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Challenges in the Prevention and Management of Adolescent Pregnancy and School Dropout by Adolescent Mothers in South Africa

Thembinkosi Twalo[a]

a. Human Sciences Research Council (HSRC), Pretoria, South Africa.
E-mail: ttwalo@hsrc.ac.za

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ABSTRACT
Owing to the social, economic, health, educational and psychological implications of adolescent pregnancy, there had been many attempts to stop this phenomenon. These efforts, however, do not seem to be succeeding given its acceleration, generally in South Africa. The schooling of many adolescent girls gets disturbed by their pregnancy and others discontinue with schooling postpartum. This exacerbates South Africa's challenges of unemployment, poverty, intergenerational illiteracy, and general societal vulnerability. The Pregnant Learner Management Policy contributed to the dropout rates as it prohibited adolescent mothers from returning to school before they had spent two years with their babies. It has since been replaced with the National Policy on the Prevention and Management of Learner Pregnancy in Schools, but reintegration remains a challenge. The pregnancy and reintegration challenges are aggravated by institutional, social, economic, cultural, and religious barriers. The pregnancies are due to several factors such as poor and inconsistent uptake of contraceptives, and inadequate parental involvement and guidance on the sexual and reproductive health education of the adolescents. The study used qualitative research techniques to delve deeper into the adolescent pregnancy and school dropout phenomenon; research participants were sampled from the three provinces with the highest number of births that were delivered by adolescents, namely KwaZulu-Natal, Limpopo, and Eastern Cape.

KEYWORDS
Adolescent pregnancy; school dropout; contraceptives; family support; poverty.

INTRODUCTION

In South Africa, only one-third of adolescent girls who become pregnant return to school, and the likelihood of doing so declines with each year that passes after childbirth (Toska et al., 2015). More than 60% of adolescent mothers did not return to school after the two-year ban on returning to school following their pregnancy, that was part of the Pregnant Learner Management Policy that has since been discontinued (Human Sciences Research Council, 2009). Pregnancy is one of the leading causes of school disruption, particularly at secondary school level, and in many cases the birth of a baby marks the end of schooling for adolescent mothers (Mokgalabone, 1999).

Owing to the social, economic, health, educational and psychological implications of adolescent pregnancy, there had been many attempts to stop this phenomenon. These efforts, however, do not seem to be succeeding given its acceleration, generally in South Africa. As depicted in Table 1, the 2019 District Health Information System (DHIS) of South Africa recorded that the top three provinces with the highest number of births that were delivered by adolescents were found to be KwaZulu-Natal (26 296), Limpopo (15 365) and Eastern Cape (15 348).

Table 1.

Number and Percentage Distributions of Recorded Live Births Among Adolescents by Provin

Province	Recorded live births among Adolescents	Percentage
Northern Cape	3 441	3,2
Free State	5 131	4,8
North West	6 730	6,3
Western Cape	8 828	8,3
Mpumalanga	10 667	10,0
Gauteng	14 577	13,7
Eastern Cape	15 348	14,4
Limpopo	15 365	14,4
KwaZulu-Natal	26 296	24,7
South Africa	106 383	100,0

Source: Statistics South Africa (2022)

Given the not-so-successful attempts to discourage adolescent pregnancy, the study reported in this article sought to make sense of other not-so-successful attempts to retain pregnant adolescents and adolescent mothers in the schooling system. It explored social, cultural, economic, and legislative barriers that discourage school attendance and eventually translate to school dropouts. The study's paradigm is premised on the right to education of pregnant learners and adolescent mothers; hence it was important to understand the factors that compromise this right.

This study uses the understanding of adolescence that it is the period between childhood and adulthood, with 10 to 19 age ranges that encapsulate three stages i.e., early adolescence (10 to 13 years), middle adolescence (14 to 17 years), and late adolescence also called young adulthood (18 to 21 years).

Adolescent Pregnancy Outcomes and Risk Factors

In addition to the negative socioeconomic outcomes of adolescent pregnancy, Diabelková et al. (2023) add that there is a clear correlation between teenage pregnancy and unfavorable outcomes for the mother and the unborn child. These include a greater frequency of premature births by pregnant teenage girls and low birth weight, which is more common in neonates born to adolescent mothers in relation to adult mothers. The pregnancy-related challenges and complications some adolescent girls experience are as a result of many of them not being prepared physically, mentally, emotionally, financially, and physiologically for pregnancy and childbirth. Additionally, infants born to adolescent mothers face a moderate to severe risk of being malnourished (Welch et al. 2024).

In addition to the adolescent pregnancy risk factors, the outcomes of this pregnancy phenomenon include complications related to their return to school. Sobngwi-Tambekou et al. (2022) observed that whilst studies have shown that adolescent mothers' continued education can mitigate the long-term detrimental effects of their pregnancies, there are counter forces that force some of them out of the education system. They further observed that school dropout of teenage mothers puts them at risk of risky health behaviors and subsequent pregnancies.

To mitigate the unfavorable outcomes and risks, it is crucial that sufficient support, of all forms – financial, moral, emotional, and social - be given to the teenage mothers. Supporting adolescent mothers' educational attainment and timely return to school may be the key to interrupting intergenerational cycles of adversity. Stoner et al. (2017) suggest that education might work as a 'social vaccine' in HIV endemic environments like South Africa with many people living with HIV. They argue that the length and completion of secondary education reduces the risk for HIV infection, especially for girls and prolonged absence can increase the risk of a permanent school dropout.

Research Problem

The problem this study sought to address is the high rate of adolescent pregnancy in many South African communities. This is a problem because most adolescents are learners who are dependent on their parents and/or guardians, thus cannot afford to take maternity leave or provide financially for their offspring. The pregnancy usually has negative health, educational and socioeconomic outcomes for both the mother and child, hence concomitant to the phenomenon are increased human immunodeficiency virus (HIV) infection rates, single-parent households, unemployment, intergenerational illiteracy, and overall societal vulnerability.

Pregnant adolescents' schooling gets disrupted and many eventually drop out, consequently having their futures jeopardised, because low education outcomes generally translate to low economic opportunities (OECD, 2022). The adolescent mothers' school dropouts affect their

offspring as the adolescent mothers usually are not able to provide for them, and the adolescent mothers' families then get to face the added challenge of another mouth to feed. The wide range of reasons that have been advanced for the adolescent pregnancy phenomenon include older men who are preying on young girls, ineffective parenting, promiscuity, poverty, rape, child abuse, etc.

RESEARCH METHODOLOGY

A phenomenological research design was used in this study. It is premised on the philosophy that the world is socially constructed, hence it aligns smoothly with the qualitative research approach, because it is also concerned with meanings that individuals attach to their social realities (Leedy & Ormrod, 2013). For the exploration of the multi-dimensional factors that discourage school attendance and eventually translate to school dropout among adolescents, this study used a qualitative research approach so as to gain a deeper understanding of the participants' understandings and behaviors. The approach was apt because it offers the advantage of going beyond what mere numbers and observations could offer, as it sheds light into the understandings and the meanings of the participants about a particular phenomenon (Creswell, 2009).

Individual face-to-face interviews were held with most of the participants, but virtual interviews (via Microsoft Teams) were conducted with the national Department of Basic Education (DBE) officials. The interviews were recorded with the knowledge and permission of participants, including parents and guardians in the case of adolescents under 18 years. Semi-structured interview guides for the various categories of study participants were used to facilitate engagements during the interviews.

Population and Sampling

Participants were drawn from the top three provinces in terms of adolescent pregnancies in the country, i.e. KwaZulu-Natal, Limpopo and Eastern Cape. The study had 57 participants in total. As depicted in Table 2, they comprised 24 adolescent girls who had dropped out of school as a result of pregnancy or motherhood, or who had rejoined the schooling system after a period of absence (more than six months) due to motherhood; and 33 adult participants who were senior DBE officials, school principals, educators, members of the school governing bodies (SGBs), members of the school management teams (SMTs), and learner support agents (LSAs). The adult participants who participated in the study were both males and females who had knowledge and experience of engaging with adolescent pregnancy at policy level, and/or school management level. They had varying ages ranging from mid-thirties to mid-fifties, but the LSAs were in their late twenties and early thirties. The school principals had more than twenty years of experience in the teaching profession while the educators and SMT members also had considerable experience that was more than ten years.

Table 2.

Interview Participants of the Study

Province	Adolescent girls	Adult participants
Eastern Cape	13 participants	2 school principals, 4 educators, 6 SGB members, 4 SMT members, 1 LSA. Total = 17.
KwaZulu-Natal	7 participants	2 school principals, 4 educators, 4 SGB members, 4 SMT members, 2 LSAs. Total = 16.
Limpopo	4 participants	0
Total	24	33

The DBE was approached and requested to provide the names of two schools per province with the highest prevalence of adolescent pregnancy and pregnancy-related dropouts. Most of the identified schools were in rural parts of the three provinces and were also in quintiles 1 and 2. The socioeconomic profile of schools in South Africa is done according to five quintiles, with quintile 1 being the most disadvantaged schools and quintile 5 being the most advantaged.

All attempts were made to have equal number of participants per province, however, practical realities made this impossible. Furthermore, to observe protocol and adhere to ethical guidelines, permission to conduct the study was sought from the DBE and the department was further requested to assist in identifying schools and recruiting participants. Unfortunately, the Limpopo DBE was uncooperative thus could not provide a gatekeeper's letter and assist with the study, hence no officials could be interviewed in that province. The four adolescent girls who participated were out-of-school in Limpopo thus could be interviewed because they consented to participate and did not require the gatekeeper's letter as they were out of the education system.

Given the circumstances with DBE in Limpopo, snowball sampling was used. This involved referrals of the relevant participants by the first identified participants, and this was necessitated by the hard-to-reach sample of adolescents who had dropped out of school due to pregnancy or in the postpartum period.

With the participants' knowledge and consent—including parents and guardians in the case of adolescents under the age of eighteen—the interviews were tape recorded.

Study Limitations

The challenge with the Limpopo DBE was one of the limitations in this study. The age of the participants was another one because for adolescent girls below the age of consent (18 years), parental or guardian proxy consent is required in addition to the permission to undertake the study that is sought from the DBE. Given that adolescents "are perceived as vulnerable and needing protection from research participation", there are significant barriers to the approval of adolescent research (Loveday, et al., 2022, p. 1) and these barriers translate to prolonged

approval processes. Consequently, these processes translated to the data collection process taking place in the last term of school which includes preparation and writing of final examinations. For this reason, some interviews with adolescent girls could not take place due to their examination-related commitments.

Data Analysis

Thematic analysis, i.e., identification of themes and patterns in the data, was used for data analysis. This method requires organisation and description of data sets with the aim of answering the research question.

The participants' responses were based on their understandings, observations and experiences. As different people may observe things differently as a result of their interests, experiences, and expectations, this was taken into account during data analysis by not aiming to reach consensus on the observations but rather to understand the participants' observations and experiences.

Although the data was factual reporting by the participants, a causal relationship between the factors mentioned and school dropout of adolescent mothers could not be established. In fact, descriptive research cannot be confidently used to create a causal relationship where one variable affects another. However, it is useful for getting new perspectives by studying, analysing, and interpreting a phenomenon. It cannot be argued that the factors mentioned by the respondents are the sole causes, and that addressing them would solve the issue, because there are several variables that might contribute to a certain phenomenon. While it could be argued that such factors contribute towards the problem, the extent of their contribution cannot be ascertained with certainty.

Regarding the validity and reliability of qualitative research, Leung (2015) notes that validity refers to the appropriateness of the data, processes, and tools, while reliability refers to ontological and epistemological consistency. To this end, this study adopted the phenomenological research design that is premised on the philosophy that the world is socially constructed. The design is appropriate for studies that seek to unravel the views, perceptions, understandings, and experiences of participants so as to understand the meaning of the phenomenon being studied. Given that the phenomenon under investigation in this study was the issue of adolescent pregnancy and the concomitant barriers that deter pregnant learners and adolescent mothers from continuing with their education, it thus sought to elicit the meanings attached to this phenomenon by the participants.

FINDINGS AND DISCUSSION

Legislation, policy, and practices by schools

In 2012, the Constitutional Court ruled against the DBE's Pregnant Learner Management Policy that subjected adolescent mothers to a two-year postpartum ban from school, so they can look after their babies (Commission for Gender Equality, 2023). The court was of the view that the

policy excluded adolescent mothers from exercising their constitutionally protected right to education in South Africa.

In 2021, Cabinet approved the National Policy on the Prevention and Management of Learner Pregnancy in Schools (Department of Basic Education, 2021). The new policy seeks to retain pregnant learners and adolescent mothers in school, thus does not impose any ban on them. Instead, it obligates schools to put measures in place for retaining pregnant learners and reintegrating adolescent mothers into the schooling system in the postpartum period.

The ban of teenage mothers was not unique to South Africa, and it is interesting to note that some of the countries that had similar bans are also lifting them and encouraging teenage mothers to continue with their schooling program. South Africa's earlier policy ban of teenage mothers was premised on its human rights approach. It prioritised the infants' welfare by requiring the mothers to attend to them for a period of two years. In Tanzania, the ban had a moralistic premise as the former President Hon. John Pombe Magufuli, supported by some religious communities, declared that during his administration, no pregnant learners would be permitted to return to class (Issa & Temu, 2023).

Given the challenges with policy and practice, before the Cabinet approval of the new policy, schools developed their own mechanisms for coping with adolescent pregnancies. The challenges included the teachers' inability to deal with pregnant learners, as anything is expected during pregnancy, including complications, delivery at the school premises, and so on. The coping mechanisms adopted by some of the schools included requiring the pregnant learners' parents/guardians to be at the school, together with the pregnant leaner, so as to monitor her condition and attend to any eventualities. One interviewed educator explained how this came to be:

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

School officials also explained their uneasiness about having to use their own resources (such as cars) to transport pregnant learners in labour or suffering complications to the clinic or hospital. They were worried about being blamed or held liable if something went wrong while trying to assist a pregnant learner in an emergency. Despite their uneasiness and lack of training and expertise, some teachers reported to have had experiences where the adolescent learners gave birth in school and the teachers had to be midwives or had to transport the learners to the

nearest health facilities. Capacity building of all those affected by the pregnancy of adolescent girls is crucial as it will ensure that correct procedures are followed in handling this sensitive matter of the retention of pregnant learners and adolescent mothers in school. One interviewed educator decried, "I am only trained to be an educator. Now at the school, I must deal with substances, weapons, and even adolescent pregnancy all of which I am not qualified to handle, as I have not been trained on them."

The transport challenges in some of the schools are aggravated by the location of the schools in rural areas that struggle with cell phone coverage, thereby hindering school officials from calling for help when a pregnant learner needs medical intervention. In addition, some of the local clinics are not equipped to deal with childbirth. The hospital would be far, and an ambulance would take long to reach the school, if at all as there are instances where ambulances are not available due to lack of resources in various healthcare centres.

Some interviewed pregnant learners admitted that they were aware of the school's pregnancy strategy and were planning to drop out because of their parents' inability and unavailability to accompany them to school or hire a caretaker to do so from the seventh month of pregnancy. They explained:

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

Given these experiences, the new National Policy on Prevention and Management of Learner Pregnancy seeks to change school practices for the benefit of pregnant learners, and most importantly prevent the potential dropping out of learners during pregnancy.

At the time of undertaking this study, the National Policy on the Prevention and Management of Learner Pregnancy in Schools was still new (about a year since its approval by Cabinet). The participants had varying understandings about it, ranging from not knowing anything, to having considerable knowledge about it. One SMT member admitted thus: "I really am unclear about the policy. I cannot recall the contents of the policy. All I know is that we should not discriminate against pregnant girls. And I also know that no scholar must be denied education because of pregnancy."

One nineteen-year-old adolescent mother who dropped out noted that the school had denied her the opportunity to return to school because she was apparently over the age of admission to grade 12. Six months into the postpartum period, despite her grandmother's intervention, she was denied readmission until the Commission for Gender Equality (CGE) intervened. Only then was she readmitted as the school's conduct was found to be discriminatory.

The National Policy on the Prevention and Management of Learner Pregnancy in Schools requires that learners must be supported and reinstated into the school after childbirth. In practice, the support given to learners was inconsistent and sometimes reliant on the benevolence of the teachers. It was, for instance, not standard practice for schools to provide academic support to pregnant learners and adolescent mothers. As a result, some learners fell behind in the curriculum with no measures put in place to provide them with the required assistance and support.

There were, however, also many positive cases of learners who had been supported. One educator explained thus: "I had to apply for concession for several scholars to write their exams in hospital. I also use my discretion when it comes to assisting a young mother to catch up if I see they are falling behind. Otherwise, there is no school policy or practice guide guiding us on this." One principal noted that "for three years in a row, we've had learners who have had to write exams in hospital because they had just delivered babies or were unwell due to the pregnancy".

Knowledge, attitudes, and perceptions regarding the use of contraception services

Perceptions regarding contraceptive use were resoundingly negative among most of the adolescent interviewees for this study. This was aggravated by fears of being ridiculed by peers and elders, thereby translating to weak uptake of contraception services to the extent that the service had to be terminated in some areas. Some of the adult interviewees revealed that parents and SGB members believed that allowing the availability and use of contraceptives by adolescents would be misconstrued as an indication that sexual activity by adolescents is permitted. This translated to minimal to no uptake of contraceptive services by the adolescent girls. This was despite the efforts undertaken by the Department of Health (DoH) to educate the adolescents about sexual and reproductive health and the value of contraceptives. The DoH's efforts included provision of mobile clinics for scholars who live far from healthcare centres.

Some of the adolescent girls revealed that they feared using contraception services provided through the mobile health clinic when healthcare personnel were at the school premises because they thought that people would associate them with sex and thereby tarnish their images. Many preferred using the fast-lane contraception option available at some of the local clinics, given the confidentiality that this option presented. The fast-lane option offered scholars the opportunity to bypass the long queues at the clinics, thereby afforded them an opportunity to return to school faster after receiving contraception services. The DoH

introduced the fast-lane option to reduce the stigma and enhance accessibility of the services to adolescents so as to curb adolescent pregnancy.

Myths and misconceptions about contraception services also reversed some of the gains made in this regard. One of the adolescent girls confessed thus: “I do not take contraceptives because I am afraid. What if I won’t have children again, and it messes me up? I prefer using condoms, even though in the heat of the moment, it does become forgotten”. One educator said, “you know how scholars are. They say that their bodies won’t be right. They will become shapeless and look old. They will gain weight and have loose skin and their private parts will be too wet. These are the corridor talks I hear from the kids”.

The participants’ understandings about pregnancy and contraceptives highlighted the extent of the efficacy of sexual and reproductive health education programmes covered in the Life Orientation subject in schools. Life Orientation is taught from Grades 7 to 12 in South African schools. A study conducted by Francis and De Palma (2014) found that while Life Orientation teachers recognised the value of teaching about relationships and safe sex in the curriculum, many preferred to promote abstinence as the appropriate choice for learners. This may partly explain the poor knowledge of contraceptives and how they work, as well as the myths and misconceptions regarding contraceptives among the study participants who mainly relied on Life Orientation for sex education, because at home it appeared that the topic of sex was a taboo. It seemed that in many households, the parents avoided providing comprehensive sex education other than just promoting abstinence.

Physiological occurrences also contributed to the confusion regarding contraceptives. One adolescent girl thought her irregular menstrual cycle meant that she was not ovulating and, therefore, could not fall pregnant. She said, “I never thought I could fall pregnant because I did not have regular periods. I was shocked and disappointed to find out that I am pregnant, knowing the struggle at home”. Torborg (2018) notes that many women with irregular menstrual cycles get pregnant and go on to have normal pregnancies as irregular menstrual cycles do not necessarily mean that there are fertility issues.

Furthermore, some religious norms and beliefs seem to be an impediment for adolescent girls’ access to contraceptives. One of the adolescent mothers explained her situation: “my grandmother is a pastor and told me that I cannot use contraceptives because the community will know if I go to the clinic for family planning that I am sleeping around with boys. To not ruin her reputation, I told myself let me abide by her rules”.

In addition to the factors that compromise the effectiveness of the adolescents’ education about sexual and reproductive health, the attitudes of shame, discomfort and embarrassment around the subject also contribute greatly. A view by one SGB member is that:

> “we fail our kids because we don’t speak about sex openly. We sugarcoat or try too hard to narrate sexual talk in a respectful manner with our kids whereas, on social media, TV, and when they are out there, there is no sugarcoating or finding nice or respectful cover-

up words for talking about sex. We are leaving them to exposure, and they don't feel comfortable talking with us, then we get surprised when there is a pregnancy."

Lack of parental involvement and support

Some participants observed that in many communities, adolescent pregnancy rate was hiked because of child-headed households, learners residing on their own in rented spaces, and learners residing with their grandmothers. Some of the parents are migrant workers who live and work in the cities due to lack of employment in their own areas and some learners were orphaned. In cases where the adolescent girls cannot be left with family members, the parents rent alternative accommodation for their children away from familial homes so they can be closer to the schools they attended. Under these circumstances, supervision and guidance from a guardian is usually minimal and ineffective.

One adolescent mother mentioned that she felt rejected by her mother, who got married to a different father, hence she was dating to fill the void after the loss of her father. She said, "my grandparents told me that when you get married you must leave your children at your maternal home. I feel like she could have taken me with her. She chose a relationship over me. I feel my mom chose a man over me". It is evident that absent parents can instil trauma, distress, and a feeling of being invalidated in their children. They cope differently with this. This adolescent girl, in the absence of her parents' love, looked for love in a romantic relationship, however she was ill-prepared for the consequences.

Economic factors

In most cases of the interviewed adolescent mothers, having a child was an unintended consequence. Most of them were from poor families that were not in a position to cater for an additional financial burden in the form of a child. However, the socioeconomic circumstances of many families contributed towards the adolescent pregnancies. One educator lamented the families' circumstances: "it is so bad in other homes. The parents are unable to give the children transport money to go to the clinic for their contraceptives". One adolescent mother explained their suffering and said, "the situation is bad, it's very, very bad. We live a struggling life. Even now we don't even have maize meal, its bad. I thank God that my child is breast feeding."

Controversially and unproven, one of the school principals and an SMT member understood adolescent pregnancy as a means to access the childcare grant. Furthermore, in a context of high unemployment, poverty, and food insecurity, with few opportunities for income generation and sustainable livelihood, transactional sexual relations appeared to be a common means for attaining financial support. One school principal noted that some learners saw an opportunity to create a livelihood by dating working men and thereby got involved in transactional relationships with them.

Individual factors

The interviews revealed that individual factors, such as adolescents' self-esteem and motivation, played a role in determining the prospect of retention in school. Holden (2019) observes that adolescent pregnancy may result in feelings of shame and guilt, leading to a

momentary or even permanent delay in pregnant learners' dreams. This was aptly captured in one adolescent mother's statement: "the reason why I dropped out from school is because I was just shy and scared of being turned into a laughingstock. I didn't like the fact that people would turn me into a laughingstock … they laughed at me because the father of my child had turned his back on me. He was absent … I then decided to quit school".

Another adolescent mother reported to have lost confidence in her ability to manage schoolwork to complete the academic year, hence she dropped out. Holden (2019) explains that a learner also has to suddenly adjust to the adult role of being a mother while still being a child, hence some adolescent mothers do not feel adequately prepared psychologically to return to school as they do not think they will be able to do well academically in addition to the parenting responsibilities. Glynn et al. (2018) concurs that the adolescent mothers' dual responsibilities as both parents and learners often affect their academic performance. The difficulty many young mothers have is finding a balance between parenting their children, going to school, and finishing their education (Boehlke, 2018).

It is evident from the responses that insufficient support, which was in many instances hindered by the socioeconomic situation of the households, played a role in limiting adolescent girls' chances to return to school, particularly postpartum. This is consistent with literature that suggests that parental support is key for ensuring the retention of pregnant learners in school, as well as the adolescents' return postpartum (Jochim et al., 2022).

Household factors

As the re-enrolment process at school requires the family to provide childcare and financial support, learners who are most likely to return to school are often those who are from families that can afford to give such support. One adolescent mother who did not have the required support noted that, "I am hurt that the father of my child is carrying on with school. I am stuck here with my child. My mom suggested I find work because she says I am a woman now with responsibilities. She wants me to feel the burden of having a child".

Statutory rape, dating older men and teacher-learner sexual relations

The National Policy on the Prevention and Management of Learner Pregnancy in Schools compels educators to report learner pregnancies of children under the age of 16 by males older than 16 years to the South African Police Service (SAPS). However, some educators seemed unaware of the steps to take in cases where the men are within the ages that could render the relationship to be a statutory rape and others just chose not to get involved. One educator reported that, "we hardly ever get involved unless the parent comes to lay a complaint". Other educators understood their responsibility to report incidents of adolescent learners under the age of 16 being impregnated by males older than 16, however, they found it difficult to penetrate the secrecy surrounding the identity of the fathers because engaging pregnant learners and their parents proved futile. For this reason, one educator asserted, "I don't even ask who the father is, it's none of my business, it's the learner's business and her parents".

Conversely, other school officials take it as their responsibility to engage pregnant learners and support them. One principal advised that:

> "sometimes we call a pregnant learner and ask why they got pregnant, and they'll just break down in tears. One child once told me that her uncle was raping her and when I displayed anger and probed further the child stopped talking. I think she got afraid that I will take action and the uncle was the breadwinner. We call our local social worker for such cases, but that child dropped out of school. I know that she was seeing the social worker regularly though before she left the school."

Adolescent girls that are dating older men sometimes find themselves in a position where they are unable to negotiate sex, condom use, family planning, or marriage due to the gender power disparities and socioeconomic factors that exist within these relationships. In some cases, older men or male educators pay a fine, commit to financially supporting the pregnant learner's family, and even promise to marry the learner in an effort to erase or disrupt cases levelled against them.

Regarding dealing with cases of teacher-learner sexual relations, the DBE has developed a protocol for managing sexual abuse in South African schools. The protocol explains the role of the principal and such cases are reported to the South African Council for Educators (SACE) and SAPS for investigation. Despite these measures, the practice of teachers having sexual relations with learners does not seem to have abated as evidenced by several media reports:

- Teacher, principal suspended as teen pregnancies soar (Gosa, 2023)
- Over 11 000 pupils in the province are pregnant and teachers and blessers are said to be responsible for most of these pregnancies (Matlala, 2022)
- KwaZulu-Natal teacher impregnates five pupils and then forces one to abort (The Citizen, 2018)
- Teachers implicated in 30 pregnancies of pupils at one school (Beangstrom, 2017)

School environment

The school environment is another determinant for the retention of pregnant learners and the return of adolescent mothers after giving birth. Some school officials felt that pregnancy in their schools was so common that learners viewed it as normal, which then meant that they would not discriminate against one another because of it. Conversely, other school officials noted that learners mocked each other and sometimes even reported each other to the educators for this. Some teachers and learners displayed negative attitudes towards pregnant learners and adolescent mothers. It was suggested that some of the teachers that stigmatise pregnant learners and have a negative attitude towards them are driven by the fear that such adolescents may influence their peers to also fall pregnant.

One adolescent mother, reported that at her school, "they just saw, I didn't tell them anything. Once they found out they accused me of making other learners sleepy in class". Another adolescent mother revealed the impact of negative attitudes when she said, "I dropped out because I couldn't handle the mockery and laughter from my fellow learners anymore". The

pregnant learners who felt stigmatised experienced loneliness, isolation, and solitude, hence Hosie (2007) adds that some adolescent mothers' dislike of school is partly caused by mistreatment from teachers and / or other leaners. In a study by Kuckertz and McCabe (2011), they observed that adolescents who held strong beliefs about the effectiveness and availability of contraception displayed more negative attitudes towards their pregnant peers. Their judgmental attitude seems to overlook some of the systemic and cultural barriers that compromise access to contraceptives.

Substance use

Substance abuse among adolescents, especially alcohol and drugs, has been reported to influence the adolescents' decision making, including decisions about sex and make them less likely to practice safe sex. Palen et al. (2006) argue that substance use in South Africa has been associated with higher rates of sexual intercourse. They observed a correlation between substance use and higher rates of sexual activity in South Africa. They also observed that in KwaZulu-Natal, high school adolescents who used alcohol or smoked cigarettes were two to three times more likely to be sexually active.

Referring to female learners in her school, another educator said, "they also drink alcohol and it's concerning because when they are drunk, they can be taken advantage of easily". The school had to employ a groundsman who monitors school grounds and toilets because some learners sometimes drink alcohol and smoke marijuana at school. One educator at another school recalls: "they are on marijuana both girls and boys. SAPS used to help us with this but now they don't. We even caught a girl learner once who had a lunch box full of marijuana. We suspect she was selling it to other learners." Given that in a study by Van Rooy et al. (2021), higher alcohol consumption was associated with a higher likelihood of disliking school, and lower school engagement was linked to higher rates of alcohol consumption and subsequent risky behaviors among adolescents, like early sexual activity, they recommend that policy makers and school authorities should enhance their efforts in addressing the growing issue of substance abuse among youth.

CONCLUSION

The research investigated the social, cultural, legal, economic, and structural impediments that prevented adolescent girls from attending school both during and after their pregnancies. The knowledge, availability, and use of contraception services; minimal or non-existent parental involvement; socioeconomic factors; cultural norms and beliefs; statutory rape; dating older men and teacher-student sexual relations; substance abuse; and inappropriate sexual conduct by learners were among the factors that were found to contribute to adolescent pregnancy.

The provision of school health programmes was fragmented and inconsistent among the three provinces. The integrated school health programme that offered healthcare services such as contraceptives and awareness raising to learners worked well in some areas but not so well

in others due to its rejection by many parents and adolescent learners, myths and misconceptions about contraceptives, and stigma associated with the use of contraceptives.

Both positive and negative attitudes from educators and learners towards pregnant learners and adolescent mothers were reported. In areas where negative attitudes exist, it is important to have systematic ways of dealing with it so as to have a good environment that would not repel pregnant learners or adolescent mothers from the school system.

Some adolescent mothers were unable to return to school after delivery due to the added responsibility of taking care of their babies because of the absence of or inadequate family support and assistance with childcare.

The complexity of the adolescent pregnancy and school dropout phenomenon, owing to the multiple factors at play, is evident in this study. Further research is recommended particularly for investigating the root causes of the challenges identified that contribute towards this phenomenon. This includes investigations into people's attitudes towards pregnant learners, drivers of substance abuse, and causes of the stigma associated with the use of contraceptives.

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