes that are happening between two or more environmental systems that are holding the developing child. Martin and Farbes (2009:446) argue that the family is the closest, the strongest, long lasting and the most influential part of the mesosystem. The mesosystem impacts the relations between the structures of the developing child (Grobler & Schenck, 2009:24).

Uncertain family life and unforeseeable family situations are seen as the most disastrous influences to a child’s development (Rathus, 2014:522). This disastrous influence may flow over to affect schooling as some children do not have regular correlations with significant adults to enhance their development. The lesser the relations a child has with an immediate family, the lesser the chances of the child to have instruments to explore other parts of the mesosystem (Louw & Louw, 2007:328).

Brook, Pahl, Morojele and Brooke (2006:2) confirms that another crucial issue for a child’s positive development is the relations a child develops in school. Children spend most of their time in school, therefore, the relations they develop are valuable. These authors state that, to some of these children, it is their first time to develop relations
besides those of their immediate family which is a link assisting the child to develop cognitively and emotionally. Bronfenbrenner highlights the importance of these bi-directional interactions with caring adults in the child’s life. If children lack attention in their immediate family, they tend to look for attention in inappropriate places.

These affect learning and teaching in schools (Louw & Louw, 2007:328). It is the duty of families and schools to provide opportunities for solid, long term supportive relationships to learners. There are other crucial systems that could influence the development and behaviour of children.

2.2.3 Exosystem
The exosystem involves connections and processes that are happening between two or more environments in which one of them does not hold the child who is developing but in which the incidents affect the developing child indirectly. (Tudge, Mokrova, Hatfield & Karnik, 2009:23). Brook et al. (2006:31) state that the structures at the exosystem interact with the structures in the microsystem which tend to affect the child’s development. The family’s working environment is one of the examples of the exosystem as explained by the authors. Most of the parents in rural areas work far from their homes and some find jobs in urban areas leaving children in the care of their grandparents, nannies or care takers. This means adolescents do not have a strong bond with their parents to guide and support them during their development including assisting them to make informed decisions about their sexual behaviour (Brook et al., 2006:31). This could lead to girls taking the wrong decision (Bezuidenhout, 2013:79), such as engaging in unprotected sex and falling pregnant at an early age.

Bass and Finke (Sa) argue that the such bi-directional relationships can form the basis for a child’s cognitive and emotional development. Structures of the exosystem like community, society, and culture give support for these bi-directional relationships (Bezuidehnout, 2013:76). The structures impart the values, material resources and conditions which either positively or negatively influences the behaviour of the developing child.

2.2.4 Macrosystem
The macrosystems are the most influential in a given context (Brown, 2013:39). This system is found on the outside part of the developing child and is made up of cultural values, norms and beliefs systems (Morojele, Parry, Brook & Kekwaletswe, 2012:201).
The child is expected to abide by the cultural beliefs and values of the society in which they lives. In turn, these values and norms influence the developing child’s behaviour.

### 2.2.5 Chronosystem

The chronosystems’ emphasis is on the notion of time and its influence on the developing child (Beck, 2000:231). The chronosystem covers difference and stability not only in the features of the developing child but in the environment as well (Brown, 2013:51). Paquette and Ryan (2001:19) explain that components within this system can be either internal or external.

In order to understand the behaviour of teenagers and the phenomenon of teenage pregnancy holistically, it is necessary to look at adolescence as a developmental phase. Various domains of the adolescent phase which influence their growth and behaviour will henceforth be discussed.

### 2.3 Adolescence as a developmental phase

Mwamwenda (2004:45) states that an increased focus is being placed on the importance of context in development. When investigating the issue of teenage pregnancy, it is, therefore, vital to explore all areas of development within the context of developmental psychology, so that an advanced, and in-depth understanding of the behaviour can be presented.

When educational and social policies regarding issues such as teenage pregnancy are developed, an attempt has to be made to understand and predict adolescents’ behaviour within their developmental stages and the context within which they live. The various domains of development include the physical, cognitive, emotional, social and moral development. These aspects are subsequently discussed below.

### 2.3.1 Physical development

The adolescent phase is marked by growth spurts, increased body fat, changes in body proportions, deepening of boys’ voices, breast development in girls and hair development on their bodies and genitalia (Martin & Fabes, 2009:452). Puberty is marked as a time of significant physical change in a girl’s or boy’s body. These physical changes, with the onset of hormonal activity (Stanhope & Lancaster, 2004:758) have a significant impact on the adolescent’s behaviour. Such biological changes exert enormous strain on the developing person’s self-esteem and behaviour. The United
Nations Office for Drugs and Crime (UNODC) (2012:5) points out that even though the adolescent’s brain is developing; it is not yet fully developed until the adolescent reaches his/ her early twenties. It is at this stage where the adolescent’s brain is more susceptible to the negative effects of peer pressure to engage in sexual behaviour. Coleman (2011:24), emphasizes that there are many other significant physical changes that occur, specifically in the adolescent’s brain that can make the adolescent more susceptible to undesirable behaviour such as alcohol use and starting intimate relationships, as a way of coping with the emotional stress that is associated with the physical changes (UNODC, 2015:13).

Physical growth, which has an extensive impact on how adolescents view themselves and their worlds, is often underestimated in the field of developmental psychology (Bjorklund & Blasi, 2012:137), whereas it has a significant impact on their self-image and subsequent behaviour. The authors argue that physical development involves more than just predictable changes in a child’s physical appearance; it affects the ways in which significant others view children and how they view themselves.

These authors elaborate that children function holistically and therefore the physical aspects can have significant effects on school performance, relationships, and all other aspects of their lives, including the values they adopt (Bjorklund & Blasi, 2012:137). PPFA (2013:4) concur that family members, friends and teachers notice physical changes which affect the way they respond to adolescents and in turn adolescents are affected by their changing appearance and the way others now respond to them.

Shaffer and Kipp (2013:195) point out that during the time pubertal changes are peaking; many teenagers feel more independent and not as close to their families as they used to. This could mean that they start relying more on their peers and become more susceptible to negative peer influences such as teenage pregnancy. Another consequence of physical development highlighted by Shaffer and Kipp (2013:169) is that adolescents appear more mature and their competencies may be overestimated.

Adolescent girls may experience more pressure than what they can handle because of their adult-like appearance, which may create a higher risk of them turning to engaging in early sexual behaviour in order to cope with the pressure. It is the researcher’s view that, because of these physical changes, they do not have the emotional intelligence
and cognitive maturity to cope with the pressures of life. Cognitive abilities are required to minimise the impact of immature development, as will be discussed next.

2.3.2 Cognitive development

According to Piaget’s stage theory, adolescents in the formal operational stage are able to think about changes that come with time; hypothesis about a logical sequence of possible events; anticipate consequences of their actions; test logical consistency or inconsistency of a set of statements; and engage in relativistic thought (Louw & Louw, 2007:301). Teenagers, can therefore, increasingly accept others’ viewpoints and values which differ from theirs. Teenagers can thus question social norms, rules, and systems and processes in society. They should also be able to decide for themselves whether they agree with information they receive versus personal experiences.

Pressley and McCormick (2007:405) state that adolescents are viewed only in terms of their ability to consume, digest and give an account of information. The authors explain that adolescents receive inputs from their experiences, process them internally, and create behavioural outputs.

Concrete and absolute thinking also tend to become abstract and relativistic during the adolescent phase. According to Davis (2011:221), “adolescents begin to see greys where before they saw only blacks and whites”. They realise that everything is relative to context and to something else and that it cannot be judged as an absolute truth; nothing can be viewed in isolation or solely as right or wrong or black or white. This opens the possibility that teenagers may previously have seen becoming pregnant as being wrong, but as their ability to engage in relativistic and abstract reasoning increase, they can change their perceptions. If for example, they see that peers who they respect are pregnant, they may rationalise the behaviour and see it as acceptable (Blum, 2010:68).

Cognitively, learners have the capacity to make decisions, are able to reason and be aware of the consequences of their actions. However, the decisions they make are not only based on their ability to reason and understand cause and effect; the social context also plays a significant role.
2.3.3 Social development

Humans are social beings and the only way to accurately understand adolescent behaviour is by taking their social context into account (Bjorklund & Blasi, 2012:433). Louw and Louw (2007:326) state that the social contexts in which teenagers construct their experience primarily include the dynamic and changing interaction with their parents and their peers. The context in which teenagers live plays a key role in all areas of their development and subsequently also has an impact on their perceptions and actions regarding sexual behaviour.

Moreover, Louw and Louw (2007:326) explain that the teenager’s need for autonomy during this stage can lead to parent-child relationship conflict. Adding to the parent-child conflict is the desire of the adolescent to be independent while lack of experience creates internal insecurity. However, the authors point out that parent-child conflict is often necessary for the personality development of adolescents and for teenagers to reach a level of maturity in their reasoning and arguing abilities.

Parenting styles also prove to play an important role in the degree to which a child’s reasoning abilities develop and in how they adjust to the changes associated with the adolescent phase. A strong attachment bond with the families could aid the adolescent by providing a safe base from which to explore and gain experience (Louw & Louw, 2007:328). If a secure attachment is formed with the parent and the adolescent internalises the values adopted from the parents, the teenager should form a strong sense of who he or she is. This decreases chances of the teenager giving in to negative influences.

Moreover, PPFA (2013:2) state that an affectionate parent-child mutual attachment relationship predicts low teenage pregnancy among teenagers. Parenting style and the attachment between parent and child could thus assist the teenager to engage in healthy behaviour and experimentation.

Though relationships with parents play an important role during adolescents’ social development, this phase also includes forming significant relationships with peers. Many teenagers’ peer relationships will become deeply involved and emotionally intimate (Brown, 2013:3). Although the family still plays a vital role, one of the most significant changes that take place during the teenage phase is the move of focus from the family to the peer group.
Most teenagers find some sense of security in peer group’s demands to conform, although total conformation is not a prerequisite as the group relies on unique characteristics of its members (Newman & Newman, 2012:376). PPFA (2013:3) warn that excessive conformity may result in adolescents’ involvement in high-risk behaviour, such as early sexual activity and antisocial behaviour. A certain degree of conformity is thus seen as positive and necessary, but if it is in excess, it can have a negative impact and result in undesirable behaviour.

Contrary to this belief, some teenagers may condemn such behaviour even though the peer group they associate with condones it, resulting in a conflict of values (PPFA, 2013:4). Teenagers’ personal values are altered and shaped by peer group pressure, but if the group’s expectations are too distant from the adolescent’s values, developing healthy peer group identity will become far more difficult and tension will result (Louw & Louw, 2007:333). NAPPA (2011:1) concurs that peer influences play a significant role in teenage pregnancy among learners in Namibia because teenagers seek approval by their peers.

The need to belong can influence some teenagers to engage in sexual activities that they normally would not consider and this could contradict their existing values. This is especially prevalent when a teenager is not accepted by his or her peers. Not all teenagers are accepted by their peer groups. Kirby (2007:31) explains that some teenagers lack social skills, are unpopular because they are aggressive and disruptive, or are shy and withdrawn from socialisation.

In support, Brown (2013:2) found that this is often associated with learners who turn to starting intimate relationships because it helps them to be accepted by peers who engage in such behaviour, which includes engaging in unprotected sex. Newman and Newman (2012:377) state that susceptibility to coercive peer pressure peaks during the early stages of adolescence. The authors, moreover, argue that during the later stages of teenagers, the girl should become more capable of resisting peer pressure and of developing an appreciation for the content of their own personal values. Young people in the early adolescent phase are therefore, more vulnerable to being coerced into engaging in high-risk behaviour despite the fact that they have the cognitive ability to weigh up the negative consequences.
According to Bezuidenhout (2012:36), teenagers consider risks cognitively, socially, and emotionally. This implies that learners weigh up the potential risks and rewards of a specific act cognitively and emotionally, but might continue with certain high-risk behaviour because of peer influence. Their social context might thus influence them to view behaviour such as teenage pregnancy as acceptable because they engage with peers who are involved in such behaviour.

The Gauteng Department of Community Safety (2014:15) found that the influence of peers on the social development of adolescents is one of the strongest predictors of youth behaviour. The adolescents’ cognitive, social, emotional levels of development can, therefore, be seen as interconnected. The emotional development of adolescents is discussed below.

2.3.4 Emotional development

Emotional development in adolescence is seen by Rathus (2014:522) as forming a realistic sense of identity within the social context of relationship with others. The author further points out that adolescents’ experiment with different behaviours in order to develop unique identities. Experimentation is seen by Rathus (2014:522) as a sign of healthy, appropriate adolescent development, unless, the behaviour seriously threatens the health or life of the teenager. If teenage pregnancy is socially acceptable among the teenager’s peers, it would imply that experimenting with this behaviour could be seen as relatively healthy. As the adolescent experiments with different behaviours and ways of doing things, a positive sense of identity is developed. Panday et al. (2009:50) state that a strong sense of personal identity can help a teenager to deal effectively with both internal and external pressure to engage in undesirable behaviours.

Louw and Louw (2007:319) point out that despite developing skills to deal with the pressures faced by adolescents, physical, cognitive and social changes during the adolescence stage can lead to emotional changes that they are not always able to regulate effectively. Moreover, Berk (2013:38) elaborates that teenagers experience mood swings that can cause them to act without proper thinking and make impulsive decisions. This implies that they do not always consider the consequences of their actions which could increase their susceptibility to engage in high-risk behaviours. Such high risk behaviours include engaging in unprotected sexual behaviour which can be regulated by moral development.
2.3.5 Moral development

Davis (2011:51) views teenagers' thoughts, emotions, and behaviour as standards of right and wrong. These are tied to their moral development. Teenagers' interactions with families and significant others, therefore, play a key role in their moral reasoning. Young persons’ decisions regarding moral issues, are subsequently, influenced by interactions with family and peers.

Brown (2013:51) states that during the stage of moral development, adolescents initially tend to follow moral rules in order to obtain approval. However, as they mature they start to internalise moral rules. As moral rules are internalised, they become more concerned with living up to the moral standards of parents and of society, as such, their behaviour is subsequently motivated by the value system which is rooted in their cognitive, social and emotional development.

Louw and Louw (2007:340) state that developing a personal value system is one of the most important developmental tasks of teenagers. This guides teenagers to engage in morally acceptable behaviour. As a result, teenagers who learn from parents, peers or society that early childbearing is acceptable, will therefore internalise these values and become teenage parents (Blum, 2010:67).

Louw and Louw (2007:346) include religion as a factor that influences moral development. The authors explain that young peoples’ attitudes towards religion affect their behaviour, since young people who value their religion tend to demonstrate greater moral responsibility than their counterparts who are not religious. Religion and religious upbringing will therefore, play a role in the way learners view teenage pregnancy and will influence the degree of risk involved in the experimenting risk behaviour. It is evident from the discussion above that adolescents' developmental phase plays a signification role in their behaviour and that teenagers' physical, cognitive, social, emotional and moral development are interlinked.

Stanhope and Lancaster (2004:495) emphasise that development in the physical, cognitive, social, emotional and moral areas are interconnected, interrelated and yet independent. Each and every one has to develop for the functioning of a socially accepted human being. When attempting to understand adolescents' development, it is
therefore, important to consider that all areas of adolescent development feed off each other. Any change in one of these areas has an impact on the other areas and this will influence teenagers’ likelihood to engage in, or resist, behaviour such as sexual activities.

Teenagers’ development and behaviour are not only influenced by individual, familial, peers, and societal elements, but by various other factors which either protect or place them at risk. The next section explores the possible risk and protective factors of teenage pregnancy.

2.4 Risk and Protective factors
Teenage pregnancy should not be viewed in isolation. The context of a modern society, needs consideration. Teenagers’ decisions regarding engaging in early sexual relationships are influenced by a variety of factors on different levels. These factors can either protect adolescents or make them more vulnerable to high-risk behaviour such as having unprotected sex (Brown, 2013:19). The most significant factors that may have an impact on teenagers’ probability of engaging in risky sexual activity are discussed below.

2.4.1 Individual-related factors
Various individual factors such as age, gender and race or ethnicity are viewed as contributory to teenage pregnancy (Bezuidenhout, 2013:85). Moodley, Matjila and Moosa (2012:5) state that teenage parent is more common among female learners than male learners. These authors also found that the average age of initial sex debut is 14.6 years, indicating that this is a high-risk age for adolescents to start experimenting with sexual relationships. One can further argue that the statement is based on the fact that female learners will of course fall pregnant and it will be visible with time as opposed to boys who will not show any consequences.

Brook et al. (2006:3) warn that personal attributes are the most significant predictor in teenage antisocial behaviour. Such individual risk factors are listed by PPFA, (2013:4) as rebellious and anti-social behaviour, low religious involvement, having short-term goals in life, suffering from depressive symptoms and a poor sense of well-being and self-esteem. Conversely, individual protective factors include social maturity, self-confidence, responsibility and getting along with significant others (Department of Basic Education, 2013:9). Although these factors could affect learners’ behaviour, they cannot
be seen in isolation because variables like peer influence, also play a significant role as will be discussed next.

2.4.2 Peer-related factors

Peer association is one of the major, well-established predictors of teenage pregnancy (Brook et al, 2006:27). According to USAID (2011:15), most teenagers seem to respect the opinions of the members of their peer groups and they would rather discuss their problems with their peers than with anyone else. This makes them susceptible to either negative or positive influences by peers.

However, individual predispositions to such pressure are still uncertain, as Brown (2013:15) warns that although young people tend to experiment with drugs to gain respect among their peers, their behaviour cannot simply be attributed to external factors, such as peer pressure. Allen, Porter and McFarland (2006:155) assert that the extent to which teenagers experience pressure has been documented, but it has not been recorded how the individual teenager deals with this pressure. The authors claim that current research has not managed to address that critical question about the degree to which individual teenagers differ in their susceptibility to peer influence.

Nonetheless, Brown (2013:20) has established that peer-led strategies to prevent sexual behaviour have been extremely valuable in preventing teenage pregnancy, as learners are often more willing to listen to and learn from their peers. NAPPA strategic plan (2010-2014:17) confirms that positive peer groups act as protective factors that reduce the risk of early pregnancy.

The researcher agrees with Brown (2013:15) that peer pressure plays a role in young peoples’ decision making, but there is uncertainty regarding the degree and scope to which there is a correlation between peer pressure and teenage pregnancy. It is therefore proposed that peer pressure in relation to individual and other factors such as the school context should be considered.

2.4.3. School-related factors

Several school variables considered as risk factors for teenagers engaging in antisocial behaviour include disorganised conditions in the school, the role of the learner, the role of the educators and the role of parents in relation to the school system (PPFA, 2013:5). Bezuidenhout (2013:80) identified disorganised conditions such as downgraded
facilities as risk factors for young person's misbehaviour. The author states that the contrast between a downgraded and unsafe school facility and an independent school with many luxuries, may create a sense of relative deprivation. This can lead to negative self-esteem, thus making adolescents vulnerable to teenage pregnancy (Bhana, Clowes, Morrel, & Shaffer, 2008:4).

In addition, big class sizes and limited space are also conditions that place many children at risk. Children in large classrooms tend to have less of a social relationship and less interaction with the teachers, resulting in reduced cooperation and more disruptive behaviour, thus making adolescents prone to risky behaviour, such as engaging in unprotected sex (Shaningwa, 2007:15). Brown (2013:28) lists failure at school, low commitment to school and school norms, as risk factors that could contribute to teenage pregnancy. These factors can often be linked to use of alcohol thus resulting in engagement in unprotected sex (Panday et al., 2009:22).

Additionally, Bezuidenhout (2013:82) describes the role played by teachers in contributing to teenage pregnancy. The author elaborates that some schools in South Africa are not as functional as they should be, and are often vulnerable because of staff incompetence, lack of discipline, political and union interference, and a shortage of teachers. The researcher is of the opinion that this could lead to teachers not enforcing discipline, which creates the impression among learners that they can engage in high-risk behaviour without having to face any consequences. Bezuidenhout (2013:82) points out that this could lead to learners adopting an irresponsible attitude.

Another risk factor relating to the school context is the dynamics between parents and teachers. Parents believe it is the responsibility of the teacher to discipline their children, while teachers are often too scared to confront learners because of violence in schools. Such attitudes further reinforce negative or high-risk behaviour among learners (Kirby, 2007:29). The school context is thus also influenced by the lack of parental involvement in the lives of their children. Therefore, the family-related risk factors will be discussed next.

### 2.4.4 Family-related factors

The family plays a vital role in socialising young people, teaching them the laws of society and taking action so that they will adhere to these laws (Bezuidenhout, 2013:75). Parenting and parenting styles can have a significant influence on children
and adolescent behaviour. According to Stanhope and Lancaster (2004:631), adolescents who do not have a strong bond with their parents are more prone to be pulled into peer groups who are involved with drug use and other delinquent behaviour, such as engaging in pre-marital sex.

Moreover, Wu, Swartz, Brady and Hoyle (2015:80) point out that perceived parental approval of early marriage increases teenage pregnancy. In support, Panday et al. (2009:47) propose that parents who believe in such cultural practices or who have favourable attitudes towards early marriage, can also be risk factors for teenage pregnancy. Shaningwa (2007:49) agrees that a lack of parental supervision or monitoring, often due to parents who have to work to support families, increases the likelihood of adolescent misbehaviour. In support, Stanhope and Lancaster (2004:704) confirm that learners from child-headed households tend to be relatively more prone to financial deprivation which makes them more prone to risky behaviour such as human trafficking and child prostitution. Families play an important role in youth behaviour, but the family functions in the context of a larger community which also has an effect on the family and subsequently on the teenager.

2.4.5 Community-related factors
The socio-economic status of communities, the sense of social cohesion in the community that allows for informal social control as well as the role modeling offered by adult members of the community, can have a bearing on the behaviour of teenagers (Panday et al., 2009:67). This is supported by Brown (2013:31) who states that social disorganisation, high levels of disadvantage and poor achievement levels of members of a community, increases the likelihood of young people engaging in earlier sex, thus leading to early pregnancy.

Low levels of education, income and employment as well as high rates of crime amongst community members, are risk factors for early pregnancy (Brown, 2013:44). Changes in the political, economic and social structures in Namibia both before and after apartheid, made the country more vulnerable to teenage pregnancy (Juach, Edwards & Cupido, 2009:19). This was supported by the significant increase in the teenage pregnancy rate among learners. Brown (2013:43) confirms that such
community related factors encourage the likelihood that adolescents will engage in high-risk sexual behaviour.

In support, Van Zyl (2013:584) points out that community tolerance for teenage pregnancy correlates with young mothers’ involvement in unplanned pregnancy and receiving social grants. The author further state that many adolescents in South Africa blame community tolerance for the increases of teenage pregnancy. On the other hand, community disapproval and having access to constructive leisure activities act as protective factors (Van Zyl, 2013:584). The specific community and its norms and values can therefore be considered to be protective factors for teenage pregnancy (Martin & Fabes, 2009:452). Community is part and parcel of society, therefore societal factors are discussed below.

2.4.6 Societal factors
Children who come from large families, where parents are not able to provide for their physical needs, families that are characterised by poor housing, and are subjected to poverty, are more susceptible to becoming involved in sexual behaviour (Brown, 2013:46). Hemovich and Cran (2009:2102) assert that teenagers from single parent households tend to be relatively more prone to resource deprivation, and are inclined to receive less monitoring, which makes them more prone to risky behaviour such as engaging in unprotected sex.

Green (2008:175) proposes that poverty may also be an indicator of teenage pregnancy because engaging in sexual relationships may be an indicator of a coping strategy to deal with the daily pressure associated with poverty. In support, Van Zyl (2013:585) states that loss of morals and social degradation associated with poverty are significant risk factors for teenage pregnancy. Additionally, homelessness, which often stems from poverty, is another critical factor that places young girls at risk of teenage pregnancy (Brown, 2013:38). In support, Hemovich and Crano (2009:2102) argue that there is no guarantee that high socio-economic status removes the risk of delinquent behaviour. The authors explain that an increase in materialism and the rising living cost that parents have to deal with, implies that they are forced to work longer hours and therefore, do not have time to form strong attachments with their children or to enforce rules and boundaries, rendering these adolescents at high risk of teenage pregnancy.
Sometimes issues relating to politics in most societies can also have an influence on the behaviour of most children.

### 2.4.7 Cultural and Religious factors

The culture in which an adolescent is raised can have an impact on the behaviour and attitudes and will determine whether the teenager is at risk of engaging in sexual activities at an early age or not (Morojele et al., 2012:167). The culture in which an adolescent is raised will therefore have an impact on their behaviour and attitudes and will determine whether the teenager is at risk of engaging in sexual activities at an early age or not (Morojele et al., 2012:167).

On the other hand, UNODC (2012b:150) showed that in cultures where parents are religious, children are often more religious, and teenagers from such homes are less likely to engage in sexual behaviour. The author explains that the reason for the decline in early sexual debut is often that the child is supported by the religious institution and its belief system. Morojele et al. (2012:201) assert that religion can be regarded as a protective factor when children internalise belief systems that purport that certain risk behaviours are immoral. Teenagers are also influenced by other external factors such as the media and technological advancement, as discussed below.

### 2.4.8 Media and Technological Advancement

During the last decade, the internet has revolutionized the media. UNODC (2012b:16) proposes that social networking sites, mobile technology, and an increase in internet accessibility resulted in teenagers’ exposure to information related to sexual behaviour. Brown (2013:61) explains that electronic media is increasingly becoming more important to teenagers and they spend hours online being virtually connected to their peers. This implies a surge in messages that could directly or indirectly promote early sexual relationships.

The media, could, however, be considered either as a risk or protective factor. As (UNODC, 2012b:17) points out that the information received by teenagers is not controlled or monitored. Thus, the messages received via social media, music lyrics, music video and films could also act as a protective or risk factor, depending on the content learners are exposed to. In support, Jiloha (2009:169) suggests that advertising against teenage pregnancy can be a powerful weapon to prevent pregnancy among learners.
In order to understand the teenage pregnancy problem, it is important to acknowledge that teenagers influence and are influenced by multiple systems in the environment in which they live. As a result, the next section reviews the extent of the teenage pregnancy problem from an international, regional and national context.

2.5 Extent of teenage pregnancy

Teenage pregnancy remains a major concern both in developed and developing countries. As such, the next section reviews literature on the extent of teenage pregnancy within the international sphere.

2.5.1 International context

A World Health Organisation (WHO) states that the average teenage birth rate amongst developed countries was 29 births per 1000 with European countries having the lowest rate whereas in developing countries and the teenage pregnancy rate was as high as 133 births per 1000 females (WHO:2008:8). Although the overall teenage pregnancy rate has declined in Latin America, the Carribean, as well as South-Eastern Asia has shown little progress in reducing adolescent fertility rates among these regions over the past two decades (United Nations, 2008). Global declines in overall teenage pregnancy rates have been attributed to the increased availability of family planning services. However, teenage pregnancy in the Netherlands is much higher in minority ethnic groups than in the indigenous population, particularly among Islamic and Black populations (PPFA, 2013:4).

In a comparative study involving four developed countries, the United States of America (USA) had the highest teenage pregnancy rate of 22%. This was followed by the United Kingdom (UK) with a rate of 15%, Canada with 11% and Sweden was the lowest with a rate of only 4% (Molefe, 2016:24). The reason for Sweden having the lowest rate of teenage pregnancy was that people were more open and liberal about issues of sexuality and reproductive health, and there is easy access to contraception and pregnancy termination or abortion services (Brown, 2013:7). This author found that societies that kept to traditional values on marriage and sex and did not give enough information on issues of sexuality and reproductive health, were the ones with the highest rate of unwanted teenage pregnancies.
2.5.2 Regional context

Looking at the developing countries in the African continent, most of them have higher teenage pregnancy rates of over 15% (Molefe, 2016:18). Studies indicate that Mali has the highest rates of teenage pregnancy (45%), followed by Liberia with the rate of 35%, then Botswana with the rate of 24%, followed by Kenya and Togo, both with the rates of 21%, then Ghana with the rate of 19%, followed by Zimbabwe with the rate of 16% and South Africa with the rate of 15.7%. These author state that in many African regions, 10% of school girls drop out of school due to teenage pregnancy. Since learner pregnancy policy was introduced in many African countries, the continent is still experiencing high learner pregnancy rates including school dropouts (Molefe, 2016:19).

As cited in Molefe (2016:19), the Human Sciences Research Council in 2013) indicated that learner pregnancy increased between 2004 and 2008. On the contrary, teenage pregnancy trends in South Africa and most developing countries decreased in 2010 as compared to the 1990’s (Brown, 2013:23). While over time, teenage fertility rates in SA are also declining, albeit at a slower pace, with the evidence showing that this decline is interrupted from time to time because of poverty (Molefe, 2016:65).

Analysis of the determinants of age specific fertility rates in 24 countries in Africa showed that the decline in teenage pregnancy has stalled in countries where there has been little educational and economic progress (Shapiro & Gebreselassie, 2007:29). Moreover, countries that have increased the number of girls with secondary or higher education have experienced declines in teenage pregnancy rates (Shapiro & Gebreselassie, 2007:29).

The WHO reviewindicates that the average teenage pregnancy rate across Africa is about 118 per 1000 females and this figure is very high when compared to other continents (Brown, 2013:42). Some researchers have stated that the high teenage pregnancy rate in Africa can be attributed to Africa being amongst the poorest continents of the world (WHO, 2008:11). A study in Nigeria revealed similar findings that teenagers were becoming highly prone to early pregnancy due to the low socio-economic status of the households (PPFA, 2013:2).

Panday et al. (2009:67) confirms that socio-economic conditions; low educational attainment; as well as cultural and family structure, are associated with high teenage
pregnancy rates. This opinion is further supported by the World Bank synopsis on the determinants of increased fertility in low income countries. The report indicates that poor access to sexual health services and urbanisation were also determinants of teenage pregnancy amongst developing countries (WHO, 2008:11). While global trends indicate an increase in teenage pregnancy rates, the situation is no different in Namibia.

2.5.3 National prevalence rates
Statistics on teenage pregnancy indicate that between 2014 and 2016, more than 7,500 learners became pregnant despite the prevention programme being in place (Beukes, 2017:1). The author further reveals that in 2016, 4,000 learners dropped out of school because of teenage pregnancy. The teenage pregnancy problem varies from region to region, and from culture to culture.

The NAPPA Strategic Plan (2010-2014:8) points out that the Kavango is regarded as the region with the highest rate of teenage pregnancy in Namibia. Findings of a study carried out by the NAPPA, show 111 million new cases of sexually transmitted diseases among young people aged 10 to 24; and 10% of births to teenage mothers (NAPPA, 2010- 2014:22). The USAID (2011:21) claims that there has been no discernible decrease in the teenage pregnancy rates in the Kavango Region, despite the availability of prevention programmes. In support Ikela (2014:1) ranks this region as the worst affected in Namibia.

The Educational Management Information System revealed that between 2006 and 2012 the number of pregnant adolescents aged between 15 and 19 years, or even younger than 15 had increased (Kavango Regional Education, 2009a:1-7). These figures could be an underestimation of the extent of problem. McCaw-Binns et al. (2012:152) caution that teenage pregnancy statistics should be seen as an underestimation of the actual numbers of pregnant teenagers, and that the actual percentage of teenage pregnancy is under-reported since only those teenage mothers who attend health facilities within the region are included in the database.

Beukes (2012:3) confirms that statistics on teenage pregnancy are inaccurate because young mothers often do not divulge their status for fear of being stigmatised. The author further states that a holistic national study on the entire teenage pregnancy problem has not been conducted and the statistics are therefore, inaccurate.
As the above discussion gives a clear indication that teenage pregnancy is ever increasing both globally and nationally, the next section is important to understand what is being done in terms of legislation and policies to address the problem.

2.6 Legislative and Policy Frameworks

International, regional and national policies are used as tools to combat teenage pregnancy. These protocols were developed after realising that teenage pregnancy is one of the causes of inequalities in achieving educational access between girls and boys (Molefe, 2016:27). The discussion starts with the international perspective, followed by the regional context, and ends with the national frameworks.

2.6.1 International Legislative and Policy Frameworks

Internationally, education is defined as a fundamental human right for every member of society (Molefe, 2016:27). The Sustainable Development Goals (SDGs) have a clause that is exclusively devoted to the principle of gender equality in order to enhance access to, and completion of education by girls and women at all levels of education by 2015 (UNESCO 2005:12). This means that education was given a priority and the right to education is one of the core human rights in the Education For All (EFA) of 1990 and the Sustainable Development Goals (SDGs) of 2000. EFA and SDGs provide for gender equity and measures to strengthen access to education to allow all girls and women the opportunity to complete schooling by 2015 (United Nations Children’s Fund, 2003:4).

One of the EFA goals was to ensure access to life skills programmes to prevent teenage pregnancy by 2015 (Department of Basic Education, 2010:2). Even though goal two emphasises that by 2015 all learners, particularly girls, should by then have accessed reproductive health education, the Department of Basic Education had reports that girls were still dropping out of school due to pregnancy (Department of Basic Education, 2010:3). Achieving this goal, is still a challenge because there are still learners who are dropping out of school due to pregnancy globally.

One of the eight SDGs for 2015 related to pregnancy was to eliminate poverty among girls by empowering them with information to attain their education. The Sustainable Development Goals give the assurance that even pregnant learners must receive equal education like all other learners (Jansson, 2009:51). It is in this regard, many countries around the world abide by these principles and they had to design national policies to
prevent pregnancy (Education Sector Policy for the Prevention and Management of Learner Pregnancy [ESPPMLP], 2010:7). Furthermore, the provision of reproductive health education in schools, and the right to freedom of choices ensured that teenage pregnancy is reduced (LAC, 2008:12).

Starting with the developed countries, Britain promoted education as a human right for everyone and introduced the British Education Act of 1994, a law that prevented any form of discrimination to ensure that everyone has equal access to education (Molefe, 2016:32). Similarly, the United States of America also adopted the policy of not allowing any form of discrimination against women in education (Runhare, 2010:92). Two pieces of legislation to protect the rights of pregnant learners to continue with their education were adopted and implemented in schools (Brown, 2013:22). The Educational Amendment Act of 1972, referred to as Title IX and the Women’s Educational Equity Act (WEEA) of 1975 do not allow any form of discrimination against pregnant teenagers in schools (Molefe, 2016:32).

McGaha-Garnett (2007:24) confirms that in the USA it is compulsory for teen mothers to attend school and they are fined when they are not attending school. To help pregnant learners and those that have given birth, there are measures in place to support learners such as adjusting timetables to suit the learners’ needs, on-site day care and health facilities, and counselling services for teen mothers (Brown, 2013:24). Panday et al. (2009:103) state that prior to the adoption of the law, only 18,6% of pregnant and teen mothers graduated from high school. However, this increased to 29,2% in 1975 and by 1985 the figure increased to 55% due to the effectiveness of the policy. Molefe (2016:35) points out that some policies that promote equal educational opportunities for pregnant learners were sometimes badly received by the communities due to negative traditional and conservative perceptions about giving social rights to pregnant teenagers and teen mothers.

2.6.2 Regional Legislative and Policy Frameworks

Some of the Southern African Developing Countries (SADC) member states such as Namibia, Botswana, Malawi, Zimbabwe and South Africa accepted the call for allowing pregnant learners the right to access education. Botswana was the first African country to commit itself by introducing a policy which does not expel pregnant learners from school.
The Zimbabwe Education Act 25.04 of 1996, Sub section 4(2) states that all children have a right to education. Moreover, Section 10 states that all children have a right to be enrolled at any government school near to their homes. Therefore, it is evident that in Zimbabwe every child has a right to education inclusive of learners who fall pregnant still at school. Again, Article 23 (1) (b) states that no person shall be unfairly discriminated by any person while Subsection 23 (2) prohibits any form of discrimination on the grounds of race, tribe and place of origin, political opinions, colour, creed or gender (Molefe, 2016:34).

The Government of Zimbabwe outlines various provisions that allow pregnant learners to continue with their education. Through the Ministry of Education Sport and Culture Policy (1999), pregnant learners have to be encouraged to stay in the school for as long as it is possible if there are no complications. Moreover, a pregnant learner and the father of the baby (if he is also a learner) can take up to three (3) months leave of absence from school and are allowed to write their examinations. This creates an opportunity for pregnant learners to continue with their schooling.

Section 29 (1) (a) of the South African Constitution Act 1996 (Act No. 8 of 1996) stipulates that everyone has a right to basic education. This clause protects everyone including pregnant learners from possible exclusion from education. Also, Section 9 (3) states that no one should be discriminated against due to race, gender, pregnancy, marital status. Therefore, the provision for pregnant learners to continue with their schooling during and after pregnancy is mandated by the Constitution (Brown, 2013:44). However, available research findings indicate that girls are still dropping out of school due to pregnancy (Panday et al., 2009:81). The right to public health care services including reproductive health care has been given to all citizens as a constitutional principle of South Africa (National Education Policy Act 106 of 1996a). This means that the pregnant learners are entitled to receive reproductive health care services.

Section 4 (a) (i) and (ii) of the National Education Policy Act 1996, (Act No. 27 of 1996) says that all policies on education must be developed to advance and protect the fundamental rights of every person which is guaranteed in terms of Chapter Two of the Constitution of South Africa. The Constitution further emphasises the right of every person to be protected against unfair discrimination within or by an Education Department and the right to education for every child which includes pregnant learners.
Again, Section 4(c) states that efforts shall be directed towards the realisation of equitable education opportunities and address the disparities of past inequality in education provision, including encouraging gender equality and the enhancement of the status of women (Molefe, 2016:35).

This means that the members of the school management team should be able to handle pregnant learners by giving them the necessary support (Molefe, 2016:37). The researcher supports Molefe that all stakeholders and more especially the members of the school management team should have skills and should design a plan of action to deal decisively with teenage pregnancies to create a common culture through empowerment (Molefe, 2016:35). This has implications for the school management team members who only focus on professional functions and neglect their role to prevent learner pregnancy. Panday et al (2009:104) concur with Ferguson and Woodward in their study, that if learner mothers continue with their studies after giving birth and receive the necessary support from school, they can manage to complete their secondary education and further their studies with tertiary institutions.

Moreover, Section 3 (3.2) of the South African Council of Educators Act 2000, (Act No. 31 of 2000) under the Code of Professional Ethics, stipulates that educators should guide and encourage each learner to reach his or her potential. This implies that the school management teams should be able to handle pregnant learners in a manner that will allow them to perform to their maximum level regardless of pregnancy. According to Brown (2013:27), a well ordered plan should be organised to assist pregnant learners in schools. This means that schools’ management should design programmes to prevent teenage pregnancy and support for these pregnant learners to help them reach their potential (Brown, 2013:51).

The South African Schools Act of 1996, (Act No. 84 of 1996c) protects the rights of every learner from any form of discrimination inclusive of pregnant learners. Due to the high rate of learner pregnancy in schools, the National Department of Education initiated the policy on learner pregnancy to guide the schools on the prevention and management of learner pregnancy (Molefe, 2016:37). At the heart of this policy was the need to strike a balance between the right to education of pregnant learners with the right to care and support to new born babies (Panday et al., 2009:82). The then Minister of Education in South Africa, Mrs Angie Motshekga clarified that all learners have a right
to education, including pregnant girls who are school-going. Therefore, they need to be retained at school by allowing them to come back after giving birth (Molefe, 2016:36). This means that these policy guidelines are gender sensitive and seek to prevent any forms of discrimination.

According to Stanhope and Lancaster (2004:875), policy on teenage pregnancy should emphasise that pregnant girls are allowed to continue with their schooling during and after pregnancy. Such a provision guarantees pregnant learners to continue with the school after delivery. While these policy guidelines allow pregnant learners to take leave of absence for up to two years, in order to look after the baby, this is not obligatory (Schuiling & Likis, 2013:37). It is however, up to the affected learner and their parents to decide when to return to school after giving birth (Pandor 2007:12; LAC 2008:7 & ESPMMLP 2010:7). The reason for this leave of absence is based on the fact that no medical staff and child care facilities are available in the schools. But it is expected that the pregnant learners continue with their studies and do all school work that is assigned to them, as informed by existing legislation.

2.6.3 Namibian Legislative and Policy Frameworks

A policy on learner pregnancy is vital as research shows that sexual exploitation begins early for most Namibian adolescents. As the country moved towards the 2015 Sustainable Development Goals and Vision 2030, it was time to revise and re-implement a new policy to address learner pregnancy and gender disparities in education in Namibia (LAC, 2008:13). Learner pregnancy has been cited as a constraint in the elimination of gender disparities in education, whilst the achievement of Sustainable Development Goals of universal primary education and gender equality in education by 2015 and beyond is seen to be responsive towards that constraint (Education Sector Policy for the Prevention and Management of Learner Pregnancy [ESPPMLP], 2010:7).

Thus in 2009, the Namibian cabinet developed and approved a new policy on pregnancy prevention and management, which states that pregnant learners can remain in school until the eighth month and should come back to school immediately after delivery as long as the baby is in good health or else they can stay up to a maximum period of twelve (12) months at home (LAC, 2012:7). The policy provides for the learner to be allowed to continue with classes after the assessment of the social
worker who will make assessment on the wellbeing of the baby (LAC, 2008:5). The focus is supporting the teenage mother to complete their education whilst ensuring that the infant’s health, safety and wellness are protected.

Article 20 (1) of the Namibian Constitution states that all persons have the right to education and the United Nations Commissions on Human Rights has called UN members to eliminate obstacles which limit access to education of pregnant girls. The Namibian Constitution grants the child the right to be in school regardless of their pregnancy status as long as the child is at least 16 years old.

Namibia is also a signatory to several international and regional legal instruments which address teenage pregnancy. These include UN Convention on the Elimination of all forms of Discrimination Against Women; Convention on Elimination of all forms of Discrimination Against Women (CEDAW); Education for All; National Policy for Reproductive Health 2001-2004. As a consequence, the pieces of legislation and applicable policies as discussed above have resulted in the design and implementation of pregnancy prevention programmes.

2.7 Pregnancy Prevention Programmes

There are many preventative programmes to counteract the adverse conditions that put teenagers on to the path toward teenage pregnancy world-wide (Bezuidenhout, 2013:70). The international, regional and national contexts will be discussed.

2.7.1 International context

Brown (2013:48) points out that developed countries such as USA, Netherlands and Brazil implement various teenage pregnancy prevention programmes in the form of school-based sex education, a parenting centre in South West Georgia, to offer lessons relating to teenage pregnancy and parenting skills (Brown, 2013:48). Both programmes are offered either at school or at the community centres.

Another teenage pregnancy prevention programme in Georgia, in USA is the Circle of Care Programme. This educational programme was initiated to address the increasing rates of teenage pregnancy (Brace, 2009:29). The objectives of this prevention service are to reduce the likelihood of repeat pregnancy and improving educational outcomes for teenage parents (Brown, 2013:48).
Other prevention services include a school child development centre in Oregon, which offers social services to learners. This programme was designed to prevent early pregnancy and serve as a school dropout centre for teen mothers. The programme for teenage parents was somewhat limited, but was successful in providing teenagers with access to necessary social services (Brace, 2009:28). The school child development centre programme was centred on removing barriers that prevent adolescent girls from graduating, as schools recognised that teenage pregnancy was a major reason for school drop-out. Furthermore, eight more new school-based child centres were established in Oregon between 2003 and 2006 as a result of success of the North Medved High School Child Development Centre (Brown, 2013:50).

The Family Life Education programme is another prevention service implemented in the USA. This prevention programme was created from Virginia State Department of Health’s Abstinence Education Initiative. It was designed for grade seven learners and corresponds with PPFA (2013:3), who contends that it is better to begin sex education in lower grades as it was the case in the Netherlands. Thomas and Dimitrov (2007:12) confirm that the prevention service is one of the six projects grouped under abstinence education programme, with a purpose to promote sexual abstinence in order to reduce adolescent sexual risk-taking behaviour and unplanned teenage pregnancy.

The Family Life Education programme centred on providing sexual health related information and addressed various dimensions of sexual and reproductive health (PPFA, 2013:3). This is a comprehensive sexual education programme as the core elements include spiritual, social, mental and emotional dimensions. Netherlands and Brazil also implements a similar programme (PPFA: 2013:3).

2.7.2 Regional context
In African countries, education programmes remain focused on the academic development. It is emphasised that pregnant learners and teen mothers should be fully included in all the learning activities in the schools (Molefe 2016:42; Panday et al, 2009:67). Unlike in the USA’s supplementary curriculum where the teen mothers take such courses as separate, non-accredited general education subjects, African countries take courses like learners’ knowledge on parenting skills, HIV/AIDS and pregnancy prevention in the Life skills subject together with other learners who are not pregnant (Molefe 2016:42).
Most of the African countries’ education programmes are not formalised to provide extra support to pregnant learners during the period of absence from school, when the pregnant learner is away for delivery (LAC, 2008:10). In Cameroon, the pregnancy prevention programme is compulsory for all pregnant learners and those who have just delivered their babies (LAC, 2008:5).

According to Molefe (2016:42) and Panday et al. (2009:67), there is abundant scholarships and strategies that can be used to prevent learner pregnancy. For instance, comprehensive sexuality education programmes are introduced in schools to deal with issues of access to sexual and reproductive health issues. Kirby (2007:27) confirms that the introduction of sexuality education proved that learners can suspend sex for a later stage and that they are encouraged to engage in safe sex. This author states that values, attitude and beliefs about sexuality are enhanced and perceived by learners in a positive way through these comprehensive sexuality education programmes. Brown (2013:39) agrees that comprehensive sexuality education encourages learners to abstain from sexual activities and helps them to withstand peer pressure. Life skills education programmes assist learners to practice abstinence; be faithful to one partner and practise safe sex like using condoms (PPFA, 2009:3).

The National Curriculum Statement which was introduced in many schools in Africa provided for this comprehensive life skills education programme as part of the Life Orientation (LO) subject which was made compulsory to all learners from primary to secondary schools (Molefe 2016:45). The author further states that, there are also other programmes in Africa which are introduced for the prevention and management of teenage pregnancy. Molefe (2016:46) states that the Department of Basic Education in many African countries together with the Department of Health introduced the Integrated School Health Programme (ISHP) which is being implemented in many schools where health education is covered including the combination prevention strategy and sexual reproductive health education. This education is presented by health nurses who are allocated to the schools.

A multi-sectoral approach to addressing social challenges affecting learners including learner pregnancy and HIV/AIDS are amongst the strategies used. All stakeholders involved in the education of the learners from all sectors work together (Molefe, 2016:45). Furthermore, peer education programmes are used as an approach where
learners educate each other and network with other stakeholders in order to tackle sexual and reproductive health issues and indicate causes in teenage sexuality and risk behaviours (Brown, 2013:19). The author further mention that peer education programmes generally select learners which are of similar age as others who will model good behaviour and advocate for the provision of services to address sexual and reproductive health related issues. (USAID, 2011:23).

Countries like South Africa developed guidelines which determine the development, implementation and evaluation of peer education programmes (Brown, 2013:41). There are four roles of peer educators determined in the guidelines which include; educating teenagers in a structured manner; showing good example for healthy behaviour; assist other learners with social problems and refer them to relevant stakeholders and lastly advocate for awareness campaigns for learners.

Kirby (2007:34) states that few reviews were undertaken on sex-based education programmes in developing countries. These reviews demonstrated the positive effect of school-based programmes in improving knowledge, they did not demonstrate strong effects on improving skills, changing value and norms and changing behaviour (Kirby, 2007:34).

There was strong evidence for the effect of school-based sex and HIV education interventions on adolescent sexual behaviour. While the prevention services did not increase sexual activities, they did report positive effects in delaying sexual activities, reducing the numbers of sexual partners and frequencies of sex as well as increasing condoms and contraceptive use (Kirby, 2007:35). The strongest evidence for programmes that had an impact on behaviour was curriculum based, led by professionals such as social workers, health workers and teachers (Stanhope & Lancaster, 2013:38). Kirby (2007:35) points out that the two curriculum-based programmes were implemented by peers, one which showed some evidence positive impact on sexual behaviour. The findings of the evaluation for the school-based curriculum conducted by PPFA in eight other African countries indicate that Zimbabwe and Cameroon were the most successful countries to reduce sexual behaviour in schools (PPFA, 2013:2).

School based clinics are either available on the school premises or are allocated closer to the schools. In line with developed countries, Stanhope and Lancaster (2004:818)
state that 80% of school clinics provide a range of sexual and reproductive health services, only about 25% dispense hormonal contraceptives or condoms. Providing contraceptives through school-based health clinics and making condoms available in schools do not increase the onset or frequency of sex. Instead, when contraceptives are available through school clinics and condoms can be obtained easily and confidentially on school premises, many sexually active learners make use of these services (PPFA, 2013:4). But obtaining contraceptives from school-based sources is dependent on how widely it is available in the community.

2.7.3 National context
There is strong evidence that after independence Namibia introduced teenage pregnancy prevention services in schools to mitigate teenage pregnancy. Government, Non Governmental Organisations and community based organisations (CBOs) such as FAWENA developed programmes to help female learners by assisting them financially in terms of paying their school fees and providing school-based education programmes as will be discussed next.

2.7.3.1 School-based education
The Namibian Government introduced the life skills curriculum to be implemented at high schools. The USAID (2011:21) confirms that learners are equipped with knowledge regarding sexual and reproductive health to prevent teenage pregnancy. The life skills information is adjusted in accordance with learners’ ages. There are two life skills programmes in Namibia, that is the Window of Hope is implemented at primary school level; and My Future is My Choice, which is implemented at secondary school level. School principals ensured that life skills periods are included in the school time table and are taught by a full time trained life skills teacher where possible (ESPPMLP, 2010:13); the lessons include information on sexual and reproductive health issues.

Schools are encouraged to supplement the life skills programme with other programmes offered by non-governmental organisations such as NAPPA, Star for Life and other Community Based Organisations (CBOs) whenever possible (ESPPMLP, 2010:13). Selected teachers are trained to implement the school-based prevention programmes. Similar learning takes places at clubs within schools (USAID, 2011:21).

In addition to the abovementioned initiatives the Department of Basic Education together with the Department of Health introduced the Integrated School Health
Programme (ISHP) which is being implemented in schools. The programme is a combination of multi-professionals from various ministries and agencies (Molefe, 2016:45). To augment and complement these educational programmes, learners in much of Sub-Saharan Africa including Namibian schools have established peer clubs to share and improve their knowledge (USAID, 2011:23). This dual coverage is aimed at adolescents in school settings provides important leverage to delay sexual activity and to ensure that those who are sexually active are adequately protected (Panday et al., 2009:80).

Another prevention programme is FAWENA, this organisation identifies girls from vulnerable communities who are therefore at risk of becoming pregnant. The organisations support the identified girls by paying their school fees and providing some basic needs to them (LAC 2008:8). The programmes aim to protect disadvantaged girls from sexual harassment and financial exploitation. This programme responds to the issue raised by Brown, (2013:32) that poverty is one of the contributors of teenage pregnancy. Other contributors like the media are discussed below.

2.7.3.2 Mass media campaigns
Harnessing the media is an appealing strategy to influence young people in the prevention of teenage pregnancy (Brown, 2013:47). The author states that the attraction that mass media evokes among young people can be exploited to change the knowledge, attitudes, and behaviour regarding the sexual activities of adolescents (Alcon, 2007:67). Communication interventions such as radio, television, videos, print, and the internet can take a variety of forms including talk shows, public service announcements, soap operas, billboards and posters, and interactive websites (Bertrand & Anhang, 2006:74).

2.7.3.3 Peer-education programmes
Peer educational programmes have become one of the dominant interventions among young people because it takes advantage of existing networks of communication and interaction (Brown, 2013:51). The author states that peer programmes generally recruit and train a core group of young people who, in return, serve as role models and a source of information, and promote skills development on adolescent sexuality. Peer interventions have had a positive psychological impact in school and community settings, particularly on issues such as knowledge, attitudes, and self-efficacy, and
there is some evidence of its effect on sexual activity and the use of contraceptives (Bjorklund & Blasi, 2012:13).

2.7.3.4 Sexual and Reproductive Health Services (SRHS)

Family planning services are provided to young people around the world, including Namibia (NAPPA, 2010-2014:8). The ESPPMLP states that many schools ensured that learners, boys and girls, are educated about the benefits of abstinence, the risk of engaging in sexual activities at a young age, appropriate use of contraceptives and the rights of male and female learners to free and informed choices in respect of sexual matters (ESPPMLP, 2010:12). A full time life skills teacher is required to adequately fulfil this task.

In support, Panday et al. (2009:87) state that family planning is regarded as one of the effective prevention services. The authors further point out that globally, family planning services are provided to young people with the purpose of making reproductive health services available, providing contraception including condoms, also improving their knowledge and skills to use them. Studies by UN agencies in Namibia found that less than 5% of sexually active young people use condoms. Provision of such services in school environments could avert many unplanned pregnancies.

In support, Panday et al. (2009:88) confirm that young people in SA have benefited from reproductive and sexual services. However, this is not the same with Namibia. NAPPA, the leading organisation in reproductive and sexual health services, which operates from Multi-Purpose Youth Resource Centres and other places are not accessible to all adolescents due to distance and inconvenient operating hours. Furthermore, these centres do not meet all the needs of adolescents, which result in referring them to health facilities, where they are met and received by health workers whose services are not adolescent friendly (NAPPA, 2010-2014:23). Studies by UN agencies in Namibia found that less than 5% of sexually active young people use condoms.

2.7.3.5 Adolescent friendly services

One of the earliest health interventions instituted by the democratic government in Namibia was the provision of free adolescent friendly services (including contraception) at the selected primary health care clinics especially in Khomas region. However, for various reasons, such as accessibility and attitude of health workers as well as fear of
shame regarding teenage pregnancy, adolescents avoided accessing family planning services or delayed antenatal services until very late in the pregnancy (NAPPA, 2010-2014:23). In support, Panday et al (2009:88) concur with NAPPA by stating that over two decades of research have demonstrated the various barriers that young people face when trying to access adolescent friendly services. The author further points out that health services can play an instrumental role in preventing teenage pregnancy when the services are accessible, acceptable, appropriate, effective and equitable. As such, over the past years NAPPA opened adolescent friendly clinics in different regions to respond to the high rates of teenage pregnancy (NAPPA, 2010-2014:8). Despite all these programmes, teenage pregnancy is not decreasing. Instead, there severe short- and long-term negative consequences that affect learners and their families as discussed below.

2.8 The impact of teenage pregnancy

A number of studies have commented on the consequences of teenage pregnancy and the life course of teenage mothers (Panday et al., 2009:44). These authors state that the consequences of teenage pregnancy can be vastly different depending on the context. The general consensus is that since teenage pregnancy is mostly unplanned and often coincides with other transitions such as schooling, it can result in negative consequences for a teenage mother, and especially for the child (Feldman, 2012:159). Teenage pregnancy has a negative effect on health, education, economic status of the individual and society in general.

2.8.1 Impact on health status of the individual

There is conflicting evidence of the health risks associated with teenage pregnancy (Bardach 2012:60; La Font & Hubbard 2007:73). These authors claim that pregnancy before the age of 20 carries more health risks, but others suggest that the greater risks are among those of a younger age, if at all. The findings indicate that the risk of death after birth among women aged 15 to 19 is twice that of those aged 20 to 24.

Panday et al. (2009:48) point out that up to 70 000 girls aged 15 to 19 worldwide die due to teenage pregnancy and other childbirth related complications. These authors further explain that the adverse health effects of early pregnancy are 600 times higher in Sub-Saharan Africa than in developed countries.
According to Panday et al. (2009:48), health outcomes for teenage mothers are worse because of the following reasons:

- Young women may not know when and where to seek help, and may not have the financial resources or necessary family support.
- Adolescent girls may only seek care at a later stage than those who planned their pregnancies.
- The quality of health services available to pregnant teenagers may not be optimal.

These authors further state that antenatal care is available to pregnant women free of charge, but the embarrassment, discrimination, and the attitudes that teenagers face within the health care system deter them from seeking care early on in the pregnancy.

The research findings on adverse health outcomes for children born to teenage mothers are more definitive. These studies conclude that children of teenage mothers are more likely to experience health problems compared to children of older mothers (Parry & Myers 2014:401). It is, therefore, clear that teenage pregnancy could have a negative impact on both the teenage mother and her child in many ways, including the education of the young mother and that of her child.

### 2.8.2 Impact on educational outcomes of the individual

Shaningwa (2007:9); Brown (2013:25); and Bardach (2012:75) state that in a knowledge-based economy, education is essential to secure future employment. Thus, Brown (2013:25) confirms that teenage pregnancy can have a profound impact on young mothers and their children by placing limits on their educational achievement.

Panday et al. (2009:49) state that the impact of teenage pregnancy on educational achievement and economic progress later in life remains negative and significant over and above other social factors such as poverty and impaired cognitive and behavioural factors. Teenage mothers tend to have fewer years of education compared to those who have their first child at 20 years of age. Brown (2013:30) postulates that the impact of teenage pregnancy on young mothers’ educational achievement is driven by the timing of the pregnancy and the manner in which the young woman and her family respond to the pregnancy.
Early childbearing requires strong family support in order for girls to return to school (Molefe 2016:142). It is further indicated that child-rearing and the lack of parental and peer support also contribute to the school dropout rate. Morojele et al. (2012:197) confirm that the availability of an adult caregiver in the home is a strong determinant of whether girls in Namibia would return to school, post-pregnancy. This report further indicates that girls who are solely responsible for child care are less likely to return to school. Thus, young mothers are hampered by their lack of education and inexperience from earning a good living. The impact of her lack of education can affect the social and economic status of the teenage mother.

### 2.8.3 Impact on society

Society does not easily embrace a pregnant teenager with open arms. This is why in large parts of the world, the society shuns it, making it disturbing for the teenage mother to be (Brown, 2013:29). As a result of stigma and shame, teenage pregnancy could lead to social exclusion (Molefe, 2016:146).

According to Brown (2013:32) teenage pregnancy has the following negative impact on society. Given the fact that a teenager may end up being under-educated, it means that poverty and poor health could be the consequence (Brown 2013:33).

Teenage pregnancy also affects the marriage prospects of young women. Studies carried out in RSA and USA have reported that teenage mothers are more likely to be single parents, and if married, they could experience high divorce rates (Panday et al., 2009:91). Women report that young fathers often deny paternity to protect their own educational and financial aspirations (Parry & Myers, 2014:399). This is in contrast to more recent studies among young men, who report high level of responsibility for children, and that few deny paternity (Stanhope & Lancaster, 2004:794). Teenage pregnancy has also been associated with domestic violence and family disruptions (LAC. 2008:7). Studies from sub-Saharan Africa, USA and Europe have indicated that teenage mothers face a high frequency of physical abuse (Kirby, 2007:12). The above demonstrates the vulnerabilities of young parents and the negative psychological impact thereof.

### 2.8.4 Impact on psychological well-being of the individual

Parry and Myers (2014:400) state that teenage pregnancy has been linked to negative effects on the adolescent’s psychological development and mental health. However, the
authors warn that such findings should not be overstated because they do not affect all teenage mothers and the harmful effects are much fewer than those coming from poverty stricken family.

Several authors (Degenhardt & Hall, 2012:55; Moodley, Matjila & Moosa, 2012:2; Parry & Myers, 2014:400) did however find that there is a relationship between learner pregnancy and dependency syndrome in young adults which could contribute to developing mental disorders, including psychosis. UNODC (2012b:11) points out that learner pregnancy can be seen as a biologically plausible cause of schizophrenia in predisposed adults and it has also been associated with depression. The author claims that adolescents who start sexual debut before the age of 15, are twice as likely to develop a psychotic disorder and four times more likely to experience delusional symptoms. Jiloha (2009:170) states that adolescents’ mental and emotional development could be compromised. This could have an effect on the adolescent’s economic status and the prospect of a bright future.

2.8.5 Impact on economic status of the individual
Teenage pregnancy also affects the economic outcomes of young mothers. Degenhardt and Hall (2012:63) state that because of low education, the earning power of teenage mothers in the labour market may not be satisfactory. Research indicates that countries from Sub-Saharan Africa, the US, and Europe have all indicated that teenage mothers face poverty (McCaw-Binns, 2012:155). These authors further indicate that teenage pregnancy feeds into existing gender imbalances by rendering young mothers more economically vulnerable and reliant on their partners. Whilst legislation and programmes are in place, teenage mother continue to suffer a negative trajectory. Therefore, there is a need to investigate the barriers that hamper effective service delivery.

2.9 Barriers to implementing prevention programme

The major concern articulated in the literature relates to the challenges facing Governments in implementing prevention programmes to protect teenage mothers and those who drop out of school. The USAID (2011:23) report indicates that some life skills teachers find it difficult to implement life skills education programmes because of the strong opposition from cultural and religious groups as well as from the community at large. In some cultures as is the case in Namibia, it is still believed that discussing sex
with a child is taboo, and also that it should not be part of public schooling discussion (LAC 2008:15).

Brown (2013:51) agrees that a number of facilitators feel uncomfortable when implementing teenage pregnancy prevention programmes as the concept can conflict with their personal and/or cultural beliefs. These implementers often face the dilemma of providing sex education and adhering to their personal values.

Most of the prevention programmes in Namibia have been introduced and implemented by government in a top-down approach; they often fail to involve the beneficiaries, so as to gain community support (Bouwer, Dreyer, Herselman, Lock, & Zeelie, 2007:37). The ineffectiveness of prevention of teenage pregnancy programmes in some areas is therefore partly due to the absence of involvement of community members, from the outset (Schuiling & Likis, 2013:71). This section outlines five key barriers

2.9.1 Learner-related barriers
Molefe (2016:182) found that over 1 million of unintended pregnancies a year are related to default or lack of substitute for a new family planning method or as a result of discontinuation of pregnancy prevention method. Brown (2013:45) confirms that girls who stop using oral contraceptives due to side-effects often either fail to substitute with another method, or they adopt a less reliable method.

These learner related barriers often represents a financial burden to learners and, often without support of a partner who may have no interest or ability to acknowledge the child (LAC 2008:21). Since barriers are perceived by each individual within the context of culture and daily life and personal experiences, it would be more appropriate to assess barriers from each person's point of view (UNODC, 2012b:11).

Brown (2013:21) attests that there are internal barriers that encompass a variety of internal thoughts and emotions that individuals identify as reasons making behavioural changes difficult. Internal barriers include lack of time and motivation, lack of knowledge, enjoyment of the "bad" behaviour, inconvenience, fatigue, boredom, and disbelief that the behaviour can successfully be changed (Brown 2013:21). The author argues that resolving the conflict between one's intellectual self, which attempts to adopt a healthier behaviour and one's emotional self, which struggles to maintain the current
behaviour because of distorted thoughts and feelings about the healthier behaviour, is the key to overcoming internal barriers to behaviour change.

Communication about health and sexuality often differs by ethnicity, age, socio-economic status, geographic location, and sexual orientation. Poor communication patterns can form serious learner related barriers to prevent teenage pregnancy (Panday et al, 2009:67). Molefe (2016:167) also highlighted that having no role models in life and family support can be a barrier to teenage pregnancy prevention.

2.9.2 Family-related barriers

Poverty and chaos in a woman’s life may predispose her to a cycle of unintended pregnancies. Family related barriers such as financial burdens may also surface. These might happen because the grandparents might not be available to acknowledge their grandchild or because of a partner who may have no interest or ability to support their child (LAC 2008:21).

Teenage pregnancy put burden the families. Because these parenting duties can be extensive and time consuming, they likely interfere with or distract the mother from monitoring or supervising her own children (PPFA, 2013:2). It is also conceivable, however, that because of the older daughter's early pregnancy or birth, mothers might be even more rigorous in monitoring their other children. Although this possibility will be examined in the study presented here, the more practical responsibilities of caring for her daughter's child probably would diminish a mother's ability to oversee her own children's activities, especially given that most of these mothers are parenting (and grand parenting) alone without a co-resident adult and that the mother's other children are likely to be adolescents and monitoring their behaviour is particularly difficult (Department of Social Development, 2013:44). Over and above the family issues that could hinder successful programme implementation and outcomes, peer influence can be a barrier.

2.9.3 Peer-related barriers

Brown (2013:62) states that peer related barriers include increased low self-esteem and the inability to resist peer pressure. Additionally, as a result of peer influence, some teenagers are unable to resist sexual temptation. Moreover, easy access to cell phone and curiosity could be barrier. The author further points out that due to the attachment
to their peers, most adolescents influence each other to follow their friends’ decisions even when the decisions are wrong. Thus a learner will do what their friends are doing because she does not want to disappoint them (Brown, 2013:12).

2.9.4 Institution related barriers

The African Reproductive Health Programme convened two meetings in late 2007 with an advisory group of reproductive and family health clinicians to explore the barriers faced by providers to prevent unintended pregnancies (Bezuidenhout 2013:80). The conveners of these meetings found that one of the most common obstacles is lack of resources to implement life skills programmes effectively. Feldman (2012:156) points out that in many developing countries these resources include lack of trained teachers, lack of conducive environments to conduct counselling sessions, and lack of school health clinics.

The absence of policies to support reproductive health clinics in schools in many developing countries is a major concern. As stated by Morojele et al. (2012:203), some institutional policies related to sexual and reproductive health jeopardise opportunities for learners to access the services to avoid teenage pregnancy (Jansson, 2006:74).

Stanhope and Lancaster (2004:782) state that many school policies prohibit school health clinics from being established in their school premises. Their argument is that the school health clinic is not possible at school as this provision can be made with health workers to provide such services periodically. Bezuidenhout (2012:83) points that all the potential action steps listed below, from providing better educational materials, to changing protocols for more rapid delivery of contraceptives, to greater social marketing regarding contraception, would serve to help learners in these circumstances to seek out and obtain the family planning services they need.

Health workers at public health clinics are the gatekeepers of teenage prevention services, and can have a significant impact on adolescents’ sexual behaviour (Stanhope & Lancaster, 2004:719). When sexual and reproductive health services are being provided by skilled professionals with judgement, and with no respect for confidentiality, adolescents will be more likely not to use these services.
Panday et al, (2009:68) point out that services that are not convenient in terms of operating hours or long queues even if they are free or affordable, are less likely to be used by young people. The conditional nature of health services, either through physical distance, poor quality of clinical services, lack of privacy and respect, high cost, or the culture of shame that surrounds such services, often render health care inaccessible, unacceptable and inappropriate (NAPPA, 2010-2014:8).

The provision of teenage pregnancy prevention programmes in schools, especially as an after-school activity, is another variable of influence that affects early teenage sexual practice and teenage pregnancy. It is the after-school programmes that are the most influential because this is the time that many learners are unsupervised and vulnerable to risky sexual behaviour (Brown 2013:37 and Galotti, 2011:64).

In addition, community hostels that are managed by learners themselves, with no matron or guardian predispose teenagers to risky behaviour. This study revealed that female learners in these community hostels experience sexual harassment, usually by members of the surrounding communities (Nielsen-Nekongo & Mbukusa, 2013:55).

Moreover, there is a lack of adequate resources or facilities to prevent learner pregnancy in schools (Cardoso & Verner, 2007:3). Therefore, the schools are left with few options (if any) to prevent learner pregnancy. Besides institutional barriers, community also plays a role in outlining barriers which will be discussed next.

**2.9.5 Community related barriers**

The studies highlight that having no role models in the community has a negative influence on teenage pregnancy (Molefe, 2016:167). In support, Van Zyl (2013:582) postulates that learners did not imagine themselves going beyond the schooling system and getting into better education because they lack motivation from the elder members in their community who obtained tertiary qualifications.

Similar sentiments were echoed by Brown (2013:19) that having no role models in the community contributed to learner pregnancy because there were so many things happening in the community that make them not view education as key for their better future. Moreover, many uneducated members in the community regard social grants as a source of income (Brown, 2013:34). Shaningwa (2007:27) states that lack of employment opportunities in the community leads to family dysfunction, alcohol abuse,
single parent households and child-headed households which affect the community as a whole.

The influence of the environment has an impact on the young person (Molefe, 2016:143). Molefe (2016:167) points out that the community is influential because these learners do not see any one who is committed to education. As a result society in general would be affected because the community is a microcosm of society.

2.9.6 Societal barriers
According to Brown (2013:57) society hosts different communities with a cultural diversity. Different cultures respond differently to certain issues such as early marriage. Religion is another factor in society that can influence the outcomes of teenage pregnancy prevention efforts (PPFA, 2013:5). This is so, because, people in society have different religious interests and understanding. Access to resources to implement these programmes is another barrier as there are no specific budgets allocated for teenage pregnancy programmes (Pretorius, 2008:19).

It is important to understand the multiple aspects that contribute to the failure of some prevention programmes to reduce the levels of teenage pregnancy. Therefore, it is also imperative to explore and understand how social workers can intervene and facilitate change and decrease teenage pregnancy rates among learners.

2.10 The role of social workers in preventing teenage pregnancy

It is important for social work practitioners to understand the strategies through which teenage pregnancy could be reduced. Social workers can play a crucial role both in policy and programme design. Additionally, social workers have a role to play during the implementation and evaluation stages of prevention programme. During the implementation stage, social workers should be involved at three practice levels: direct practice with beneficiaries, community intervention and macro/policy practice (Saracostti, 2008:566-572). Such levels will be discussed next.

2.10.1 Direct Practice
The starting premise of the prevention programme is that social workers educate beneficiaries on the problem of teenage pregnancy (Saracostti, 2008:566-572). Social workers can use a door to door approach to educate families on the prevention of teenage pregnancy programmes. Social workers play a crucial role of creating
opportunities for families to begin to communicate openly with their children about sexuality matters and the dangers of teenage pregnancy. Such efforts will go a long way in changing perceptions and empowering families to get involved in raising their children whilst at the same time assisting schools to implement teenage pregnancy prevention programmes. The social workers role is also overseeing the progress of interventions or coordinating the participation of the parents to ensure the advancement of the teenage pregnancy prevention programmes (Saracostti, 2008:566-572).

2.10.2 Community-Level Intervention
Programme coordination occurs at the local level, where a strategic role is required in the implementation of the teenage pregnancy prevention programmes. Community workers should be involved in playing a central role in coordinating and implementing the prevention programmes at the local level. The social worker could act as a coordinator of the programme to ensure networking and collaboration among social work and educational institutions.

2.10.3 Macro Practice
Social workers should engage in policy practice in an effort to change policies in legislative, agency and community settings, whether by establishing new policies or improving existing ones (Kirst-Ashman & Hull, 2006:65). The other function should include research, collecting and updating information about the prevalence of learner pregnancy in schools. Researchers can apply a range of techniques to determine the need for a specific policy or programme if the existing ones are not producing the desired outcomes (Kirst-Ashman & Hull, 2006:68). Moreover, social workers are expected to conduct social science research to identify the specific causes of social problems such as teenage pregnancy (Adesina, 2007:4) with the view to design and implement intervention strategies.

2.10.4 Advocacy
The social worker can also be viewed as an advocate, a person who speaks on behalf of the poor, voiceless or socially excluded, such as teenage mothers who drop out of school due to teenage pregnancy. Hoefer (2009:67) defines advocacy as a practice that helps powerless groups, such as learners, women, poor people and people with
disabilities to improve their resources and opportunities. The role of the social workers is to change existing policies or practices on behalf of or with specific client groups (Kirst-Ashman & Hull, 2006:79). In this case the social workers role is to place the struggle for social justice at the forefront of social work activity (Munday, 2003:47). Thus they require practice and policy relevant knowledge and skills. Policy relevant knowledge involves the selection of desired consequences and a preferred course of action, a process that is based on ethical and value judgments (Dunn 2007:3).

2.11 Summary

The chapter provided a description of the theoretical framework within which the study was grounded. This was followed by an account of the adolescent developmental phase, as this is believed to have a profound effect on adolescent behaviour. The risk and protective factors on adolescents’ behaviour regarding teenage pregnancy were outlined.

To place the above in context, the extent of teenage pregnancy at international, regional and national context was also discussed. This was followed by legislative and policy frameworks. Then, pregnancy prevention programmes at international, regional and national context were presented. The chapter further continued with a discussion of the impact of teenage pregnancy, and the barriers to effective implementation of teenage pregnancy prevention programmes. Additionally, the role of the social worker was discussed. The next chapter focuses on the empirical part of the study, which aims to present findings on the views of learners and programme implementers, with regards to how they experienced the process and what needs to be done to enhance the effectiveness of the pregnancy prevention programmes.
CHAPTER 3: RESEARCH METHODOLOGY AND EMPIRICAL STUDY

3.1 Introduction

This chapter elaborates on the research methodology that was followed to conduct this study. Included in this chapter are the strategies that were implemented to ensure trustworthiness of the data and the ethical aspects that were taken into consideration. These discussions are followed by a presentation of the empirical findings and interpretations in the form of themes and subthemes that emerged from the study. The chapter concludes with a summary.

To recap, the goal of the study was to explore and describe the experiences of learners regarding the teenage pregnancy prevention programme in Mpungu Circuit, Kavango West Region, Namibia.

The objectives for the study were:

- To contextualise and conceptualise teenage pregnancy and prevention programmes from learners and life skills teachers.
- To explore and describe the strengths and weaknesses of the teenage pregnancy prevention programme, from the perspectives of learners and programme implementers.
- To explore and describe the opportunities for, and threats to the teenage pregnancy prevention programme, from the perspectives of learners and programme implementers.
- To draw conclusions and make recommendations regarding enhancing the successful implementation of the teenage pregnancy prevention programme in Mpungu Circuit, Kavango West Region, Namibia.

The study was guided by the following research question:

3.2 Research Question

What are the experiences of learners regarding the teenage pregnancy prevention programme in Mpungu Circuit, Kavango West Region, Namibia?
The next section continues with a detailed discussion of the research methodology.

3.3 Research Methodology

A research methodology is a theory or philosophy that holds a research project together and that allows people to understand the process of scientific enquiry (Rubin & Babbie, 2011:454). Creswell (2014:23) states that methodology refers to a rational group of methods that have reliability of purpose to the study. Within the context of this study, the research methodology covers the research approach, type of research, research design, research population, sample and sampling method, data collection and analysis methods, trustworthiness, pilot testing, and ethical aspects.

3.3.1 Research approach

The research was conducted according to the qualitative approach. Ivanko, Creswell and Clark (2007:265) explain that qualitative researchers often approach realities from a constructivist position, which allows for multiple meanings of individuals’ experiences. Qualitative research attempts to understand the subject being investigated, and to provide explanations for peoples’ behaviour (Whiting & Sines, 2012:22).

A strong focus of this study was on gaining the experiences of learner regarding teenage pregnancy prevention programme and the meaning teenagers construct around teenage pregnancy prevention programmes (Fouché & Delport, 2011:66). The qualitative research approach was beneficial in obtaining concrete information that proved worthwhile in understanding the behaviour and experiences of teenagers.

The study was exploratory and descriptive in nature. Fouché and De Vos (2011:95) state that exploratory research tends to answer “what” questions. The exploratory research was used to gain insight into the phenomenon of teenage pregnancy and how to prevent it successfully. Additionally, descriptive research presented a precise picture of the phenomenon and provided specific details about how teenage pregnancy could be prevented to minimise the negative impact by focusing on the “how” and “why” questions (Fouché & De Vos, 2011:95).

The exploratory and descriptive nature of the study enabled the researcher to understand how the programme was implemented and the learners were able to describe how they experienced it. Moreover, the researcher was able to understand from the perspectives of the implementers, why the rates of pregnancy among
teenagers continued to increase, despite the programme being implemented in the public schools.

3.3.2 Type of research
The applicable research type in this study was applied research. Hale (2012:2) describes applied research as that type of research that seeks for a solution to a problem in practice. Within the context of this study, the social problem related to the high rates of teenage pregnancy among learners in public schools. It was anticipated that the findings may be useful in assisting different stakeholders to develop effective strategies for combating teenage pregnancy in public schools. Fouché (2011:452) confirms that applied research is followed to solve social problems such as the increasing rate of teenage pregnancy among learners. Thus, it was expected that through applied research, improvements could be made to current interventions, and/or new strategies could be developed based on the teenagers’ frame of reference and inputs.

3.3.3 Research design
A research design is important because “it involves a set of decisions regarding what topic is to be studied among what population, with what research methods, for what purpose” (Babbie, 2007:117). Maree (2007:70) adds that a research design is a strategic plan that specifies the data collection techniques and how data analysis will be conducted. Within the context of the qualitative research, a case study was identified as the most appropriate (Lietz, Lange & Furmann, 2006:456). With case studies, numerous diverse features of the case or few cases are selected and examined in great depth (Neuman, 2012:21). The case may be a person, group, process, community or any other unit of social life such as learners and teachers in public schools or the implementation processes of the teenage pregnancy prevention programme in Namibia.

In this current study the collective case study design was deemed suitable because Fouché and Schurink (2011:322) explain that in a collective case study, the cases are different but they share common characteristics such as the learners who are experiencing teenage pregnancy or programme implementers, who share a common characteristic of facilitating a prevention programme as it were. The collective case study design is credited for the use of in-depth, detailed and descriptive multiple
perspectives to produce meaningful interpretation of the results (Creswell, 2013:99; Padquett, 2008:33).

The collective case study design provided the researcher with the opportunity to listen to each participant and focus on the collective experiences of participants to gain a rich, in-depth level of understanding, which would not have been possible through conversation only. Fouché and Schurink (2011:322) further indicate that a limitation of the case study design is the inability to make generalisations because sample sizes are relatively small. While the findings of this study cannot be widely generalised, authentic information based on the research participants' personal experiences was gained.

3.3.4 Research population, sample and sampling method

The term population refers to all the individuals within a geographical area that hold specific characteristics that are crucial to the research topic (Strydom, 2011a:223). Rubin and Babbie (2011:595) describe the population as a set of elements on which a researcher focuses and constructs generalisations. The research population for this study consisted of learners of both genders, who are registered as full-time learners in Mpungu Circuit and teachers who implements life skill at five selected public schools; Imarwa Ithete secondary school, Simanya combined school, Kahenge combined school, Kandjimji Murangi secondary school and Insu combined school. The researcher focused on the specific population because it contained sufficient information regarding the teenage pregnancy prevention programme that is offered in public schools.

As it was practically impossible to study the entire population, sampling was conducted to obtain a sample of the population, two schools in urban, one in semi-rural and two schools in rural area were selected to participate in the study. Strydom (2011a:224) defines a sample as a subset of an entire population, whose characteristics can be generalised to the entire population. For this purpose, probability sampling was deemed suitable for this study. Probability sampling is a technique that is based on randomisation (Strydom, 2011:228). Within the range of probability sampling techniques, simple random sampling was used. Simple random sampling is based on trust that each individual case in the population has an equal chance of being selected (Maree, 2007:82).

In order to conduct the study, ethical clearance was obtained from the University of Pretoria’s Humanities Ethical Clearance Committee (See Appendix A). Schools with
large number of learners namely, Imarwa Ithete secondary school, Simanya Combined school, Kahenge Combined school, Kanadjimi Murangi Secondary school and Insu Combined school were selected to be part of the study in the Mpungu Circuit. Letters to request permission to conduct the study were sent to the regional office in Mpungu Circuit (See Appendix B). After approval was granted by the Kavango regional office, the approval letter was sent to the circuit inspector’s office to obtain permission from school principals and obtain class lists and attendance registers to select the participants (See Appendix C).

Teachers who are implementers of the life skills curriculum at the , Imarwa Ithete secondary school, Simanya combined school, Kahenge combined school, Kanadjimi Murangi secondary school and Insu combined school automatically became the participants of the study. Informed consent had to be obtained from them as part of the recruitment process (See Appendix D). Two female and three male implementers who had experience in implementing the programme at the selected schools were selected for this study because they have insight regarding the learners who participate in the programme.

The life skills teachers assisted the researcher to organise the class lists according to grades. The researcher took every last class from each grade to select learner participants. The researcher interviewed ten participants, two participants per school. One learner and one life skills teacher per school. The researcher picked every fifth name on the attendance register per school until the required sample of five participants was reached. Informed consent letters were drafted to be given to parents of the selected participants, to obtain their permission to involve their children in the study (See Appendix E). Assent forms were given to the selected learners with the view to obtain their informed consent (Appendix F). In order to be selected, the learners needed to meet the following criteria:

- Be registered as full-time learners in Mpungu Circuit.
- Be from the Imarwa Ithete secondary school, Simanya combined school, Kahenge combined school, Kanadjimi Murangi Secondary school and Insu combined in Mpungu Circuit.
- Be a participant in the teenage pregnancy prevention programme.
3.3.5 Data-collection method

Data collection is a systematic approach to gathering information from a variety of sources to get a complete and accurate picture of an area of interest such as the outcomes of the teenage pregnancy prevention programme (Leedy & Ormrod, 2010:142). Again, Maree (2007:184) defines data collection as the theory and methods used by researchers to create data from a sampled data source in a qualitative study, as it was the case with the current study. Therefore, data collection can be regarded as a process by which the researcher gathers the information needed to answer the research problem of how the learners experience the teenage pregnancy prevention programme (Cohen, Manion & Morrison, 2007:69).

Prior to the data collection process being undertaken, permissions were obtained from relevant offices as already discussed (See Section 3.3.4). Due to the study being of a qualitative nature, the researcher used semi-structured interviews. Greeff (2011:342) asserts that interviewing is a predominant mode of data collection in qualitative research. The researcher opted for the semi-structured interview method because the aim was to explore the experiences of learners and obtain the views of programme implementers regarding the outcomes of the teenage pregnancy prevention programme.

An interview schedule (See Appendix G& H) was used to guide the data collection process (Greeff, 2011:351). This method of data collection proved to be advantageous in ensuring flexibility as the progress of the interviews was guided by the interviewees' responses (William & Whittaker, 2011:63). This method of data collection allowed the researcher more flexibility in identifying with the participants' frames of reference, so that they could speak comfortably and in detail about their experiences and perceptions regarding the pregnancy prevention programme.

The researcher documented the data by taking field notes as well as using a voice recorder to facilitate data analysis (Maree, 2007:112). Prior to the interviews being conducted, the researcher asked permission for the interviews to be recorded (See Appendix I). A well-functioning voice recorder that was used during the interviews enabled the researcher to concentrate on the interviewing process and the information being revealed during the interviews (Cohen, et al., 2011:212). Although the sample
size was pre-determined to no more than 10 participants, the researcher decided that data would be collected until data saturation was reached (Creswell, 2014:189). After the interviews had been concluded, the researcher completed the process by writing field notes and listening to the recordings, immediately after every interview to avoid forgetting. This task was done to facilitate data analysis (Maree, 2007:11).

Since the researcher is a male, a female teenage pregnancy prevention programme implementer was requested to be present during the interviews with female learners for ethical reasons and to protect learners who might have had undesirable experiences with men.

### 3.3.6 Data analysis

As the study followed a qualitative approach, the researcher used a qualitative data analysis method. Babbie (2016:380) and Fouché and Delport (2011:65) describe qualitative data analysis as a non-numerical assessment of observations made through participant observation, content analysis, in-depth interviews, and other qualitative research techniques. Rubin and Babbie (2011:478) point out that data analysis is how the researcher translates findings into words in the form of an upward spiral to share with others.

The data analysis process may take many different forms depending on the nature of the research question, the research design and the nature of the data itself (Bless, Higson-Smith & Kagee, 2006:163). Thus, the researcher used the spiral method of data analysis, as described by Creswell (2009:185). The steps in the spiral process are usually a back-and-forth sort of process (Grinnell, Williams & Unrau, 2012:360), that involves planning for recording of data; gathering of data; data arranging; reading and writing memos; sorting of data into categories; identifying themes and patterns; data coding; analysing the thoughts that emerged; exploring alternative explanations and writing the research report. The spiral process is discussed in detail below.

- **Planning and recording data**

Schurink et al. (2011:404) show that this step entails planning for the interviews and the recording of the data by booking a suitable venue, ensuring the recording equipment is in working order and that extra batteries are available to avoid any mishaps. Thus,
planning for the data-collection and recording process was carried out systematically in accordance with the participants’ circumstances and the school settings.

The researcher ensured that the venue was suitable and there were no disturbances. The researcher planned and obtained permission to use a digital voice recorder (See Section 3.3.5). Additional new back-up batteries for the voice recorder were provided. A mobile phone (cell phone) was going to be used as an additional voice recorder to avoid any technical problems that might occur unexpectedly. A notepad and pens were made available so that the researcher could write field notes.

Appointments were made with the life skills teachers who are implementers of the teenage pregnancy prevention programme. Subsequently, they booked the interview dates into suitable time slots, whereby the normal class timetables were not disrupted as per the permission letter from the Kavango Regional Office (See Appendix B).

- **Data collection and preliminary analysis: Two-fold Approach**

Schurink et al. (2011:406) explain that the process of data collection and data analysis is interlinked. While data was collected, the researcher was already working towards analysing what was discovered during the interviews. The data collection and preliminary analysis took place during the interviews in the life skills classrooms as the researcher listened to and closely observed the interviewees. Rubin and Babbie (2011:480) describe this process as comprehensive since the researcher has to read the communication and observe the attitudes and body language of the research participants. Therefore, the data analysis was conducted at the research site during data collection as well as off site after the data had been collected.

- **Managing and organising the data**

This step includes organising the collected data systematically by listening to and typing the recordings, organising the field notes in a notebook and saving the data into file folders in a computer file (Schurink et al., 2011:408). The researcher followed the process and organised this data systematically in file folders (Schurink et al., 2011:408). All the field notes and electronic copies of the recordings were saved in clearly marked folders according to sequence of interviews without revealing the participants’ names but using pseudonyms. Back-up copies of all transcripts were also made and stored securely.
• Reading and writing memos

The researcher re-read his field notes and transcripts several times to gain a better understanding of the entire content and context of the data, and to assess whether there were any gaps that needed to be filled by further data collection. Schurink et al. (2011:409) elaborate on this aspect, namely that the researcher should prepare to view the transcripts in a comprehensive manner in preparation for categorising the collected data. Ideas that emerged from the analysed data were immediately recorded in a memo format alongside the transcripts and field notes (Schurink et al., 2011:409).

• Generating categories and coding the data

The process of making notes resulted in categories being generated by noting regularities of participants' responses, which enabled the researcher to code the data into themes and sub-themes. Creswell (2014:198) states that generating categories and coding data takes place after writing and reading the memos. Each topic and theme was allocated an appropriate label, and the columns were arranged by different colours.

• Testing the emergent understanding and searching for alternative explanations

Once the themes and sub-themes were classified and the coding was well under way, the data was comprehensively examined to establish whether it answered the research question relating to learners’ experiences of the current teenage pregnancy prevention programme (Schurink et al., 2011:417). Themes derived from the data analysis were examined critically. The most singular patterns were studied again and the researcher made notes of his understanding of the meaning behind the content.

• Presenting the data

This step is rated as the primary mode for reporting the results of the research. Schurink et al. (2011:416) explain that the final phase of the spiral includes writing up notes which form an integral part of constructing the meaning behind the findings. The authors point out that “the written report remains the primary mode for reporting the results of the
research.” The researcher reported on the research findings in text and table format. Themes that were generated are integrated with literature and supported by verbatim quotes made by the participants, as will be presented in this chapter (See section 3.7).

3.4. Trustworthiness

Rubin and Babbie (2011:195) state that the researcher should ensure that the information generated from the interviews is trustworthy. Streubert and Carpenter (2011:456) define trustworthiness as establishing the validity and reliability of qualitative research. The researcher ensured trustworthiness of the research by applying the following strategies: credibility, transferability, dependability conformability, reflexivity, audit trail and peer debriefing (Pitney & Parker, 2009:63).

3.4.1 Credibility

According to Mutch (2005:29), credibility ensures that what participants have said is true and interpreted correctly so that the study will be viewed as credible. It refers to participants acknowledging the meaning that they attach to their experiences, and that the researcher’s findings are in line with their perceptions (Holloway & Wheeler, 2010:304). To guarantee that the findings capture authentic data, the researcher reassured the participants that there was no right or wrong answer because their responses to the questions were merely based on their experiences.

The researcher assured the participants that he was an independent and objective researcher with no prejudicial views, and that he aimed to give them the opportunity to tell their stories about the experiences of the teenage pregnancy prevention programme offered in public schools. This reassured the participants to openly share their experiences regarding the prevention programme.

3.4.2 Transferability

Transferability involves the ability to apply the results of a research study to related environments (Pitney & Parker, 2009:64). It means that the data can be passed to others and used by them (Cohen, et al., 2011:212). The process of conducting the research was clearly described, particularly how the sampling was conducted, and the process of data analysis was outlined precisely according to literature, thus ensuring that anyone who may have wished to replicate the study in other research settings, could easily do so.
3.4.3 Dependability
Dependability relates to the criteria applied to measure trustworthiness in qualitative research (Streubert & Carpenter, 2011:94). Dependability refers to replication of research in such a manner that the same research instruments and data gathering procedures were conducted on a similar research sample and under similar conditions (Lietz, Langer & Furman, 2006:199), such that similar findings are achieved. Schurink et al. (2011:420) asserts that in qualitative research, the findings depend on whether the research process is logical, properly documented, and audited. The researcher carefully documented all the steps that were taken, the research methods that were employed and stored all the records of the study securely.

3.4.4 Conformability
In this context, conformability asks of the researcher whether he/she can provide the evidence that verifies the findings and interpretations made in the research (Schurink et al., 2011:421). The researcher's findings were substantiated through the verbatim quotes of the participants, his field notes and the relevant literature.

3.4.5. Reflexivity
Reflexivity is an active acknowledgement by the researcher that his/her own actions and decisions will inevitably impact upon the meaning and context of the experience under investigation (Lietz et al., 2006:447). Throughout the study, the researcher refrained from influencing the findings with his own values and life experiences. The researcher was cognisant of his actions and decisions that could have impacted upon the meaning and context of the phenomenon being studied.

3.5 Pilot study
The researcher conducted a pilot study to ensure the correctness of the interview schedule and the effectiveness of the investigation (Strydom, 2011b:236). The researcher was obliged to conduct an accurate pilot study with the aim to test whether the interview questions were properly constructed, the time allocated to the interviews was sufficient, and to ensure that the venue where the interviews were to be conducted, was suitable.

The researcher tested the recording devices to determine if they were in good working order before the data-collection process commenced (Strydom & Delport, 2011:394).
The pilot study was conducted with five research participants (three learners and two teachers) who met the pre-determined sampling criteria. These participants did not form part of the main study. The pilot study also helped the researcher to reduce the number of research questions from twelve questions to eight main questions before the commencement of the investigation.

3.6 Ethical issues

A code of ethics is formulated to regulate the relationships between the researcher and the people within the field under study (Flick, 2009:36). Strydom (2011c:115) describes ethical issues as a set of moral principles suggested by an individual or group, which is subsequently accepted and which offers rules and behavioural expectations regarding the most correct conduct toward others involved in the research process. For the purposes of this study, the following ethical issues applied and were adhered to.

3.6.1 Informed consent

The principle of informed consent relates to sharing all the information about the goal of the study as well as the procedures that would be followed and possible advantages and disadvantages to which the participant could be subjected during the course of the research. Strydom (2011c:117) elaborates that information provided must be accurate so that well-considered, informed, and voluntary decisions can be made. The researcher provided the selected participants with a detailed explanation of what the study entailed and what would be expected of them so that they could make an informed decision. Participants need to be aware that they are free to withdraw from the study at any time. Thus, the participants were expected to give consent in the form of informed consent letters that they needed to sign prior to participation in the study (See Appendices D, E, F H and I).

3.6.2 Violation of privacy/confidentiality and anonymity

Privacy is defined as keeping information that would normally not be intended for public scrutiny, confidential (Strydom, 2011c:119). To ensure privacy, the researcher made sure that the venue where the interviews were to be conducted was free from any disturbances and that only the researcher, assistant researcher, and the participants were permitted access. The researcher respected their right to privacy when handling recordings by taking care not to allow anyone but his assistant researcher and
supervisor to access the material. To record and store the data, no individual names were used, but pseudonyms.

Confidentiality guarantees that an identified person’s responses would be kept classified and not open to public scrutiny (Rubin & Babbie, 2011:88). Strydom (2011c:111) describes confidentiality as the “handling of information in a confidential manner.” In order to ensure confidentiality, the researcher gave a brief induction on ethical issues to his assistant researcher prior to the onset of the interviews. To ensure confidentiality, all copies of the interviews were securely stored in a password protected computer with restricted access to unauthorised persons. All the research data will be securely stored in a locked cabinet for a period of 15 years in accordance with the policy guidelines of the University of Pretoria.

With regard to Anonymity, participants can only be considered anonymous when the researcher cannot designate precise responses to a specific individual participant (Babbie, 2016:65). In this study context, complete anonymity could not be guaranteed as the data was collected through one-on-one interviews. Thus, pseudonyms were allocated to participants to protect their privacy, ensure confidentiality and anonymity.

3.6.3 Avoidance of harm

A researcher has an ethical obligation to safeguard research participants against any type of harm which may occur within the timeframe of the research study (Strydom, 2011c:115). A researcher has to guard against anything that can possibly harm the participants physically, psychologically or emotionally. Therefore, the researcher weighed the risks against the importance and possible benefits of this particular research study (Rubin & Babbie, 2011:115). The selected participants were thoroughly primed beforehand about the possible effects of the investigation. A number of eligible participants subsequently withdrew from the research study.

The researcher was cognisant of the social harm that could occur because the teenagers were interviewed in a school setting. Female participants could run the risk of being labelled as possibly sexually active or teenage mothers or victimised. As such, some learners could have suffered emotional trauma. Arrangements were made with Mrs Thipungu, a district social worker for counselling if required. Secondly, the researcher was assisted by a female teacher to protect participants from possible revictimisation (See Section 3.3 5).
3.6.4 Compensation
In the Social Sciences, rewarding participants as a token of appreciation is deemed unethical (Maree, 2007:65). During the interviews, the participants were informed that there were no financial incentives that they could get for their participation.

3.6.5 Action and competence of the researcher
Strydom (2011c:123) explains that the researcher has to be competent and adequately skilled to undertake the envisaged study. The researcher completed the course work for MSW (Social Development and Policy), which included the research module, before conducting the study. The researcher is a qualified social worker and has conducted many interviews with teenagers within the ambit and nature of his work. The researcher also conducted the study under supervision. Therefore, the researcher is of the opinion that he is adequately competent to conduct this study.

3.6.6 Debriefing
Debriefing sessions were conducted during which participants were afforded the opportunity to verify the experiences they shared with the researcher. This allowed the researcher to assist the participants to address any possible uncertainties that might have occurred (Strydom, 2011c:122). The researcher also provided an opportunity for debriefing after each interview in order to identify if they needed counselling. The researcher arranged with the life skills teacher to identify any participants who needed further counselling after the interviews, in order to be referred to Mrs. Thipungu, the district social worker. None of the participants indicated that they needed counselling.

3.6.7 Release or publication of findings
Brown (2013:39) claims that a research study is not viewed as research if it is not presented to the reading public in written format. The final report of this study will be prepared as accurately as possible and care will be taken to ensure that all sources are correctly referenced. The dissertation will be made available to the University of Pretoria library, and a copy will be provided to the Department of Education and the Circuit Inspector of the schools where the research was carried out. An article will be submitted for publication in an accredited journal.
3.7 Empirical findings and interpretations

The following section presents the empirical findings of the research study. Data will be presented according to the biographical details of the participants. This will be, followed by a discussion of the findings according to the themes and subthemes that were generated from the research process. The themes and sub-themes will be presented in table format, integrated with literature and supported by direct voices of the participants.

3.7.1 Section A: Biographical information

Table 3.1: Learner participants

<table>
<thead>
<tr>
<th>Participants (learners)</th>
<th>Gender</th>
<th>Age</th>
<th>Ethnic group</th>
<th>Grade</th>
<th>Religious Affiliation</th>
<th>Location of school</th>
<th>Sessions attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 1</td>
<td>M</td>
<td>20</td>
<td>MuKwangali</td>
<td>10</td>
<td>Elcin</td>
<td>Semi-rural</td>
<td>4</td>
</tr>
<tr>
<td>Participant 2</td>
<td>F</td>
<td>19</td>
<td>KaNyemba</td>
<td>12</td>
<td>Roman</td>
<td>Urban</td>
<td>12</td>
</tr>
<tr>
<td>Participant 3</td>
<td>F</td>
<td>20</td>
<td>MuKwangali</td>
<td>11</td>
<td>Apostolic</td>
<td>Rural</td>
<td>3</td>
</tr>
<tr>
<td>Participant 4</td>
<td>M</td>
<td>19</td>
<td>Chimbundu</td>
<td>10</td>
<td>Roman</td>
<td>Urban</td>
<td>11</td>
</tr>
<tr>
<td>Participant 5</td>
<td>F</td>
<td>18</td>
<td>MuKwangali</td>
<td>8</td>
<td>Angelican</td>
<td>Rural</td>
<td>2</td>
</tr>
</tbody>
</table>

All the five schools that were involved in this study are public secondary and combined schools. Two schools are located in a rural area, one in a semi-rural and two in urban areas. All the schools use English as a medium of instruction. The research was conducted according to the qualitative approach. The total of ten participants five learners and five life skills teacher were drawn from five selected schools; Imarwa Ithete secondary school, Simanya Combined school, Kahenge Combined school, Kandjimi Murangi secondary school and Insu Combined secondary school. Thus, two
participants per school participated in the research study. Five female and five male learners were female and two were male.

Four participants attended a minimum of two sessions of the teenage pregnancy prevention programme. The table above shows disparities in the attendance rate with urban schools showing higher rates of attendance than their rural counterparts.

Table 3.2: Teacher Participants - Implementers

<table>
<thead>
<tr>
<th>Participants (teachers)</th>
<th>Gender</th>
<th>Age</th>
<th>Ethnic group</th>
<th>Highest qualification</th>
<th>Language used</th>
<th>Years implementing programme</th>
<th>Religion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 6</td>
<td>M</td>
<td>41</td>
<td>Oshikwanyama</td>
<td>Dip in Education</td>
<td>English</td>
<td>3 Years</td>
<td>Elcin</td>
</tr>
<tr>
<td>Participant 7</td>
<td>M</td>
<td>35</td>
<td>KaNyemba</td>
<td>Dip in Education</td>
<td>English</td>
<td>5 years</td>
<td>Roman Catholic</td>
</tr>
<tr>
<td>Participant 8</td>
<td>F</td>
<td>34</td>
<td>MuKwangali</td>
<td>Dip in Education</td>
<td>English</td>
<td>4 years</td>
<td>Elcin</td>
</tr>
<tr>
<td>Participant 9</td>
<td>M</td>
<td>29</td>
<td>MuKwangali</td>
<td>Dip in Theology</td>
<td>English</td>
<td>2 years</td>
<td>Elcin</td>
</tr>
<tr>
<td>Participant 10</td>
<td>F</td>
<td>35</td>
<td>MuKwangali</td>
<td>Dip in Education</td>
<td>English</td>
<td>5 years</td>
<td>Elcin</td>
</tr>
</tbody>
</table>
Four teachers come from the three different ethnic groups but within the Kavango region. Only one teacher, whose first language is Oshikwanyama, comes from Ohangwena region. Nonetheless, all the interviews were conducted in English.

Based on the findings, four teachers have tertiary qualifications in education, although they specialise in other subjects. The fifth teacher has a qualification in religious studies, and is a qualified pastor with a diploma in theology.

Based on the number of years the teachers were involved in implementing the teenage pregnancy prevention programme, the findings show that these teachers have knowledge and experience in co-ordinating and facilitating the prevention programme.

3.7.2 Section B: Empirical findings
This section presents the empirical findings in the form of themes and sub-themes that emerged from the study. These themes and sub-themes are presented in table format below (See Table 3). The presentations are centred on the findings which are substantiated with direct quotes from the participants to give voice and meaning to their experiences. Literature is integrated into the research findings.
<table>
<thead>
<tr>
<th>Theme 1</th>
<th>Sub-theme 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conceptualisation of the pregnancy prevention programme</td>
<td>1.1 Sex education</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme 2</th>
<th>Sub-themes 2</th>
</tr>
</thead>
</table>
| Experiences regarding the teenage pregnancy prevention programme | 2.1 Reliability of sources of knowledge  
  2.2 Credibility of sources of information  
  2.3 Peer pressure  
  2.4 Parental involvement |

<table>
<thead>
<tr>
<th>Theme 3</th>
<th>Sub-themes 3</th>
</tr>
</thead>
</table>
| Outcomes of the pregnancy prevention programme | 3.1 Impact of the pregnancy prevention programme  
  3.2 Learners’ awareness of the pregnancy prevention programme  
  3.3 Community involvement |

<table>
<thead>
<tr>
<th>Theme 4</th>
<th>Sub-themes 4</th>
</tr>
</thead>
</table>
| Strengths of the pregnancy prevention programme | 4.1 Complemented by other organisations  
  4.2 Community role models |

<table>
<thead>
<tr>
<th>Theme 5</th>
<th>Sub-themes 5</th>
</tr>
</thead>
</table>
| Weaknesses of the pregnancy prevention programme | 5.1 Lack of supervision  
  5.2 Lack of knowledge among some parents  
  5.3 Lack of communication between parents and schools  
  5.4 School policy on learner pregnancy |
Theme 1: Conceptualisation of the pregnancy prevention programme

It emerged from the interviews that participants understand the life skills programme to be about sex education. The sex education subject was promoted in schools as a strategy to deal with learner pregnancy. The participants reported that the curriculum content included sexuality matters and pregnancy related issues. Thus the Mpungu Circuit within the Kavango West Region is in line with best practice. Existing evidence shows that the life skills subject is introduced in schools by Departments of Education in many countries in order to help learners with behaviour problems with the view to bring about behavioural change (USAID, 2011:23). This practice is line with Sapa (2013:102) who contends that sexual education should be part of the school curriculum.

Their understanding is explained in the next sub-theme.

Sub-theme 1.1: Sex Education

Participating learners described the existing teenage pregnancy prevention programme that is taught in schools as sex education. Four learners said that teachers provided them with sex education in some of the lessons that were taught in class. However, the learners said that they did not learn much because some teachers did not feel comfortable to talk about sexuality issues and viewed this subject as a private matter. For instance, learners highlighted the following:

“Although we understand that life skills is sex education, but we did not learn much because some teacher viewed life skills as a private matters”.

“I think that sex education should be part of teachers training. This will prepare the teachers to be free to express themselves to mention sexual terms when teaching sex education to learners. Teachers especially our life skills teacher, do support us, but sometimes fail to mention terms in the vernacular language for everyone to understand. This result sometimes in learners misunderstanding what is being taught. As a result, they are not helped accordingly. I think maybe because of their culture that says that talking sex related matters to children you will teach them to start with sex activities”.
This finding is in line with a study conducted by Schulling and Likis (2013:115) who confirm that in some countries life skills education is referred as a comprehensive sexual education because the goal of life skills is to discourage learners from getting involved in sex before completing their education. The evidence indicates that learners describe life skills as sex education because life skills education focuses more on sex and teenage pregnancy prevention. In this study context, participating teachers described the teenage pregnancy prevention programme as comprehensive sex education because the programme taught learners how to prevent themselves from becoming pregnant by using diagrams of private parts and condoms to demonstrate the whole process of how pregnancy occurs. Thus, some life skills teacher acknowledged that a life skill is sex education. Life skills teachers state further life skills teachers face challenges from some parents who are against the provision of teenage pregnancy prevention programme because sharing information related to sex with a child is a taboo.

The findings also show that life skills teachers also described life skills as sex education because the programme prepares the learners not to engage in early sexual activities to avoid learner pregnancy. The following are some of the life skills teachers’ views:

“Life skills can be described as sexual education because it taught learners how to prevent themselves from becoming pregnant. Learners are being told how pregnancy occurs and they are being asked to demonstrate the modern way on how to use condoms to prevent themselves from becoming pregnant”.

“Life skills teachers have a challenge when teaching sex education because some parents do not feel comfortable with us to teach their children about sexual issues because they also understand that the programme teaches learners about their private parts this education is a taboo according in their culture”.

The findings show that participants understand that life skills is sex education because it taught learners about private parts despite the fact that it is a taboo topic in many African societies. The above finding is in line with a study by Nekongo-Nielsen and Mbukusa (2013:61) who state that in many African communities sharing sex with the children is a taboo. The view of the teacher reflected the following quotation:
“We as life skills teachers are being challenged by some parents who accuse us by saying that their children are not behaving well because we are doing the opposite things. They believe that we are teaching their children sex education, a thing that they, as the parents, cannot do because according to their traditional beliefs, no one is allowed to have such discussions with a child. These parents do not feel happy and they do not want us to continue teaching life skills.”

The above evidence shows that both participants see a life skill which includes sex education to be critical because the education is aimed at preventing learner pregnancy.

The following was the life skills teacher response:

“I think it is important to offer sex education to the learner because it will help the learners to gain knowledge how to prevent themselves from teenage pregnancies”.

The above evidence is supported by Kirby (2007:43) who states that a country such as the Netherlands implements such a programme where life skills, now called comprehensive sexual education, because the Government and parents believe it is crucial to educate adolescents on how to prevent themselves from becoming pregnant.

Most of the educator participants revealed that some learners view sex education as a tool to prevent teenage pregnancy, whilst their parents have a different view that life skills will influence the learner to start with sex at an early age and increase chances of early pregnancy. These findings were supported by Bhana et al’. (2008:97) who indicate that despite the cultural beliefs and generational gap, sex education is the key to decreasing teenage pregnancy. Life skill teachers’ highlighted the followings:

“Despite that parents have different views regarding sex education, this programme will decrease learner pregnancy in schools”

“Some countries have decreases teenage pregnancy through life skills programme offered in schools”.

The findings indicate that although parents have the view that the life skills programme will increase learner pregnancy, life skills teachers acknowledged that the programme has reduced learner pregnancy in other countries. The finding was supported by
Feldman (2012:159) who states that comprehensive sexual education reduces learners' sexual behaviour in some countries.

**Theme 2: Experiences regarding the teenage pregnancy prevention programme**

The evidence shows that participants gained knowledge on how to avoid falling pregnant at an early age. Most of the participating learners expressed the view that the life skills programme increased their awareness about the dangers of teenage pregnancy. Additionally, the participants indicated that the life skills programme implementers are qualified teachers who are able to justify the information they pass onto the learners. They reported that the life skills teachers and presenters from other organisations who often present lectures give options such as using condoms to sexually active learners, in case they cannot abstain so that they can protect themselves from becoming pregnant.

The evidence shows that the teenage pregnancy prevention programme warned learners about the negative effects of learner pregnancy. However, their personal experiences and what they see happening around them and their peers who became pregnant, does not validate the sex education intervention. The findings indicate that learners gained varied experiences from attending the teenage pregnancy prevention programme. The experiences are discussed under the following sub-themes: Reliability of the sources of knowledge; credibility of the sources of information; peer pressure and parental involvement.

**Sub-theme 2.1: Reliability of the sources of knowledge**

The findings showed that participants did not attach the same value in terms of reliability of the different sources of information about teenage pregnancy and how to prevent the problem. According to the participants, knowledge gained from parents, and education and awareness campaigns, were not equally reliable. The empirical evidence shows that knowledge gained through the life skills programme that is facilitated by teachers, was found to be the most reliable source of knowledge to prevent teenage pregnancy, as compared to the knowledge gained from their parents.

The above evidence is supported by the following statements:

“Teachers are giving reliable information from the books, but learners ignoring what they are being taught by their teachers.”
“We are taught to do something right, but due to our personal experiences we do the opposite”.

“Teachers give reliable information to learners but the problem is we the learners we are not taking this education serious”.

The evidence shows that information from the books is the most reliable source of knowledge, therefore, if used accordingly it will prevent teenage pregnancies among the learners. Thus, the participants show that life skills teachers use scientific books to educate learners about teenage pregnancy. It is evident that information from books are a more reliable source compared to the information from other sources. The findings are in line with the Department of Basic Education (2011:21) reports that life skills teachers use different sources to educate learners regarding learner pregnancy.

In support, USAID (2011:21) confirms that life skills books were designed according to the age categories of learners.

Sub-theme 2.2: Credibility of the sources of information

There is evidence from the findings that participants do not give the same credit to all sources of information in relation to the prevention of teenage pregnancy. According to the participants, information is gained through schools, media campaigns and peers, but other NGOs and CBOs such as Ombetja Yehinga Organisations and youth organisations groups are not equally credited. The empirical evidence shows that information obtained through reading books is considered a more credible source of information to prevent teenage pregnancy. This view is supported by the following remarks:

“My mother has been telling us to get family planning at NAPPA clinic. I refused to visit the clinic because my understanding was that family planning is for adults although she explained well to us that it is for both adults and young people. But, when my friend told me that she is getting her family planning at NAPPA clinic, I did not hesitate. I also went to start because she explained that you have to choose from the various methods which one you want to use”.

83
“The Life skills taught at our school relied on information from books because the teachers explain well how does pregnancy occurs and what are the consequences of it”.

“I feel that the warnings by parents are “cool,” but maybe because of the culture they do not elaborate more on their points.”

“When I was young, my mom used to warn me not to play with boys. I could not understand her because at school we play with boys“.

The evidence shows that learners receive pregnancy prevention information from their parents but they regard such information as less credible because parents are not able to substantiate what they say. In support, Louw and Louw (2007:304) indicate that teenagers expect those who give them pregnancy prevention information to provide facts and openly explain how to protect themselves from becoming pregnant. Literature pertaining to the stages of development (See Chapter 2), clearly shows that adolescents’ cognitive development has an impact on the value they attach to information. Cognitively, adolescents have a questioning attitude. As such, if parents are unable to provide explanations, adolescents are likely to doubt or disregard their opinions and advice (Alcon, 2007:121).

Some learners acknowledged information received from their school teachers as trustworthy and credible. Additionally, the evidence shows that some adolescents do not understand the information from some parents because parents are not able to justify their opinions (PPFA, 2013:3). In support, Pretorius (2008:64) concurs that young people expect their parents to substantiate their advice regarding the warning why girls should not “play with boys”. This is what one learner said:

“I started hearing prevention from Windows of Hope programme at school. I am still receiving the same information in the life skills class. I like the programme because it prepares you and informs you about how to prevent myself from becoming pregnant”.

The findings are consistent with a study by Pretorius (2008:147) that showed that information from books is credible. The school is seen as a conduit through which knowledge could be presented from one generation to the next. Participants in this
study seemed to value some of the teachers as their credible sources of information because they feed them credible information. This evidence is supported by Stanhope and Lancaster (2004:807) who confirmed that teachers with experience are in a better position to implement pregnancy prevention programmes because they give credible information to learners. To support the statements a learner said:

“Trained teachers collect relevant information for the programme and they have time to answer all questions. The more you ask, the more you get new information from them”.

It is evident that learners accepted and trusted information from their trained life skills teachers as they provided factual and meaningful information. To support the above finding, a participant learner said the following:

“We no longer use text books to explore the new information because the information we are receiving from our trained life skills teacher is from different scientific text books. They are factual and meaningful”.

The evidence indicates that trained teachers collect factual information from different scientific books to update the learners in the life skills class. This evidence is supported by Bardach (2012:60) who states that factual information from scientific books coupled with practical examples convinced learners to adhere to the prevention programme.

**Sub-theme 2.3: Peer Pressure**

The findings indicate that peer pressure was widely acknowledged by most participants as a potent influence for adolescents. In this respect, learners acknowledged receiving both positive and negative information about life skills issues. For example, they remarked that there are those friends whose influence is positive. As such, most learners will maintain the information, knowledge and experiences gained from their peers on how to prevent themselves from becoming pregnant. Secondly, they said that there are those peers whose influence is negative. Such peers will encourage them to ignore the information and knowledge gained from the pregnancy prevention programme. As such, the participants reported that such learners are the ones who become pregnant in the end. The learners’ view on peer pressure was as follows:
“Maybe your classmate has a child, she will pressurise you to also have a child. Or, if she has an intimate relationship, she will encourage others to have boyfriends”.

“Some girls are used to influence others to start dating. So, maybe they are eating and the other one who is not dating an employed boyfriend comes along and wants to join and eat with them, they will not share the food. They will encourage them to get themselves a boyfriend if they want to eat nice food”.

The above findings indicate that some learners experience peer pressure which may ultimately pressurise them to engage in intimate relationships which may culminate into unplanned pregnancy. The findings are supported by the USAID (2011:25) report, which shows that learners who had been influenced by peer pressure are compromised and are at risk of falling regnant. Particularly, peers feel the pressure to compete economically with their friends. In support of the above, one learner stated the following:

“You see your classmates smell nice in the class and on top of that, she has nice lotion and you want to smell the same as your friends. So, you will end up doing the same to smell nice like them”.

The above evidence shows that some learners hear their friends rave about gifts supposedly received from a boyfriend, and they are motivated to go out and get the same. Therefore, such behaviour exposes them to risk. Alcon (2007:296) agrees that peer pressure increases levels of sexual activity. This forces some learners to engage in risky sexual behaviour that could result in teenage pregnancy.

It also became evident that peer influence contributes to some learners not paying attention to what is taught during the life skills programme or to discrediting the teenage pregnancy prevention programme. Some learners remarked as follows:

“Peers shared information of what they have experienced or what they experimented with. That is why their information is being easily taken by their peers because they to want to experiment in order to talk the same language”.

86
“Sharing information with your class-mates is always interesting. Peers are open to discuss anything that affects your life and you will learn a lot from them”.

“Peer group discussion is convincing”.

It is evident that learners place greater value on information obtained from their peers. This was supported by Potjo (2012:30) who stated that interaction with peer groups provides interpersonal contact that is valued beyond that which is obtained with adults. Van Zyl (2013:583) confirms that peers are considered the primary providers of support. However, they are also seen as the primary instigators of early sexual debut.

Potjo (201:14) confirms that service providers need to use peer educators and provide services that are youth-friendly in order to attract the attention and interest of teenagers to the services, because their peers easily influence adolescents. The findings further indicate that teenagers are likely to trust information obtained from their peers if they work with youth-friendly organisations because peer educational groups attract more teenagers and inspire them to become more involved.

Sub-theme 2.4: Parental involvement

The findings in this study show that learners and educators believe that parental involvement is crucial in all attempts that are geared towards preventing teenage pregnancy. This view is based on the belief that teenage pregnancy prevention should initially start at home. A learner said:

“*My parents always tell me to learn from these young girls who dropped out of school due to pregnancy. Although they don’t get much deeper in the discussion, but I could get what they wanted me to know*”.

Thus Matlala, Clowes, Morrell and Shaffer (2014:113) point out that contemporary parents have to start to talk with their children about teenage pregnancy. In support, Nekongo-Nielsen and Mbukusa (2011:57) state that parental involvement to battle teenage pregnancy could contribute to a decrease in the problem. This finding was supported by Matlala et al. (2014:115); that parents remain the primary educator of the
child, adding that the contemporary parents are well positioned to influence the sexual behaviour of their children.

Similarly, the evidence shows that teachers also emphasize that life skills should be supported by parents. Teachers also recognised the importance of parental involvement by stating that parents should complement teachers’ work. Life skills teacher view is reflected in the following quotation:

“Those parents who come to school regularly, their children always behave well and we the teachers appreciate their efforts”.

The findings are in line with a study by Matlala et al. (2014:115) that revealed that parental involvement contributes to the educational development of a child. In support, Cardoso and Verner (2008:5) state that the presence of one biological parent in a child’s life is crucial because she is then far less likely to experience an early pregnancy. This finding is consistent with other research on the well-being of children of absent migrants, which confirmed that parental involvement is more important than “presents” these parents bring back home when they return (USAID, 2011:25). Therefore, teachers and parents have to work together in the implementation of teenage pregnancy prevention programmes in order to ensure the successful achievement of programmatic outcomes.

**Theme 3: Outcomes of teenage pregnancy prevention programmes**

The participating learners indicated that the teenage pregnancy prevention programme meet learners’ expectations. They reported that it provided them with information on how to protect themselves and where to access pregnancy prevention services. Despite the fact that the school policy on learner pregnancy does not allow the distribution of condoms at school premises, participating learners reported that they know where to access pregnancy prevention services.

To support the above, two learners said:

“Although condoms are not distributed in schools, the life skills teacher introduces us to different places that offer prevention services to prevent teenage pregnancy”.
“The life skills programme is informative; it educates me to make an informed decision”.

The findings show that learners are benefiting from the life skills programme that is implemented in various schools. The findings are crucial in that such efforts have been proven to be successful in other countries. For example, a similar programme was implemented in Cameroon and Zimbabwe. Bardack (2012:67) confirms that life skills programmes that provide knowledge and information; that meet learners’ needs assisted Cameroon and Zimbabwe to become the most successful countries in Africa to change the sexual and reproductive behaviour among adolescents. This evidence is in line with that of the Kavango Education Region (2012b:1-7), which show that senior grade learners are responding positively to the pregnancy prevention programme.

The participating learners’ responses indicate that life skills teachers are doing their best to bring the number of teenage pregnancies down. However, the participants indicated that despite the programme being implemented successfully, more pregnancies occur during the holidays. Two learners remarked as follows:

“People blame the life skills teacher that they are not doing anything to reduce learner pregnancy at their schools. But, the reality is that most learners become pregnant during the holidays”.

“Many learners become more free when they are on holidays because some parents are not talking to their children, they are not saying anything for them to stop what they are doing”.

The above findings are an indication that teachers are trying to do the best they can but parental involvement is lacking. As already discussed (See Sub-theme 2.4), the lack of parental involvement has the potential to counteract the successful achievement of programme outcomes. Despite the challenges experienced with lack of parental involvement, the outcomes of the implementation process are discussed under the following sub-themes: the impact of the teenage pregnancy prevention programmes and community involvement.

**Sub-theme 3.1: The impact of the teenage pregnancy prevention programme**

Participants indicated that despite the fact that learner pregnancy increases every year, the teenage pregnancy prevention programmes made impact in the Kavango West
Region. The evidence shows that the programmes made a significant impact among the higher grade learners. Participants indicate that the life skills programme is taught in schools and it is effective. Participants indicate that the programme has reached a large number of learners in terms of sharing information that increases the knowledge of learners about teenage pregnancy prevention.

To support the above findings, learners said:

“We receive all the information related to teenage pregnancy and services, if one gets pregnant then it means that it is her choice to make baby while she is a learner. We cannot blame the teacher that they did not give us accurate information about teenage pregnancy”.

“Life skills education has reduced the pregnancy rate among the senior learners in school”.

This was also in Da Rocha Silva and Malaka (2008:44) who states that sex education make significant impact by increasing knowledge about teenage pregnancy prevention and services available. However, controversy exists around the impact of prevention education on various levels. This was supported by the Department of Basic Education report which shows that programmes made positive impacts and reduced teenage pregnancy among the senior learners (Kavango Education Region (2006a: 1-7; 2007a:1-7).

**Sub-theme 3.2: Learners’ awareness of the pregnancy prevention programme**

The empirical evidence indicated that all the participating learners in the study voiced that the school management team consulted the learners regarding the life skills education programme. The participants indicated that the school used the media to market the life skills programme. Additionally, to make other stakeholders like parents aware, the teachers said that the stakeholders were made aware of the teenage pregnancy prevention programme at schools and parents’ meetings whereby the reasons for the provision of the programme were provided. The following life skills teachers responses:
“The Department of Basic Education developed the life skills curriculum for all learners and it is taught in the class as part of the subject. Learners are aware of this teenage pregnancy prevention programme”.

“The Department of Basic Education uses the radio to promote the life skills programme”.

“In every meeting we talk about the life skills programme with learners’ parents and request them to encourage their children to attend the life skills education so that we can educate them to prevent themselves from teenage pregnancy”.

The findings are in the line with the study by Van Wyk and Marumalo (2012:121) who state that school meetings were deemed to be the right platform to raise awareness about life skills programmes.

The findings are in line with Schuling and Likis (2013:49) who state that the awareness of any prevention programmes requires a collaborative effort in order to yield better results. It is evident that schools make learners and other stakeholders aware of this programme. Life skills teacher said the following:

“As a school teacher, it is my responsibility to communicate the importance of prevention to everyone concerned. Therefore, we started with learners and discussed the prevention programme with them before going to the parents. We informed them about how learner pregnancy affects individuals, families and the schools”.

Thus, through these measures the schools are able to inform and sensitise all relevant stakeholders about the existence of the pregnancy prevention programme. In support, Parry & Myers (2014:401) state that marketing the programme could include using the media and this will attract all stakeholders to get more involved.

Sub-theme 3.3: Community involvement

The findings show that due to the marketing campaigns, many stakeholders from the community became more visible and engaged in the fight against teenage pregnancy at schools and during the teenage pregnancy prevention campaigns that were organised by various schools. The participating learners mentioned that the involvement of all
stakeholders was evidence that the community has taken steps in fighting the battle against teenage pregnancy. It became evident that this problem was not seen as a problem for the school alone. Other professionals from the community became involved as two learners highlighted:

“When the nurses come to our school, they don’t only teach us how to protect ourselves from falling pregnant, they also talk about hygiene, and the types of prevention methods available”.

“Social workers from various organisations come and talk to us on how to protect ourselves from becoming pregnant”.

Similar findings by Sapa (2013:124) show that the community can play an important role in battling teenage pregnancy. The life skills teachers mentioned that the involvement of the community was important because they assisted in implementing learner pregnancy prevention programmes. Life skills teacher narrated as follows:

“Since the life skills education is now part of education curriculum, the school extended the invitation to other influential people and professionals such as police officers, nurses and social workers from their respective communities to come and address the learners on teenage pregnancy”.

The findings correlate with Morojele et al. (2012:197) that collaborative efforts became more visible in many countries particularly during various life skills and educational campaigns to address undesirable behaviour like teenage pregnancy, crime, substance abuse and violence. In support, Molefe (2016:169) concurs that in South Africa, community involvement is at an advanced stage. For example, the South African Police Services use ex-prisoners to address the learners about their experiences in jail and tell learners that they should make sure that they complete their studies because they will not find work and end up involved in criminal activities which will lead them going to jail and ruining their future.

Moreover, the findings indicate that some programmes involve religious and traditional leaders to help address the challenge of culture and religion, which is seen to be discouraging learners from using pregnancy prevention methods while they are still at school. Life skills teacher view is reflected in the following quotation:
“We also involve religious and traditional leaders to help address the cultural beliefs which discourage active learners from using family planning to protect themselves from becoming pregnant”.

These findings are in line with those of Schuiling and Likis (2013:69) who state that community involvement in implementing prevention programme shows that parents understand the impact of teenage pregnancy. Additionally, (Talavera, 2002:43) confirms that the community role in supporting teenage pregnancy prevention programmes is significant in child education. These findings are in line with Panday et al. (2009:64) who states that “the ultimate responsibility for overseeing behaviour change and development is the primary role of the community members”. Thus the family, the school and the community in collaboration can strengthen the impact of the teenage pregnancy prevention programme.

**Theme 4: The strengths of the teenage pregnancy prevention programme**

The participants reported that the strength of the teenage pregnancy prevention programme can be attributed to the support of other organisations. It became evident that other organisations in the community can play a major role in fighting teenage pregnancy among the school learners.

The evidence shows that the collaboration between organisations helps the learners to get comprehensive information. Participants were particularly appreciative of implementers from various organisations talking to them in an understandable manner. These findings indicate that stakeholders complement the efforts of schools in combating teenage pregnancy. These findings are discussed in detail in the following sub-themes.

**Sub-theme 4.1: Complemented by other organisations**

It is evident from the findings that the prevention programme is supported by different stakeholders. Moreover, participants indicated that other organisations are grooming them to become good facilitators of this programme. The finding shows that participants value the services from various organisations because these organisations, unlike their parents and traditional leaders, do not hide any realities affecting teenagers. The following were learners’ responses:
“NGOs visit our school three to four times a year. They do a lot of practical things with us what our life skills teacher is not doing. They provide general education on teenage pregnancy, performing drama related to teenage pregnancy, and condom demonstration. Why the school cannot allow them to collaborate with our life skills teachers to do this during the school activities?”

“Presenters from various institutions are open to answer any questions unlike some life skills teachers who often say that we know the answer. So we also feel open to ask questions and seek advice on the issue related to teenage pregnancy”.

“I appreciate the volunteers because some present the facts based on their personal experience, and this makes me to agree with what they are saying”.

“At our school, the life skills teacher requests members of the school club to implement the programme when he is not around”.

“In many cases the role-players work together with the school club members. They come at our school and teach us about teenage pregnancy and early marriage. I can say that the information they gave to us is very much helpful”.

“I prefer Community Based Organisations to talk to us because they are young, friendly and make the presentations funny. I really enjoyed them. These people should be given opportunities to implement this programme during the day”.

“Peer groups and CBOs are doing good work. Some of us, our parents look at us as grown-ups and ready to be married. They never talk to us on the matters related to sex”.

“Many day scholars missed presentations from the visitor because it is only being done after schools”.

“Organisation’s workers make you to understand, they have the right information and when they present, religious and cultural matters are also included in their presentations”.

94
“I feel good that after the session by any organisation, we are being given leaflets to go and read and share with others”.

“I like the way the organisations support our school because schools cannot manage to reach out such big numbers in one day. The school together with the involved organisations should make it as an on-going awareness programme to reach more learners by using multiple modes of communication”.

“I like the NGOs, they trained us how to facilitate the sex education to our fellow learners in class. There is a good opportunity for us to become future facilitators of the life skills programme”.

It is evident that most learners are in favour of the life skills programme as presented by the NGOs and CBOs. The NGOs use various modes of teaching and learning, including drama and training peer educators. The method is supported by Brown (2013:52) who states that performing drama related to the topic will help learners to learn more about teenage pregnancy and how to use condoms properly. The participants support the strategy of involving the community and granting NGOs/CBOs permission to collaborate with schools to implement pregnancy prevention programmes. In support, Green (2008:182) states that NGOs have sufficient resources to do proper interventions to assist government in implementing its policies.

Additionally, it is evident that participants get encouraged to ask questions to youth presenters that are trained by these organisations because they can relate better and their education is based on their personal experiences. Molefe, (2016:132) confirms that personal experience is a powerful tool to use to convince learners.

This finding is line with Stanhope and Lancaster (2004:767) who confirmed that learners become useful resources for life skills programme. Thus, Molefe (2016:135) states that communities should support any initiative that is designed to promote positive development of the inhabitants. As such, learners that were trained became members of the school club and this enabled them to acquire facilitation skills. It is evident that such programmes create opportunities for school club members to become future facilitators of life skills programmes. Similar findings were reached by Brown (2013:51)
who showed that youth organisations, CBOs and NGOs create opportunities for its employees to grow.

Furthermore, Talavera (2002:41) confirmed that service providers that are youth friendly attract teenagers to use their services because adolescents are easily influenced by peers.

**Sub-theme 4.2: Community role models**

Based on the findings of this study, community members are regarded as the strengths for teenage pregnancy prevention. This is supported by the next verbatim quote:

“I wish many learners should follow in the footsteps of some of the community members. They got educated, got nice jobs and later got married. These people in my community are my role models”.

The findings indicate that some learners admire and want to be like successful members in their community. Similarly, McGaha-Garnett (2007:24) showed that when members of the community become successful, their achievement will make their followers to prioritise education. In support, Molefe (2016:143) concurs that having positives role models in the community inspires learners to complete their schooling because learners imagine themselves going beyond the schooling system and getting into tertiary institutions.

This evidence was supported by Panday et al. (2009:67) who point out that socio-economic status of community members, the sense of social cohesion in the community allows for informal social control. Also, role modelling by adult members in the community had a bearing on the sexual behaviour of learners. Despite community members serving as one of the strengths that can be used to prevent teenage pregnancy as highlighted above, the study also showed that there are some weakness that could make the pregnancy prevention programme ineffective. These are discussed in the next theme.

**Theme 5: Weaknesses of the pregnancy prevention programme**

Several weaknesses were identified by some participants as factors that somehow hindered the effectiveness of the life skills education programme. The participants identified lack of supervision; lack of knowledge among some parents; lack of
communication between the parents and schools and school policy on learner pregnancy. The findings are in line with Blum (2010:167) who points out that where there is no supervision, the implementer of the project often yields poor results.

Sub-theme 5.1: Lack of supervision

There was general consensus among learner participants that although the life skills education is educational, the lack of supervision makes the life skills education programme less important. Most participants confirmed that there is no proper supervision to ensure that the life skills education takes place and that the desired outcomes are achieved. The observation was made on the basis that life skills education teachers who teach other subjects concentrate more on the other subjects, neglecting life skills education sessions. As such, some learners do not take these sessions seriously.

The following are learners’ views:

“Only interested learners attend the programme because even if you do not attend, no one will question you why you did not attend. So learners use this opportunity to engage in different activities”.

“There is a problem with life skills subject. No one is coming to see how our teacher is implementing the programme, like what is happening with other subjects. That is why both learners and our life skills teachers do not turn up for the life skills education period”.

“At our school, the life skills teacher is responsible for other subject; every time he comes in for life skills, he will teach us other subject claiming that we are not going to write exam on life skills education”.

“Teachers who ignore life skills subject informed the learners to study other subjects during the life skills. This attitude influenced teenagers not to take life skills programme seriously”.

“At our school, many day-scholars do not attend this education session because this programme is mostly offered by different organisations in the afternoon after the school activities. This programme is ignored that is why there is no fixed timetable for life skills education”.

97
The finding is in line with Mangino (2008:39) who state that in the absence of supervision, the implementer of the project can always expect poor results. This is supported in Potjo’s (2012:195) findings, whereby they show that lack of supervision can lead to failure in achieving the goal and objectives of an intended project.

**Sub-theme 5.2: Lack of knowledge among some parents**

Another weakness that was mentioned in this study was the lack of knowledge related to prevention methods among parents. The evidence shows that some parents lack knowledge about how the various methods of preventing teenage pregnancy work, whilst some myths were also identified. The following quote by learners’ supports the evidence:

“Most of our parents do not have knowledge regarding prevention programme. They think that if you use prevention for a long period, then you will not able to give birth later because prevention destroys fertility. Maybe because the majority of our parents are illiterate and it is difficult to increase their knowledge to understand and support the pregnancy prevention programmes. I am sure this ignorance also contributes to the increase of teenage pregnancy”.

As such, the participants identified the lack of knowledge on how the pregnancy prevention methods work as a barrier to good adherence to the prevention programme lessons. In a similar vein, this finding can be linked with another study by Bhana et al. (2008:96) who found that lack of knowledge about medicine and HIV treatment contributes to patients stopping treatment.

Another factor that is aligned with ignorance that the participants identified was the lack of communication between parents and schools.

**Sub-theme 5.3: Lack of communication between parents and schools**

Another weakness that was mentioned in this study is the lack of communication between the school and the parents. Some parents were reportedly committed with their work responsibilities and made no effort to communicate with the school to check the progress of their children. To support the findings, the life skills teacher view is reflected in the following quotation:
“Lack of communication between school and parents is a big problem. Parents who are committed with their work to bring bread on the table made no efforts to communicate with the school to check the progress of their children”.

The findings are in the line with the study by Hemovic and Cran (2009:2102) who point out that parents who are over committed with their work do not have time to attend to issues that do not concern their work. The following were learners’ responses:

“Most of our parents have no time to visit our schools because of distance and other commitments. Like many of us travel long distances to school and back home. But some are travelling approximately 5 to 10 km to school. I know that there is a lot of damage that happens along the way. Some even go via their boyfriends’ places before going to their homes. Even parents cannot know because the school is too far from home. Some even dodge classes while their parents thought they are at school during the day. But they check other learners when going back home, they join them as if they were also in school. This gives them chances to spend time with their boyfriends without parents realising that they are not attending classes. Some parents find out when life skills teacher report to them that so and so has been absent from school several times. It is where they find out that she has been dodging classes all along. This part is one of the causes of teenage pregnancy in this country”.

Another added problem is that these learners who travel long distances between home and the school and vice versa, use these opportunities to spend time with their boyfriends/girlfriends. This was a concern for the participants as they highlighted that many undesirable things happen along the way from home to school. In support Molefe (2016:180) concurs that distance to and from school is a problem in many developing countries. As such, it is a contributory factor to teenage pregnancy. Thus, the Department of Education in South Africa, introduced free bus services to transport learners to and from school. This policy was implemented to protect learners against a myriad of undesirable elements including opportunities to stop by at their boyfriends homes while on the way to and from school.
Nekongo-Nielsen and Mbukusa (2011:57) confirm that the absence of correct systems to control the behaviour of learners as well as lack of parental involvement in the education of the child, were some of the most pressing issues in the Kavango region.

The findings also indicates that parents who stay in the area where the network coverage is poor, use technology as excuses for not communicating with the school regarding their children. Juanch et al., (2009:21) also indicated that because of rapid modernisation, people living in remote areas where there is poor network coverage, use the network problem as an excuse not to communicate with others. The quotes below by educators support the above findings.

"Parents who stay at places where there is poor network coverage blamed the technology… it failed them to communicate with the school regarding their children. The non-availability of network coverage as an excuse to liaise with schools. They do not have time to contact the school to find out whether their children are attending classes regularly or not. Day scholars who walk long distances to and from school every morning, come back late in the afternoon as if they are from school. Parents always think that their children went to school but it is not the case. But during the parent meetings teacher advise the parents who finds themselves in that situation that they should visit the school at least once in a month to make the communication easier”.

“Some parents stay in the area where the network coverage is poor and they use this as an excuse to communicate with the school”.

“Parents view poor network as a problem not to communicate with school, but when they look places for their children the reach the school. Why they cannot do the same”.

As outlined above, participants indicated that some parents use poor network coverage as a barrier to communicate with the schools. This finding is in line with Bjorklund and Blasi (2012:13) who state that some people blame technology for their failure to communicate with others.

Other parents were not able to communicate with schools due to long distances between home and the school. It is evident that schools sometimes found it difficult to
liaise with the parents of the learners due to long distances between home and the school. The next quote by a life skills teacher and learner supports the above findings, respectively.

"Due to the long distance, school were unable to communicate with parents to know the whereabouts of the learner when the learner absent from school without notifying the teacher".

"Long distances between school and home sometimes make it difficult for school to liaise with some parents to inform them in case if the learner does not go to school".

The findings are in line with a study by Rathus (2014:522) who states that long distance between school and home result in schools not being able to liaise with parents even if the school wants to know the whereabouts of the learner.

**Sub-theme 5.4: School policy on learner pregnancy**

The life skill teachers indicated that the school policy on learner pregnancy is focusing more on caring pregnancy rather than on the prevention of learner pregnancy. The educators’ view is that the existing school policy on learner pregnancy encourages more and more learners to become pregnant since it treats pregnant learners as special. For example, instead of dismissing a pregnant learner, it allows the pregnant learner to continue with classes. To support the above findings two educators said the following:

"There is a problem with the existing school policy because instead of focusing on prevention, the policy focus more on caring of pregnancy"

"The existing school policy on learner pregnancy treats pregnant learner special instead of dismissing pregnant learner to deter other learners who are planning to fall pregnant; it allow the pregnant learners to continue attending classes. This policy is motivating more and more learners to become pregnant because they wants to be treated special"

The findings are in line with a study by Molefe (2016:40), who contends that the existing school policy on learner pregnancy makes the interventions weak because the policy’s main focus is to take care of the pregnant learner and not to prevent teenage pregnancy. Moreover, teacher participants indicated that the school policy on learner
pregnancy is a threat to education and is supported by some parents who want their girl children to begin childbirth at their early ages.

Regarding the learner policy, the following are life skill teachers’ views:

“The initiative to introduce school policy on learner pregnancy was a good move to assist girls to complete their studies but learners themselves misunderstood the content of the policy. It seems some deliberately fall pregnant because they know that their space is reserved for them. This policy also becomes a threat to education because parents who want their child to give birth at their early age, they are happy with the policy because it allows teenage mothers to continue with school”.

“I am sure that some of the parents from these strong cultures are supporting this policy because it is promoting their culture because their girls start giving birth at their early age. But to me, I am seeing this as a weakness because the policy increases learner pregnancy as girls begin to fall pregnant deliberately”.

“This policy is a problem for the school. Even if the school can see that this girls is about to deliver, she will be allowed to continue attending normal classes”.

“Learners continue to fall pregnant because they want to be treated special”.

To support the teachers views, learners said:

“We are having a problem with pregnant learners in class. They are demotivated [spoilt], they want to be treated specials. They do not attend classes regularly, they are telling teachers that the existing school policy on learner pregnancy was developed to protect the pregnant learners”.

“The school policy on learner pregnancy is good but one can say that it is causing teenage pregnancy to increase because since the introduction of the policy, more and more learners are becoming pregnant”.
In line with Mukona and Flisher (2008:12), the findings show that many teenage pregnancy policies are developed to reduce learner pregnancy in schools. However, these policies continue to fail in reducing the high rates of learner pregnancy. Thomas and Dimitrov (2007:12) show that cultural values can also influence school policies on learner pregnancy.

Brown (2013:4) contends that school policies on learner pregnancy and pregnancy management have given more rights and power to pregnant learners. This is clear evidence of unintended consequences of the existing school policies. Such policy outcomes affect teaching and learning. More pregnant learners will not be able to complete their education because of stigma and other social and health related problems. As a result, this might have a negative impact on the socio-economic development of Namibia and many other countries that find themselves in similar situations.

3.8 Summary

This chapter presented the research question; goal and objectives of the study. Additionally, the research methodology that was followed was outlined and discussed. This was followed by a discussion of trustworthiness, pilot study and ethical issues that were followed during the data collection process. The chapter further presents the empirical findings in the form of biographical information; five themes and thirteen sub-themes. The findings were supported with existing literature. The next chapter presents key findings, conclusions and recommendations.
CHAPTER 4: FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

4.1 Introduction

In this study, the researcher explored the experiences of learners regarding the teenage pregnancy prevention programme that is implemented in most schools in Namibia. In addition, the views of programme implementers were explored and described to obtain adequate and comprehensive understanding about teenage pregnancy, the outcomes of current interventions and how to prevent it successfully, and reduce the high rate of school dropout and/or teenage parenthood.

This chapter focuses on providing an account of how the goal and objectives of the study were achieved. Included in the discussion are the key findings, conclusions and recommendations.

4.2 Goal and objectives of the study

To recap, the goal of the study was to explore and describe the experiences of learners regarding the teenage pregnancy prevention programme in Mpungu Circuit, Kavango West Region, and Namibia.

The objectives for the study were:

- To contextualise and conceptualise teenage pregnancy and programmes from the perspectives learners and life skill teachers.
- To explore and describe the strengths and weaknesses of the teenage pregnancy prevention programme, from the perspectives of learners and life skill teachers.
- To explore and describe the opportunities for, and threats to the teenage pregnancy prevention programme, from the perspectives of learners and life skill teachers.
- To draw conclusions and make recommendations regarding enhancing the successful implementation of the teenage pregnancy prevention programme in Mpungu Circuit, Kavango West Region, Namibia.
4.3 Achievement of objectives

Objective 1: To contextualise and conceptualise teenage pregnancy and prevention programmes, from the perspectives learners and life skills teachers.

This objective was achieved through an in-depth literature review (See Chapter 2). In the review of the literature, the ecological systems theory was used as the underpinning theoretical framework (See Section 2.2). The ecological systems theory was chosen because it encompasses a comprehensive approach to understanding the problem of teenage pregnancy so as to be able to design appropriate interventions.

In this study context, the theory was appropriate because it views the person in relation to his or her environment. The basic premise of the ecological systems theory is that multiple systems interact to influence human behaviour. Particularly with regards to teenage pregnancy, the view is that the individual, their families, peers, the school system, the community, cultural practices and global issues all contribute to the problem. As such, it is imperative that such multiple interacting systems be targeted during the planning and implementation of intervention strategies.

In addition, the stage of adolescence was explored (See Section 2.3), with the view to comprehend the developmental tasks and challenges that plague young people. As such, the focus was on understanding the physical, cognitive, social, emotional and moral developmental tasks and changes that young people need to be able to cope with, with the view to determine its contribution to the problem of teenage pregnancy.

In addition, other risk and protective factors such as the individual, peer, school, family, community, social, political, cultural and religious practices and the media were described (See Section 2.4) to determine their contribution to the problem of teenage pregnancy.

Moreover, the extent of teenage pregnancy within the local, regional and international context was presented (See Section 2.5). In Section 2.6 existing programmes within the international, regional and national contexts are described and discussed. Whereas in Section 2.7, legislative and policy frameworks that are implemented locally, regionally and internationally are presented to demonstrate that despite the availability of such policies and programmes, the problem of teenage pregnancy is not decreasing. Instead, the teenage pregnancy problem persists with devastating impacts on the physical
health, psychological well-being, educational outcomes, and the economic status of society, as discussed in Section 2.8.

Literature was also reviewed to identify barriers that hamper the successful implementation of policies and programmes. Several barriers that pertain to the individual learners themselves, their families or peers, the school systems, communities and society in general, have the potential to hinder the effective implementation of pregnancy prevention programmes (See Section 2.9).

The literature review chapter concludes with an exploration of the role of social work practice (See Section 2.10). Social work practitioners are viewed as pivotal in providing either-direct one-on-one intervention, community-based services, or macro level interventions, whereby they could engage in research, advocacy, or lobbying Governments to effect policy changes to facilitate service delivery.

Objective 2: To explore and describe the strengths and weaknesses of the teenage pregnancy prevention programme, from the perspective of learners and implementers.

This objective was achieved in Chapter 2 (See Sections 2.6.1-2.6.3). In these sections, various programmes from the international, regional and local context were reviewed to identify contents, goals and objectives, mode of presentation and outcomes of such programmes. The objective was also achieved during the empirical study as presented in Chapter 3 (See Section 3.7.2, Themes 4; Sub-themes 4.1-4.2. and Theme 5; Sub-themes 5.1-5.4).

Objective 3: To explore and describe the opportunities and threats to the teenage pregnancy prevention programme, from the perspectives of learners and implementers.

The third objective was achieved in Chapter 2 (See Section 2.9), whereby several barriers that hinder the successful achievement of the outcomes of teenage pregnancy prevention programmes were identified. Such barriers pertain to learners themselves, their families, peers, schools, communities and society in general.

The empirical study (See Themes 2, 3, 4, 5) addresses strengths and weaknesses of the programme. Sub-themes 5.1- 4 also indicate that such weaknesses could present as threats to the achievement of programme goals and objectives. Sub-themes 3.3; 4.1;
4.2, also present opportunities for making the teenage pregnancy prevention programme successful in reducing the high rates of teenage pregnancy and school dropout. In Chapters 2 (See Section 2.2, 2.3, 2.4) and Chapter 3 (See Section 3. 7. 2, Themes 5, Sub-theme 5.4) the evidence shows that culture remains the biggest threat to the prevention of teenage pregnancy in Namibian schools.

**Objective 4: To draw conclusions and make recommendations regarding enhancing the successful implementation of the teenage pregnancy prevention programme in Mpungu Circuit, Kavango West Region, Namibia.**

This objective is achieved in this chapter. In Chapter 4 (See Section 4.4) findings, conclusions and recommendations are presented as outlined below.

### 4.4 Findings, Conclusions and Recommendations

#### 4.4.1 Findings

- All the learners understood and described the Life Skills Programme that is presented in many schools as sex education because the focus is on sexuality matters and learner pregnancy and school dropout prevention.
- The teachers described the Life Skills Programme as comprehensive sex education because the focus is on empowering learners to protect themselves and avoid teenage pregnancy and school dropout.
- The teachers believe that the programme is a strategy to reduce teenage pregnancy and school dropout.
- There was a perception that school policies on learner pregnancy contribute to the increased rates of teenage pregnancy in many schools.
- Such school policies and cultural beliefs makes it difficult for some teachers to implement the teenage pregnancy prevention programme.
- Many learners did not learn much from the school-based teenage pregnancy prevention programme because most teachers are not comfortable to talk about sexuality matters due to cultural beliefs and the attitudes of some parents.
- Information and knowledge gained through the Life Skills Programmes, media educational campaigns, peer education, and the involvement of other stakeholders is not deemed equally credible and reliable.
Some learners ignored what was taught by teachers who they believe are untrained on sexuality and reproductive health matters. They relied on their personal experiences and information from peers.

They believed that such teachers need to be properly trained, and should use scientific books and be available to openly answer all their questions.

Most learners did not trust information obtained from their parents. In comparison, they believe that information obtained from trained teachers was more reliable and credible.

Most learners trusted information that is supplied by other NGOs and CBOs.

Most learners believed that peers have a great influence on each other’s behaviour, both positively and negatively.

Most learners thus placed great value on teenage pregnancy prevention information that is obtained from peer educators.

Both learners and teachers believed that parental involvement and participation in the education of their children and in the teenage pregnancy prevention efforts is pivotal.

The lack of parental involvement was blamed for the relentless increasing rates of teenage pregnancy.

Parents’ meetings were used to market the programme, and educate parents about how to address teenage pregnancy and sexuality matters, so that there is reinforcement at home.

Many learners were targeted and reached through the media which was used to market the services and create awareness.

Such efforts culminated in getting the communities involved. Positive role models from the community began to participate in the teenage pregnancy prevention programmes.

Traditional and religious leaders also started to get involved with the view to address the cultural issues and religious beliefs that are hindering programme implementation.

Collaboration was also strengthened between the schools, nurses, police officers and social workers.
• The involvement of different role players was seen to be a strength and an opportunity for enhancing successful achievement of programme outcomes.

• The successful implementation of the teenage pregnancy prevention programme was ascribed to the hard work of some trained teachers, peer educators and other stakeholders.

• Lack of parental involvement, myths and lack of communication between parents and schools were seen as weaknesses and a threat.

• The unintended consequences of school policies was seen as a weakness and a threat to effective programme implementation.

4.4.2 Conclusions

• Most of the participants gained valuable insights from the youth-friendly teenage pregnancy prevention services that are provided by other organisations.

• The peer education programme granted learners the opportunity to learn facilitation skills.

• The prevention programme decreased teenage pregnancy among the senior grade learners.

• Lack of parental involvement is a barrier to success for teenage pregnancy prevention programme.

• Cultural and religious values and belief systems are a hindrance to the successful implementation of the teenage pregnancy prevention programme.

• Some teachers are not trained to implement the life skills programme whilst others are hindered by cultural and religious beliefs.

• Trained teachers use different sources when they implement the life skills programme.

• Services provided by NGOs and CBOs complement the government’s initiative on the prevention of teenage pregnancy programmes.

• Community role models, in the community which the adolescents function, also serve as a strength.

• Networking between stakeholders is imperative to provide comprehensive interventions.
• School policy on teenage pregnancy is reactive and not proactive. It prohibits the distribution of condoms within the school premises and focuses on the care of teen mothers and their infant children. It is not prevention focused.

• Overall, the information and knowledge gained through the teenage pregnancy prevention programme seemed to have met the learners’ expectations in terms of allowing them the opportunity to share information between peers and extend awareness about the negative consequences of engaging in unprotected sexual activities at a younger age.

• The programme has increased knowledge about where to access sexual and reproductive health services.

4.4.3 Recommendations for social work practice and policy

• Learners should be involved in all policy decision making processes and in programme design and evaluation.

• Learners’ voices should be heard because they know best what their needs are.

• Parents should be trained and encouraged to openly discuss sexuality and reproductive health matters with their children.

• Parents should be encouraged to collaborate with schools on matters that affect their children.

• Parents should be encouraged to participate in prevention programmes with their children.

• Teachers should be trained to provide scientific and evidence-based information on sexual and reproductive health matters.

• Networking between various organisations should be encouraged and promoted.

• Peer educators should be employed to provide youth-friendly services in schools.

• School policies should be reviewed and programmes should be refined.

• Sufficient budgets should be allocated to enhance service delivery.

• School-based clinics or health care facilities should be introduced and located in schools.

• Sexual and Reproductive Health Services should be easily accessible and available to all learners.
The Life Skills Programme should be replaced with Comprehensive Sexuality Education (CSE) programmes because CSE programmes provide training to all life skills teachers on how to implement sexual and reproductive health issues. The life skills curriculum should be revised to make it a promotional subject.

4.5 Recommendations for further research

There is a need to conduct further research among a diverse and larger populations to include diverse groups based on gender, race, religion and culture so as to obtain comprehensive views and experiences. Further study could also focus on young mothers who drop out of school despite existing legislation that allows pregnant learners to continue with their education. Further studies are recommended on parents’ views regarding the contribution of cultural beliefs and values on teenage pregnancy and child marriages. Another study could focus on policy implementation and the criminalisation of teachers or other adults who engage in sexual relations with learners and/or who impregnate learners. Further studies could focus on the unintended outcomes of school policies and care programmes for pregnant learners.
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8 August 2016

Dear Prof Lombard

Project: The experience of learners regarding the teenage pregnancy prevention programme of Mpungu Circuit-Kavango-West Region, Namibia

Researcher: JK Kapapelo
Supervisor: Ms P Nashego
Department: Social Work and Criminology
Reference number: 12262040 (GW201807199S)

Thank you for the application that was submitted for ethical consideration.

I am pleased to inform you that the above application was approved by the Research Ethics Committee on 28 July 2016, conditional to written permission being granted by:

- The Schools
- Please also note and adhere to the conditions stated in the permission letter from the Republic of Namibia Kavango East Regional Council.

Please note that data may not commence prior to the above permissions being submitted as requested and subject to final approval by this Committee. To facilitate the administrative process, please respond to Ms Tracey Andrew at tracey.andrew@up.ac.za or Room HB 7-27, at your earliest possible convenience.

Sincerely,

[Signature]

Prof Maxi Schoeman
Deputy Dean: Postgraduate Studies and Ethics
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail:tracey.andrew@up.ac.za

Kindly note that your original signed approval certificate will be sent to your supervisor via the Head of Department. Please liaise with your supervisor.
Appendix A

The Regional Director of Education
Kavango Region
P/Bag 2134
Rundu
Namibia

Date: 29 December 2015

Ref: Kendelela Kapapelo (student number- 12282040
Tel: 065-2236073
Fax: 065-2236045/222305
E-mail: kjkapapelo@gmail.com

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN MPUNGU CIRCUIT

I am a registered student for the following programme at the Department of Social Work, University of Pretoria: MSW(Social Development and Policy).

I am required to write a mini-dissertation, resulting from a research project, under the supervision of Ms. P. Mashego. The research will only proceed once a departmental Research Panel and the Faculty Research Proposal and Ethics Committee has approved the proposal and data collection instrument(s). The following information from
the research proposal is shared with you, although a copy of the research proposal will be provided to you if needed:

The envisaged title of the study is: The experiences of learners regarding the teenage pregnancy prevention programme in Mpungu Circuit- Kavango Region, Namibia.

The goal of the study is:

- To explore and describe the experiences of learners regarding the teenage pregnancy prevention programme in Mpungu Circuit- Kavango Region, Namibia

The objectives of the study are:

- To contextualise and conceptualize teenage pregnancy and prevention programmes from the perspectives learners and life skills teachers
- To explore and describe the strengths and weakness of the pregnancy prevention programme
- To explore and describe the opportunities and threats of the teenage pregnancy prevention programme.
- To draw conclusions of the teenage pregnancy prevention programme in Mpungu Circuit- Kavango Region, Namibia.

The envisaged target group of the study is:

- Fulltime learners at five selected schools namely, Imarwa Ithete secondary school, Simanya combined school, Kahenge combined school, Kandjimi Murangi secondary school and Insu combined school in Mpungu Circuit- Kavango West Region, Namibia.
- Life skill teachers of the pregnancy prevention programme at five selected schools namely, Imarwa Ithete secondary school, Simanya combined school, Kahenge combined school, Kandjimi murangi secondary school and Insu combined school in Mpungu Circuit- Kavango West Region, Namibia.

I intend to do the empirical part of the study through means of:
A personal interview according to a semi-structured schedule with learners and, implementers of pregnancy prevention programme at the selected public schools as stipulated above.

This request will not result in any demands from you or your staff.

No costs will be incurred by this request.

Possible benefits for your organisation can be summarised as follows:

- The findings will contribute to the improvements of pregnancy prevention programme.
- Identify and address the short comings of the pregnancy prevention programme.

I undertake responsibility to provide you with a copy of the final report after the completion of this study

It would be appreciated if you will consider this request and grant written permission (on an official letter head of your agency) to proceed with the project, at your earliest convenience.

Kind regards

STUDENT
Appendix C

REPUBLIC OF NAMIBIA
KAVANGO EAST REGIONAL COUNCIL
DIRECTORATE OF EDUCATION, ARTS AND CULTURE

Telephone: 066 – 258 9000 / 258 9201
Fax No.: 066 – 258 9117 / 255 404 / 267 070
Enquiries: M.H. Nauyoma
E-mail: nauyoma@kavango.gov.na

Ref. No.: 02/4- 13/5/16
Date: 11 April 2016

TO WHOM IT MAY CONCERN

RE: PERMISSION TO CONDUCT RESEARCH STUDY

Kindly be informed that permission is hereby granted to Mr. Kendeleta Kapapelo to collect data from the learners and the life skills teachers at the selected schools in Kavango West Region.

NB! Teaching and learning should not be disturbed in the process.

Your cooperation and support in this regard is highly appreciated and valued.

Yours sincerely,

Mr. M.H. Nauyoma
DIRECTOR OF EDUCATION, ARTS AND CULTURE
KAVANGO EAST AND WEST REGIONS

Date: 11/04/2016

All official correspondence must be addressed to the Chief Regional Officer

131
Appendix D

Faculty of Humanities
Department of social work & Criminology

Researcher: Mr. Kendelela J. Kapapelo
Tel: +064 855 514 168
E-mail: kjkapapelo@yahoo.co.uk

Erf 3882 Olunkono
Ondangwa
Namibia
9000

Name of the institution: University of Pretoria

INFORMED CONSENT FORM FOR TEACHER

Title of the study: The experiences of learners regarding the teenage pregnancy prevention programme in Mpungu Circuit, Kavango West Region, Namibia.

Purpose of the study: To explore and describe the experiences of learners regarding the teenage pregnancy prevention programme in Mpungu Circuit, Kavango West Region, Namibia.
**Procedures:** I understand that I am required to participate in a semi-structures interview that will require approximately 45 minutes of my time.

**Risk and discomfort:** I understand that there are no known risk and discomfort that I may be exposed to in participating in this study. If I experiences any discomfort at any time during the research study, I can inform the researcher. I expect the researcher to then arrange counselling for me with a suitably qualified counsellor.

**Benefits:** I understand that there are no financial benefits direct to me for participating in this study. However, my participation in this study will help the researcher to learn the experiences of the learners regarding the teenage pregnancy prevention programmes so that the government might be able to develop effective prevention programme for the schools in Namibia.

**Participant’s rights:** My participation in this study is voluntary and I may withdraw my participation at any time without any negative consequences.

**Confidentiality and anonymity:** In order to accurately record what I say during the semi-structured interview, a voice recorder will be used. The recordings will only be listened to by the researcher and authorised members of the research team. The information received from me will be treated confidentially and my identity will not be revealed. My confidentiality is guaranteed as my inputs will not be attributed to me in person, but reported as the life skill teachers’ opinion. Should I withdraw from the study, the data will be destroyed.

The result of this study may be published in the researcher’s thesis, professional journals or presented at’ conferences, but my identifying details will not be revealed unless required by law.

**Person to contact:** if I have any queries or concerns, I understand that I can contact Mr. Kendelela Kapapelo on +264 855 514 168 at any time. I understand my right as a research participant and I voluntarily give my consent to participate in this study. I understand what the study is all about and why it is being done. I have received a copy of this consent form.

**Data storage:** The data that is collected through this study will be stored by the University of Pretoria for a period of 15 years. If any one wishes to use the data, it will
be only be allowed with my informed consent and the permission of those who participated in the study.

**Declaration**

I………………………………………………………………….understand my rights as a research participant, and I voluntarily consent my participation in this study. I understand what the study is about and how and why it is being conducted.

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Appendix E

Researcher: Mr. Kendelela J. Kapapelo
Tel: +064 855 514 168
E-mail: kjkapapelo@yahoo.co.uk

PO Box 3747
Olunkono
Ondangwa
Namibia
9000

Name of the institution: University of Pretoria

INFORMED CONSENT FORM LETTER PARENTS/GUARDIAN

Title of the study: The experiences of learners regarding the teenage pregnancy prevention programme in Mpungu Circuit, Kavango West Region, Namibia.

Purpose of the study: To explore and describe the experiences of learners regarding the teenage pregnancy prevention programme in Mpungu Circuit, Kavango West Region, Namibia.
**Procedures:** I understand that my child will be required to participate in a semi-structures interview that will require approximately 45 minutes of her/his time.

**Risk and discomfort:** I understand that there are no known risk and discomfort that I may be exposed to my child in participating in this study. If she/he experiences any discomfort at any time during the research study, she/he can inform the researcher. I expect the researcher to then arrange counselling for my child with a suitably qualified counsellor.

**Benefits:** I understand that there are no financial benefits directed to me or my child for participating in this study. However, her/his participation in this study will help the researcher to learn about the experiences of the learners regarding the teenage pregnancy prevention programmes so that he might be able to develop effective prevention programmes for schools in Namibia.

**Participant’s rights:** My child’s participation in this study is voluntary and she/he may withdraw her/his participation at any time without any negative consequences.

**Confidentiality and anonymity:** In order to accurately record what she/he says during the semi-structured interview, a voice recorder will be used. The recordings will only be listened to by the researcher and authorised members of the research team. The information received from my child will be treated confidentially and her/his identity will not be revealed. The child confidentiality is guaranteed as her/his inputs will not be attributed to her/him in person, but reported only as the learners’ opinion regarding the pregnancy prevention programme. Should she/he withdraw from the study, the data will be destroyed.

The result of this study may be published in the researcher’s thesis, professional journals or presented at conferences, but her/his identifying details will not be revealed unless required by law.

**Person to contact:** if I have any queries or concerns, I understand that I can contact Mr. Kendelela Kapapelo on +264 855 514 168 at any time. I understand that my child’s right as a research participant and I voluntarily give my consent for my child to participate in this study. I understand what the study is all about and why it is being done. I have received a copy of this consent form.
**Data storage:** The data that is collected through this study will be stored by the University of Pretoria for a period of 15 years. If any one wishes to use the data, it will be only allowed with my informed consent and the permission of those who participated in the study.

**Declaration**

I………………………………………………………………understand my rights as a researcher participant, and I voluntarily consent my participating in this study. I understand what the study is about and how and why it is being conducted.

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Appendix F

Faculty of Humanities.
Department of social work & Criminology

Researcher: Mr. Kendelela J. Kapapelo
Tel: 0855514168
E-mail: kjkapapelo@gmail.com

Ompanda street
Olunkono
Ondangwa
9000

LEARNER ASSENT FORM

**Title of study:** The experiences of the leaners regarding the teenage pregnancy prevention programme in Mpungu Circuit- Kavango -West Region, Namibia

**Purpose of the study:** To explore the experiences of learners regarding teenage pregnancy prevention programme.

**Procedures:** I understand that I will be required to participate in a semi-structured interview that will required approximately 45 minutes from my time.
Risks and discomfort: I understand that there are no known risks and discomfort that I may be exposed to in participating in this study. If I experience any psychological distress at any time during the research study, I will inform the researcher. I expect the researcher to then arrange counselling for me with a suitably qualified counsellor.

Benefits: I understand that there is no direct financial benefit to me for participating in this study. However, my participation in this study will help the researcher to communicate the experiences of learner regarding teenage pregnancy prevention programme to schools so that they may developed effective preventative programmes for school in Namibia.

Participant’s right: My participation in this study is voluntary and I may withdraw my participation at any time without any negative consequences.

Confidentiality and anonymity: In order to record accurately what I will say during the semi-structured interview; a digital recorder will be used. The recordings will only be listened to by the researcher and the authorised members of the research team. The information received from me will be treated confidentially and my identity will not be revealed. My confidentiality is guaranteed as my inputs will not be attributed to me in person. Should I withdraw from the study, my data will be destroyed. The results of this study may be published in the researcher’s thesis, professional journals or presented at conferences, but my identifying details will not be revealed unless required by law.

Data storage: The data that is collected through this study will be stored by the University of Pretoria for a period of 15 years. If anyone wishes to use the data, it will only be allowed with the informed consent and the permission of those who participated in the study.

Person to contact: If I have any queries or concerns, I understand that I can contact Mr. Kendelela J. Kapapelo on 0855514168 or 0856144475 at any time. I understand my right as a research participant and I voluntarily give my consent to participate in this study. I understand what the study is all about and how and why it is being done. I have received a copy of this consent form.

Declaration:
I, ................................................, hereby voluntarily give my consent to participate in this study. I understand what the study is about and how and why it is being conducted.

.......................................................... .......................................................... ..........................................................
Date Place Participant’s signature

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Date Place Researcher’s signature
LEARNERS’ SEMI-STRUCTURED INTERVIEW SCHEDULE

a. What is your experiences regarding the teenage pregnancy prevention programme?
b. Explain how did the teenage pregnancy prevention programme meet your expectations?
c. What is your perceptions regarding the teenage pregnancy prevention programme?
d. What are the strengths of the teenage pregnancy prevention programme?
e. What are the weakness of the teenage pregnancy prevention programme?
f. What are the possible opportunities and the threats for the teenage pregnancy prevention programme from your perspective?
g. What recommendations can you make regarding the teenage pregnancy prevention programme?
Appendix H

TEACHERS’ SEMI-STRUCTURED INTERVIEW SCHEDULE

a. What is your experience in implementing the teenage pregnancy prevention programme?
b. How are the learners responding to the teenage pregnancy prevention programme?
c. How are the role-players contributing to success or failure of the teenage pregnancy prevention programme?
d. What do you think are the strengths of the teenage pregnancy prevention programme?
e. What are the weaknesses of the teenage pregnancy prevention programme?
f. What are the factors you consider to be the challenges in the implementation of the teenage pregnancy prevention programme?
g. What are the possible opportunities for the teenage pregnancy prevention programme?
h. Any comments or recommendations regarding the teenage pregnancy prevention programme?
Appendix I

PERMISSION TO RECORD THE INTERVIEW

I ……………………………………………………………………………………………………………………… (full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire. My confidentiality is guaranteed as my inputs will not be attributed to me in person, but reported only as the life skill teachers’ or learners’ opinion.

I hereby grant permission to the researcher to record the process of the interview.

………………..                ………………………………              …………………………..
Date                                Place                                                Participant’s signature
………………                   …………………………….           …………………………..
Date                                  Place
Researcher’s signature

143