

Art. # 1027, 11 pages, <http://www.sajournalofeducation.co.za>

Secondary school teachers' experiences of teaching pregnant learners in Limpopo province, South Africa

Sogo F Matlala, AGW Nolte and MA TemaneDepartment of Health Studies, School of Social Sciences, University of South Africa, Pretoria Campus, South Africa
matlalsf@gmail.com

This paper presents the findings of a study on the experiences of secondary school teachers on teaching pregnant learners in Limpopo Province. A qualitative, exploratory, descriptive and contextual design was used. Semi-structured interviews were conducted with ten purposively selected secondary school teachers. Data analysis yielded six themes, which are: (1) identification of pregnant learners; (2) continuation of pregnant learners' school career; (3) dilemmas related to school-attending pregnant learners; (4) support of school-attending pregnant learners; (5) gender in pregnancy caretaking; and (6) communication and cooperation between teachers and parents. Teachers experienced challenges in identifying pregnant learners, and to meet their health needs as they lacked health related skills. Parents were not always cooperative towards teachers. It can be concluded that teachers face many dilemmas related to pregnant learners, and this requires a health facilitation model to enable teachers to assist pregnant learners such that they might better benefit from their schooling, and experience a positive health outcome.

Key words: high risk pregnancy; learner pregnancy; school health services; teacher experiences; teenage pregnancy

Introduction

Pregnancy amongst secondary school learners is a public health concern affecting most communities in South Africa (Chanjar, Chommanard & Lookid, 2009; Panday, Makiwane, Ranchod & Letsoalo, 2009; Richter & Mlambo, 2005). Learners in secondary schools are teenagers and most teenage pregnancies fall in the category of high risk pregnancies, which require appropriate care during the antenatal, labour and postnatal periods, so as to ensure a healthy mother and child (Ehlers, 2010; Fraser, Cooper & Nolte, 2010; Gilbert, 2007; James, Van Rooyen & Strümpher, 2010; Kanku & Mash, 2010; Maholo, Maja & Wright, 2009; Nolte, 2011; Restrepo-Méndez, Barros, Santos, Menezes, Matijasevich, Barros & Victora, 2011). To meet Millennium Development Goal (MDG) 4, which aims to reduce child mortality and MDG 5, which aims to improve maternal health, the country has to strengthen the implementation of high impact interventions such as regular antenatal visits and improved referral links between the home and the health facility (Chopra, Daviaud, Pattinson, Fonn & Lawn, 2009).

Currently there is increased visibility of pregnant learners at secondary schools in South Africa (James, Van Rooyen & Strümpher, 2011; Maholo et al., 2009; Panday et al., 2009; Runhare & Vandeyar, 2011). In 2010, the highest number of pregnant learners was recorded in Limpopo Province, followed by KwaZulu-Natal Province, while in 2009, Limpopo Province recorded the second highest number as compared to other provinces in the country (Department of Basic Education, 2011, 2012). Newspapers, which Daku, Gibbs and Heyman (2012), De Wet (2014) and Oosthuizen (2012) regard as important sources of knowledge for both the general public and policy makers as they report on events that happen in the community, also report frequently about pregnant learners in all nine provinces of South Africa. Between 2010 and early 2011, newspapers reported 3248 learner pregnancies in four provinces of South Africa, namely Limpopo, Mpumalanga, Gauteng and KwaZulu-Natal (Mclea, 2011; Mngoma, 2010; Moselagomo, 2010). In Limpopo Province, 15 pregnancies were reported from one school, while Mpumalanga reported 70 from another school. In Gauteng, 3127 pregnancies were reported from 366 schools, while the province of KwaZulu-Natal reported 36 from 25 schools. Unlike in the past, when pregnant learners were expelled from schools, these days learners are encouraged to continue attending school, so that they are not further disadvantaged by not having completed their education. To implement inclusive education and work towards achievement of MDGs (Runhare & Vandeyar, 2011), the Department of Basic Education encourages pregnant learners not to drop out of schools, and prohibits school governing bodies from expelling these learners (Bhana, Morrell, Shefer & Ngabaza, 2010; Department of Education, 2007, n.d.).

Mpanza and Nzima (2010) found that some teachers were not willing to allow pregnant learners to continue attending school, due to beliefs that schools were not meant for pregnant learners, and were not adequately equipped to meet their health needs. Teachers also reported a lack of training to meet the health needs of pregnant learners. Mpanza and Nzima (2010:433) further indicate that some schools "turn a blind eye to pregnant learners" by refraining from playing an active role in attending to the specific needs of pregnant learners. These situations then lead to an unsettling presence of pregnant learners at secondary school premises, as secondary schools cannot adequately provide for the health needs of these learners. Mohlabi, Van Aswegen and Mokwena (2010) point out that the school health services programme in South Africa is facing many

challenges, and has collapsed in many provinces, leaving schools without the ability to provide even the most basic health services to learners.

Newspapers (Mapumulo, 2007; May, 2009; Ratsatsi, 2010; SAPA, 2009, 2011) reported numerous cases of pregnant learners giving birth on secondary school premises, while others gave birth before they reached a health facility. Some of those learners gave birth alone, while others were assisted by teachers who were not skilled birth attendants, and in the process, were exposed to unhygienic conditions and practices that could negatively affect the health of both the mother and her child (Govender, 2010; McLelland, McKenna & Archer, 2013; Mpanza & Nzima, 2010; Save the Children, 2011). The term 'skilled birth attendant' refers to an accredited health professional such as a nurse, midwife or a doctor; someone trained and proficient in the skills needed to manage a normal or uncomplicated pregnancy, childbirth, and the immediate postnatal period. Such a health professional should also be trained and skilled to identify, manage and refer complicated cases of mothers and newborn babies (Edmonds, Paul & Sibley, 2012; Save the Children, 2011; World Health Organisation, 2008).

According to Bhana et al. (2010), some educators in South Africa perceive pregnant learners to be a disturbance to the learning and teaching environment of a school. Mpanza and Nzima (2010) found that some educators have a negative attitude towards pregnant learners, and even mistreated them until they dropped out of school. Learners in secondary schools are in their teenage years, and pregnancy in most teenagers poses some risk to the lives of the pregnant teenagers as well as to that of the unborn child (Bopape, Mbhenyane & Alberts, 2008; Guffey, 2008; James et al., 2011; La Flair, 2008; United Nations Children's Fund, 2008).

This paper reports on the findings of a study on the experiences of teachers on the teaching of pregnant learners attending secondary schools in Limpopo Province. The findings are not new, but have merit as they confirm the findings of other studies and point to the need for future studies on the support services for pregnant learners.

Research Setting

Limpopo Province is mostly rural and has five districts, namely Capricorn, Waterberg, Mopani, Vhembe and Sekhukhune; all of which were accessible to the researchers, as it is home to one of them. The study was conducted in three township schools in the Capricorn district. All three schools were classified as Quintile One, and admitted learners from Grade Eight to Grade 12. The schools showed a lack of adequate teaching and learning facilities similar to the township schools described by Mafora (2013a, 2013b). The socioeconomic status of families in the three townships was low, due to high un-

employment in the area, and housing was composed of mixture of formal and informal structures of various sizes. According to the Department of Basic Education (2012), in 2009/10 Limpopo Province found approximately three percent of its learners pregnant, which was the highest number amongst all other provinces in the country.

Research Design

This study followed a qualitative (Liamputtong, 2013), exploratory (Polit & Beck, 2012), descriptive (Rubin & Babbie, 2013) and contextual (Creswell, 2013) design. Liamputtong (2013) points out qualitative design to be a suitable method for understanding the meanings, interpretations and subjective experiences of participants, while Keller and Casadevall-Keller (2010) add that a qualitative approach allows for thick and rich descriptions of the views of participants. In an exploratory design, the researcher investigates the full nature of a phenomenon in order to understand its manifestations and underlying processes (Polit & Beck, 2012). We explored the experiences of teachers in order to understand how they met the health needs of pregnant learners. In a descriptive design, the researcher describes what he or she has observed in order to ascribe deeper meaning to the experiences of participants (Polit & Beck, 2012; Rubin & Babbie, 2013). This study describes the experiences of teachers, in order to understand how the process of meeting the health needs of pregnant learners unfolds in secondary schools in Limpopo Province. Creswell (2013) points out that a study is contextual, when the researcher collects data from participants in the natural site where they experience the phenomenon, rather than in a laboratory. We interviewed teachers in their schools and observed them in their natural settings. This enabled us to observe the environment where teachers experienced the teaching of pregnant learners.

Sampling

We employed a purposive sampling strategy to identify teachers from secondary schools in Limpopo Province. In qualitative research, sampling is done to ascertain the meaning participants ascribe to their experiences, rather than focusing on the frequency of what participants say. Therefore, the findings cannot be generalised to the entire population (Liamputtong, 2013; Streubert & Carpenter, 2011). As suggested by these authors, we purposefully selected specific teachers, due to their first-hand experience with teaching pregnant learners, or their perceived ability to provide information relevant to the way in which the health needs of pregnant learners are met. Liamputtong (2013) and Streubert and Carpenter (2011) refer to such kind of specific participants, from whom the researcher can learn a great deal about important issues central to

the purpose of the research, as information-rich cases. The criteria for the selection of information-rich cases from amongst the pool of teachers were:

- willingness to share experiences of having had a pregnant learner in class;
- having experience or experiences of assisting learners during pregnancy;
- and having signed consent forms to participate in the study.

The sample was determined by saturation of data, which led to ten teachers participating in semi-structured interviews. Streubert and Carpenter (2011:30) define saturation as “the repetition of discovered information and confirmation of previously confirmed data”. Six of the ten teachers were female, while four were male. All the teachers were first language Sesotho sa Leboa speakers, but all the interviews were conducted in English. The Limpopo Department of Education was requested to assist with identification of at least three secondary schools in each district, which had the highest number of pregnant learners. In the second strategy, we approached circuit managers to aid in the identification of the three schools in their circuits with the highest number of pregnant learners. Three urban schools were initially approached, as they were conveniently situated, with the intention to approach more schools for teacher interviews. However, further interviews were stopped due to data saturation.

Ethical Considerations

We observed the ethical principles of respect for persons, beneficence and justice as prescribed by Polit and Beck (2012). We obtained informed consent from the teachers to take part in the study voluntarily. We informed them fully about the process of research, the research problem, the purpose and objectives of the study and the benefits thereof. They were allowed to ask questions for clarification where they did not understand or needed more information.

We maintained privacy and confidentiality of the information that participants shared with us by conducting the interviews in a private place and keeping the transcripts locked away, accessible only to the researchers. The right to privacy for participants was maintained throughout the study by asking only those questions relevant to the aim and objectives of the study. Polit and Beck (2012) indicate that researchers ought to ensure that their research is no more intrusive than it needs to be, and that the participants' privacy is maintained throughout the study. To further ensure privacy, as suggested by De Vos, Strydom, Fouche and Delpont (2011), we informed the participants not to mention their names, their schools' names, and the names of any other person during the interviews, so that data might not be linked to the identity of the participants in any way. To maintain confidentiality, we entered into a confidentiality agreement with an independent coder who coded data during analysis.

According to Polit and Beck (2012), the principle of respect for persons includes the right of participants to withdraw from participation without penalty. We explained to the participants that they were free to withdraw from participation even after they had signed the consent form, and that they would not be penalised for withdrawing. The researchers indicated in the consent letter to the participants that there were no risks involved in taking part in the study; and during data collection, found no signs of psychological trauma or distress experienced by the participants that would have required referral for a debriefing session by a counsellor for support after the interview. We explained the benefit of participating as a means of sharing experiences about meeting the health needs of pregnant learners, and giving input on guidelines to meet the health needs of pregnant learners attending secondary schools in South Africa.

De Vos et al. (2011) indicate that researchers have an obligation to the discipline of science in the way they conduct and report research. To satisfy this obligation, we obtained ethical clearance from the Department of Health Studies Ethics Committee at the University of South Africa before beginning with data collection, and obtained permission from Limpopo Department of Education to access teachers at secondary schools.

Data Collection

We chose the semi-structured interview as the most appropriate method for this study. A semi-structured interview is a flexible type of interview where researchers specify questions in advance, but are free to ask them in any order to respond to the way a participant has answered the initial question (Polit & Beck, 2012). Researchers can ask participants to clarify and elaborate on some of the answers given and “enter into a dialogue with the interviewee” (May, 2011:134). In this dialogue participants are free to articulate their worldviews, while at the same time, the researcher is able to focus on the research topic (Liamputtong, 2013). Participants are also free to decide on the type, length and amount of answers they provide to each question (May, 2011; Packer, 2011; Streubert & Carpenter, 2011). May (2011) further indicates that a semi-structured interview represents an opening up to an understanding of the way in which participants produce and deploy meaning in social life, when they answer questions that the researcher did not ask, but which are meaningful to participants' lives. We considered the semi-structured interview as a suitable strategy that would cause minimal disturbance to the education programme of the schools (unlike the Focus Group Discussion), where teachers were interviewed individually as they became available for the interviews between lessons. The fact that learner pregnancy is a sensitive topic also influenced the selection of the semi-structured interview.

One of the three researchers was familiar with Limpopo Province and conducted the interviews, while the other two supervised the process. The two researchers who supervised the process were highly experienced in qualitative research methodology, while the third, who conducted the interviews, was less experienced. The broad questions asked in the semi-structured interviews were as follows:

- Tell me about your experience of having pregnant learners in secondary school.
- What can be done to facilitate the health of pregnant learners in secondary schools?

The semi-structured interviews lasted between 30 and 45 minutes each and were audio-taped, then transcribed for data analysis. All the teachers were interviewed once and each interview continued until all questions, including probing questions, were asked and answered. We also collected field notes, which are a record of the unstructured observations we made while collecting data, as well as our interpretation of what we observed as suggested by Polit and Beck (2012). The field notes provided us with contextual information about the time and place of interviews, and also served as data for analysis.

Data Analysis

To analyse data we started with verbatim transcription of all interview recordings and field notes. Grove, Burns and Gray (2013) indicate that during verbatim transcription of audio recordings of interviews, researchers may use different punctuation marks to indicate laughter, changes in voice tone and other behaviours. The process of transcribing recordings gave us an opportunity to become immersed in the data, and this is important for analysis. We used Tesch's open coding process (Creswell, 2003) which suggests the following steps:

- read all transcripts carefully to get a sense of the whole and write down notes as ideas come to mind;
- pick one interview document at a time and go through it to establish what it is about, while continuing to write notes in the margins as ideas come to mind;
- write a list of topics based on the ideas from each transcript and group similar topics together;
- use topics as codes and write each next to the appropriate section of the transcript;
- find the most descriptive wording for the topics and turn them into categories;
- write codes alphabetically;
- do a preliminary analysis.

Measures of Trustworthiness

To ensure trustworthiness we followed four strategies suggested by Polit and Beck (2012), namely: credibility, dependability, transferability and confirmability. Specifically, we used prolonged engagement, peer examination, reflexivity, triangulation, interview technique, member checking and authority of researcher as strategies to reinforce

credibility. Some days before the interview, we contacted each teacher via telephone to establish rapport and to request an appointment. We further spent some time with each participant on the day of the interview, explaining the purpose of the study as well as the interview procedure, so as to establish rapport. We took time to continue to interview participants until data saturation was reached. This strategy helped us to collect rich and accurate information from participants. We sent the transcripts to an independent coder for verification, and then had a meeting to compare, discuss and agree on the codes.

To ensure transferability, we used dense or thick descriptions, which refer to rich and thorough descriptions of the setting, participants and observations (Polit & Beck, 2012). We also provided in-depth descriptions of the findings supported by direct quotations from participants. Findings are also supported by a literature control.

Research Findings and Discussion

Data analysis yielded six themes: (1) identification of pregnant learners; (2) continuation of pregnant learners' school career; (3) dilemmas related to school-attending pregnant learners; (4) support of school-attending pregnant learners; (5) communication and cooperation between teachers and parents; and (6) gender in pregnancy caretaking.

Theme 1: Identification of Pregnant Learners

Teachers identified that learners were pregnant and reacted in different ways to their discoveries. A teacher had the following to say about a learner, who had tried to hide her pregnancy:

What makes me believe that learner [was] indeed pregnant was the fact that she was always wearing the Dri Mac [a type of jacket] [...] even if it was not cold...she was [...] hiding [her] pregnancy.

Another said:

...through putting [on a] so-called Dri Mac...[whether] it is hot or cold, that particular learner will continue to put on that particular garment, trying to hide that physical appearance. Sometimes some would even [be at school] beyond that 9 months...[and you only notice] when she is about to give birth.

Meanwhile, another teacher made these comments:

There are some who, I don't know whether to say they are strong or they are lucky, because they can hide their pregnancy, [they] never become sick and we only discover when the extended tummy [sic] is visible. That is [when] we then realise that: 'this learner is pregnant'. And some, when their parents become aware that [a learner] is pregnant, they [...] advise her on how to hide her pregnancy so that [others] may not be[come] aware.

Some teachers stigmatise pregnant learners, commenting that: "[...] you are 16 years old or 17 years of age and there you are with your tummy this big [...]." A teacher had the following to say about pregnant learners attending schools: "[...] another

thing is that they feel humiliated among their peers [...] the skirts or the pants are tight and they are just funny” [sic]. Sometimes teachers talk openly amongst themselves about pregnant learners as revealed in this comment:

We just talk and [...] make others [...] aware that this child is pregnant [...] so that they [...] know when they are dealing with her [...].

There are, on the other hand, circumstances where teachers avoid talking about pregnancy, as one teacher said: “as soon as I have referred her to the relevant teacher, we normally don’t talk about the pregnancy, no!” [sic].

Teenage pregnancy, according to James et al. (2011), is perceived as morally wrong, or as a disgrace, and is stigmatised in some communities in South Africa. This finding supports those of this study, where teachers and pregnant learners feel sad when they identify that a learner is pregnant, and there is an attempt on the mother’s behalf to hide pregnancy from other learners and other parents. Ngabaza and Shefer (2013) indicate that some schools are intolerant towards pregnant learners, which partly explains the reluctance on the part of the pregnant learners in this study to disclose their condition. Mpanza and Nzima (2010) also found that pregnant learners generally do not disclose their pregnancies to their parents and to teachers, and that this makes it difficult for the home and the school to meet their health needs.

This theme indicates that teachers do not find it easy to discern pregnant learners in their schools, due to pregnant learners’ attempts to hide their pregnancies. Once they become aware that certain learners are pregnant, some teachers find it difficult to accept them in school.

Theme 2: Continuation of Pregnant Learners’ School Career

Pregnant learners have a constitutional right to education (South Africa, 1996) and teachers are aware of this right as noted by a study participant:

We consider the learner’s right to education [as noted in] Section 29 of the Constitution. I think we need to consider [this right] so that we cater [to] the needs and the interests of [any given] pregnant learner. There is nothing we can do, [we can’t expect] this child from school [all of a sudden]. They say she has the right to education [...] [the government are aware that] some people when they [fall] pregnant and [go] home, they never come back to school; and ultimately [this might mean that] the Black population end up uneducated, because there was a [perceived] mistake that led to pregnancy. So [the government] want to prevent that.

Some teachers felt that pregnant learners should be allowed to attend school until a few months before delivery, while others felt that attendance should be continued throughout, if the learner did not experience serious health problems. A teacher who believed one pregnant learner had serious health

problems, advised her parent to withdraw her from the school. The teacher had the following to say about the incident:

[...] I asked the father: ‘can’t you just allow this child to leave school and spend this whole year delivering [safely] at home, resting well, taking care of the baby [after which] she [can] come back to school next year?’; [...] then he agreed.

According to Bhana et al. (2010) some teachers perceive pregnant learners as threats to the way they want to manage learners in the classrooms, and therefore they do not accept them. One teacher said:

I really don’t want us to have pregnant learners in school. My wish, is that as soon as the child [becomes] pregnant, [that she] be removed from school, and stay home; finish the whole process; then the parents can apply again. If the child was doing a certain grade, let the child stop; go home and finish the whole baby thing [sic]. It is just not nice to have a child with a big tummy [sic] walking around the school. It is just not a good situation according to me, but the department won’t agree, as they say she has the right to education.

Ngabaza and Shefer (2013) indicate that teachers and parents should discuss the continuation of schooling, with the pregnant learner taking into account the opinion of doctors or nurses.

This theme has revealed that teachers are aware of the rights of pregnant learners to access education by continuing to attend school, even though some do not accept them for the fact of their pregnancy.

Theme 3: Dilemmas related to School-Attending Pregnant Learners

If teachers attend to pregnant learners’ rights to carrying on with schooling, it might end up as a sign of tacit approval of pregnancy among learners, so this causes a dilemma for authority figures. Teachers showed concern about the impact of pregnancy on the school progress of pregnant learners, with one saying: “...they are not even active in class. Most of them do fail. And they fail [...] below my expectations.” Another said:

First they cannot study well; they cannot study because pregnancy is tiresome. So you cannot study well, you feel tired; you are always feeling sleepy so [...] they don’t perform well, so pregnancy itself [causes disturbances].

Several studies (Basch, 2011; Bhana et al., 2010; James et al., 2011; Macleod & Tracey, 2010; Maholo et al., 2009; Mchunu, Peltzer, Tutshana & Seutlwadi, 2012; Panday et al., 2009) support this finding, by indicating that pregnancy disrupts the schooling of pregnant learners, and most of them drop out, resulting in difficulty when getting decent jobs in future. To further support the finding that pregnancy has a negative impact on a pregnant learner’s performance, Ngabaza and Shefer (2013) indicate that in one province of South Africa, the Department of Education expects educators to ensure academic progress of pregnant learners by of-

fering them continuous academic assessment, even when they are not in school.

Secondary school learners are teenagers, and studies by James et al. (2011) and Lopoo (2011) point out that pregnancy in a teenager is classified as a high risk condition. Teachers are concerned about the adverse effect on the health of those pregnant learners who continue to attend school. A teacher said:

You find that [...] you see that this learner is no [longer able to] walk [...] [well] ; you see that [despite] this pregnancy [...] this learner is [nearly] due, but the learner is forc[ed] to write trials. Right now we've got a learner who was writing trials, and she [...] delivered; and before the body can recover the learner is now back to sit for the examinations, thereafter the learner will be complaining of backache for the rest of her life.

Another concerned teacher said:

You will never know or predict what might happen when the child is in that state, she can deliver [right] there [and then], and she is not aware of that herself, as it is her first pregnancy.

A teacher from a school that has double storeyed building said:

We know that learners are active, they've to attend this class upstairs, come down, attend this class downstairs. As they make their movements, their due dates [are also unpredictable].

Teachers are further concerned about the impact of physical activity on the health of pregnant learners and their unborn children when they play, move between classes, and during exercises which form part of their lessons. Benelam (2011) supports the concern expressed by teachers in this study that physical activity might be detrimental for pregnant learners, by indicating that physiological changes occurring in the body during pregnancy cause joint laxity and hypermobility. This author advises that contact sport ought to be avoided, and further recommends that exercises during pregnancy be supervised by a health professional. Several teachers indicated during interviews that they were not health professionals, and as such, were not competent in identifying physical activities that may pose risks to pregnant learners. Lewis, Avery, Jennings, Sherwood, Martinson and Crain (2008) indicate that the perception that exercise and physical activities are risky is common amongst people who are not health professionals. This supports the findings of this study. A Department of Education in one province of South Africa states that parents of pregnant learners must enter into written agreements with schools, and that these learners attend schools at their own risk. These written agreements further indemnify schools against any pregnancy-related injuries or accidents that learners may undergo while at school (Ngabaza & Shefer, 2013).

Teachers were faced with the dilemma posed by a learner's right to education, as opposed to making them responsible for their decisions and actions. One teacher said:

I think the learners have been given so [many] rights, [that] they end up in a position where they are not able to utilise them fruitfully. So, they think whatever they are doing is their right [...], and unfortunately it becomes too disadvantageous to a [young woman], whereby [she] as the one who is carrying the baby - she ends up being given the entire task to [tackle by] herself, unlike the [young man involved]. I think the rights given to these [children] make this issue more problematic.

The teacher recommended that pregnant learners be made responsible for their actions by being suspended from school, noting that:

A suspension that would make them feel, the suspension from school [...] is the only way. If a child falls pregnant, that child be suspended from school for two years. It is quite lengthy, but it will work as a measure for [someone] who is not pregnant at that moment, because you wouldn't want to find yourself in that situation.

Teachers have indicated a lack of skills required to meet the health needs of pregnant learners, and would therefore benefit from training on health matters related to pregnancy. However, the primary role of teachers is to teach, and if they receive training on the health needs of pregnant learners, they will have additional responsibilities which lead to the blurring of roles. Equally, if they refuse training, as some have done, they will continue to face uncertainties in dealing with the pregnant learners in their schools. One teacher complained by saying:

[Pregnant learners are a burden to educators]. Yes, we understand that they have to be at school, but we have a problem: [...] educators themselves have a lot of work already, related to teaching and administration [...] another thing is that we are also 'parents' to the learners, [that is], we are their parents on other issues; as I mentioned before, [...] we teach learners [holistically]. Learners have problems, minor problems and so forth [...] and social problems, problems at home which they sometimes share with us [...] so we become their parents. But then when there is this issue of learner pregnancy, and they make it the responsibility of the teacher [it then] adds [to our] workload [even further].

Another said this about their role at school: "our responsibility is just to teach, not to be midwives".

Another teacher said:

I am not trained in dealing with [...] pregnant people [...] and in taking them through exercises. If something happens, the teacher can end up being charged or being arrested [because] 'you were unable to assist this child until this thing happens'. If it should happen that she delivers in front of me, as a teacher, I know nothing [...] but someone must account [for what happens in such a case] so [it is likely to be] the person who was closest to the event [who is] held accountable, even though [we are] not trained.

Another also asserted: "we are only trained as teachers and we are not trained as nurses or health professionals".

Some teachers indicated that they needed training, while others did not want training on health issues related to pregnancy. A teacher who supported the need for training said:

I think the National Department of Education has an obligation [...] [it] must train the teachers, [particularly, it should give a course to] female teachers [on midwifery], just [in order for them] to have little knowledge of how to assist a pregnant learner. So if the educator is trained to do that job, I think the learner will be helped and won't have problems.

Another said: "They should [give] workshop[s] to teachers [on] how they should handle pregnant learners and when labour period has arrived, [on] how the learner should be handled".

Meanwhile, a teacher opposed to training expressed the following:

As teachers we do not wish [for there to be] some training, or anything that will [force us to] get involved with assisting pregnant learners. No! [sic]. We do not want that.

Another said:

We have got a sickbay here, [none of us knows how to deliver a baby]. We have never been trained and we cannot be trained for that because we are not midwives, I think even the union [would] be against it.

Teachers faced a dilemma of whether or not to allow and support pregnant learners to continue attending school, or to expel them from school. Eventually, some teachers have ignored their pregnant learners.

Theme 4: Support of School-Attending Pregnant Learners

A teacher described their supportive role by saying:

We do have [a] sick[bay] [...] if the female educator is still busy, then we ask the female learners to just accompany [the mother] to the sick[bay], but it also depends on the seriousness [of the case]. If you see that [her condition] is serious, you can't just say to learners: 'take her to the sick[bay]'. We tell the learners to inform [a] female educator that it is serious, and [that] she must come quickly.

Some teachers are willing to support pregnant learners, but are afraid that due to a lack of skill, they might make a mistake, and then be called to account. A teacher expresses the following:

If ever I try to help the child and she loses the baby, [...] then I will be in a situation where I will be held accountable for the child's death. So [...] even though we work with them, we have fear that if something [...] happen[s] [we] will be [held accountable] for what happen[s].

Some of the teachers made it possible for pregnant learners to access healthcare services outside the school premises. According to Mohlabi et al. (2010), school health services have collapsed in many provinces of South Africa. Other teachers felt healthcare services should be available at school. In this regard, one teacher commented:

I think [it would be best if] they could engage those who are from the health department, because they [...] have the expertise [to check on] those learners

every now and again. [In this way they could] assist them in times of need when they want to deliver. I think that could be crucial [...].

Another said:

Now that we are living in a democratic and free society, I think if they could engage midwifery practices within a schooling set up, this could also assist. I think the parliament itself must [issue some form of legislation to introduce a system of] midwifery into [...] schools.

Yet another responded:

I think the Department of Education, maybe in conjunction with the Department of Health, must agree on the issue of bringing the mobile clinics to school, just to make sure that the learner is a hundred percent healthy. By doing so [...] I don't think we shall have problems, I don't think we shall have so many learners absent from school or from classes due to pregnancy, because the learner will attend the first month of pregnancy until the month, or until the day on which she will give birth, because the nurses will be in the school yard. Whatever the learner [would want or, like to have] nurses will attend to that. I believe that if the Department of Education [believes] that [...] children [in such a predicament] should remain [in] school, they should also provide a means of helping those children. So, let them have an office [to go to] of someone who will be always there at school so that when we have problems with such learners, that person can be there to help. Sometimes they (pregnant learners) won't tell us when they are sick, but when there is [a professional in place]. Knowing that around the school there is such a person, they can go without even telling us that they are not well. I think that [...] could be better.

Teachers also expressed expectations that family members become caretakers:

The parents must come to school to monitor the girl on a daily basis. The parents come to school each and every morning [...] with the learner, when the learner comes to school, the parents comes with her and they wait for her in the office until knock off time [sic].

Another said:

When a child is pregnant, the parent must be at the school every day, or someone [must be there to replace them] if the parents cannot come. They will send someone who will be at the school gate every day [to, in a sense], be on guard.

A teacher indicated reasons for expecting family members to be caretakers this way:

It's something that was mentioned by the Department, that when the child is pregnant, the parent must be at the school to guard against anything that can happen to the child. So in that situation, here at school when we know that [an individual's] granny or aunt or mom is at the gate, if you happen to see that the child is uneasy, looks sick, then we call the aunt.

A teacher expressed how they accommodate and fairly discriminate against pregnant learners:

I will just tell them that they mustn't do anything that they uncomfortable with. I had one learner in that grade, who was not comfortable with the body

warm-ups, and I just told her do whatever [she was] comfortable with and [to leave the rest]. So, sometimes when we have lessons outside the classroom, she does not even come [in], so I don't have to tell her to come because I do understand. [In] the end, I am not treating [all] learners the same.

Another expressed it this way:

You just try to make the best out of the situation. You cannot say to her that because you are pregnant, you [ought not to] do that. You will just say: 'maybe [...] those who are running [...] she should be next to you', [which] help[s] you to check who is running and who is not running [...]. It is because she cannot run with them, when they are playing soccer she cannot play with them, because [...] even if she wants to as a child, you have that fear [of something going wrong].

Another said:

I am [a] Life Orientation teacher, so now there are physical activities that the learners are engaged in and [which] serve as part of their pass mark. Now there are simple exercises that a pregnant girl can engage in. [Be]cause if ever, let's say the girl [is playing] netball and when they are running around, then [say, she falls]. Now, still I must make sure that there are precautions in place that if she [engages in] this sporting activity, [but] this might be [a] danger for her. Now I need to check if there are any other simpler activities that cannot harm her or the baby in anyway.

A teacher who is given the responsibility to take care of pregnant learners at school advised pregnant learners on how they should conduct themselves at school. This is what she said:

As they change classes, you know they don't stay in one class the whole day, they move from one class to the other. So, normally, when they report to me that they are pregnant, I check the period in which they are, if they are 5 months or 4 months, [and] start to conscientise them on what is still to come, 7 months down the line [there is the] possibility that the baby [might] be born, so as they are moving [around], the body is active, [and] that [affects the] baby. So they need to be very careful, they mustn't find themselves running around like any normal girls around the schoolyard. So I make them aware that when you move around, that has an effect on the baby.

Some teachers were willing to provide social support to pregnant learners so they can continue to attend school, but they too felt that they need support in the form of training and equipment from the Department of Education.

Theme 5: Communication and Cooperation between Educators and Parents

Teachers expected positive communication and cooperation from parents of pregnant learners as they shared the responsibility of meeting health needs for these learners. This is how one teacher expressed the expected cooperation and communication:

I think the relationship should be [...] one where we are able to talk with the parent, let them come. Let them come to school and as we have class

teachers, who are responsible for classes or grades. So, they should come and sit down with me and [talk to me about their concerns] [...] I should have their phone numbers and they should have mine as well, so that we can talk about this learner. The day they see that [a given learner] is not well [she] can talk to me so that I am made aware, so that I can inform subject teachers that the learner is not well and will not come to school.

Another said:

Parents should be involved [...] [this implies that] they must also avail themselves. Because, if they don't avail themselves it is really difficult. Some parents do have things like medical aid, and I think in that regard, they will be able to help.

A teacher who experienced positive communication and cooperation from parents said:

I have even noticed that in the past, there was [a particular] committed parent, [and] the moment that the child was pregnant, [the parent] was communicating with me time and again until such time that [the learner] was about to deliver. Then she came to take the child away from school.

Another said:

Sometimes we are lucky that the parent is aware and the parent comes to notify the school. I had one learner, her mother brought her and she was still in her second term of pregnancy, so [the mother] came to register and to notify us that [the learner was] pregnant [...] sometimes [pregnant learners] have a tendency of not wearing proper school uniform, like shoes. Sometimes [their feet] get swollen, [so] I would be concerned [and would think] 'why are you in your morning shoes?' So the parents [...] normally come [in to the school] during that kind of a situation [...] to [then] notify us that [the learner] is pregnant.

Other teachers however, experienced a lack of communication and cooperation from parents. One expressed the following:

I would say the cooperation of the parents is totally not there [sic], it is only better [...] few of the parents [...] respond positively when you inform the child that: 'from this month, we are expecting you to come with someone, so that should you go into labour, that person would be close by and would be able to assist the educators'. Because our responsibility is just to teach, not to be midwives.

Another said:

What I've noticed is that parents don't liaise with teachers when their children are pregnant. You only discover when the pregnancy is [becoming more advanced], so they never interact with us [before that]. I would say we don't have a very good relationship. We have very few parents that [respond] positively, [and] we don't get a positive response from some of the parents, because you will still find some of the learners coming on their own.

Another teacher said:

I have never had a situation where a parent comes to school to report to the teachers: [...] 'my daughter is pregnant'. Usually it is we teachers who would call a parent to inform him/her: [...] 'we suspect that your daughter is pregnant'. It is

then that the parent will [admit that they know about it as well]; but parents never come to inform us, unless we call them to [come in to the] school.

This theme shows that teachers could provide better social support to pregnant learners if parents cooperated and communicated with teachers. Social support for pregnant learners is a joint responsibility between teachers and parents.

Theme 6: Gender in Pregnancy Caretaking

Teachers expected female teachers to take care of pregnant learners, as they are perceived to understand what pregnant learners are going through, unlike their male counterparts. One said: *“we have the emergency kit here at school; if it [...] happen[s] then [...] the female educators will be able to assist even if they are not [fully] competent.”*

Another said:

[...] the female educators were there to assist when this particular learner was about to deliver. We quickly [asked] the female teachers to come and help; we have two female educators appointed to help [pregnant] learners.

Another said:

I think the National Department of Education has an obligation [...] [it] must train the female educators [by giving them a] midwifery course, just to have little knowledge of how to assist a pregnant learner.

A teacher indicated that male parents and relatives do not usually supervise pregnant learners when parents are requested to supervise their pregnant daughters, as shown in this commentary:

[The person who arrives] is the [mother] and not the father, the father never comes. In fact we just want any parent. Whether [or not this is the] father or mother, but usually it is the mother who comes, because she knows [best] about the pregnancy. Men don't know anything, and if the child is [...] maybe [...] in a state, in a certain [state of health], then we do not understand what is happening and what [we must] do if the learner is in that situation. But the mother knows very well what to do.

Teachers in this study believe it to be the responsibility of female teachers, mothers and other female relatives to provide social support to pregnant learners.

Conclusion

This paper discussed six themes that emerged from the analysis of data on the experiences of teachers on meeting the health needs of pregnant learners attending secondary schools in Limpopo Province. Findings indicated that there was no formal procedure in the three schools to inform teachers that learners were pregnant. Teachers discovered independently that learners were pregnant, where some were willing to support them to meet the learners' health needs although they lacked skills and were afraid to make mistakes. This poses many dilemmas for the teachers, a situation which requires the development of a model to meet the health needs of

pregnant learners attending secondary schools in South Africa. The findings point out the difficulty of translating from policy design and implementation, as schools implement the policy to accommodate pregnant learners differently. There is therefore a need for large-scale studies to identify support services in the home, school and community for pregnant learners, which enable them to attend school and complete their education.

Acknowledgement

We acknowledge the cooperation of the officials in the Limpopo Department of Basic Education, the circuit offices and school principals for permission to access teachers. We would also like to acknowledge the teachers who took part in the interviews by sharing their experiences with us.

References

- Basch CE 2011. Teen pregnancy and the achievement gap among urban minority youth. *Journal of School Health*, 81(10):614-618.
- Benelam B 2011. Physical activity in pregnancy. *Nutrition Bulletin*, 36(3):370-372.
- Bhana D, Morrell R, Shefer T & Ngabaza S 2010. South African teachers' responses to teenage pregnancy and teenage mothers in schools. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 12(8):871-883. doi: 10.1080/13691058.2010.500398
- Bopape MM, Mbhenyane XG & Alberts M 2008. The prevalence of anaemia and selected micronutrient status in pregnant teenagers of Polokwane Municipality in the Limpopo Province. *The South African Journal of Clinical Nutrition*, 21(4):332-336. Available at <http://www.sajcn.co.za/index.php/SAJCN/article/view/202/304>. Accessed 28 October 2014.
- Chanjar S, Chommanard W & Lookid C 2009. Development of a model to prevent premature sexual relations among junior high school female learners in Thailand. *Africa Journal of Nursing and Midwifery*, 11(2):75-84. Available at http://uir.unisa.ac.za/bitstream/handle/10500/9684/a_jnm_v11_n2_a7.pdf?sequence=1. Accessed 28 October 2014.
- Chopra M, Daviaud E, Pattinson R, Fonn S & Lawn JE 2009. Saving the lives of South Africa's mothers, babies, and children: Can the health system deliver? *The Lancet*, 374(9692):835-846.
- Creswell JW 2003. *Research Design: Qualitative, Quantitative and Mixed methods approach* (2nd ed). London: Sage Publications.
- Creswell JW 2013. *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed). London: Sage Publications.
- Daku M, Gibbs A & Heyman J 2012. Representations of MDR and XDR-TB in South African newspapers. *Social Science & Medicine*, 75:410-418.
- Department of Basic Education 2011. *Report on the 2009/2010 annual surveys for ordinary schools*. Pretoria: Department of Basic Education.
- Department of Basic Education 2012. *General household survey 2010: Focus on Schooling*. Pretoria:

- Department of Basic Education.
Department of Education 2007. *Measures for the Prevention and Management of Learner Pregnancy*. Pretoria: Department of Education. Available at http://www.ecdoe.gov.za/ecdoe/files/documents/measures_prevention_learner_pregnancy%281%29.pdf. Accessed 28 October 2014.
- Department of Education n.d. *Rights and Responsibilities of Parents, Learners and Public Schools: A Public School Policy Guide*. Pretoria: Department of Education. Available at <http://www.education.gov.za/LinkClick.aspx?fileticket=McUFOTBwayl%3D&tabid=333&mid=969>. Accessed 28 October 2014.
- De Vos AS, Strydom H, Fouche CB & Delpont CSL 2011. *Research at grass roots: for the social sciences and human service professions* (4th ed). Pretoria: Van Schaik.
- De Wet C 2014. The Herald's Portrayal of School Violence in the Eastern Cape Province, South Africa. *Mediterranean Journal of Social Sciences*, 5(16):490-499.
- Edmonds JK, Paul M & Sibley L 2012. Determinants of place of birth decisions in uncomplicated childbirth in Bangladesh: An empirical study. *Midwifery*, 28(5):554-660.
- Ehlers VJ 2010. Adolescent mothers' non-utilisation of contraceptives in Zimbabwe. *Africa Journal of Nursing and Midwifery*, 12(2):14-26. Available at http://uir.unisa.ac.za/bitstream/handle/10500/4296/ajnm_v12_n2_a3.pdf?sequence=1. Accessed 28 October 2014.
- Fraser DM, Cooper MA & Nolte AGW (eds.) 2010. *Myles textbook for midwives* (African ed). Philadelphia: Churchill Livingstone Elsevier.
- Gilbert ES 2007. *Manual of high risk pregnancy and delivery* (4th ed). Missouri: Mosby, Inc.
- Govender P 2010. Pregnant pupils, please bring your own midwives to school. *Sunday Times*, 28 November.
- Grove SK, Burns N & Gray JR 2013. *The practice of nursing research: Appraisal, synthesis, and generation of evidence* (7th ed). Missouri: Elsevier Saunders.
- Guffey MK 2008. Teenage Pregnancy. In Y Zhang (ed). *Encyclopaedia of Global Health*. Thousand Oaks, CA: SAGE Publications.
- James S, Van Rooyen D & Strümpher J 2010. A model for the facilitation of intergenerational reconciliation in teenage pregnancy: A Xhosa perspective. *Africa Journal of Nursing and Midwifery*, 12(2):3-13. Available at http://uir.unisa.ac.za/bitstream/handle/10500/9075/ajnm_v12_n2_a2.pdf?sequence=1. Accessed 28 October 2014.
- James S, Van Rooyen D & Strümpher J 2011. Experiences of teenage pregnancy among Xhosa families. *Midwifery*, 28:190-197.
- Kanku T & Mash R 2010. Attitudes, perceptions and understanding amongst teenagers regarding teenage pregnancy, sexuality and contraception in Taung. *South African Family Practice*, 52(6):563-572. Available at <http://www.ajol.info/index.php/safp/article/viewFile/63272/51151>. Accessed 28 October 2014.
- Keller DK & Casadevall-Keller ML 2010. *The TAO of research: A path to validity*. London: Sage Publications.
- La Flair LN 2008. High-Risk Pregnancy. In Y Zhang (ed). *Encyclopaedia of Global Health*. Thousand Oaks, CA: SAGE Publications.
- Lewis B, Avery M, Jennings E, Sherwood N, Martinson B & Crain AL 2008. The effect of exercise during pregnancy on maternal outcomes: Practical implications for practice. *American Journal of Lifestyle Medicine*, 2(5):441-455.
- Liamputtong P 2013. *Qualitative research methods* (4th ed). Victoria: Oxford University Press.
- Lopoo LM 2011. Labor and delivery complications among teenage mothers. *Biodemography and Social Biology*, 57(2):200-220.
- Mclea H 2011. Pregnancy tsunami. *Times LIVE*, 20 February. Available at <http://www.timeslive.co.za/local/2011/02/20/pregnancy-tsunami>. Accessed 28 October 2014.
- Macleod CI & Tracey T 2010. A decade later: follow-up review of South African research on the consequences of and contributory factors in teen-aged pregnancy. *South African Journal of Psychology*, 40(1):18-31. Available at <http://www.rmchsa.org/wp-content/uploads/2013/08/Follow-up-Review-of-SA-Research-on-Teenage-Pregnancy-2010.pdf>. Accessed 28 October 2014.
- Mafora P 2013a. Learners' and teachers' perceptions of principals' leadership in Soweto secondary schools: a social justice analysis. *South African Journal of Education*, 33(3):1-15.
- Mafora P 2013b. Why Leading for Transformation in South African Township Secondary Schools Fails: Views from Deputy Principals. *Mediterranean Journal of Social Sciences*, 4(3):687-694. doi: 10.5901/mjss.2013.v4n3p687
- Maholo RB, Maja TM & Wright SCD 2009. Relationships, perceptions and the socio-cultural environment of pregnant teenagers in Soshanguve secondary schools. *Africa Journal of Nursing and Midwifery*, 11(2):46-58. Available at http://uir.unisa.ac.za/bitstream/handle/10500/9682/ajnm_v11_n2_a5.pdf?sequence=1. Accessed 28 October 2014.
- Mapumulo Z 2007. One high school, one hundred pregnancies. *Sowetan LIVE*, 6 September. Available at <http://www.sowetanlive.co.za/sowetan/archive/2007/09/06/one-high-school-one-hundred-pregnancies>. Accessed 28 October 2014.
- May J 2009. Baby born in school toilet. Pictures. *Times LIVE*, 26 August. Available at <http://blogs.timeslive.co.za/minor/2009/08/baby-born-in-school-toilet-pictures/>. Accessed 30 October 2014.
- May T (ed.) 2011. *Social research: Issues, methods and process* (4th ed). New York: Open University Press.
- Mchunu G, Peltzer K, Tutshana B & Seutlwadi L 2012. Adolescent pregnancy and associated factors in South African youth. *African Health Sciences*, 12(4):426-434.
- McLelland G, McKenna L & Archer F 2013. No fixed place of birth: Unplanned BBAs in Victoria, Australia. *Midwifery*, 29(2):19-25.
- Mngoma S 2010. The teen pregnancy epidemic. *The Witness*, 26 May. Available at [http://www.witness.co.za/index.php?showcontent&global\[_id\]=41250](http://www.witness.co.za/index.php?showcontent&global[_id]=41250). Accessed 28 October 2014.

- Mohlabi DR, Van Aswegen EJ & Mokwena JD 2010. Barriers to the successful implementation of school health services in the Mpumalanga and Gauteng provinces. *South African Family Practice*, 52(3):249-254. Available at <http://www.ajol.info/index.php/safp/article/viewFile/157397/45778>. Accessed 28 October 2014.
- Moselakomo A 2010. School pregnancy shock. *Sowetan LIVE*, 21 July. Available at <http://www.sowetanlive.co.za/news/2010/07/21/school-pregnancy-shock>. Accessed 28 October 2014.
- Mpanza ND & Nzima DR 2010. Attitudes of educators towards teenage pregnancy. *Procedia Social and Behavioral Sciences*, 5:431-439.
- Ngabaza S & Shefer T 2013. Policy commitments vs. lived realities of young pregnant women and mothers in school, Western Cape, South Africa. *Reproductive Health Matters*, 21(41):106-113.
- Nolte AGW (ed.) 2011. *A textbook for midwives*. Pretoria: Van Schaik Publishers.
- Oosthuizen MJ 2012. The portrayal of nursing in South African newspapers: A qualitative content analysis. *African Journal of Nursing and Midwifery*, 14(1):49-62. Available at http://uir.unisa.ac.za/bitstream/handle/10500/8897/ajn_m_v14_n1_a6.pdf?sequence=1. Accessed 28 October 2014.
- Packer M 2011. *The science of qualitative research*. New York: Cambridge University Press.
- Panday S, Makiwane M, Ranchod C & Letsoalo T 2009. *Teenage pregnancy in South Africa - with a specific focus on school-going learners*. Child, Youth, Family and Social Development, Human Sciences Research Council. Pretoria: Department of Basic Education. Available at <http://www.education.gov.za/LinkClick.aspx?fileticket=uIqj%2BsyccM%3D&>. Accessed 28 October 2014.
- Polit DF & Beck CT 2012. *Nursing Research: Generating and assessing evidence for nursing practice* (9th ed). Philadelphia: Lippincott Williams and Wilkins.
- Ratsatsi P 2010. Pupil ends pregnancy in a school toilet. *Sowetan*, 16 November.
- Restrepo-Méndez MC, Barros AJD, Santos IS, Menezes AMB, Matijasevich A, Barros FC & Victora CG 2011. Childbearing during adolescence and offspring mortality: findings from three population-based cohorts in southern Brazil. *BMC Public Health*, 11:781.
- Richter MS & Mlambo GT 2005. Perceptions of rural teenagers on teenage pregnancy. *Health SA Gesondheid*, 10(2):61-69.
- Rubin A & Babbie E 2013. *Essential research methods for social work* (3rd ed). Belmont, CA: Brooks-Cole/Cengage.
- Runhare T & Vandeyar S 2011. Loss of learning space within a legally inclusive education system: Institutional responsiveness to mainstreaming of pregnant learners in formal education. *Gender and Behaviour*, 9(2):4100-4124.
- SAPA 2009. Teenager gives birth in school toilet. *ioL news*, 24 August. Available at <http://www.iol.co.za/news/south-africa/teenager-gives-birth-in-school-toilet-1.456219#.VE-LZld8eZQ>. Accessed 28 October 2014.
- SAPA 2011. Dead baby found at Ophra school. *news24*, 18 February. Available at <http://www.news24.com/SouthAfrica/News/Dead-baby-found-at-Oprah-school-20110218>. Accessed 28 October 2014.
- Save the Children 2011. *Missing Midwives*. London, UK: Save the Children. Available at http://www.savethechildren.org.uk/sites/default/files/docs/Missing_Midwives_1.pdf. Accessed 28 October 2014.
- South Africa 1996. *The South African Schools Act No 84 of 1996*. Pretoria. Government Printers.
- Streubert HJ & Carpenter DR 2011. *Qualitative research in nursing: Advancing the humanistic imperative* (5th ed). Tokyo: Lippincott Williams & Wilkins.
- United Nations Children's Fund (UNICEF) 2008. *The State of the World's Children 2009: Maternal and newborn health*. New York: UNICEF.
- World Health Organization (WHO) 2008. *Skilled birth attendants Fact sheet*. Geneva: WHO.