



Publisher: KAD International, Ghana
Co-publisher: Cherkas Global University, USA
Has been issued since 2014
E-ISSN 2508-1055
2021. 8(3): 80-87

DOI: 10.13187/jare.2021.3.80

Journal homepage:
<http://kadint.net/our-journal.html>



Reflections by Parents on the Strategies used to Implement Measures for the Prevention and Management of Learner Pregnancy Policy in Secondary Schools in Eastern Cape Province

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Abstract

Teenage pregnancy in South Africa remains heavily present despite implementing policy on Measures for the Prevention and Management of Learner Pregnancy in Schools. Anchored on a qualitative approach, using semi-structured, focus group interviews and document analysis as data collection techniques, the study used a sample size of 21 participants from three Secondary Schools as case studies. Data were analysed thematically following the inductive sequence of thematic analysis. The study results explain the following paradox: regardless of the stated strategies, schools under research used non-inclusive strategies to implement the policy. These tended to sideline the elderly and educationally challenged parents. Parents were not conversant with the policy and felt the strategies were non-beneficial because of their non-involvement during the formulation and the implementation processes. Results of the study provide evidence for a need to enhance ownership of the policy through different capacity building programmes which solely targeted parents.

Keywords: education, implementation, learners, parental involvement, policy, strategies, teenage pregnancy.

1. Introduction

Learner pregnancy is a significant challenge globally. (Yakubu & Salisa, 2018). A majority of learners who fall pregnant are teenagers between the ages of 14 and 18 years (Department of Basic Education (DBE), 2017). The extant literature highlights that there exists several factors which lead to teenage pregnancy, specifically: lack of knowledge about sex, how to use contraceptives; barriers to access contraceptives, negative attitudes of health staff; peer pressure; poverty and poor social-economic conditions; sexual abuse and coercion; low self-esteem; low educational expectations and increased sex-based messages in the media (Naidoo, Taylor, 2021; Odimegwu et al., 2013). As such, a call has been made that a holistic approach is required to address teenage pregnancy. Thus, these strategies should include parental involvement because teenage pregnancy remains a major socio-medical and socio-economic phenomenon and has become even more rampant in recent times (Akpor et al., 2017; Cameron et al., 2020; Oyedele et al., 2015).

Internationally, teenage pregnancy is high, but countries have put up different strategies to address it. Parents have been playing a role in these strategies. In the United Kingdom (UK),

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the Teenage Pregnancy Strategy was launched in 1999 to enhance school teenage pregnancy prevention (Hadley et al., 2016). One of the strategies was called ‘time to talk campaign’ and ‘talk to your teenager about sex and relationships, encouraging parents to educate the children about sex (Department for Children, Schools and Families, 2010; Hadley et al., 2016). In the United States, parental involvement is an essential and effective component of teenage pregnancy prevention (Silk, Romero, 2014). In Kenya, the ‘return to school’ policy for teenage mums was introduced by the Kenyan Policy Framework in 1994. Despite the policy being there, concerns were raised that parents are not well informed about the policy and are not aware of the rights of teen mothers to return to school (World Bank, 2015).

The Constitution of the Republic of South Africa, No 108 of 1996, is the foundation and supreme law of South Africa. It guarantees the right to education for all citizens (Republic of South Africa, RSA, 1996a). Consequently, the South African Schools Act (SASA) of 1996 stipulates that all learners have equal access to education without discrimination (RSA, 1996b). However, some learners have not completed school as inscribed in the supreme law. Among the reasons for dropping out of school is teenage pregnancy. Regardless of what is highlighted in the South African Schools Act 84 of 1996 (RSA, 1996a), teenagers should remain at school even if pregnant and be treated with respect and fairness. In South Africa, teenage pregnancy is a major challenge (Mashaba, 2015). According to the DBE (2017) progress report, in 2014, there were 18,357 pregnant learners, and in 2015 a total of 15,504 learners got pregnant. It is important to note that in 2016 out of 8,732 learners who fell pregnant in the academic school year, some of these learners were from primary schools. Furthermore, the DBE has indicated that the highest teenage pregnancies are in the Eastern Cape, Limpopo, and Kwa-Zulu Natal, regardless of the numerous implementation of prevention and management strategies. For example, research conducted by Pillay et al. (2018) in Umlazi, KwaZulu-Natal province in South Africa, revealed that a staggering 99,000 secondary learners became pregnant at a rate of 271 per day in 2013.

According to Nkosi and Pretorius (2019: 108), the DoE recorded 20,000 learners who were pregnant in 2014, while 223 pregnant girls came from primary schools. Gauteng recorded the highest number of pregnancies with more than 5,000 cases. Furthermore, Govender (2015: 28) revealed that more than 176,000 teenagers got pregnant in South Africa in 2013, and out of this total, a staggering number of 2,903 were 13 years old. The preceding statistics highlight that teenage pregnancy rates remain unacceptably high despite a wide variety of modern methods of contraception. In South Africa, School Governing Bodies (SGBs) are meant to work together with schools and parents to ensure shared involvement in school policies and programmes such as care and safety programmes, curriculum development, extracurricular activities, and life skills programmes (RSA, 1996b).

Among the many roles and responsibilities of SGBs are the formulation and implementation of school policies (DBE, 2009). One of such policies implemented in schools and which all parents are supposed to be involved in is Measures for the Prevention and Management of Learner Pregnancy Policy (DBE, 2009; DoE, 2017; Ramulumo, Pitsoe, 2013). This policy is underpinned by three essential principles of the Constitution: the right to education, the right to equality, and the child’s rights (including the newborn child). Thus, identifying strategies that can involve parents is an essential aspect in curbing this problem.

Notwithstanding parents’ valuable role in preventing and managing teenage pregnancy in schools (DoE, 2007), poor communication about sexual matters exists between parents and adolescents in South Africa (Mostert et al., 2020; Naidoo, Taylor, 2021). In addition, research shows that parents are either not aware of the policy’s existence or do not sensitise their children about the policy. Instead, the responsibility is left to learners to talk with their peers, worsening learner pregnancy cases in the country (Hadley et al., 2016; Pillay et al., 2018). Consequently, my article seeks to explore the strategies schools use to promote parental involvement in implementing the policy on the prevention and management of learner pregnancy.

2. Methods and Materials

The study was grounded in the qualitative research approach (Creswell, Plano-Clark, 2011). A multiple case study design was utilised to examine the study’s research question, and two non-probability sampling techniques were adopted. Convenience sampling was used to select schools that are easily accessible. Within the researchers’ proximity, purposive sampling was adopted, and

the principals in all the schools under study were requested to act gatekeepers. These techniques assisted the researchers to be referred to participants who could provide sufficient information about their involvement in the implementation of the prevention and management of learner pregnancy policy. The study's sample size was 21 participants, and these comprised: 1 SGB chairperson from each school and six parents from each school under study. Gender balance was observed through the selection of participants.

Data were collected using semi-structured, focus group discussions and document analysis. Semi-structured interviews were conducted with 3 SGB chairpersons from the three schools whereas, focus groups involved 6 members from each school. Interviews lasted between 45 minutes to one hour to avoid long discussions that would provide challenges in collecting data transcription. During focus group discussions, each participant was afforded an opportunity to participate. All interviews were conducted in Staff rooms, with voice recorders being used to record the discussions. IsiXhosa was used as a communication medium to ensure that participants could fully express themselves in their mother tongue. All the interviews were then translated into English. Note-taking was also used to supplement all the information that was recorded in case the tape recorder malfunctioned. Meanwhile, for document analysis purposes, policy circulars, minutes of SGB meetings, minutes of meetings with parents and minutes of staff meetings were also scrutinised. This was done to verify and add data collected from semi-structured interviews and focus group discussions. Data emerging from the study's findings were systematically organised by identifying concepts, establishing categories, coding data to build description themes and then thematically analysing it to address the main research question. As part of observing anonymity, the participants were coded as follows:

- SGBC1 – School Governing Body Chairperson School 1
- SGBC2 – School Governing Body Chairperson School 2
- SGBC3 – School Governing Body Chairperson School 3
- FGPS1 – Focus group School 1
- FGPS2 – Focus group School 2
- FGPS3 – Focus group School 3

The researchers obtained ethical clearance from the University of Fort Hare No: Rec-270710-028-RA-Level 01. Principles such as Informed consent, Anonymity and confidentiality, Privacy were all adhered to.

3. Results

Involvement of parents in implementing the policy on the prevention and management of learner pregnancy by Schools

Several prevention interventions have been introduced in South Africa. These include school-based sex education, peer education programmes, adolescent-friendly clinic initiatives, mass media interventions, and community-level programmes. However, these interventions have little impact on teenage pregnancy in schools without parental involvement. Participants were asked to explain how they were involved as parents in implementing prevention and managing learner pregnancy in school. Their responses differed:

SGBS1 expressed the following

“Unfortunately, parents have little role-play the assist when there are visits by nurses, talking to pregnant learners and with their parents, but most of the things are done by teachers.”

FGPS1 had these views,

“If we were involved from the start maybe during the implementation or formulation of this policy then the situation would be different pregnancy there are no strategies that the school uses to involve us.”

SGBS2 stated,

“We are just left out of the process, yet it is our children that attend this school.”

FGPS2 said,

We know little about this policy; it is difficult to assist our kids. The school should reach out to us”.

SGBS3 had this to say

“The school involves parents when there are open-days to talk to learners about prevention of pregnancy. Parents also encourage abstinence to prevent STIs, HIV and AIDS and pregnancy.”

FGPS3 suggested,

“From the onset, the principal and the teachers involved us as parents, and we are to step in as parents as and when needed.”

Some of the participants highlighted that they assisted the school in implementing the policy by addressing teachers and learners during open-days to talk about HIV/AIDS, abstinence and prevention of pregnancy. However, the researcher noted that parents' lack of involvement remained a reoccurring issue among the participants.

Activities performed by parents as part of implementing the policy on prevention and management of learner pregnancy

Participants were asked to explain their activities, which formed part of the strategies to implement the policy on preventing and managing learner pregnancy. Below are their responses,

SGBS1 stated,

“We assist in keeping track of attendance of pregnant female learners, assists nurses in facilitating programmes aimed to promote.”

FGPS1 opined,

“We assist when there is a need for us to assist, for example, when there are visitors like nurses attended to by the nurses during their visits. This saves them time to go to the clinics.”

SGBS2 expressed the following feelings,

“In our school, we are led by an autocratic principal who does not listen to other people views, even in the activities they plan with the staff, teachers mostly perform them not by us. For instance, visits by nurses are not communicated to us as parents. The other problem is that visitors are invited to speak on learner pregnancy, and they speak English, and not all parents understand English, so we end not partaking.”

FGPS2 said,

“We are not involved in all activities at school. Hence, we perform in few activities such as talk with learners who are not performing well, and to those who have bad results at school due to pregnancy.”

SGBS3 had these views,

“In our school, the activities that parents perform in policy implementation are checking whether learners are present and participate in programmes offered by the nurses or even NGOs that visit our school. Our role is also to promote strategies used to curb learners' pregnancy such as condom use, abstinence and peer talk.”

FGPS3:

“Our role is to promote learner attendance, support pregnant learners so that they do not drop out, we follow up if they miss schools and if they have delivered, we also make a follow-up and see if they have come to school.”

It can be deduced from the findings that the schools were trying as much as possible to include parents in implementing the strategies to curb learner pregnancy. In addition, an analysis of the minutes from some schools showed how different approaches should be implemented and the role of the parents. For example, the parents said that they were responsible for checking school attendance of pregnant female learners and accompanying school visitors like nurses and giving parents consent forms to sign for medical help of their children. However, SGBS2 and FGPS2 stated that they were not involved in all activities at school. Therefore, they performed a few activities such as talking to learners who were not performing well at school due to pregnancy, late coming and to those who had bad results. Meanwhile, SGBS3 and FGPS3 revealed that they are actively involved. Consequently, it may imply that the participants' responses show that schools are aware of the importance of parental involvement to facilitate the implementation of the policy on pregnancy in schools.

Non-inclusive strategies used to promote the implementation of the learner pregnancy policy

The study also sought to find out if the participants were satisfied with the strategies used to promote the implementation of the learner pregnancy policy. The following excerpts illustrate their feelings.

SGBS1 advanced,

“I am not happy about the strategies used by the school because the school does not make an effort to find ways of communicating the policy to illiterate parents and those educated and working-class parents they do not involve themselves.”

FGPS1 also stated their unhappiness as follows,

“We are unhappy with the use of the strategies as they were formulated for use by teachers. If we had been involved in the formulation, it would be easy to implement the strategies.”

SGBS2 expressed their sentiments as follows,

“I am unhappy about the strategies in place because parents did not formulate them; maybe it is the attitude we have on them that makes us say they are not working.”

FGPS2,

“... illiterate parents are not considered in these strategies by our principal, and he forgets that a majority of the parents or guardians are grandmothers and fathers who look after these kids and they consider sexual talk taboo.”

SGBS3 said,

“I am happy in everything that takes place in our school. The school involves parents, and we see pregnant learners coming to school after child-delivery, they perform well, some learners and their parents even do peer and parents talk.”

FGPS3 further added,

“We are so happy about all the strategies that are used as these have assisted us in penning up to our children, and we are not shy anymore.”

The respondents SGBS3 and FGPS3 revealed that they are happy with using strategies to bring positive changes in their schools. However, some of the participants highlighted their lack of satisfaction concerning the adopted strategies, indicating that they were carrying out their role in implementing the policy through trial and error. Moreover, document analysis through minute books showed that none of the schools discussed assisting illiterate parents or elderly parents.

4. Discussion

Results from the study noted that parents were generally not involved in most programmes regarding child sexuality except HIV/AIDS sensitisation. According to the study participants, schools under research invited parents to school to talk to learners during open-day on HIV/AIDS issues and accompany visiting nurses to speak to pregnant learners and their parents as part of their strategies. Consistent with this finding, Peter et al. (2015) state that parents value their involvement in comprehensive, reproductive, sexual health education and school policy implementation issues. Also, Marseille et al. (2018) support the research findings and state that inviting parents and nurses on open-days to educate both parents and learners has been effective. In line with the study's results is research from Kenya, which states that pregnant schoolgirls and their parents should receive counselling (Hadley et al., 2016). The DoE (2009) also supports educational talks and programmes to prevent and manage pregnancy in school.

Meanwhile, parents' lack of involvement persisted as a reoccurring concern among the participants even though DoE (2009) has made this provision. This view is supported by Gcelu (2019) and Wankasi et al. (2020), who state that parents are and should be regarded as an essential ambit in the policy implementation process. Otherwise, they will not be interested in assisting schools in implementing a policy while being side-lined. However, a recent study by Dickson et al. (2020) indicate that parents felt that being involved in policy implementation was often affected by divergent opinions between the school, teachers, and the parents leading hostile environment. Therefore, these results suggest that schools must draw support from the South African Constitution, Act No. 108 of 1996, The South African Act No. 84 of 1996, and the policy itself to identify inclusive strategies to involve parents in implementing the policy.

Another strategy that parents used to promote the pregnancy policy was checking the attendance of female pregnant learners, requesting parents to sign consent forms for medical

examination of their children, and talking to learners who were not performing well at school due to pregnancy. A review of related literature indicated that pregnant learners should not be discriminated against. Instead, schools should protect pregnant learners from being stigmatised but ensure guidance and counselling on motherhood and child-rearing by monitoring the learner's health and academic progress (DBE, 2017; Chohan, Langa, 2011; Ramulumo, Pitsoe, 2013).

In every policy that is implemented, it is critical to determine the extent to which the key stakeholders are familiar with the outcomes of the implemented policy. Responses by the participants showed that even though there were still some pockets of challenges. Examples of such include the failure of some learners to take instructions aligned with implementing the policy and the overall positive strides realised. Accordingly, Johnson-Motoyama et al. (2016) suggest that implementing medically accurate and unbiased school-based sexual education curricula may improve adolescent sexual and reproductive health outcomes and decrease learner pregnancy. Furthermore, one of the strategies used in some schools was encouraging learners to be role models to their peers, assisting teachers in implementing the policy and involving themselves in extracurricular activities and social clubs aligned with curbing teenage pregnancy.

Moreover, the results are commensurate with the DoE (2007). Naidoo and Taylor (2019) further propose that these peer group programmes focus on male learners and their role in preventing teenage pregnancies. Marseille et al. (2018) advance that schools must have learner development programs that encourage learners to plan for their future using a broad approach that combines sex education, sports, performing arts and academic assistance. Meanwhile, some parents alluded that they were unhappy about the outcomes because the teachers had implemented the policy the way they saw it fit and excluded them in the process. Conversely, Cameron et al. (2020) suggested that parents typically say schools are obligated to implement policies that provide effective, evidence-based, and age-appropriate reproductive and sexual health education. Therefore it may be implied that implementation of pregnancy policy by parents may assist in closing the knowledge gap created by limited or absent in-home instruction, protect students and reduce sexual health disparities that continue to exist.

In this study, it was disturbing to note that some of the strategies were not positive because parents did not attend meetings when invited. However, a study by Epstein et al. (2018) highlights that it is not the parents' fault but that of the school because parents from disadvantaged communities are not invited to school meetings (Epstein, 2018). Results further indicated that those parents who were illiterate or elderly either did not attend, or if they did, they caused so many problems during meetings. Meanwhile, the narratives given by some of the parents showed that some schools had pockets of best practices emanating from the implementation of strategies used by the participants. Despite several pockets of good practices that emerged, the findings also illuminated that the performance of these strategies had yielded little or no benefits due to some challenges. Lack of support from the teachers, community, and the parents regarding attendance of meetings, the high pregnancy rate of learners, education level of parents, stigma and violation of the right to education of the female learners were some of the challenges identified. Consequently, this has led to calls being made that schools need support mechanisms given to parents by schools to ensure their involvement in implementing the policy on the prevention and management of learner pregnancy.

5. Conclusion and Recommendations

The study's outcomes established that schools used strategies to ensure parental involvement such as inviting nurses, open-days, inviting all stakeholders (DBE and DOH), encouraging abstinence, as the best way of preventing pregnancy and sexual infection and HIV and AIDS. Another strategy that was used to promote the implementation of the pregnancy policy was checking the attendance of pregnant learners requesting parents to sign consent forms as well as talking to learners who were not performing well at school due to pregnancy. However, not all schools under study had implemented strategies to promote parental involvement in implementing policy on prevention and management of learner pregnancy. In addition, not all the parents attended open day or awareness programmes hosted by the schools under study to curb learner pregnancy. Parents must be involved in policy formulation as this will enhance ownership of the policy while promoting effective implementation of strategies to curb learner pregnancy through

the support of parents. The policy must also be translated to the official languages used in South Africa. This will assist parents in understanding the policy better and being conversant with its contents. The DBE needs to introduce different strategies which should cascade down to the school level that is in line with the involvement of parents and capacity building programmes on strategies used to implement the policy.

6. Declaration of Competing Interest

The author declares that there is no interest in conflict, and all reference materials were dully acknowledged.

7. Funding

None.

References

- Akpor et al., 2017 – Akpor, O., Thupayagale-Tshweneagae, G., Mmusi-Phetoe, R. (2017). Parents and community leaders' perceptions of teenage pregnancy: A qualitative study. *Africa Journal of Nursing and Midwifery*. 19(3): 1-19.
- Cameron et al., 2020 – Cameron, A., Smith, E., Mercer, N., Sundstrom, B. (2020). 'It is our duty:' understanding parents' perspectives on reproductive and sexual health education. *Sex education*. 20(5): 535-551.
- Chohan, Langa, 2011 – Chohan, Z., Langa, M. (2011). Teenage mothers talk about their experiences of teenage motherhood. *Agenda*. 25(3): 87-95.
- Creswell, Plano-Clark, 2011 – Creswell, J.W., Plano-Clark, V.L. (2011). Designing and conducting mixed method research. 2nd. Sage: Thousand Oaks, CA.
- Department for Children, Schools and Families, 2010 – Department for Children, Schools and Families. (2010) Teenage pregnancy strategy: Beyond 2010. Department for Children, Schools and Families Publications. Sage Publications.
- Department of Basic Education (DBE), 2017 – Department of Basic Education. Integrated school health policy. Government Printers, Pretoria, 2012.
- Department of Basic Education, 2009 – Department of Basic Education. Report of the task team for the review of the implementation of the National Curriculum Statement. Pretoria: Government Printers, 2009.
- Department of Education, 2007 – Department of Education. Measures for the prevention and management of learner pregnancy, South Africa. Pretoria: Government Printers, 2007.
- Dickson et al., 2020 – Dickson E., Parshall, M., Brindis, C.D. (2020). Isolated voices: perspectives of teachers, school nurses, and administrators regarding implementation of sexual health education policy. *Journal of School Health*. 90(2020): 88-98.
- Epstein et al., 2018 – Epstein, J.L., Sanders, M.G., Sheldon, S.B., Simon, B.S., Salinas, K.C., Jansorn, N.R., ... & Williams, K.J. (2018). Parent, teacher, and school stakeholder perspectives on adolescent pregnancy prevention programming for Latino youth. *Journal of Primary Prevention*. 37(6): 513-525.
- Gcelu, 2019 – Gcelu, N. (2019). The effectiveness of stakeholder collaboration in preventing learner pregnancy in secondary schools in the Eastern Cape, South Africa: Implications for leadership. *South African Journal of Education*. 39(3): 1650-1658.
- Govender, 2015 - Govender, P. (2015). Government plans to give condoms to 10-year-olds. *Sunday Times*. 10 May, p. 1.
- Hadley et al., 2016 – Hadley, A., Ingham, R., Chandra-Mouli, V. (2016). Implementing the United Kingdom's ten-year teenage pregnancy strategy for England (1999-2010): How was this done and what did it achieve? *Reproductive Health*. 13(139). DOI: doi.10.1186/s12978-016-0255-4
- Johnson-Motoyama et al., 2016 – Johnson-Motoyama, M., Moses, M., Kann, T., Mariscal, E., Levy, M., Navarro, C., Fite, P., TKann, T.K., Mariscal, E.S., Fite, P.J. (2016). Parent, teacher, and school stakeholder perspectives on adolescent pregnancy prevention programming for Latino youth. *Journal of Primary Prevention*. 37(6): 513-525.

Marseille et al., 2018 – Marseille, E., Mirzazadeh, A., Biggs, M.A., Miller, P.A., Horvath, H., Lightfoot, M., Malekinejad, M., Kahn, J.G. (2018). Effectiveness of school-based teen pregnancy prevention programs in the USA: A systematic review and meta-analysis. *Previous Sciences*. 19(4): 468-489.

Mashaba, 2015 – Mashaba, S. (2015). Pregnancy now affects primary school girls. *Sowetan*. 27 March, 14.

Mostert et al., 2020 – Mostert, K., Sethole, K.M., Khumisi, O., Peu, D., Thambura, J., Ngunyulu, R.N. (2020). Sexual knowledge and practice of adolescent learners in a rural South African school. *Africa Health Sciences*. 20(1): 28-38.

Naidoo, Taylor, 2021 – Naidoo, S., Taylor, M. (2021). The association of social influences, modeling behavior, self-efficacy, and communication with teenage pregnancies among school students in South Africa. *The Journal of School Nursing*. 37(2): 128-138.

Naidoo, Taylor, 2021 – Naidoo, S., Taylor, M. (2021). The association of social influences, modeling behavior, self-efficacy, and communication with teenage pregnancies among school students in South Africa. *The Journal of School Nursing*. 37(2): 128-138.

Nkosi, Pretorius, 2019 – Nkosi, N.N., Pretorius, E. (2019). The influence of teenage pregnancy on education: perceptions of educators at a secondary school in Tembisa, Gauteng. *Social Work*. 55(1): 108-116.

Odimegwu, Mkwanaenzi, 2018 – Odimegwu, C., Mkwanaenzi, S. (2018). Family structure and community connectedness: Their association with teenage pregnancy in South Africa. *Journal of Psychology in Africa*. 28(6): 479-484.

Oyedele et al., 2015 – Oyedele, O., Wright, S., Maja, T. (2015). Community participation in teenage pregnancy prevention programmes: A systematic review. *International Journal of Nursing Didactics*. 5(05): 26-38.

Peter et al., 2015 – Peter, C.R., Tasker, T.B., & Horn, S.S. (2015). Parents' attitudes toward comprehensive and inclusive sexuality education: Beliefs about sexual health topics and forms of curricula. *Health Education*. 115(1): 71-92.

Pillay et al., 2018 – Pillay, S., Sibanda, W., Ghuman, M.R., Coutsoodis, A. (2018). Infant feeding practices of teenage mothers attending a well-baby clinic in a public hospital in Umlazi, KwaZulu-Natal, South Africa. *South African Journal of Clinical Nutrition*. 31(1): 14-19.

Ramulumo, Pitsoe, 2013 – Ramulumo, M.R., Pitsoe, V.J. (2013). Teenage pregnancy in South African schools: Challenges, trends and policy issues. *Mediterranean Journal of Social Sciences*. 4(13): 755-755.

Republic of Kenya, 2007 – Republic of Kenya. Kenya vision 2030. Nairobi: Government Printers, 2007.

Republic of South Africa, 1996a – Republic of South Africa. South African Schools Act, Act 84 of 1996. Government Printers. Pretoria, 1996.

Republic of South Africa, 1996b – Republic of South Africa. South African Constitution Act, Act 108 of 1996. Government Printers. Pretoria, 1996.

Silk, Romero, 2014 – Silk, J., Romero, D. (2014). The role of parents and families in teen pregnancy prevention. An analysis of programs and policies. *Journal of Family Issues*. 35(10): 1339-1362.

Wankasi et al., 2020 – Wankasi, H.I., Sehularo, L.A., Rakhudu, M.A. (2020). Factors that influence the dissemination and implementation of a school health policy. *Africa Journal of Nursing and Midwifery*. 22(1): 1-18.

World Bank, 2015 – World Bank. Preventing early marriage and teenage pregnancy in Zambia, 2015. [Electronic resource]. URL: <http://www.worldbank.org/en/news/feature/2015/05/19/>