CAUSES OF TEENAGE PREGNANCIES IN SECONDARY SCHOOLS. A STUDY OF KAMULANGA SECONDARY SCHOOL, LUSAKA DISTRICT, ZAMBIA.

BY

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A DISSERTATION SUBMITTED TO THE UNIVERSITY OF ZAMBIA IN COLLABORATION WITH ZIMBABWE OPEN UNIVERSITY IN THE PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF SCIENCE IN COUNSELLING.

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DECLARATION

I Elizabeth Singa, hereby declare that the work presented here in, is the original work done by me and has not been published or submitted elsewhere for the requirements of the award of degree of Master of Science in Counselling. Any literature, date cited within this thesis done by others has been given due acknowledgement and listed in the reference.

Signed: …….

Name: ……..

Date: ……

DEDICATION

I wish to dedicate this work to my dear beloved children, Mulenga S, Chipasha, Ziyanji, Mapalo, Natasha T., and Chanju L., and not forgetting my beloved grandchild Njavwa for their patience, encouragement and support they had rendered to me during my studies which will be of great inspiration throughout my life.

CERTIFICATE OF APPROVAL

This dissertation by Elizabeth Singa is approved as a partial fulfilment of the requirement for the award of the Degree of Master of Science in Counselling by the University of Zambia in Collaboration with Zimbabwe Open University.

EXAMINERS:

Signed …….. Date ……

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ACRONYMS / ABBRIVIATIONS

AIDS: Acquired Immune Deficiency Syndrome

HIV: Human Immunodeficiency Virus

MESVTEE: Ministry of Education Science Vocational Training and Early Education

UNESCO: United Nation`s Educational Scientific and Cultural Organisation

ABSTRACT

The study attempted to establish the causes of teenage pregnancies in secondary schools, a study of Kamulanga Secondary School in Lusaka District of Zambia. The study focused on ascertaining possible causes of teenage pregnancies. The research used the descriptive survey design. Hence, the use of the descriptive design was used in this study to establish the factors factors leading to the continuation to the continuation of teenage pregnancies among secondary school girls despite the sensitisation on HIV/ AIDS pandemic and Abstinence, to establish the effects of teenage pregnancies on the girls` academic lives, to establish how school management help teenage pregnant girl to cope with their pregnancies and continue with their education and what can be done to prevent teenage pregnancies.

A total population sample of 58 participated in the study at Kamulanga Secondary School. Hence, purposive sampling was done when selecting the 2 administrators and the 2 guidance and counselling teachers while, random sampling was used when selecting 12 class teachers, 4 teenage mothers, 4 parents/guardians and 40 other students. Participants were purposely selected for the study. The study used Microsoft Excel to analyse quantitative and qualitative data. Thus, literature review was reviewed both locally and internationally.

The findings of the research were associated with the assertions made. With regards to the factors that cause the continuation in teenage pregnancies among secondary school girls the findings revealed that; there were inadequate counselling, sexuality education and no qualified guidance and counselling teachers to conduct counselling, no room from where counselling could be conducted. Also, inadequate parental guidance on sexuality issues, peer pressure and low social-economic issues. Hence, the study also showed that the effects for teenage pregnancies were, low self- esteem, stigma, dropping out of school and low grades in the subjects. Other findings on how management help the pregnant girls were, by informing parent in written form, putting girls on re-entry policy programme. Not much was being done to prevent teenage pregnancies though the administrators aimed at having adequate counselling for the girls in school and sensitising their parents on the importance of having discussions on sexuality issues with their teenage girls. It was therefore, recommended that the government through the Ministry of Education should ensure that they deploy qualified guidance and counselling teachers to schools and that management should ensure that parents and school children should be involved in the discussion of sexuality issues.

CHAPTER ONE

1.1 INTRODUCTION

The first chapter of this proposal starts with a brief background of the study at hand. The statement of the problem, followed by the reasons for conducting this study. The objectives of the study listed and the objectives of the study outlined. In addition, the significance of the study explained as well as giving clearly stated limitations to the study, an explanation of how these limitations affected or not affected the generalisation of the findings of this study and the theoretical framework explained. Finally, several key terms defined in an effort to shed light on the main ideas for the study and exploring the concept of what teenage pregnancy is and what has been happening in this area.

1.2 BACKGROUND OF THE STUDY

Teenage pregnancies in Zambian Secondary Schools have been very alarming in recent years of which the causes have not fully been exhausted despite many studies that have been done by other researchers. Hence, this entails that the causes of teenage pregnancies are less commonly researched as it should be. Much as it is known about teenage pregnancies, little is known of its causes.

WHO, (2004), states that since the 1950s, teenage pregnancy had attracted a great deal of concern and attention from religious leaders, the general public, policy makers and social scientists particularly in the United States and other developed countries, Hence the continuing apprehension about teenage pregnancy is based on the profound impact that teenage pregnancy can have on the lives of girls and their children. In this contest, teenage pregnancy is defined as, occurring between the ages of thirteen (13) to nineteen (19) years of age. Hence, these are the girls who are sexually active and fall pregnant and give birth. In this contest, these are girls in secondary schools. Hence, the other common term used instead of teenage pregnancy is `adolescent pregnancy`, which describes the emotional, psychological and biological developmental stage. In this regard, the concern over what age a young woman should get pregnant has existed throughout human history. However, many researchers and authors have given their divergent views in explaining teenage pregnancy (Cherry Andrew L.

2014). They have agreed that labelling teenage pregnancy as a public health problem has nothing to do with public health but, it is more to do with social, culture and economic issues.

Therefore, statistics on teenage pregnancies by the Zambia Demographic and Health Survey, show that between 2013 and 2014, 2428 Secondary School girls got pregnant and dropped out of school. This denotes 28.50% of the girls aged between 15 – 19 years (Central Statistical office 2013 – 2014). Meanwhile the Zambia National Education Coalition (ZANEC), reported that according to the 2016 Education bulletin it was reported that 3457girls in Secondary Schools became pregnant and dropped out of school due to ever increasing teenage pregnancies.

Therefore, to this extent, the Zambian Government has also put up several deliberate measures to help girls who fall pregnant in order that they should be more alert to their education than getting pregnant while still at school. Hence, UNFPA Zambia states that, sexuality education was introduced and implemented in Zambian schools in 2014 in order to empower youths with the knowledge in sexuality (MESVTEE 2015). Thus, sensitisation on HIV and AIDS pandemic and Abstinence, was also included in the same quest to reduce teenage pregnancies in schools. Hence, the re-entry policy was also introduced in 1997 in order to mandate schools to allow girls who previously left school due to pregnancy, back into the school system (MINISTRY OF GENERAL EDUCATION, 2015).

Therefore, despite all the measures that the Government of Zambia through the Ministry of Education has put in place in order to help reduce the teenage pregnancies in both. Primary and Secondary Schools in Zambia, there is still an alarming increase in teenage pregnancies. However, it is this increase that leaves much to be desired. Therefore, there is need to conduct a research to establish the causes of teenage pregnancies in Secondary Schools at Kamulanga Secondary School in Lusaka, Zambia.

1.3 STATEMENT OF THE PROBLEM

According to the Demographic and Health Survey, (2013-2014), 29% of the girls aged between 15 and 19 years in Zambia are either mothers already or pregnant with their first child. Hence, it is not known why teenage girls are falling pregnant despite efforts by the government of Zambia through the Ministry of General Education putting up measures of sensitisation on HIV and AIDS and abstinence. Therefore, it was this reason that inspired the

researcher to conduct the study in order to establish the causes of teenage pregnancies at Kamulanga Secondary School in Lusaka District.

1.4. PURPOSE OF THE STUDY

The purpose of this study was to investigate the causes of teenage pregnancies at Kamulanga Secondary School in Lusaka District.

1.5. STUDY OBJECTIVES

1.5.1 To establish factors leading to teenage pregnancies continuation in Secondary Schools, despite the sensitisation on HIV/AIDS pandemic and abstinence.

1.5.2 To establish the effects of teenage pregnancies on the girls' academic lives.

1.5.3 To establish how school management, help teenage pregnant girls to cope with their pregnancies and continue with their education.

1.5.4 To establish what can be done to prevent teenage pregnancies.

1.6. STUDY QUESTIONS

1.6.1 What are the reasons why teenage pregnancies have continued in Secondary Schools despite the sensitisation on HIV / AIDS pandemic and Abstinence?

1.6.2 What are the effects of teenage pregnancies on the girls` academic lives?

1.6.3 How does School management help teenage pregnant girls to cope with their pregnancies and continue with their education?

1.6.4 What can be done to prevent teenage pregnancies?

1.7. SIGNIFICANCE

The study may contribute some knowledge on the causes of teenage pregnancies in Secondary Schools in Zambia. In addition, it is hoped that the study may generate some information that will render guidance to the Government through the Ministry of Education and other stakeholders on how to formulate and provide suitable educational and counselling programmes for teenage girls and for teachers to follow.

1.8. DELIMITATION

The researcher conducted the study at Kamulanga Secondary School in Lusaka District because the researcher was based in Lusaka during the time of data collection.

1.9. LIMITATIONS

The research was limited by lack of finances which made it difficult to cover different sites of the country. The information in this study cannot be conclusive or generalised to all teenage girls who fall pregnant in Zambia Secondary Schools due to the fact that the sample from which data was collected was too small. Hence, the information affected the generalisation of findings due to different socio-economic and cultural background in diverse societies.

1.10. THEORETICAL FRAME WORK

The theoretical frame work used to guide this study is, the Psychoanalytic Theory of Personality Development. Freud (1856), developed this study for the first time. Freud`s theory argues that, behaviour is the result of the interactions among three components of the mind, being the id, the ego and the super ego. Hence, Samuel McLeod, (2018), in review of Freud`s Theory states that, behaviours are determined by irrational forces, unconscious motives, biological and interactional drives as these evolve through key Psychosexual stages in the first years of a person`s life. Therefore, this study is influenced by Freud`s theory because it is explaining the causes of behaviour (teenage pregnancies), due to fixation at the third stage of psychosexual stages of personality development which is the `Phallic Stage`

and Electra Complex, (for the girls). When the sexual desire which the girl has for the father when she is still young has not been dealt with at an early stage, then the girl is regarded as having been affixed and later seek the love in an opposite sex too. This trend applies to the opposite sex as well. Hence, the girl would fall pregnant in the end.

1.11. DEFINITIONS OF TERMS

Teenage pregnancy: Is pregnancy in a female under the age of twenty (20) years.

Abstinence: The practice of restraining oneself from indulging in bodily activities such as sex.

Sensitisation: An attempt to make others be aware of and responsive to certain ideas or events and situations such as, sex.

Sample: A group of people chosen from a targeted population for a study**.**

Guidance: provision of information to a person aimed at helping him or her psychologically, emotionally and spiritually in order to have a meaningful life.

Counselling: A mutual helping relationship between a person, (client), in need and a trained counsellor.

Guidance and counselling teacher: An educator who is trained and qualified to work in secondary schools to provide academic, vocation/career competencies to all pupils through school guidance and counselling programme

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1.13. SUMMARY

Chapter, one has given a clear roadmap of the research study as it clearly introduced the research problem, objectives, significance, delimitation and limitation of the study. The chapter spelt out the theoretical framework and operational definition of term for discourse. Therefore, the following is chapter two, (literature review), where literature by different scholars on the causes of teenage pregnancies and other closely related subjects were reviewed to establish the link to the current study.

CHAPTER TWO

LITERATURE REVIEW

2.1. INTRODUCTION

This chapter presents the literature by reviewing different readings which are relevant to the study. The literature also sought to exploit the relevant works of other scholars in this particular field of teenage pregnancies. It would therefore examine the findings of different scholars and highlight the gaps which the present study is attempting to fill in. The literature review is also presented according to the following themes derived from the study objectives: The factors that cause the continuation in teenage pregnancies among secondary school girls, despite the sensitization on abstinence and on HIV and AIDS pandemic, the effects of teenage pregnancies on the girls` academic life, how school management helps teenage pregnant girls to cope with their continue with education and what can be done to prevent teenage pregnancies.

2.2. REASONS WHY TEENAGE PREGNANCIES HAVE CONTINUED IN SECONDARY SCHOOLS DESPITE THE SENSITISATION ON HIV / AIDS AND ABSTINENCE

WHO, (2004), states that, `Teenage Pregnancy` also commonly known as adolescent pregnancy is pregnancy between 13 to 19 years, the pregnancy occurs when sexual intercourse takes place during the ovulation period. However, in the females who are well nourished, the first menstrual period takes place between the ages of 12 to 13 years.

A related study relevant to this heading was done in the republic of South Africa (RSA) on, Factors influencing Teenage Pregnancies by Kego Mdicwe Qolesa in November, 2017. The study aimed to explore reasons behind high Teenage Pregnancies and give useful information to policy makers, so that they can develop strategies that could address the factors influencing teenage pregnancies in Heidedal Mangaung District, Free State Province, South Africa.

In this study, the findings were that Teenage Pregnancies in Heidedal were influenced by many factors which are inter-related. Factors such as, misconceptions about contraceptives influenced their decision on not to use them and as such girls engage in unprotected sexual

intercourse. Hence, various other factors were identified from individual level, social level and structural level which contributed to early sexual initiations resulting in unplanned Teenage Pregnancies. These factors included, risky sexual behaviour, peer influence, poor parent child communication, cultural beliefs and negative health systems towards teenagers. To this effect, the study recommended that, there should be collaboration of different sectors such as Department of Health, Department of Social Development and Department of Education to work together to address the different levels identified to be influencing Teenage Pregnancies. Hence, despite all the factors having been identified in the Heidedal research study, there was still a knowledge Gap on whether counselling services were adequately provided in schools by well-trained guidance and counselling teachers.

Hamilton, et al, (2012), states that, teenage pregnancy which is also commonly known as `Adolescent Pregnancy` is between 13 to 19 years of age. The pregnancy occurs when sexual intercourse takes place during the ovulation period. However, in the females who are well nourished, the first menstrual period takes place between the ages of 12 to 13 years of age. Hamilton, et al, (2012), states that, 11 000 teenagers, mostly aged between 18 and19 years give birth every day in the United States. Hence, this is a very alarming rate. These teenagers usually face a lot of challenging issues just like other women do, thought the concern is for those who are of the age of 15 years and under since there are less physically developed. Hence, as a result of being physically under developed, their bodies cannot have a healthy pregnancy or to give birth. However, there are other factors that pause risks to girls who are between 15 and 19 years. For example; factors like, social economic, (Hellmich, Simon 2015). Hence, there are other risks like, low birth weight, anaemia, premature labour and preeclampsia which are connected to biological age which are most linked and observed in teenage births.

However, WHO, (2015), alludes to the fact that, teenage pregnancies are mostly associated with social issues which include lower levels of education and poverty. However, teenage pregnancies are accompanied with Social Stigma, Malnutrition and Poor Health. In some cases, educational interventions combined with access to birth control methods can reduce unplanned teenage pregnancies. On other circumstances, teenage pregnancies are associated with abortions resulting in physical and emotional complications. Hence, such vices in teenage girls lead to Low Social Values, Low self Esteem and assault, (UNESCO 2017).

Therefore, despite having put several intervention measures to reduce teenage pregnancies in secondary schools in Zambia by the Government of Zambia through the Ministry of Education, statistics by the ZDHS still show an increase in teenage pregnancies. The statistics reviewed that between 2013 and 2014, 2428 Secondary School girls got pregnant and dropped out of school. Where as in the year 2016, as reported by ZANEC, 3 457 girls in secondary schools became pregnant and dropped out of school (World Bank, 2017).

On the other hand, Kirby et al, (1994), asserts the fact that, a Secondary school-based education curriculum that intended to reduce the risk of teenage pregnancies was initiated and implemented in several schools in California. This intervention was targeted to high school students mostly in the 10^{th} grade. And it was based on several social learning theories and activities that teach adolescents the skills they need to resist pressures to engage in risk behaviour. The curriculum attempted to instil students with the norm that unprotected intercourse is to be avoided either by not having sex or by using contraceptive tablets. Hence, this was presented by specially trained high school teachers. However, all this effort was done in order to reduce teenage pregnancies in secondary school girls.

Similarly, in Zambia the September, 1997 re-entry policy was implemented (Ministry of Education, Science and Vocational Training and Early Education, 2015). However, in 2017, on Chona Manu Radio Station, MCMZ Executive Director, Mr. Genious Musokotwane, said over 54825 teenage pregnancies in schools have been recorded since 1997 up to date. Hence, there are recommendations that government through the Ministry of Education should consider undertaking an evaluation process in order to critically address the increasing number of teenage pregnancies in Zambian Schools. He further said that sensitization on HIV and AIDS, abstinence and the introduction of Sexual Reproductive Health (SRH) lessons in Zambian schools can help to reduce teenage pregnancies in secondary schools.

According to the Times of Zambia article of (14^{th} October, 2013), teenage pregnancies do not occur intentionally, but many teenage girls find themselves in this situation because among other things, peer pressure and influence from foreign cultures for example, beer drinking. Therefore, such vices greatly affect teenage secondary school girls in that, their ability to think properly logically gets disturbed. Hence, this increases chances of indulging into unprotected and unsafe sexual activities (http//knowledge.sagepub.com). Hence, teenage pregnancies carry extra health risks to both the mother and the baby. Oftenly, teens do not get pre-natal care soon enough which can lead to problems later on. Hence, despite all the

findings on the effects of teenage pregnancies, to this extent there is still a gap on how all these factors on teenage pregnancies are to be implemented and who should implement the reduction of teenage pregnancies in secondary schools. Therefore, the knowledge gap in the cited literature is that the researcher did not fully research on what could be done in order to stop such vices

2.3. THE EFFECTS OF TEENAGE PREGNANCIES ON THE GIRLS` ACADEMIC LIVES

WHO, (2004), defines teenage pregnancy as, occurring between thirteen (13) to nineteen (19) years of age. Hence, teenage pregnancies do introduce new sets of circumstances that influence future decisions, which relate to the girl's education (Grant & Hallman 2006). However, Panday et al, (2009), asserts the fact that school girl pregnancy can have a profound impact on both the mother and child by placing limits on her educational achievement and economic stability as well as predisposing her to single parenthood.

Another related research study to this heading was done by Malahlela Moyagabo Kate in November 2012. The study was done in Limpopo, South Africa. This study was on, The Effect of Teenage Pregnancy on the behaviour of pregnant learners at Secondary schools. The aim of this study was to seek facts and establish whether Teenage Pregnancy has an effect on school attendance, school performance, and emotional behaviour of pregnant learners as perceived by educators. Hence, the findings were that, Teenage Pregnancy has a negative or detrimental effect on the school attendance, academic performance, emotional behaviour and relationships between pregnant teenagers, their peers and educators. To this effect the study recommendations were that sex education should be taken serious in secondary schools, educators should liaise with health professionals in the community, pregnant learners to be supported and not humiliated or stigmatized by school stake holders, educators to encourage teenagers to use preventive and protective measures and to encourage learners to delay in engaging sexual relationships. However, the knowledge gap is that, the researcher did not research on how the effects of teenage pregnancies on the girls could be curbed from the girls by providing adequate counselling.

Bezuidenhout, (2008:44), states that; "an unmarried pregnant teenager (school girl) finds herself in the midst of a multifaceted crisis characterized by the emotional and physical

reality of a pregnancy, the interruption of normal physiological and psychological development, a possible change in education and career pursuits, as well as a parental and kinship support, an increase in medical risks during pregnancy and premature assumptions of adult role with its associated responsibilities". However, pregnancy immediately places a teenager at an educational and economic disadvantage. She may now take longer to completer her studies, and may therefore be economically inactive for a longer period of time. Thus, she may also fail to complete her education, struggle to find proper employment and may have to make ends meet from a government grant or support from relatives. To this effect, the knowledge gap under the citation above, is that, the researcher did not research on how the affected school girls would be helped after experiencing the disadvantages of teenage pregnancies.

However, in their research, Bhana et al., (2010), found that, the presence of a pregnant girl or girls in a classroom is not only a threat to their own academic achievement but also to the collective academic performance of the class as well as the class room harmony. Particularly most school girls are not able to cope with the school's academic demands, Kunku and Mash, (2010) in agreement with Rangiah, (2012), opinioned that in most African cultures, women are expected to subordinate their needs and desire to those of their children and families, hence students with babies have to struggle with the role of motherhood and studentship. Thus, as a student mother, the student blends two role identities of which conflict. Hence for one to be a good student there is need to be fully committed to the academic demands. However, in most cases, a pregnant school girl misses some classes during the days when she does not feel well, when she has to visit antenatal clinic or a doctor during the final stages of her pregnancy, delivery and after the birth of her baby (Buzuidenhout, 2008). Hence, frequent absenteeism from school results in school girls missing a lot of school work. For example, lessons, assignments, tests.

Grant & Hallman, (2006), asserts that, the future of most pregnant school girls is bleak as indicated by available statistics which show that; third of pregnant school girls did not complete their schooling. Education play an important role in the future of young people as it prepares them for work and life as an adult. Therefore, with all the effects that have been established, the knowledge gap is that, it was still not fully researched on why these teenage pregnant girls become victims of the outcomes.

2.4. HOW SCHOOL MANAGEMENT HELPS TEENAGE PREGNANT GIRLS TO COPE WITH PREGNACIES AND COMPLETE EDUCATION

Researchers in many countries have conducted studies on how school management of different schools have taken up measures in order to help pregnant girls. Hence, teenage pregnancies have been a worldwide problem which has caused concern to many governments. However, WHO, (2011), asserts the fact that, the incidence of teenage pregnancy has been identified as a serious growing problem in the world and more especially in the poorer nations. However, teenage pregnancy was a major challenge to fight against illiteracy, gender, equity in the education sector in the progression rate of the girl child education system worldwide. MOE, (2010), alludes to the fact that, limiting literacy and other benefits of education for girls, teenage pregnancy could have a negative impact on females` opportunities for economic success and political participation.

A related study to this heading is a study which was done in Kenya in by, Omwancha, (2012). The study was on, "The Implementation of an Educational Re-Entry Policy for girls after Teenage Pregnancy". It was a case study of public secondary schools in the Kuria District, Kenya. In this study the researcher realized that it was not well known to what extent girls were taking advantage of the policy, how school managers were aware of the policy and what challenges they met in its implementation. Therefore, the aim of this study was to investigate the implementation of the re-entry policy for girls after pregnancy. The study used critical theory in identifying the importance of the study and it aimed to sensitize stake holders to the issues involved in teenage pregnancy by raising them for discussion. However, the findings from this study revealed that there were conflicting views to the value nature and implementation from the Ministry of Education (MOE) officials, head teachers, current students, teenage mothers, and parents. Further findings showed that many socio-cultural factors were important in preventing young mothers from returning to school to complete their education. Hence, findings from this study would help in creating awareness of the policy among all Kenyan stake holders. The recommendations in this study were that the community and all other stake holders should be involved in the designing, developing and implementing the re-entry policy. It was also recommended that awareness and sensitization to be done in communities and school environment.

Hence, despite the findings in this study, the gap was still identified. The study did not explore how the re-entry Policy could be well utilized in order to help the teenage girls cope with their education and continue with their education.

However, (Hall 2001), alludes to the fact that, Britain had the highest rate of teenage births in Western Europe which is the number of Western Europe, double the number of German and three times that of France and six times that of Netherlands. As a result of this trend, the Minister then, in the Ministry of Education, `Morgan Hodge` indicated that the government was trying by all means to reduce the United Kingdom's unacceptable Levels of teenage pregnancies through the introduction of clearer sex education in schools. Hence, this is the hope that teenage pregnancies where to be reduced. However, WHO (2010), asserts that flexible educational arrangement had to be made available in England to help girls who fell pregnant while at school. This was a re-entry school Policy which was implemented in order to give a second chance to an adolescent mother to go back to school after giving birth. Hence, this policy revolves around the inclusion and re-integration of an adolescent mother into the regular school system as opposed to those who were made to learn in separate schools, (UNFP, 2013).

Therefore, Zambia is also one of the countries who introduced the re-entry policy in 1996 through the Ministry of Education (MOE). Mutombo and Mwenda,(2010) states that in the resent years, there has been an increase in the number of pregnancies among school going girls. They further state that, between 2002 and 2008, there had been an increase in the number of school girls who fell pregnant, from 3663 to 12370 at basic school level and from 765 to 1566 in 2008 at high school level.

Ministry of Education, Science, Vocational Training and Early Education (MESVTEE 2002-2014) states that, for many years, school girls in Zambia were obliged to leave school permanently if they became pregnant. In 1997, the government of Zambia introduced the Re-entry policy that requires all schools to grant girls who fall pregnant, maternity leave and readmit them into school in order to facilitate girls` education. Therefore, most school managements have implemented the re-entry policy in order to help teenage girls who fall pregnant to attain their education so as to benefit in the girl child education programme. As such it is of significance to research further on whether there are other forms of help that school management have put in place in order to help pregnant teenager in schools. It is

therefore, it is this gap that has to be researched on in order to ensure that a pregnant girl child is adequately helped by school management.

2.5. ATTEMPS TO PREVENT TEENAGE PREGNANCIES

Teenage pregnancy has for many years been identified among other factors, as a very serious and growing problem in the world. As such UNICEF, (2014), alludes to the fact that both developing and developed countries have shown that most girls fell pregnant when they were between thirteen (13) and Nineteen (19) years of age. Therefore, WHO, (2010), assert the fact that, flexible educational arrangements had to be made available in England for girls who fell pregnant while at school. This form of re-entry and retention into schools was to be enhanced by giving the adolescent mothers some form of payment by the government. However, In England, this policy revolved around the inclusion and re-integration of adolescent mothers into regular school system. Hence this had been one often measures and systems that have tried to address the plight of pregnant school girls. (UNFP. 2013).

A related study to this topic was done on the Prevention of Teenage Pregnancy. The study was done in the republic of South Africa by Maxwell, Makatu and Takalani, (2015). It was conducted in six secondary schools. The study was on the Awareness of Prevention of Teenage Pregnancy amongst secondary school learners in Makhado Municipality. The aim of the study was to assess the awareness of teenagers on the prevention of Teenage Pregnancies in six secondary schools situated in the Santpansberg-West circuit Makhado in Limpopo province.

The findings of this study were that, 94% of participants agreed that Teenage Pregnancy can be prevented through abstaining from sex, 65% of participants agreed that prevention could be by using contraceptives such as pills and infection, 83% of participants agreed that prevention could be through the use of condoms, 74% of participants agreed that prevention of Teenage Pregnancy could be bathing after sex and 28% agreed that oral sex was the best prevention. Hence, this indicated that learners were already aware of the preventive measures of teenage pregnancy. The recommendations were that, the information found was going to be distributed to school management in order that they should use it to assess and determine how best to implement the best measures on prevention of Teenage Pregnancy in the schools. Hence, despite the findings to this study, the knowledge Gap on how teenage pregnancies

would be prevented was not explored. Therefore this study aimed at finding the solution to how teenage pregnancies would be effectively prevented.

However, in Africa, the Forum for African Women Educationist (FAWE, 2005), estimated that 20% of the girls who dropped out of school did so because of teenage pregnancies. Hence in Kenya it is estimated that between 800 and 10 000 girls drop out of school every year. This however, is said to be an indicator of great challenge to the society and the re-entry policy in Kenya. Thus, school management and other stakeholders felt that some other programmes have to be put in place in order to help in the girls or young mothers to cope with life changes due to parenthood. Hence, parenthood brings about a lot of challenges that need maturity. According to United Nations, (1999), asserts that, Stigma is a sign of social unacceptability which is the shame or disgrace which is attached to something regarded as social unacceptability. He further alludes to the fact that, it was because of this form of stigma that most pregnant girls do not continue with schooling and they therefore, end up having a second child. MESVTEE (1997), alludes to the fact that, it has been argued that despite the existence of the re-entry policy in many countries, the number of girls returning to school after giving birth remains low especially in rural areas.

Therefore, Zambia also has not been left out in the implementation of the re-entry policy which was launched in 1997 as one of the ways used to help teenage pregnant girls to continue with their education. According to MOE, (2010), states that, at the point of withdrawal from school, parents and school administration sign up an agreement stating that the girl will re-enter not later than one (1) year after giving birth. However, Camody, (1999), acknowledges the fact that, education is the human right and that it should be compulsory, free and not in any way be subject to individual's creed, colour or sex. Hence, the other researchers who have conducted studies on the help that girls receive in schools have not utilised all the avenues used and the latest information on how the re-entry policy has worked so far. It is therefore, this identified knowledge gap that the researcher shall explore on how teenage pregnant girls are helped by school management.

2.6. SUMMARY

Chapter two, reviewed related studies to the causes of teenage pregnancies in relation to the themes of the objectives. The reviewed literature relates to teenage pregnancies in the area of

the factors that causes the continuation in teenage pregnancies, the effects of teenage pregnancies. The literature also reviewed the help rendered by management to the pregnant girl and the prevention of teenage pregnancies in secondary schools. Therefore, the next chapter is chapter 3 which is the methodology which explains the methods, approaches and strategies used to carry out the current study. Hence, also the means by which data was collected and analysed is explained and the ethical issues in respect to the study participants and their protection are also explained.

CHAPTER THREE

METHODOLOGY

3.1. INTRODUCTION

Chapter three of this study consists of the methods that have been used in this study. It discusses the research methodology, the target population, the sample size as well as the sampling procedure, the instrument for data collection and the procedure for data collection and data analysis. Ethical considerations that guided the researcher when conducting the study have also been highlighted at the end of the study.

3.2. RESEARCH DESIGN

Bless and Achola (1988), defines a research as a plan of any scientific research from the first to the last step. In other words, it is the master plan for executing a research project. It therefore locates the researcher in the frame of mind to get to places where to find information that is relevant to the question in mind.

The descriptive design was used in conducting this study. The descriptive study design was used because of its ability to collect data from a large population through the use of questionnaires, personal interviews and its emphasis on fact finding. Therefore, the study used both qualitative and quantitative methods of data collection. Hence, purposive sampling was used to come up with participants who included the girls who were pregnant before. Hence, this allowed the researcher in the current study to bring out the participants views and opinions on the subject in a more elaborate manner in order to establish the findings of the study.

3.3. TARGET POPULATION

A population according to Kombo & Tromp, (2006); is a group of individuals, objects or items from which samples are taken for measurement. The target population that was used in the study consisted of the administrators, guidance and counselling teachers, class teachers, teenage mothers, guardians/parents and pupils (girls and boys), at Kamulanga Secondary School in Lusaka district, Zambia.

3.4. SAMPLE SIZE

The sample size total was fifty eight (58). Administrators were two (2), guidance teachers were two (2), Class teachers were six (6), Teen mothers were four (4), guardians/parents were four (4), pupils were forty (40), comprising of 20 girls and 20 boys.

Table 1: Pupil participants by Gender and Grade (N=40)

Grade	Male	Female	Total
8	4	4	8
9	4	4	8
10	4	4	8
11	4	4	8
12	4	4	8
Total	**20**	**20**	**40**

Table1 shows pupil participants by gender and grade. There were, 4 boys and 4 girls from grade 8 class, 4 boys and 4 girls from grade class, 4 boys and 4 girls from grade 10 class, 4 boys and 4 girls from grade 11class and 4 boys and 4 girls from grade 12 class.

Table 2: Guidance Teachers and Class Teachers by Gender (N=8)

Classification	Male	Female	Total
Guidance teacher	1	1	2
Class teachers	3	3	6
Total	**4**	**4**	**8**

Table 2, shows the participation of guidance teachers and class teachers by gender. There were 1 male and 1 female guidance teachers and 3 male and 3 female class teachers.

Table 3: Parents/Guardians and Teen Mothers (N=8)

Classification	Male	Female	Total
Parent/Guardian	1	3	4
Teen mothers	-	4	4
Total	1	7	8

Table, 3 shows the participation of parent/guardian and teen mothers by gender. There were 1 male parent, 3 female parents and 4 teen mothers.

Table 4: Administrators (Head teacher and Deputy Head teacher) (N=2)

Classification	Male	Female	Total
Head teacher	1	-	1
Deputy head teacher	-	1	1
Total	**1**	**1**	**2**

Table 4, shows the participation of the Administrators (Head teachers), there were 1 male Head teacher and 1 female Deputy Head teacher

.

3.5. SAMPLING PROCEDURE

The type of sampling techniques that was used by the researcher in this study were; purposive sampling in coming up with administrators, guidance teachers and guardian\parents then random sampling to come up with class teachers, teen mothers and pupils. Purposive sampling was used in order to help the researcher gain information that is desired to meet the goal of the research. Whereas, random sampling was used in order to give every selected sample an opportunity to be part of the research.

3.6. INSTRUMENT FOR DATA COLLECTION

The instruments that were used for the collection of data are; the semi structured questionnaires as well as the interview guide. The semi structured questionnaires were employed because they allow for enough time for both the researcher and the respondents to

attend to the questions in the questionnaires in good time. Hence, the semi structured questionnaires were administered to the students in order to assess the respondents perceptions, opinions and feelings. On the other hand, the questions helped in enabling the respondents to give in-depth information on the subject matter. Whereas, interview guides were used in order to supplement the information that was collected from the semi-structured questionnaires.

3.6.1. STRUCTURED QUESTIONNAIRES

In this study, a structured questionnaires were used to collect data from the students. Hence, the questionnaire comprised of a set of standardised questions which specified the wording and answers for gathering information from the respondents on the subject under investigation.

3.6.2. INTERVIEW GUIDE

In this study, the researcher used interview guide as another instrument for collection of data from the school administrators (head teacher and his deputy), guidance and counselling teachers, class teachers and parents/guardians. The interview guide comprised of open-ended questions in which oral questions were asked and oral responses were given. In this regard, the use of interviews in social research is vital because it allows the researcher to ask follow up questions so as to get detailed clarifications. Hence, for ethical reasons, the interview guide was used on one to one interaction with each participant in order to get detailed responses.

3.7. DATA COLLECTION PROCEDURE

The researcher distributed the structured questionnaires to the students and teenage mothers after getting permission from the school administrators at Kamulanga Secondary School. During the time of data collection, the respondents were given 30 minutes to complete the questionnaires after which, the researcher collected the questionnaires. Meanwhile, the interview guide was administered to the school administrators and guidance and counselling teachers upon making appointments following their schedules.

3.8. DATA ANALYSIS

The researcher analysed the data using mixed methods. Both quantitative and qualitative methods were used to analyse the data and data was presented by graph, the statistical figures and the pie charts. Hence, qualitative data was analysed by identifying themes from the responses which were generated from the interview questions. Meanwhile, quantitative data was analysed through the use of the semi structured questionnaires and the software tool used was Microsoft excel.

3.9. ETHICAL CONSIDERATION

The researcher sought permission from the School Administration to carry out the research at Kamulanga Secondary School. Questions that would cause psychological harm were avoided. Equally, the names of the participants/respondents were not indicated or written down. Hence, the participants were entrusted with their full immunity to give out information freely without fear of being traced or followed. However, all the information from respondents was treated as important and confidential

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3.10 SUMMARY

This chapter of the study discussed the methodology that the study employed. Hence, the study elaborated the following themes of the study methodology: the study design, population of the study, sample size, sampling procedure, research instrument, data collection procedure, data analysis and ethical consideration. Therefore, the next chapter presents the presentation of the findings of the present study.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1. INTRODUCTION

This chapter presents the findings of the study on the causes of the Teenage Pregnancies at Kamulanga Secondary School. The presentation of the findings addresses the four research questions. The four research questions were as follows:

1. What are the reasons why teenage pregnancies have continued in Secondary schools, despite the sensitisation on HIV and AIDS pandemic and abstinence?
2. What are the effects of teenage pregnancies on the girls` academic lives?
3. How does school management help teenage girls to cope with their pregnancies and continue with their education?
4. What can be done to prevent teenage pregnancies?

In order to establish the reasons why teenage pregnancies have continued in Secondary schools, despite the sensitisation on HIV and AIDS pandemic and abstinence, the head teachers, guidance teachers, class teachers, parents/guardians, pupils and teenage mothers were either given interview guides or structured questionnaires.

4.2. What are the reasons why teenage pregnancies have continued in Secondary Schools despite the sensitisation on HIV and AIDS pandemic and abstinence?

Respondents were asked to state if teenage pregnancies were still continuing in their school despite the sensitisation of HIV and AIDS pandemic.

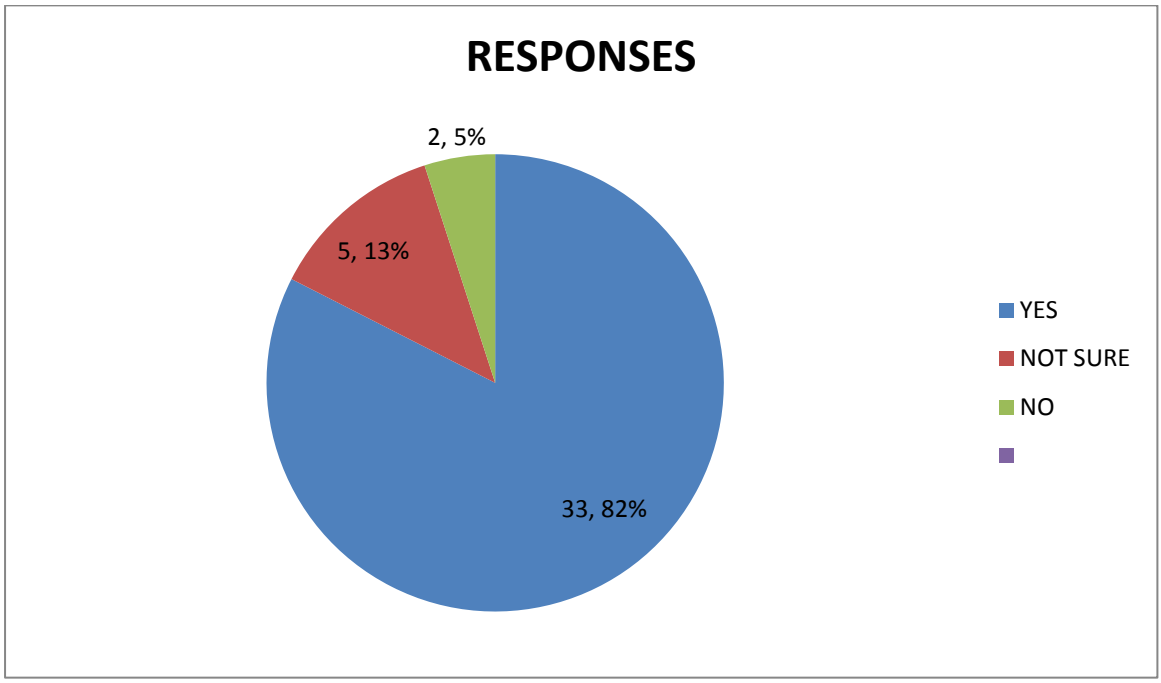
Table 5: Continuation of Teenage pregnancies (N= 40)

Responses	**F**	**%**
Yes	33	82
Not sure	5	13
No	2	5
Total	**40**	**100**

Table 5 above represents the responses from the 40 students on the continuation of teenage pregnancies.

Figure 1:

Pie chart:



The pie chart above represents the responses from the 40 students on the continuation of teenage pregnancies.

The findings in table 5 and in the pie chart, show that the majority of the participants, 33(82%), percent indicated that, in their secondary school, teenage girls continued falling pregnant despite the sensitisation on HIV and AIDS pandemic and abstinence and 5(13%), percent of respondents indicated that they were not sure. Meanwhile, 2(5%), indicated that there was no continuation. However, this clearly shows that teenage girls continued falling pregnant despite the sensitisation on HIV and AIDS, and abstinence.

4.2.1 What are the factors that cause the continuation in teenage pregnancies among secondary school girls, despite the sensitisation on HIV and AIDS pandemic and abstinence?

The school administrators, guidance teachers, class teachers, teen mothers, parents and other students were asked to state the factors that cause the continuation of teenage pregnancies among secondary school girls,(at Kamulanga Secondary School), despite the sensitisation on HIV and AIDS pandemic and abstinence. The responses were tabulated in the table below for the 40 students.

Table 6: Factors that cause the continuation of teenage pregnancies.(N=40)

Reasons why teenage pregnancies have continued	**F**
Inadequate counselling and sexuality education in guidance and counselling.	29
Inadequate parental guidance on sexuality issues.	8
Peer pressure.	2
Low social economic issues.	1
Total	**40**

The findings of the study show that out of the 40 pupils respondents 29 indicated that inadequate counselling and sexuality education was the reason why teenage pregnancies have continued the in Secondary Schools. Then, 8 reviewed that inadequate parental guidance on sexuality issues was the cause. While, 2, indicated that peer pressure was the cause. Whereas, one (1), said that, the reason why teenage pregnancies have continued in Secondary Schools was because of low social economic issues.

Hence, the same question was asked to the administrators on the factors that cause the Continuation of teenage pregnancies. The head teacher had this to say;

Madam, students in this school are a problem. May be it is because they come from this surrounding compound where there are a lot of children moving on the streets aimlessly like

they don't have homes. Anyway, even the school is also to blame because the guidance and counselling services here are not very effective. I am saying so because we do not even have a room for counselling.

Madam, besides, we only have a small office which is shared by three (3), teachers. And besides, here our teachers are not adequately trained in counselling. Like Mr. X who is the guidance counsellor teaches business studies and Ms. Y teaches RE and English and she did Special education at a college were guidance and counselling was just a component

.

Furthermore, the head teacher as he was explaining, he strongly said that;

Madam, we do not know what we are going to do since guidance and counselling is not even time tabled. We shall see what the ministry of education is going to do about this since our guidance teachers are overloaded with teaching other class subjects.

Therefore the deputy head teacher had this to say;

Madam, here there are a number of girls who fall pregnant. Sometimes we just hear from teachers that a girl has stopped coming to school due to having fallen pregnant. At times I think even the school programme/system has to blame because I feel that these girls need counselling on sexuality issues but we are not doing that.

After pausing for a while, the head teacher said the following;

Do you know what? Counselling is not even there at the time table since these teachers you are seeing here are very much occupied with other subjects. On the other hand, even parents are also to blame since they do not talk to their children on sexual matters. You know madam! Parents regard sexuality issues as a taboo and as a result, they leave such matters to aunties and grandparents.

In addition, the deputy added the following statement:

At times, it could be because of peer pressure since most girls have very low self- esteem. Sometimes, it could even be due to poverty where some girls just go for cheap biscuits and sweets. Anyway, I think we really have a problem.

Therefore, when the guidance and counselling teachers were interviewed and asked the same question on the factors that cause the continuation of teenage pregnancies, they had this to say;

Male guidance and counselling teacher had this to say:

Madam, in my opinion, I think lack of guidance and counselling is one of the major reasons why these girls continue falling pregnant. A number of girls in this school get pregnant but there is not enough time to talk to them simply because we don't really have time as counsellors to conduct counselling sessions.

The male guidance teacher paused for a minute and said the following;

We are very much over loaded with our daily teaching schedules. Like today, Wednesday I do not rets because my time tablet is very tight. Madam here we do not even have counselling on the time table. Have you seen, this office is too small for counselling since it is even shared among the three of us-my assistance counsellor, the senior teacher and I. We are told that we should be finding time for counselling in the afternoon after school which is practically impossible.

Hence, as we proceeded in with the interview, the male guidance and counselling teacher also mentioned this;

Madam, I think even peer pressure is one of the reasons why these girl continue falling pregnant since they want to show off to their peers that they also have a boy-friend, while to some , it could be lack of strictness by their parents and they do not even have time to talk to them about sex issues.

Meanwhile, as the assistant counsellor was being interviewed, she was also asked the sme question on factors that cause the continuation of teenage pregnancies at Kamulanga Secondary school. She had this to say;

Madam, as for me, I think it is because of peer pressure since these girls like playing in groups. I am sure whatever they discuss does not even yield anything good. I think even their parents have also contributed because I think that they do not even talk to their children about sexuality issues, as a result they just go out there to experiment.

You know, these parents leave counselling to the school, thinking that the teachers will do the counselling meanwhile the reality is that we do not even have that provision for counselling due to the overload of teaching periods

.

In addition the female counsellor (assistant guidance and counselling teacher), had this to say;

I think the best thing is to find a counselling room where counselling should be taking place and reduce on our teaching schedules so that at least we can be counselling these girls so that they are given enough information on how to protect themselves from getting pregnant. These girls seem like they do not even have the fear of contracting HIV and AIDS.

With reference to the question on what are the factors that cause the continuation in teenage pregnancies, the findings indicate that the common factors established were due to inadequate counselling and sexuality education coupled with not having well trained guidance and counselling teachers. Hence, the findings also show that guidance and counselling was not also timetabled. The indication also pointed the blame to the parents who did not execute teir duties in talking to their children on sexuality issues. Hence, there was also the mention on peer pressure as one of the factors that led to the continuation in teenage pregnancies. However, even poverty was also mentioned as one of the factors.

4.3. What are the effects of teenage pregnancies on the girls` academic lives?

The head teachers, guidance and counselling teachers, class teachers, students, teen age mothers and parents were asked to state what they thought were the effects of teenage

pregnancies on the girls` academic lives. Hence, the table below indicates the responses from the 40 students who participated in the study.

Table 7: Effects of teenage pregnancies on the girls` academic lives (N=40)

Effects of teenage pregnancies on the girls`	**F**	**%**
Self-stigma and low self-esteem	20	50
Drop out of school	10	25
Low grades in the subjects	10	25
Total	**40**	**100**

The findings in table 7 shows that out of the 40 students who participated in the study 20 (50%), indicated that self-stigma and low self-esteem were the effects of teenage pregnancies,10 (25%), indicated that , dropping out of school was the effect and 10 (25%), indicated that, low grade in subjects was the effect.

However, the same question was administered to the head teachers, the guidance and counselling teachers, the class teachers, the students, teenage mothers and the parents/guardians. Here is what they had to say;

The Head teacher had this to say:

Madam, some of these girls, when they fall pregnant, and go home for maternity leave, they do not even come back. I think it is because of self-stigma. You know, their self-esteem goes down. They perhaps fear that they would be laughed at, by their friends. We really need to do something about such developments.

One of the guidance teachers had this to say:

Madam, according to what I have observed, when a girl becomes pregnant they lose concentration in class, as a result they do not even pass their tests. There was one grade 11 girl who got pregnant last year in my class. This girl used to do well but when she got

pregnant her grades just went down and she was always wearing her jersey even when it was hot just to hide the pregnancy. She went for her maternity leave but she did not come back.

In addition one class teacher had this to say:

Madam, the effects are so many but just to mention a few, they sleep in class. For example right now there is one grade 12 girl who is pregnant in my class. I do not even know how she is going to write her grade twelve exams. Sometimes she stays away from school when she is not feeling well. I also think that they have that self-stigma. This is a school, students will always talk, that is what they fail to handle.

Hence, one of the parents when asked the same question, she had the following to say: (She spoke in Bemba but I will translate).

Mayo,(Madam), When these children fall pregnant, they first hide from us parents which may cause them to be so susceptible of not going to school. For example, my daughter hid the pregnancy and she was just saying that she was sick and was staying away from school until I discovered that she was pregnant. Anyway, the school authority allowed her to come back after giving birth. She just came back this year though she is not performing very well and I do not have money to take her for extra tuitions.

One teenage mother when she was asked the same question on the effects of teenage pregnancies, she had this to say:

Mmm, madam, to tell you the truth, it is not easy to fall pregnant while at school. All the joy goes as a result you cannot even concentrate in class because at that time a lot of things go on in your mind. For example, you have the fear of the unknown, you are scared of your parents, you are scared of stopping school you cannot stand the back biting from your class mates and the whole school, thinking about the man who impregnated you also makes you angry and many other. You know, there is also a situation whereby everyone at home is blaming and condemning you. It is not easy.

Therefore, with reference to the question on the effects of teenage pregnancies on the girl`s academic life, the respondents interviewed, according to the voices indicated above had the

similar theme. Hence, the themes pointed out to self-stigma and low self-esteem, dropping out of school and low grade in subjects.

4.4. How does school management help pregnant girls to cope with their pregnancies and continue with their education?

The respondents were asked to state how management help pregnant girls to cope with their pregnancies and continue with their education. The study revealed the ways on how school management helps the pregnant girls to cope with their pregnancies and continue with their education.

The table below shows the responses from the students:

Table 8: How School Management help pregnant girls to cope (N=40)

The help offered by management	**F**	**%**
Put on guidance and counselling programme	0	0
Put the girls on re-entry policy programme	30	75
Inform parents in written form	10	25
Total	**40**	**100**

The findings in table 8 show that the majority of the respondents 30 (75%), indicated that the help which the management renders in order to help the teenage girls cope with their pregnancies and continue with education was to put them on the re-entry policy programme. Then, 10 (25%), indicated that informing the parents in written form was the help rendered. While no one indicated that guidance and counselling was used as one of the ways which can be used to help the teenage girls cope with their pregnancies and cope with their education. Hence, this is the clear indication that guidance and counselling is not considered as a helping measure.

4.5. Attempts to prevent teenage pregnancies?

The participants were asked to suggest ways which could be used to prevent teenage pregnancies. Hence, the study revealed some things that could be done to prevent teenage pregnancies. The table below shows the responses from the students.

Table 9: Attempts to prevent teenage pregnancies

Attempts to prevent teenage pregnancies	**F**	**%**
To put girls on counselling programme	25	62.5
To sensitise parents on the importance of discussing sexuality issues with their girls.	15	37.5
Total	**40**	**100**

The findings in table 9 shows that out of the 40 student respondents 25(62.5%) indicated that putting girls on counselling programme was a way of preventing pregnancies. The other respondents indicated that sensitising parents on the importance of discussing sexuality issues with their children was a way of preventing teenage pregnancies.

Hence, during the interview with the administrators on what can be done to prevent teenage pregnancies, the Head teacher had this to say:

I think we need to be having adequate guidance and counselling sessions for the girls in school. So that, even the parents of the girls also get involved by talking to their girls on sexuality issues. These parents should stop the habit of leaving their children to be counselled by others alone.

Hence, the researcher asked the administrator to clarify more on the point that he had given.

What I mean here is that, most women in the compounds sell at the markets some work as maids and so on and so forth then leave the children to be guided by aunties and grandmothers without themselves being directly involved.

During the interview with the guidance teachers on how teenage pregnancies could be prevented, one guidance teacher had this to say;

I feel we can better prevent teenage pregnancies by talking to the teenage girls about sexuality issues regularly. I think we are not doing enough as counsellors since we do not even have guidance and counselling on the time table nor do we have the room for counselling.

The researcher then asked the guidance counsellor to elaborate further on the issue.

So, we just have to make it work as a school since just putting the girls on re-entry policy is not even prevention. I also strongly feel that we have to work hand in hand with the parents so that they are also aware of the need to discuss sexuality issues with their teenage girls.

Therefore, the parents to the teenage mothers were also interviewed on what can be done to prevent teenage pregnancies among secondary school girls. One of the parents had this to say:

As for me, I believe that teenage pregnancies can be prevented when we parents work hand in hand with the school authorities to talk to our children on the dangers of having sex when they are still in school. I feel that this is not a one man job since these children spend most of their time here at school and also at home.

After pausing for a while the parent gave an example of what had happened to her girl child, saying the following:

Even, me as a parent I took things for granted before my daughter got impregnated by a fellow student. I took things for granted thinking that my girl was aware of abstinence. So if we join forces with the teachers on talking about sexuality issues we can win.

The teenage mothers were also interviewed on what can be done to prevent teenage pregnancies. Hence, one teenage mother who is back in school on the re-entry policy programme had this to say:

Madam, I think prevention can be done when we listen to our parents and our teachers when they tell us to abstain from sex. As for me, I did not expect to be pregnant because I thought that I was careful enough. I think I was just ignorant about many bad effects that are associated with teenage pregnancies. I think that if enough information is given to the girls and boys in school concerning sexuality issues then teenage pregnancies can be prevented.

Therefore, the findings from the respondents above indicated in the themes that there was need for adequate guidance and counselling services in order for prevention of teenage pregnancies to take place among secondary school girls.

4.6. SUMMARY

Chapter four has presented the findings of the causes Teenage Pregnancies in secondary schools, a study of Kamulanga Secondary School of Lusaka District in Zambia. However, findings in the voices reviewed that, despite the sensitisation on HIV and AIDS and abstinence, there was still a continuation of teenage pregnancies in secondary schools. Hence, it was also established that various factors such as inadequate counselling and sexuality education in schools and inadequate qualified guidance and counselling teachers coupled with not having guidance and counselling on the time table, inadequate parental guidance on sexuality issues, peer pressure and low social economic issues led to the continuation in teenage pregnancies. However, effects of teenage pregnancies such as, self-stigma and low self-esteem, dropping out of school and low grade were also established. It was further established that, school management help pregnant girls to cope with their pregnancies and continue with education by, informing parents in written form and by putting girls on re-entry policy programme. Hence, it was also established that prevention of teenage pregnancies can be achieved by offering guidance and counselling to the girls in schools and sensitising parents on the importance of discussing sexuality issues with their girl children.

The next chapter (chapter five), discusses the findings according to how they were presented in chapter four in relation to the objectives of the study.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1. INTRODUCTION

The purpose of the study was to establish the causes of teenage pregnancies at Kamulanga Secondary School in Lusaka district, Zambia.

5.2. Reasons why teenage pregnancies have continued in Secondary Schools despite the sensitisation on HIV and AIDS and Abstinence.

The first objective of the study endeavoured to establish the reasons why teenage pregnancies have continued in Secondary Schools despite sensitisation on HIV and AIDS and Abstinence. The majority of the respondents reported that teenage pregnancies were due to lack of counselling and sexuality education and not ha adequately qualified guidance and counselling teachers. In this regard, the guidance and counselling office which is there is occupied by 3 teachers and is too small to carter for guidance and counselling services. Hence, the guidance and counselling teachers who are there are very much over loaded with teaching subjects and other logistical activities which leaves the guidance and counselling teachers of not executing counselling to the students. The guidance and counselling teachers also reported that it was very difficult for them to offer counselling services because counselling was not included on the school time table. Hence, this is in line with Megan, (2000), who alluded to the importance of guidance and counselling services and also stated that it promoted the adolescents` behaviour.

Thus, guidance and counselling services offered to students is meant to equip students with adequate information on how to conduct themselves regarding sexuality issues. Hence, besides sexuality issues there are so many problems faced by students which also need to be addressed by guidance and counselling teachers. Therefore, guidance and counselling is also a very important educational programme which needs to be given equal attention just like other educational aspect.

5.3. Effects of Teenage Pregnancies on the girls` academic lives.

With regards to the effects of teenage pregnancies on the girls academic lives, the findings were that, pregnant girls were characterised by self-stigma and low self-esteem. Hence, to some extent the respondents revealed that other effects of teenage pregnancies were that, the girls were found to be attaining very low grades in their subjects and in the end they drop out of school due to self-stigma, failure to attain reasonable standards to continue with education. Some teen mothers revealed that getting pregnant while at school does not give good feelings which lead the girls to hiding their pregnancies from their parents. One teenage mother also revealed that there is a feeling of disappointment since the pregnancy is not planned and as a result they fear to be scolded at by their parent or guardians who trusted in them to complete their education. Therefore this is in line with grant et al, (2008), who argues that it is necessary to ensure that young women who have concerns with the risk of pregnancy are often given adequate attention. Hence, this can help offset the negative feelings of stigma which prevent young women from participating in school opportunities.

Therefore, teenage pregnancies are very common in our Zambian Secondary Schools today, that a lot of attention in guidance and counselling in schools is needed in order to stop the negative effects which the girls experience while they fall pregnant in school. Hence , this should call for the need to strategise on how secondary schools would effectively ensure that guidance and counselling should always be prioritised and be timetabled then be conducted regularly

.

5.4. How school management help pregnant girls to cope with their pregnancies and continue with education.

With regards to the responses of the respondents, it was found out that the help that the school offers to help teenage girls cope with pregnancies and to continue with education is by informing the girls` parents/guardians in written form so that they can go to school and see the school management. Hence, in response the management also revealed that the other way in which they help the girls to cope with their pregnancies and continue with education is by putting the girls on the re-entry policy. In this regard, the school management discusses with the parents on the issues of re-entry policy and how best they can together help the pregnant girl benefit from the re-entry policy. Therefore, in the discussion with the Head teachers, it

was found out that the school aims to have adequate counselling for the girls in school though it was not on the time table. The school management in their response revealed that, the school also aims to sensitise parents on the importance of discussing sexuality issues with their teenage girls. Hence, Gerter, (2000), argued that school counselling services positively influence the effects, behaviours and interpersonal domain of children's lives and as a result affected students' achievement positively. However, it has been establish that the school does not provide enough help to the pregnant girls for them to cope with their pregnancies and continue with their education.

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However, putting the pregnant girls on a re-entry Policy programme sound good since it can assure the pregnant girls to come back to school but it cannot be an assurance of stopping the girls from stigma and other effects that can lead to the stoppage of schooling. Therefore, this factor shows that, there is need to put the girls on the on-going counselling programme, in that the girls should cope with their pregnancies and continue with education successfully. Hence, involving parents in discussing sexuality issues with their children is another way of helping the teenage girls to cope with the challenges of being pregnant and continuing with education.

5.5. Attempts to prevent Teenage Pregnancies?

The study found that there was not much that the school is doing in order to prevent teenage pregnancies among their secondary school teenage pregnant girls. Hence, the findings from the respondents indicate that at the moment the only attempt that management is doing is to offer the re-entry Policy programme to the pregnant girls. However, 30 respondents out of 40 respondents who said that having adequate counselling services for the girls in school is one way of preventing teenage pregnancies, clearly indicates the inadequacy of preventive measures at the school. Hence, it is also found out that, even measures to sensitise the parents on the importance of discussing sexuality issues with their girl children are not undertaken. Meanwhile, sensitising parents to discuss with their children on sexuality issues is one of the ways that can help with prevention of teenage pregnancies among secondary school girls just as revealed by other respondents.

However, Mwansa, (2011), states that the re-entry Policy launched in 1997, advocates that girls who drop out of school due to pregnancy should be readmitted after giving birth. The aim of the policy is to implement measures that will help prevent the exclusion of young mothers from furthering their education. However, it has been established from the findings that, the re-entry Policy without guidance and counselling services cannot prevent teenage pregnancies in Secondary Schools.

5.6. Summary

This chapter discussed the findings of the study on how management can prevent teenage pregnancies among Secondary school girls at Kamulanga Secondary school. It is therefore, important to learn that, the current study had to some extent similarities in factors that were found in previous studies to the reviewed literature. Hence, some factors were similar in nature such as; poor parent child communication and peer pressure. However, the findings in the current study have revealed that management have had inadequate measures to prevent teenage pregnancies among teenage girls. In the contrary, the study also revealed that despite not having adequate measures to prevent pregnancies, management said that, their aim was to have adequate guidance and counselling for the girls in school and to sensitise parents on the importance of discussing sexuality issues with their girls. Crucial to the findings in this chapter is the fact that, it was revealed that involving parents in the discussions on sexuality issues with their children and putting girls on the on-going counselling was the way forward to helping teenage girls to cope with the challenges of becoming pregnant and to continue with education. Therefore, the next chapter discusses the conclusion that the researcher has come up with. The recommendations put across and the suggestions for further research.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1. INTRODUCTION

The previous chapter discussed the findings of the study and related them to what other researchers also found in other related studies. The extent to which the objectives of the study were achieved and also established Therefore, in this chapter, the researcher has come up with the following conclusion based on the issues and problems raised in this study.

6.2. CONCLUSION

With regards to the causes of teenage pregnancies, the study found out that the school had no adequate counselling services that could help to curb teenage pregnancies in secondary schools. It was further found out that the school did not have guidance and counselling on the school tome table and neither did the school have trained guidance and counselling teachers to conduct the counselling to the girls in the school. Hence, it was further found out that the effects of teenage pregnancies on the girls` academic lives, were that, the girls suffered low self-esteem, dropping out of school and self-stigma. Hence, this led to the difficulties in helping the girls adequately in alleviating the negative effects of teenage pregnancies and prevention of teenage pregnancies in schools. The study revealed that, the parents did not also discuss sexuality issues with their girl children in their homes. Therefore, school management revealed that, they aimed at correcting the situation regarding counselling of girl children at Kamulanga Secondary school.

Therefore, due to the findings in this study on the causes of teenage pregnancies in Secondary Schools, the researcher observed that, there was need for the management to seriously consider guidance and counselling services. Hence, girls fail to cope with the effects of teenage pregnancies and drop out of school due to inadequate counselling services in the school. However, with the findings in this study, it is with proven doubt that adequate counselling services done by well trained counsellors can help to curb teenage pregnancies in secondary schools.

6.3. RECOMMENDATIONS

Based on the findings the study made the following recommendations:

i. The government through the Ministry of General Education should ensure that they deploy qualified guidance and counselling teachers to secondary schools, in order to enhance effective guidance and counselling that will help to alleviate continuation of teenage pregnancies.
ii. School management should always ensure to involve parents in a collaborative way in issues of sexuality information to be used in counselling teenagers
iii. School Management should consider involving the students themselves as stake holders in the decision making process, on how best sexuality education can be disseminated since, students are the beneficiaries themselves.
iv. The Ministry of General Education should ensure that guidance and counselling is included on the time table and to stop handling it like an extra curriculum activity.

6.3. SUGGESTIONS FOR POSSIBLE FUTURE RESEARH

This study was done at Kamulanga Secondary School in the Lusaka district. Hence the same study could be done in Secondary Schools in the other districts.

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APPENDICES:

THE UNIVERSITY OF ZAMBIA IN COLLABORATION WITH ZIMBABWE OPEN UNIVERSITY POST GRADUATE PROGRAMME

APPENDIX 1: STRUCTURED QUESTIONNAIRE FOR STUDENTS

Dear Respondents, I am a second year post graduate student at the above named University, carrying out a research on The Causes of Teenage Pregnancies. Iam pleased to inform you that you have been purposively selected to participate in the study. The information that will be obtained is only for academic purposes.

Therefore, your identity will be anonymous in reporting the results of the study. Please, do not write your names or any form of identification on the questionnaire.

I will be grateful if you answer all the questions in this questionnaire.

INSTRUCTIONS

Kindly answer all questions.

1. Do not write your name on this questionnaire.
2. Please answer all questions.
3. Put a tick ( ) next to the answer of your choice question or write in the space provided.

PART A: DEMOGRAPHIC DATA

Gender:

1. Male: _____
2. Female: _____
3. 13—16 years: _____
4. 17—20 years: _____
5. 20—23 years: _____

6. Why do teenagers become pregnant?

A. It is because of peer pressure.
B. Lack of knowledge on prevention due to inadequate counselling services in school.
C. Because of social issues

7. Do you think that sex education that you receive at your school is sufficient enough to help you prevent teenage pregnancies?

A. Yes _____

B. No _____

C. Other _____

8.Despite the sensitization on HIV and AIDS and Abstinence , why do girls still fall pregnant?

A. they do not know that they would fall pregnant.

B. they just want to become pregnant.

C. Pear pressure

9. Do you think teenage mothers regret becoming pregnant?

A. Yes _____

B. No _____

C. Other _____

10. What do you think are the effects of teenage pregnancies on the girls` academic life?

A. Feeling shy.

B. Feeling stigmatized.

C. Feeling guilty.

11. Do you think teenage mothers get stigmatised by school mates?

A. Yes _____

B. No _____

C. Other _____

12. Do teenage pregnancies commonly occur in your school?

A. Yes _____

B. No _____

C. Other _____

13. Do pregnant teenagers suffer stigma?

A. Yes _____

B. No _____

C. Other _____

14. Do you usually discuss sexuality issues with your parents?

A. Yes _____

B. No _____

C. Other_____

15. Do you receive counselling in school on sexuality issues?

A. Yes _____

B. No _____

C. Other _____

THANKYOU

APPENDIX II: INTERVIEW GUIDE FOR ADMININSTRATORS

PART A. DEMOGRAPHIC DATA

1. Gender:

2. Age:

3. Marital status

4. What is your highest professional Level of Education?

5. How many years have you served as an administrator/guidance teacher?

PART B: CAUSES OF TEENAGE PREGNANCIES IN SECONDARY SCHOOLS TO STILL FALL PREGNANT DESPITE THE SENSITISATION ON ABSTENANCE AND HIV AND AIDS PANDEMIC

6. In your own opinion, what do you think are the causes of teenage pregnancies in your school?
7. Do you think there is enough counselling for the girls on issues of teenage pregnancies and their consequences?
8. What is it that you are not doing right that you think has contributed to the continuation of teenage pregnancies?

PART B: HOW AFFECTIVE ARE TEENAGE PREGNANCIES ON THE GIRLS` ACADEMIC LIVES?

9. What do you think are the effects of teenage pregnancies on the girls` education?
10. Do the pregnant girls and those who are already teenage mothers regret having fallen pregnant?

PART C: HOW SCHOOL MANAGEMENT HELP TEENAGE PREGNANT GIRLS TO COPE WITH THEIR PREGNANCIES AND CONTINUE WITH THEIR EDUCATION

11. As management what do you do when a pregnancy is detected in a teenage girl?
12. Do you think teenage pregnancies commonly occur in your school?
13. Do you think that measures you have put in place to help teenage pregnant girls, serve their purpose?
14. What help do you render to the teenage pregnant girls to cope with their pregnancies and continue with their education?

PART C: WHAT CAN BE DONE TO PREVENT PREGNANCIES

15. Does Re-Entry Policy help in reducing teenage pregnancies at your school?
16. What do you think can be done in order to prevent teenage pregnancies at your school
17. What age group do you think pregnancies are most common in your school?

THANKYOU

APPENDIX III: INTERVIEW GUIDE FOR GUIDANCE AND COUNSELLING TEACHERS

PART A: DEMOGRAPHIC DATA

1. Gender
2. Age:
3. Marital status:
4. What is your highest professional level of education?
5. How many years have you served as a Guidance and Counselling teacher?
6. Are you trained in Guidance and Counselling?

PART B:

7. Why do teenagers become pregnant?
8. At what age group do you think teenage pregnancies are most common?
9. Do you think the sex education for teenagers received at school is enough?
10. Do the girls in your school receive enough guidance and counselling on the prevention of teenage pregnancies?
11. Do you think that parents or guardians are to be blamed for teenage pregnancies?
12. Do you think girls regret becoming pregnant?
13. How common do teenage pregnancies occur in your school?
14. What are the effects of teenage pregnancies on the girls` education?
15. As school guidance teachers, how best do you think you can improve in order to alleviate teenage pregnancies?
16. How many times do you offer guidance and counselling to the girls?
17. What do you think are the factors that cause the continuation of teenage pregnancies?

THANK YOU

APPENDIX IV: STRUCTURED QUESTIONNAIRE FOR TEENAGE MOTHERS

Please answer all questions and tick next to the appropriate answer ( )

Gender:

1. Male: _____
2. Female: _____
3. 13—16 years: _____
4. 17—20 years: _____
5. 20—23 years: _____

6. Why do teenagers become pregnant?

A. It is because of peer pressure.

B. Lack of knowledge on prevention due to unadequate counselling services in school.

C. Because of social issues.

7. Do you think that sex education that you receive at your school is sufficient enough to help you prevent teenage pregnancies?

A. Yes _____

B. No _____

C. Other _____

8. Despite the sensitization on HIV and AIDS and Abstinence 'Iliche' why did you still get pregnant?

A. I did not know that I would fall pregnant.

B. I just wanted to become pregnant.

C. Other_____

9. As a teenage mother, do you still regret becoming pregnant?

A. Yes _____

B. No _____

C. Other _____

10. How has getting pregnant affected your academic life?

A. I feel shy.

B. I feel stigmatized.

C. I feel I have wasted a lot of time in my studies.

11.As a teenage mother, do your school mates stigmatize you?

A. Yes

B. No

C. sometimes

12. Do teenage pregnancies commonly occur in your school?

A. Yes

B. Sometimes

C. No

13. Do pregnant teenagers suffer stigma?

A. Yes

B. Sometimes

C. No

14. Do you usually discuss sexuality issues with your parents?

A. Yes

B. No

C. Other_____

15. Do you receive counselling in school on sexuality issues?

A. Yes

B. No

C. Other _____

16. Why did you become pregnant as a teenager?

- I was not too bothered about getting pregnant.
- I got caught up in the moment.
- I thought I could not get pregnant.

- I was in a stable relationship and wanted to start a family.
- I felt too embarrassed /awkward to ask my partner to use condoms or protection.
- I wanted a baby.
- I was expecting my partner to use protection/condoms.
- I had no access to contraception.
- I had contraceptive failure.
- I was/felt pressured into having unprotected sex.
- I was not thinking.
- I wanted to show that I loved my partner.
- Other reasons (please specify) _____.

THANKYOU