

## **EDUCATORS' PERSPECTIVES ON PSYCHOSOCIAL SUPPORT FOR PREGNANT LEARNERS IN ALICE**

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### **ABSTRACT**

Research on support for pregnant learners indicates that educators in sub-Saharan countries seemed not to cope in meeting the needs of pregnant learners and teenage mothers at school. The South African School Act enacted in 1996 permits pregnant learners to remain at school and be allowed a re-entry shortly after giving birth. This becomes a challenge to the School-Based Support Teams to equip educators to support such learners since these teams lack clear policies. This qualitative study was designed from an interpretivist perspective to explore the psychosocial experiences as well as the provision of support services from twelve educators (of which six of them serve in the SBST) to the pregnant learners. The data was collected through focus group interviews from senior secondary school educators in Alice, Eastern Cape, South Africa. Educators reported a plethora of stressors for their incompetence ranging from lack of in-service training from the SBST, resources to provide remedial and psychological services to pregnant learners, unclear school policies to learners' disregard for authority, poor academic performance and risky sexual behaviour. Based on the findings, there is a need for schools to have school-based social workers and educational or counselling psychologists to provide psychological support to pregnant learners and debriefing for educators who experience depression due to unclear policies.

**Keywords:** coping, educators, pregnant learners, psychosocial support, school policies

### **INTRODUCTION**

If globally, 13 million children are born to teenage mothers yearly and more than 90 percent in developing countries (Wikimedia Foundation, 2010), it means that such a proportion becomes pregnant while attending school. However, in developed countries such as the United States of America, 85 percent of teenage pregnancies was reported (Honig, 2012). In South Africa, teenage pregnancy amongst secondary school learners is a public health concern impacting on the economy of the country as well as the psychological well-being of the teenage mothers (du Preez, Botha, Rabie & Manyathi 2019; Matlala, Nolte & Temane, 2014). In 2013 more than 99 000 school girls fell pregnant in South Africa, at a rate of about 271 per day for that year (Pillay, Sibanda, Ghuman & Coutsoudis, 2018). Correspondingly, in Taung, a rural area in North West Province, Kanku and Mash (2010) recorded 13 percent of teenage pregnancy. In Nelson Mandela Bay Metropolitan District, which is 210 kilometres away from Alice, Eastern Cape, Fatti, Shaikh, Eley, Jackson and Grimwood (2014) reported 20.8 percent of adolescent females to have given birth. South African Schools Act (SASA) (Republic of South Africa, 1996a), Education White Paper 6 (Department of Education, 2001) and National Contraception and Fertility Planning Policy and Service Delivery Guidelines (Department of Health, 2012) respectively, emphasize that every learner should be

entitled to lifelong learning and access contraceptives. However, there seems to be insufficient support, recognition and acceptance for pregnant learners by the School Based Support Team (SBST). In KwaZulu–Natal Province, South Africa, Nkani and Bhana (2010) established that the SBST's inability to provide psychosocial support to pregnant learners is worsened by numerous demands such as being expected to deliver academic excellence, plan proper lessons and attend cluster meetings. Furthermore, the SBST reiterated that they were not equipped with necessary skills to assist pregnant learners when experiencing discomfort during classes.

In terms of Article 9(3) of the Constitution of the Republic of South Africa Act 84 of 1996 (RSA, 1996b), no learner should be discriminated against on the grounds of age, gender, sexual orientation and pregnancy. However, from religious perspective, for some educators' ambivalent reactions towards pregnant learners stem from assuming that pregnancy should take place in marriage unlike in teen years because it has the propensity to contaminate or pollute the cognition of the learners who have not engaged in premarital sex (Shefer, Bhana & Morrell, 2013). In some instances, principals would violate the Act by summoning parents to be at school with their pregnant learners in case there could be complications (Ramulumo & Pitose, 2013). It is clear that there are SBST members who are not compliant to the *Policy on Measures for Prevention and Management of Learner Pregnancy* to offer guidance on reproductive matters (DoE, 2007).

In previous studies, Runhare and Vandeyar (2011) investigated how the School Management Teams (SMTs) in Zimbabwean schools respond to mainstreaming pregnant learners. In KwaZulu –Natal Province, South Africa, Nkani and Bhana (2010) investigated the type of support offered by the educators to pregnant learners. In the Eastern Cape, South Africa, there is dearth of research involving both SBST and educators to share their perspectives around the psychosocial support for the pregnant learners. It is against this background that this study conducted a qualitative research at one school in Alice, Eastern Cape, South Africa.

## **LITERATURE REVIEW**

Psychosocial support refers to the provision of psychological and social resources to a person by a supporter intended for the benefit of the receiver's ability to cope with the problems faced (Finlay, Peacock & Elander, 2018). Reflecting on the classical work by a Brazilian theorist who pioneered the critical pedagogy, Paul Freire (1970/1997) believed that the SBST members could address the social inequalities and work towards building social cohesion and positive change, in which, learners envision themselves as conquerors than victims of stigma and discrimination (Sayed & Novelli, 2016). For example, the SBST members could enhance pregnant learners' self-esteem and enable them buffer against risk factors (Sheafor & Horejsi, 2012) by implementing the following stages, namely; 1. Pre-affiliation, 2. Addressing issues of power and control, 3. Dealing with intimacy, 4. Differentiation and 5. Separation. Agreeing more with psychosocial support for pregnant learners and subsequent teenage mothers is Malindi (2018) who found that in Gauteng Province, psychosocially supported pregnant learners displayed resilience until they gave birth as compared to their counterparts who were not supported by their educators.

## **Factors contributing towards teenage pregnancy**

Socio-economic status, parenting styles, stigma and discrimination and legislative government policies have been widely documented as factors contributing towards teenage pregnancy (Birchall, 2018; Fatti et al, 2014; Matlala, 2018; Morifi, 2018; Sayed & Novelli, 2016) and are discussed, next.

### ***Socio-economic status***

Poor socio-economic backgrounds are viewed as the breeding grounds for adolescent females to fall pregnant at an early age because they engage in prostitution with multiple sexual partners and older men for economic survival (Kheswa, 2017; Lambani, 2015). It is even worse for girls living in child headed households, where there is lack of protective factors to buffer against risk sexual behaviour (Ntloko & Kheswa, 2018). Majority of adolescent females who experience inadequate psychosocial support including love from their caregivers (Kwatubana & Mthimkhulu, 2017; Matlala, 2018) tend to feel disempowered to negotiate safer sex even when they suffer emotional and physical abuse from their sexual partners (Schultz, & Schultz, 2016). Thus, they become pregnant (Mushwana, Monareng, Richter & Muller, 2015) and resort to substance abuse, cohabitation, drop out and /or decide to terminate pregnancy as a form of coping (Kheswa, 2017). No wonder Carney, Browne, Myers, Kline, Howard and Wechsberg (2019) found that 94 percent of adolescent females from eight impoverished township communities in Cape Town were tested positive for dagga smoking and 17 percent tested for HIV since they would prefer to use avoidance coping instead of seeking help from significant others.

### ***Parenting style***

Diana Baumrind (2013) identifies three types of parenting styles, namely; *authoritarian, authoritative and uninvolved*, to be considered when determining the influence of teenage pregnancy. In Tembisa, Gauteng Province, South Africa, educators came to an agreement that uninvolved and authoritarian parents, by far, do not engage their adolescent females in discussions that enable them to know about contraceptives, dating and sexual intimacy especially when they are from societies, which are culturally and religiously embedded (Nkosi & Pretorius, 2019). As a result, owing to lack of making well-informed decisions regarding condom self-efficacy and their future goals (Kheswa & Shwempe, 2016), a large proportion of young females, get swayed by peers into practicing unsafe sex, and in turn, become susceptible to teenage pregnancy. In contrast, when adolescent females are raised in households where parents are authoritative, they tend develop trust in themselves owing to secure attachment and guidance on sex-education they receive from their parents/caregivers (Salami, Ayegboyin and Adedeji, 2019). Furthermore, not only do they resist peer pressure, but learn to channel their energy into sport, academic excellence and exhibit prosocial behaviour (Louw & Louw, 2010; McWhirter, McWhirter, McWhirter, & McWhirter, 2017) delay sexual activities and/or practise safer sex (Ntloko & Kheswa, 2018).

### ***Stigma and discrimination***

Available evidence in Sub-Saharan countries points out that pregnant teenagers experience stigma and discrimination from their schools, churches, family members and communities (Birungi, Undie, MacKenzie, Katahoire, Obare & Machawira, 2015 ). By stigma, Brewis and Wutich (2018) refers to a process by which pregnant teenagers are discredited and humiliated socially by being labelled as sexually active and immoral. Discrimination in a school context could be a reflection of negative beliefs that educators hold towards pregnant learners and it may be characterized by criticism, lack of emotional support, sympathy and empathy, harassment and neglect (Khumalo, 2018; Naidoo, Muthukrishna & Nkabinde, 2019). In Mozambique, parents suggested night classes for teenage mothers as their re- entry might pollute their children (Salvi, 2016). There was a concern in Zambia that subsequent to being mothers, such adolescents tend to unruly and display negative attitude towards the educators since they may claim to have taken their babies to the clinics for check-ups when asked to submit assignments or projects (Ntambo and Malvin, 2017).

### ***Legislative government policies***

Confusion and contradictions continue to mount among the SBST as far as implementing policies around reproduction and the right to access health care services for pregnant learners. For example, the Choice on Termination of Pregnancy Act (CToP) Act No.92 of 1996, permits children as young as 12 years to do abortions while the Criminal Law (Sexual Offences and Related Matters) Amendment Act No.32 of 2007, protect any form of harassment or abuse of children. The National Contraception Policy Guidelines and a booklet on Preventing Teenage Pregnancy released in 2012 proposed that condoms to be offered to sexually active learners. To date, these policies are still debatable among churches, parents and educators. Also, the Policy on Measures for the Prevention and Management of learner pregnancy make things worse because the government stipulates that learners may take a leave for up to two years. No wonder Nkani and Bhana (2010) in their study of sexual and reproductive well-being of learners, parents expressed that the policy has certain flaws as schools partially follow it. Similarly, Studies show that parents and SBST feel sex-education can give rise to immorality or sexual promiscuity and it is against their religion and culture (Lara & Abdo, 2016; Blakemore & Cooksey, 2017).

### **Effects of psychological support for pregnant learners**

From the above discussion, it is evident that pregnant learners' trajectories could be unpleasant when parents and SBST do not offer necessary support. It is therefore crucial that their (adolescent females') psychological well-being is enhanced to effect resilience.

### ***Psychological well-being***

Psychological well-being is a concept used to denote an overall satisfaction and happiness of an individual (Deci & Ryan, 2008), and it involves realizing one's true potential and traits related to coping effectively with environmental demands (Bar-On, 2006). According to Ryff (2013) a fully functional individual should positively demonstrate the six dimensions of well-being, namely;

autonomy, self-acceptance, purpose in life, personal growth, environmental mastery and positive relationships with others. However, there is an abundance of evidence that pregnant learners with low amounts of psychosocial support due to stigma, family conflicts and name calling at schools are subjected to decreased mental health and impaired emotional problems (Amoakohene, 2013; Nkosi & Pretorius, 2019). According to Govender (2019:29), stigma associated with giving birth out of wedlock, being impregnated by a married man or rejected by peers while pregnant has the propensity for the occurrence of postpartum depression. Postpartum depression is a mood disorder that is often experienced by women shortly after giving birth and it characterized by self-hate, feelings of sadness and hopelessness, suicidal thoughts and inability to form secure attachment with the newborn child(ren) as a result of unplanned pregnancy, poor socio economic status and emotional or physical abuse (Stellenberg & Abrahams, 2015).

### ***Resilience***

Resilience is described as an ability to adapt and cope successfully despite threatening or challenging situations (Van Breda, 2018; Rutter, 2012). Resilience factors contributing to adaptation for pregnant learners include psychosocial support from the educators, family, peers and society as a whole (Van Breda & Theron, 2018). Affirming the importance of psychosocial support, Ungar, Ghazinour and Ritcher (2013) noted that pregnant learners whose approach is positive towards learning performed better than those experiencing impaired self-motivation. Bhana, Morrell, Shefer and Ngabaza (2010) argue that even if it becomes difficult for educators to reach to all pregnant learners since the policy on supporting pregnant learners lacks description, however, educators from selected schools in two provinces, namely; the Western Cape and KwaZulu- Natal, provided their pastoral care and enabled the learners to feel welcomed during lessons. It is, therefore, probable that pregnant learners may cope should they get support from the SBST because group work is viewed as essential to effect changes in the lives of pregnant learners in the form of psychoeducational programmes (Lindsay & Orton, 2012; Toseland & Rivas, 2012:11).

### **THEORETICAL FRAMEWORK**

This study is underpinned by Freire's (1997) critical pedagogy theory which posits that educators have the ability to redress the social injustices and transform the education system to benefit every learner. Critical pedagogy is based on the notion that no learner should be oppressed and the educators should disrupt the status quo to ensure that learners regardless of their barriers, benefit (Wynter-Hoyte et al., 2019). Pedagogical practices such as talking about sexual values to learners in a context that is age-appropriate is believed to be of benefit to their well-being (Kinloch, 2017). In this regard, the barrier is teenage pregnancy. Complementing theory is the psychological well-being, a concept used to denote an overall satisfaction and happiness of an individual (Deci & Ryan, 2008), and it involves realizing one's true potential and traits related to coping effectively with environmental demands (Bar-On, 2006). To achieve this, the educator should implement the school policies which discriminate the pregnant learners.

## RESEARCH METHODOLOGY

### *Research design*

The study used an exploratory, descriptive design from an interpretivist point of view. According to Creswell and Creswell (2017), a qualitative study is an assumption, a world view, and the possible use of a theoretical lens in the study of the meaning that individuals or groups ascribe to a social or human problem. The researchers are key sources or instruments in qualitative research and can use multiple sources of collecting data such as interviews, observation, and audio-visual information (De Vos, Delpont, Fouche, & Strydom, 2011). The rationale for choosing the focus group interviews as compared to individual interviews was to save time and get clarification from each participant’s shared lived experiences of teaching pregnant learners (Creswell and Creswell, 2017).

### *Sampling and Population*

Twelve participants (of which six serve in the SBST) were purposively selected among educators in Alice. By purposive sampling, Creswell and Creswell (2017) suggest that the participants should be selected based on sharing the same characteristics such as race, profession and culture. In this study, the researchers selected educators who were registered with South African Council of Educators. It was easy for the researchers to recruit the participants because the Psychology postgraduate students from the University of Fort Hare offer psycho-educational programmes to secondary schools in Alice. The aim is to empower adolescent females to prevent themselves against sexual and emotional abuse. As suggested by Freire (1997), it is important to note that during the workshops, Life-Orientation educators as well as the Deputy Principals are being invited and equipped as well to act as agents of transformation and critical pedagogy. The focus group interview took place in one of the offices designated by the school principal on one afternoon while other educators had gone to monitor extra-curricular activities. The horse-shoe sitting arrangement enabled the researchers to have eye-contact with the participants and to record their non-verbal communication. Table 1 provides a summary profile of the research participants at the time of data- collection.

**Table 1: Biographical information of the participants:**

Participant	Age in years and marital status	Gender (F/M)	Qualifications	Years of service in years	Religious Affiliation	Rank/ Membership
P 1	42 (Single )	F	MEd (Educational Management)	12	Christian (Presbyterian )	Head of Department (IsiXhosa )
P 2	39 (Single )	M	Secondary Teachers Diploma and Higher	10	Christian (Seventh Adventist)	L.O. Educator

			Education Diploma (School Guidance)			
P 3	38 (Married)	F	BEd (Agricultural Studies)	12	Christian (Pentecostal )	Educator and SBST
P 4	41 (Married)	M	B.A, A.C.E., B. Soc Science (Hons) (Psych)	8	Christian (ZCC)	L.O Educator
P 5	59 (Married)	F	BSc (Maths & Physics), A.C.E	9	Christian(Anglican)	Educator and SBST
P 6	47(Divorced)	F	BEd and Postgraduate Diploma (HIV/AIDS)	15	African Religion	Deputy Principal and SBST
P 7	53 (Married)	M	BEd and Certificate in Educational Management.	29	African Religion	Deputy Principal and SBST
P 8	42 (Divorced )	F	BEd (Inclusive Education)	3	Christian (Roman Catholic)	L.O Educator
P 9	44 (Single )	F	MSoc Sc (Curriculum Development)	16	Mixed faith (Christianity and African religion)	Senior Educator (Social Sciences)
P 10	40 (Single )	M	BEd (Psychology and English)	15	Christian (Pentecostal)	Senior Educator and SBST
P 11	32 (Single )	M	B.Th., ACE and B.A. Hons (Psych)	6	Christian (Wesley Church)	L.O Educator
P 12	52 (Married)	M	BEd and BEd Hons (Inclusive Education)	12	Christian (Anglican)	L.O (HOD)

### ***Ethical considerations***

The study took place in November 2018 following the permission granted by the Ethical Committee of the University of Fort Hare. The letter requesting voluntary participation of the educators and SBST members, was sent to the Department of Education and extended to the school principal. The researchers stipulated the research objectives and warranted the respect for dignity and anonymity of the participants. The participants were asked to give their informed consent prior collecting data to be tape-recorded for later transcriptions in order to ensure trustworthiness. The in-depth qualitative interviews were conducted in English and none of the participants withdrew from the study. Their right to privacy and confidentiality were also ensured as they were not asked to reveal their names during the focus group interview. Instead, the participants were given self-adhesive pads written P1, P2 until P12 as pseudonyms and asked to identify themselves every time they share their experiences or probed for clarity. The interview took approximately one hour and the researchers destroyed the audio- tapes after the categorisation of responses and themes identification.

### ***Data analysis***

The researchers followed Tesch's (1990) method to analyse data qualitatively, by listening to the audiotapes for several time to capture the verbatim transcripts. Similar ideas expressed by the participants were clustered together, classified as codes, and further categorized as themes (Creswell, 2009).

### ***Trustworthiness***

To establish the rigor of the study, the researchers adopted four principles from Lincoln and Guba's (2000) model, namely; credibility, confirmability, dependability and transferability. To ensure credibility and dependability, the researchers engaged the participants in the discussion by asking them the same questions, applied various techniques of the qualitative approach and described data, which, was organised into themes after the verbal transcriptions have taken place, respectively. Regarding confirmability, Krefting (1991) suggests that the researchers should repeatedly listen to the audio or responses to identify themes. Lastly, transferability was achieved by verifying literature after data- collection by means of comparing the similarities in the present study and findings from previous studies. The participants were asked the following questions during the interview:

- Describe the type of psychosocial support you provide to the pregnant learners in your classes.
- Which resources are readily available at school to assist pregnant learners when they complicate? (e.g. school car, sickroom, telephone, first aid-kit).
- Which factors contribute to the coping strategies of pregnant learners?
- Can you explain the extent to which the School Based Support Team (SBST) play in terms of implementing the policies supporting the pregnant learners?

## **RESULTS**

The categories with sub-themes identified following Tesch's method of qualitative data analysis as conducive to educators' perspectives on psychosocial support for pregnant learners are: resources, teaching and learning, risky sexual behaviour and clinical conditions.

### **Resources**

Under this category, the following sub-themes emerged, namely; inadequate human resources, consultation with the school principal and lack of training.

#### ***Inadequate human resources***

Participants in this study repeatedly mentioned inadequate human resources as disabling factor to assist pregnant learners because there are no psychologists to provide support when they undergo psychological distress.



P1 (Female, HOD)... *“There are not any professionals placed in the school for example a psychologist but Life Orientation educators are tasked with assisting the pregnant learners with any psychological issues they may have”*. P5 (Educator and SBST member)... *“We become traumatized when pregnant learners report to be suffering from headaches, swollen body parts, nausea, dizzy spells, fatigue, painful joints, fever, ill- temper and stomach cramps during lessons because the school does not have social workers nurses like those situated in towns”*.

### ***Inadequate physical resources***

In addition to inadequate human resources, the SBST members expressed the need for the government to organize transport and sick room for pregnant learners. For example,

P5 ( Female, SBST member) cited the following : *“The lives of the pregnant learners are at risk when they complicate at school because there is no room specifically to accommodate them”*. P6 (Female, SBST, Deputy Principal) highlighted that scarcity of water and transport to take pregnant learners to the hospital is another challenge. Quoting her in verbatim, she said: *“There are times we would be without water and being in the village we are even scared to use our own vehicles to take the pregnant learners to the hospital because should the learner die while in our cars, we might be found guilty as there are no policies supporting our generosity”*

### ***Consultation with the school principal***

Regarding the psychosocial support services the school offers to the pregnant learners, the participants mentioned that they inform the principal, who in turns, calls the ambulance.

(P2, Male, LO Educator)... *“When a pregnant learner gives birth during school hours, it is reported to the principal so she can request emergency medical intervention and inform parents of a learner”*. (P9, Female, Senior Educator)... *“The school principal deals with all the issue by calling an ambulance and contact the parents”*

### ***Lack of training***

There was a strong confirmation among the participants that they have no skills to assist pregnant learners when they complicate. For example, (P4, Male, LO Educator)

*“There was an incident where the learner that we did not know was pregnant had their water broke shortly after the school was dismissed for the day. I heard learners running to me asking for help. I am a male I know nothing about childbirth so I asked one of the staff to come and help. She was resistant, fearing that she is not a mid-wife and the environment where the learner could have possibly give birth in is not sterile or hygienic.”* P6 (Female, Deputy Principal) *“We do not have such qualifications but when confronted with a situation where the learner delivers in school we call the parents and ambulance”*. P11, (Female, LO Educator) *“No we do not get any training to act as para-nurses but when are cornered we call an ambulance., We are fortunate that we are not far from hospital. But this is quite scary because should anything happen to the learner or the baby during delivery, the*

*educator would be blamed and pose risk of losing my job and the law would not protect me.”*

## **Teaching and learning**

Remedial teaching and the role played by the educators towards pregnant learners led the researchers to term this category, teaching and learning.

### ***Remedial Teaching***

About three of the participants demonstrated what the former Minister of Education, Prof .Kadar Asmaal referred to as Batho-Pele Principle, which is based on accountability, social justice and Ubuntu, amongst others. They mentioned that they provide support by involving parents and/or personally teach the pregnant learners at home or arrange catch-up programme.

P8 (Female, LO Educator)...*“The parents of the pregnant learner frequently come to school to collect school work and teachers are asked to visit the learner when necessary.”* As an educator, mother and Christian, I know that one day it could be my own daughter who is pregnant, I often take school work to the learners’ place and to show them love and encourage them to reregister after they have given birth. P3 (Female, Educator and SBST Member)..*“Pregnant learners that miss lessons are free to talk to the educator concerning a plan for a catch up programme”* . P12 (Male, L.O. HOD) *“Although it is time-consuming, I have been providing classes for the pregnant learners during weekends so that they catch up since they were absent.”*

### ***Teacher support***

Regarding the question: *“Which factors contribute to the coping strategies of pregnant learners?”* participants revealed that they provide counselling.

P10 (Male, Senior Educator and SBST) *“As educators we are responsible for the well-being of the learners during school time, therefore we observe and provide advice and there is also a support group that caters for pregnant learners”*...P2 *““The information provided by the parents of the pregnant learners and the one on the clinic card helps us arrange for clinic visits and be updated on the pregnancy of the expectants.”*

However, one female participant (P11, Female, LO Educator) mentioned that some of the learners do not cope due to stigma and discrimination from the educators. This is what she said:

*“There are pregnant learners who dropped out of school because some of our colleagues criticized and told them that they are cursed by God.”*

### ***Academic performance***

There are participants who were happy with the academic performance of the pregnant learners. P8 was quoted as follows:

*“ Going an extra mile for our learners regardless of their pregnancy, contributed to their good academic performance. P12 (Male, L.O. HOD) attributed their good grades to*

remedial teaching that would be provided on weekends and during school vacations. “ *I can count about six Grade 12 learners who were pregnant last year and passed their final exams. These learners would be part of the extra lessons conducted during weekends and school holidays*”.

Contrary to the good grades mentioned by educators who would offer some time to the education of the pregnant learners, the following statements were expressed:

P4“ *Pregnant learners do affect the teaching progress as the educators have to constantly wake the learners up from sleep to complete the task especially if working in groups*”.  
P7...“*It really does, as the pregnant learners get too tired, sleepy, moody and sometimes disrespectful so as a teacher I have to stop the lesson and ask them to behave and concentrate.*”

### **Risky sexual behaviour**

#### ***Substance abuse***

Risky sexual behaviour emerged following the concerns brought by participants that some of the pregnant learners do not cope due to lack of support from their parents and sexual partners.

*“I had a case of a pregnant learner who told me that she drinks alcohol because her parents treat her badly and her boyfriend has already told her that she wont be there for the child.”*

### **Clinical conditions**

#### ***Depression***

Two of the SBST members, namely, P3 (Female educator) and P7 (Male deputy principal ) cited that their pregnant learners might be experiencing trauma, when asked whether they (pregnant adolescent females) approach them for help.

*“One of the pregnant learners who told me that she has two months having missed her periods mentioned that she has been raped by her uncle shortly after she had sex with her boyfriend. “*

*“I was about to leave for home when this girl opened the office door without knocking. She cried uncontrollably and told me she was in Grade 11, lives with her unemployed single mother and she is 6 months pregnant. She mentioned that she found out that the guy who impregnated her is married and asked her not to reveal him because his wife would divorce him. The troubled learner asked me to call her mother to forgive her and she could not concentrate during lessons nor sleep at night.”*

## Psychological intervention

### *Debriefing*

Considering the challenges faced by the SBST, there was a common agreement amongst participants that they should also be debriefed. Responding to the question :

*“What is the role of the Department of Education in ensuring that you get counselling?”*, two participants expressed the following sentiments: *“Ever since I taught at this school, the Department of Education has never arranged psychologists for us to check on our mental or emotional state despite the strenuous conditions we are working under. Our learners do not realize that their harsh circumstances also affect us”*(P5, Female, Educator and SBST). *“We become psychologically affected when our learners share their experiences and how they have conceived. At times, I am unable to cope with administrative duties because there would be 4 to 5 pregnant learners expecting to be comforted. It could be better should the government provide every school with wellness practitioner to help us cope. But at the moment, we do not get any support from the DoE”* (P6, Female, Deputy Principal and SBST).”

## DISCUSSION

From the empirical findings, it is clear that the married participants, in particular, are reliable and trustworthy in terms of enhancing pregnant learners' resilience. Pregnant learners would confide more in them than non-married educators. Some of them provided their psychological support through counselling and conducting extra lessons during weekends. Thus, they reported excellence as far the academic performance of pregnant learners is concerned. Consistent with this finding, in Cameroon and Tanzania, Maluli and Bali (2014) reported that their educators would support pregnant learners during weekends in order to be prepared for the examinations. Thus, they reported excellence as far the academic performance is concerned. Nevertheless, for pregnant learners who revealed to the participants that they have been raped by their uncles and abandoned by their sexual partners upon finding out that they are pregnant, there is a likelihood of poor academic performance due to anxiety and fear for rejection by parents or their boyfriends. Nkosi and Pretorius (2019) found that very often when pregnant learners confide in their educators, they acknowledge their mistakes and know that their parents might reject them owing to cultural or religious reasons.

Although the participants did not indicate expulsion of the pregnant learners, they expressed that they were not trained and they would also experience some psychological distress when the pregnant learners feel dizzy and complain of stomach cramps during the lessons. Drawing from their qualifications one could assume that they were aware of the rights entitled to pregnant learners as enshrined in the Constitution of the Republic of South Africa Act 108 of 1996. They reported the matter to the principal when pregnant learners showed some complication and ambulances would be called. It is a sign that the SBST and educators at this school were not trained as nurses and were protecting their employment by avoiding to be involved because should there be faults while the learner gives birth and accidentally die, they would be

held accountable and charged by the department. This study is congruent to the findings by Molefe (2016:iii) in KwaZulu-Natal, in which the SBST promoted awareness of the policy to parents, educator and learners themselves. The educators would respect the learners' rights to education and not expel them although some pregnant learners were reported to be unruly, moody and disrespect the educators. It could be much better if the school policies were clear in terms of maternity leave for pregnant learners like in Cameroon than experiencing trauma owing to learners who might deliver at any given time. It therefore means that the issue of resources should be addressed to avoid a situation like the one in Limpopo Province, where Matlala (2017) found that classes were overcrowded and there was lack of safety and security, water, toilets and sickrooms for pregnant learners. Thus, it was difficult for the educators to provide necessary care and support.

In other words, the Criminal Law (Sexual Offences and Related Matters) Amendment Act No.32 of 2007, is supposed to be executed and the perpetrators to be arrested and charged on account of raping minors. But it may be difficult for the SBST to intervene immediately because the state would need evidence. Furthermore, since they indicated that there are no psychologists at schools, it is not surprising that some learners do not cope, hence they resort to risky sexual behaviour (that is, engaging in unsafe sex and drinking alcohol). Various scholars found that the victims of rape end up experiencing Posttraumatic Stress Disorder (PTSD) and may exhibit social withdrawal symptoms, insomnia (lack of sleep), lose appetite and concentration, and be suicidal when there is no immediate psychological intervention (Kennedy, 2018; Masilo, 2018; Mayer, 2019). It is important to note that when pregnant learners engage in substance abuse, they are more likely to put their health and foetus at risk. Therefore, there should be more of sex-education at schools and educators be protected by the SBST to avoid a society prone to poverty in the future.

Finally, there is a need for the government to provide psychological wellness intervention for the educators and SBST working with pregnant learners since they become emotionally unstable during counselling. From the participants' sentiments, it is clear that they may be at the brink of experiencing burnout owing to lack of debriefing. Given that learners who are highly expectant would approach them, crying uncontrollably and rejected by their parents, their psychological well-being may be impaired, too. By debriefing, Olds, Jones, Crawford and Osenieks (2018) refers to a procedure in which qualified professionals such as the social worker, nurses or psychologists would provide sessions with human subjects who have been involved in dealing with cases including rape, suicides, emotional abuse, depression and hopelessness. The aim to conduct debriefing sessions is to foster self-control, emotional growth and empathy and confidentiality in the helper (in this context, educator/SBST) to avoid burnout (Kheswa, 2019). Burnout could manifest itself in the decline of physical well-being, mental strength, in which, an individual struggles to concentrate and starts devaluing oneself due to work related stress and complains of headaches, blood pressure and weak immune system (Kheswa, 2019).

## **CONCLUSION**

In conclusion, it is clear that when the educators contribute to the well-being of pregnant learners, education becomes meaningful and the learners' academic performance improves. From this study, it is evident that the more learned the educators and the SBST, the easier it is for the pregnant learners to trust them since they act as loco-parentis. Although the research objectives have been

met, this study has limitations. The participants were from one school and their qualifications and teaching were more inclined to yield produce the desired effects unlike if they lacked experience.

## RECOMMENDATIONS

Based on the findings of this study, the Department of Education should have school-based nurses and educational psychologists to deal with cases emanating as a result of teenage pregnancy. Moreover, at schools in semi-rural areas, in particular such as in Limpopo and Eastern Cape Provinces, the Department of Education should have cars to transport pregnant learners to the nearest clinics or hospitals when they experience complications. An ecological approach could be proper because there is no stand-alone model to curb teenage pregnancy.

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