

University of South Africa (UNISA)

College of Human Sciences

MPHIL (Gender Studies)

**THE IMPACT OF TEENAGE PREGNANCY ON ACADEMIC
ACHIEVEMENTS AMONG HIGH SCHOOL STUDENTS:**

A Comparative Analysis of Support Programmes' Effectiveness in

Bohlabela District, Mpumalanga

A dissertation submitted in partial fulfillment of the requirements for the degree of

Master of Philosophy (Gender Studies)

by

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June 2026

Declaration

I, Patricia Boipilo Mhlanga (student number: 12850977), declare that this dissertation entitled "The Impact of Teenage Pregnancy on Academic Achievements Among High School Students: A Comparative Analysis of Support Programmes' Effectiveness in Bohlabela District, Mpumalanga" is my own work. All sources used or quoted have been indicated and acknowledged by means of complete references.

I declare that I have not previously submitted this dissertation, or part of it, for a degree at any other university.

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ABSTRACT

Teenage pregnancy remains a persistent public health, gender-equity and education challenge in South Africa, with consequences for schooling continuity, academic achievement and long-term socioeconomic opportunity. This dissertation examined how teenage pregnancy influences academic achievement among high school learners in Bohlabela District, Mpumalanga, and comparatively analysed the perceived effectiveness of school- and community-linked support programmes across two selected secondary schools. Guided by an interpretivist paradigm, Bronfenbrenner's ecological systems theory and a gender-sensitive intersectional lens, the study employed a qualitative comparative case study design. Data were generated through semi-structured interviews with educators (n = 6) and pregnant/parenting learners (n = 19), supplemented by an educator discussion transcript, and analysed thematically with attention to school-level and participant-group comparisons. Findings show that teenage pregnancy and early parenting affected academic achievement through absenteeism linked to clinic visits and childcare, reduced study time, fatigue, difficulty completing assessments, psychosocial distress, stigma, partner and family instability, and inconsistent re-entry support. Although national policy frameworks support learner retention and return, participants described uneven implementation, weak referral systems and limited structured psychosocial or academic catch-up support. The study recommends institutionalised, multi-component support that combines confidential counselling, flexible academic accommodations, structured catch-up plans, clear re-entry procedures, educator training, non-judgemental school-clinic referral pathways and family/community engagement to protect attendance, progression and performance among pregnant and parenting learners.

Keywords: teenage pregnancy; academic achievement; school re-entry; support programmes; adolescent mental health; stigma.

Acknowledgements

I would like to express my sincere gratitude to all individuals and institutions whose support made this dissertation possible. First, I acknowledge and thank my supervisor, Dr I. A. Ikhile, for his academic guidance, constructive critique, and sustained encouragement throughout the conceptualisation, development, and completion of this study. His commitment to scholarly rigour and mentorship was instrumental in refining the research focus, strengthening the methodological approach, and improving the quality of the final dissertation.

I also extend my appreciation to the Mpumalanga Department of Education, Bohlabela District officials, and the management of the participating secondary schools for granting permission to conduct this research and for providing an enabling environment for data collection. I am particularly grateful to the educators who participated in interviews and discussions, and to the learners who generously shared their experiences. Their openness, courage, and willingness to contribute their perspectives provided the foundation for the insights presented in this dissertation. I recognise the sensitivity of discussing pregnancy, stigma, and schooling, and I deeply appreciate the trust participants placed in the research process.

I am thankful to all colleagues, peers, and academic communities who offered intellectual support, feedback, and motivation during the dissertation journey. Their conversations and encouragement strengthened my perseverance and enriched my thinking. I also acknowledge the ethical oversight structures and administrative staff who supported the approvals process and ensured that the study upheld the highest standards of confidentiality, respect, and participant protection.

Finally, I express my heartfelt appreciation to my family and loved ones for their patience, understanding, and unwavering support. Their emotional encouragement and practical assistance sustained me through the demands of research, writing, and revision. To everyone who contributed directly or indirectly to this work, I remain sincerely grateful.

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LIST OF ABBREVIATIONS AND ACRONYMS

- CSE – Comprehensive Sexuality Education
- COGTA - Cooperative Governance and Traditional Affairs
- DBE – Department of Basic Education
- DHIS – District Health Information System
- DoH – Department of Health
- HSRC - Human Sciences Research Council
- ISHP – Integrated School Health Policy/Programme
- LO – Life Orientation
- SBST – School-Based Support Team
- SGB – School Governing Body
- SRHR – Sexual and Reproductive Health and Rights
- UNFPA – United Nations Population Fund
- UNICEF – United Nations Children's Fund
- WHO – World Health Organization

CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 Introduction

Teenage pregnancy is widely recognised as a multidimensional phenomenon that sits at the intersection of adolescent health, gender relations, socioeconomic inequality, and educational opportunity. Globally, adolescent pregnancy is associated with substantial health risks for young mothers and infants as well as far-reaching social and economic consequences, including disrupted schooling, reduced lifetime earnings, and intergenerational poverty cycles (World Health Organization [WHO], 2024; United Nations Population Fund [UNFPA], 2019). In South Africa, recent analyses of public-sector data indicate that adolescent births and pregnancies remain high, with increases recorded between 2017 and 2021 in both very young adolescents (10–14 years) and older adolescents (15–19 years) (Barron et al., 2022). These patterns are particularly salient for the basic education sector because pregnancy and early parenting may interrupt attendance, reduce study time, intensify psychosocial stress, and increase the likelihood of grade repetition or temporary withdrawal from schooling (Grant & Hallman, 2008; Jochim et al., 2023).

Despite a well-developed rights-based policy environment that affirms pregnant and parenting learners' entitlement to continue and complete schooling, persistent learner pregnancy indicates ongoing gaps in prevention, support, and implementation capacity (Department of Basic Education [DBE], 2021). The present study is situated in Bohlabela Education District in Mpumalanga Province and examines the impact of teenage pregnancy on academic achievement among high school learners, with a comparative focus on the perceived effectiveness of available support programmes. The chapter introduces the background and rationale for the study, articulates the problem statement, outlines the aim, objectives and research questions, and provides an overview of the methodological approach that is elaborated in Chapter 3. Chapter 1 also clarifies key concepts and positions the study within a systems-oriented theoretical perspective aligned to Chapter.

1.2 Background to the study

1.2.1 Global and regional context of adolescent pregnancy

Adolescent pregnancy remains a global concern, with the heaviest burden borne by low- and middle-income countries. UNFPA estimates that, as of 2019, adolescents aged 15–19 in low- and middle-income countries experienced approximately 1 million pregnancies annually, resulting in about 12 million births (UNFPA, 2019). UNICEF's global monitoring similarly

underscores that early childbearing is disproportionately concentrated in sub-Saharan Africa, where roughly one quarter of adolescent girls and young women give birth before age 18 in Eastern and Southern Africa (UNICEF, 2024). These figures are not merely demographic descriptors; they reflect unequal exposures to poverty, school discontinuity, limited access to youth-friendly sexual and reproductive health services, child marriage or early unions in some settings, and gendered power imbalances that constrain adolescents' agency (WHO, 2024).

The COVID-19 period further sharpened concerns about adolescent pregnancy and education because school closures, reduced access to routine health services, household economic strain and interrupted protection systems may have increased vulnerability in some settings. For South Africa, the increases reported in public-sector deliveries among girls aged 10-14 and 15-19 between 2017/18 and 2020/21 should therefore be read as part of a broader historical period in which adolescents' access to schooling, prevention information and confidential services was disrupted, while avoiding a single-cause interpretation of the observed trends (Barron et al., 2022).

From an education perspective, adolescent pregnancy and early motherhood are frequently associated with interrupted schooling and diminished academic outcomes, though the pathways are complex. International evidence indicates that pregnancy and birth can contribute to school dropout through short-term absenteeism, delayed progression, stigma and exclusion, childcare demands, and financial constraints that limit sustained school participation. Importantly, the relationship is often reciprocal: pre-existing educational disadvantage (e.g., grade repetition, poor performance, and low school attachment) can increase pregnancy risk, and pregnancy may then compound an already vulnerable educational trajectory (Grant & Hallman, 2008). This bidirectional perspective is essential when designing and evaluating support programmes, as effective responses must address both the immediate barriers associated with pregnancy/parenting and the underlying structural drivers of educational vulnerability.

1.2.2 South African context: Trends, policy commitments, and persistent challenges

South Africa has long recognised teenage pregnancy as a priority issue for both health and education sectors. The Human Sciences Research Council (HSRC) report commissioned with the Department of Basic Education noted that teenage pregnancy is shaped by multiple determinants, including socioeconomic status, family context, educational engagement, and

access to sexual and reproductive health information and services (Panday et al., 2009). Although earlier analyses suggested declining teenage fertility over some historical periods, more recent health information system analyses highlight renewed concern. In particular, an analysis of District Health Information System data reported that births to girls aged 10–14 increased by 48.7% between 2017 and 2021, while births and birth rates among adolescents aged 15–19 also increased over the same period (Barron et al., 2022). These patterns have generated renewed policy and public debate about prevention, access to contraception, sexual violence, school environments, and the adequacy of support services for pregnant and parenting adolescents.

The education sector's response is grounded in constitutional and statutory commitments to dignity, equality, and the right to basic education. The DBE's gazetted Policy on the Prevention and Management of Learner Pregnancy in Schools (2021) provides guidance on prevention, support during pregnancy, and arrangements for continuation and return to school after childbirth. The policy explicitly emphasises that pregnant learners should not be unfairly excluded from school and should be supported to complete their education, subject to appropriate health considerations and reasonable accommodation measures (DBE, 2021). In addition, South Africa's Integrated School Health Policy/Programme aims to reduce health barriers to learning through intersectoral collaboration and school-based health promotion and referral pathways (Department of Health & DBE, 2012). The schooling curriculum also includes Comprehensive Sexuality Education within Life Orientation and Life Skills, intended to provide scientifically accurate information and build protective skills for healthy decision-making (DBE, 2019).

Notwithstanding these commitments, implementation gaps remain. Policy presence does not guarantee policy practice: schools may vary in capacity, resources, staff preparedness, and the functionality of support structures such as School-Based Support Teams. Social stigma and moralising responses can also undermine learners' willingness to disclose pregnancy early or to seek support, particularly in rural or conservative settings (Panday et al., 2009). Accordingly, a district-level assessment of how support programmes are accessed, perceived, and linked to academic achievement is warranted, especially in contexts where service access and socioeconomic hardship may intensify vulnerability.

1.2.3 Mpumalanga Province and Bohlabela District as the study setting

This study focuses on Bohlabela Education District, located within the Ehlanzeni District Municipality in Mpumalanga. District planning documentation indicates that the Ehlanzeni District is subdivided into two education districts, namely Ehlanzeni and Bohlabela (Department of Cooperative Governance and Traditional Affairs [COGTA], 2020). The district comprises local municipalities with substantial rural and peri-urban settlements, where households may face distance-related barriers to services, constrained employment opportunities, and limited infrastructure. In such settings, learner pregnancy and its educational effects may be shaped by compounded structural constraints, including transport costs to schools and clinics, limited access to youth-friendly reproductive health services, and uneven coverage of psychosocial support interventions.

Bohlabela District's schooling context is important for two reasons. First, rurality and resource constraints may magnify the schooling disruptions associated with pregnancy and early parenting by increasing travel times, increasing absenteeism due to clinic visits, and limiting access to childcare options. Second, programme reach and implementation fidelity may vary across schools, creating differential exposure to support interventions such as counselling, referral mechanisms, the quality of Life Orientation/CSE delivery, and external partnerships. These realities make Bohlabela an analytically appropriate setting for a comparative examination of support programme effectiveness, as the same policy framework may yield different learner outcomes depending on local institutional and community conditions.

1.2.4 Teenage pregnancy and academic achievement: Why the education impact matters

Academic achievement is a core determinant of adolescents' life chances and an important protective factor against multiple forms of vulnerability. Evidence from South Africa demonstrates that pregnancy-related school dropout is strongly associated with prior educational disadvantage, including non-pregnancy-related grade repetition and interrupted schooling histories (Grant & Hallman, 2008). This suggests that pregnancy often occurs within already fragile educational trajectories. Similarly, analyses of nationally representative household survey data indicate that teenage childbearing is not uncommon and may be linked to poorer longer-term educational outcomes, including reduced completion and attainment (Branson et al., 2013).

The educational consequences are not limited to immediate dropout. Pregnancy can contribute to short-term declines in performance through fatigue, nausea, anxiety and stress, and reduced time available for homework and revision. After childbirth, caregiving responsibilities, financial pressures, and limited childcare support can constrain return to school and ongoing attendance. In a large South African study of adolescent mothers, factors such as poverty, grade repetition prior to pregnancy, continued schooling during pregnancy, and access to daycare/crèche services were associated with postpartum school return (Jochim et al., 2023). These findings imply that educational continuity is highly sensitive to the availability of practical support systems, reinforcing the importance of evaluating school- and community-based support programmes.

1.3 Statement of the problem

Teenage pregnancy remains a serious and persistent barrier to equitable educational attainment in South Africa, particularly for learners whose schooling is already affected by poverty, rurality, limited sexual and reproductive health services, and gendered social expectations. Although South Africa has a rights-based policy framework that protects pregnant and parenting learners from exclusion, the continued occurrence of learner pregnancy and the uneven educational outcomes of pregnant and parenting learners demonstrate that policy protection alone is insufficient. Recent public-sector evidence showing increases in adolescent births between 2017 and 2021 underscores the urgency of examining how pregnancy-related vulnerabilities translate into schooling disruption rather than treating the issue as a private or individual failure (Barron et al., 2022).

The central problem is that teenage pregnancy affects academic achievement through several interrelated mechanisms, including irregular attendance, missed assessments, fatigue, psychosocial distress, stigma, reduced study time, childcare responsibilities and delayed grade progression. These mechanisms are intensified when schools lack structured catch-up systems, counselling, clear re-entry procedures, trained staff and functional referral pathways to adolescent-friendly health and social services. Consequently, pregnant and parenting learners may remain officially enrolled but still experience substantive exclusion from full academic participation.

While national literature has documented teenage pregnancy as a health and education concern, there is limited district-level qualitative evidence that combines learner and educator perspectives to compare how different support arrangements function in everyday

school contexts. This evidence gap is particularly important in rural districts such as Bohlabela, where transport, service access, household poverty and limited school resources may shape both the educational impact of pregnancy and the practical effectiveness of support programmes. Without such contextual evidence, schools and district officials may struggle to identify which support components are most useful for preventing dropout, protecting academic performance and enabling timely return after childbirth. This study therefore addresses a significant scholarly and practical gap by examining how teenage pregnancy affects academic achievement and by comparatively analysing the perceived effectiveness of support programmes in selected high schools in Bohlabela District, Mpumalanga.

1.4 Aim of the study

The aim of this study is to assess the impact of teenage pregnancy on academic achievement among high school students and to conduct a comparative analysis of the perceived effectiveness of available support programmes for pregnant and parenting learners in Bohlabela District, Mpumalanga.

1.5 Objectives of the study

The study is guided by the following objectives:

- To describe the schooling experiences of pregnant and parenting learners in selected high schools in Bohlabela District.
- To examine perceived pathways through which teenage pregnancy influences academic achievement, including attendance, assessment participation, grade progression and overall performance.
- To identify and describe support programmes available to pregnant and parenting learners, including school-based, health-sector-linked and community-based support.
- To compare learners' and educators' perceptions of the effectiveness of different support programme configurations in mitigating educational disruption.
- To generate context-specific recommendations for strengthening prevention, retention and re-entry support for pregnant and parenting learners in Bohlabela District.

1.6 Research questions

The study seeks to answer the following research questions:

1. How do pregnant and parenting learners in Bohlabela District experience schooling during pregnancy and after childbirth?
2. In what ways does teenage pregnancy influence academic achievement among high school learners in Bohlabela District?

3. What school-, health- and community-based support programmes are available to pregnant and parenting learners in the district, and how are they accessed?
4. How do learners and educators perceive the effectiveness of these support programmes in sustaining attendance, progression and performance?
5. What contextual factors (e.g., poverty, stigma, service access, school capacity) enable or constrain the effectiveness of support programmes?

1.7 Significance of the study

The significance of the present study lies at four interrelated levels: learner wellbeing and educational equity, school-level practice, district- and provincial-level policy implementation, and the broader evidence base on adolescent pregnancy and education in South Africa. First, at the learner level, secondary schooling is a key pathway to improved health, economic opportunity, and social participation. Ensuring that pregnant and parenting learners remain engaged in school aligns with a rights-based approach and contributes to reducing intergenerational disadvantage (WHO, 2024). By documenting the lived schooling experiences of pregnant and parenting learners and identifying educational vulnerabilities, the study provides evidence to inform more responsive and supportive school environments.

Second, at the school level, the study offers practical insights into how support programmes function in everyday contexts and which programme components are perceived as most helpful for sustaining academic participation. The DBE policy emphasises non-exclusion, reasonable accommodation, and coordinated support; however, schools may struggle with operationalising these expectations due to capacity constraints and inconsistent intersectoral coordination (DBE, 2021). By comparing programme experiences across schools, this study can help identify promising practices (e.g., effective counselling models, SBST functioning, referral pathways, catch-up support arrangements) that can be replicated and strengthened within the district.

Third, at district and provincial levels, the study speaks directly to implementation challenges and opportunities within rural education settings. District and provincial authorities are tasked with ensuring that policy guidance is translated into actionable implementation plans, including the strengthening of school health linkages under the Integrated School Health Policy/Programme (Department of Health & DBE, 2012). Evidence from Bohlabela can support more targeted resource allocation, improved monitoring of learner support outcomes, and strengthened collaboration between education and health services to address both prevention and post-pregnancy educational continuity.

Fourth, the study contributes to the national evidence base by providing district-specific insights and a comparative analytic perspective on support programme effectiveness. Much of the existing literature focuses on prevalence, determinants, or broad educational consequences at national or provincial scales (Panday et al., 2009; Barron et al., 2022). Fewer studies examine how support programmes operate at school level and how learners perceive their impact on academic achievement in particular district contexts. By integrating learner and educator perspectives, the study strengthens understanding of what works, for whom, and under what conditions, thereby supporting more effective and equitable education responses to learner pregnancy.

1.8 Scope, delimitations, and assumptions

The study is delimited to selected public high schools within the Bohlabela District in Mpumalanga Province and focuses on learners in Grades 8–12 who are pregnant and/or parenting, as well as educators or relevant staff involved in learner support and Life Orientation delivery. The study examines academic achievement primarily through participants' accounts and, where permitted, through non-identifying school indicators such as attendance patterns and grade progression information, consistent with the qualitative comparative design described in Chapter 3. The study does not aim to produce province-wide prevalence estimates or causal effect sizes; rather, it aims to develop a robust contextual understanding of educational impacts and support programme functioning within the district.

The study assumes that participants will provide honest accounts of their experiences and that confidentiality measures will reduce social desirability bias. It is also assumed that schools involved in the study operate within the national policy environment and have some exposure to relevant policy guidance, although implementation levels may vary. A further assumption is that 'support programme effectiveness' can be meaningfully analysed through the perceptions of learners and educators regarding programme accessibility, acceptability, and usefulness, and through reported links to schooling continuity and performance.

1.9 Definition of key concepts

Teenage pregnancy

In this study, teenage pregnancy refers to pregnancy among learners aged approximately 13–19 years who are enrolled in Grades 8–12. The age framing is consistent with the international definition of adolescence as 10–19 years, while the schooling focus is aligned

with South Africa's learner-pregnancy policy context (WHO, 2024; Department of Basic Education, 2021).

Pregnant and parenting learner

A pregnant and parenting learner is a learner who is currently pregnant while enrolled in school, or who has given birth and is parenting while continuing, returning to, or attempting to complete schooling. In this dissertation, the concept is used to emphasise both pregnancy during schooling and the post-birth educational responsibilities associated with early motherhood (Department of Basic Education, 2021; UNICEF Eastern and Southern Africa Regional Office, 2024).

Academic achievement

Academic achievement refers to learners' schooling participation and performance, including attendance, assessment completion, term or examination performance, grade progression and continued enrolment. The study treats achievement as both an academic outcome and a pathway to longer-term socioeconomic opportunity (Grant & Hallman, 2008; Jochim et al., 2023).

School dropout / discontinuation

School dropout or discontinuation refers to temporary or permanent withdrawal from schooling before completing Grade 12. In this study, discontinuation includes pregnancy-related absence, delayed return after childbirth, prolonged caregiving-related absence and non-completion risks associated with weak school support (Panday et al., 2009; Branson et al., 2013).

Support programmes

Support programmes are school-, health- or community-based interventions that seek to prevent learner pregnancy, mitigate pregnancy-related educational disruption, and support retention, grade progression and re-entry. These include Life Orientation/Comprehensive Sexuality Education, School-Based Support Team support, counselling, academic catch-up arrangements, school-health referrals, and linkage to social services (Department of Basic Education, 2019; Department of Basic Education, 2021).

Effectiveness (in this study)

Effectiveness refers to the extent to which available support programmes are perceived by learners and educators to be accessible, acceptable, confidential, practical and useful in sustaining attendance, assessment participation, grade progression and overall performance. The study therefore evaluates effectiveness through participant perceptions and reported links to schooling continuity rather than through causal measurement.

Bohlabela District

Bohlabela District is an education district in Mpumalanga Province within the broader Ehlanzeni District Municipality. In this study, it represents a rural and peri-rural schooling context where service access, poverty, transport and programme implementation constraints may shape pregnant and parenting learners' educational experiences (Department of Cooperative Governance and Traditional Affairs, 2020).

1.10 Theoretical orientation

The study is informed by Bronfenbrenner's ecological systems theory, which conceptualises adolescent development and life outcomes as shaped by nested and interacting systems (Bronfenbrenner, 1979; Bronfenbrenner, 1994). This orientation is appropriate because teenage pregnancy and educational achievement are not solely products of individual choices; they are influenced by microsystem factors (e.g., family support, peers, teachers), mesosystem linkages (e.g., home–school relationships), exosystem conditions (e.g., service availability, community resources), and macrosystem forces (e.g., policy, gender norms, socioeconomic inequality). Chapter elaborates on this framework and develops a conceptual model linking pregnancy-related pathways to academic achievement, highlighting how support programmes may moderate educational disruption.

1.11 Overview of the research methodology

The study adopts a qualitative approach within an interpretivist-constructivist paradigm to explore how pregnant and parenting learners and educators make sense of pregnancy-related educational disruption and the functioning of support programmes within their school contexts. A comparative case study logic is used to examine similarities and differences across selected schools and across learners with different patterns of programme exposure. Data are primarily collected through semi-structured interviews with pregnant/parenting learners and with educators or relevant support personnel. Where permitted and ethically appropriate, the study may triangulate qualitative accounts with non-identifying academic

indicators such as attendance or grade progression information. Data are analysed thematically with an interpretive focus on meaning and context, and trustworthiness is enhanced through triangulation, reflexivity, audit trails and ethical safeguards. Full methodological detail is presented in Chapter 3.

1.12 Structure of the dissertation

The dissertation is organised into six chapters. Chapter 1 introduces the study, provides the background and problem statement, and outlines the aim, objectives, research questions, and methodological overview. Chapter 2 presents a critical review of international and South African literature on teenage pregnancy and academic achievement, examines determinants and impacts, reviews the policy and programme environment, and develops the theoretical and conceptual framework. Chapter 3 details the research methodology, including design, setting, sampling, data collection, analysis, trustworthiness, and ethical considerations. Chapter 4 presents and interprets the qualitative findings, structured around themes related to academic impact pathways and support programme experiences. Chapter 5 discusses the findings in relation to the literature and conceptual framework, highlights implications, and identifies limitations. Chapter 6 concludes the dissertation and provides recommendations for strengthening prevention, retention, and re-entry support for pregnant and parenting learners in Bohlabela District and similar contexts.

1.13 Summary

Chapter 1 has introduced the study and established the rationale for examining teenage pregnancy as a key determinant of educational disruption and unequal academic achievement within South African high schools. While national policy frameworks promote continued schooling and supportive environments for pregnant and parenting learners, persistent adolescent pregnancy and uneven support provision indicate the need for district-level evidence on programme effectiveness. The next chapter reviews the literature and presents the theoretical and conceptual framework guiding the comparative analysis of support programmes in Bohlabela District.

CHAPTER 2: LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1 Introduction

Teenage pregnancy is a complex social, health, and educational phenomenon that continues to shape schooling trajectories in South Africa. While pregnancy and early parenting occur within the sphere of sexual and reproductive health, their consequences extend directly into education through attendance disruption, reduced learning time, stigma, psychosocial stress, and postnatal caregiving responsibilities. In rural and resource-constrained settings such as parts of Bohlabela District in Mpumalanga, these challenges may be intensified by poverty, distance to services, limited programme reach, and uneven implementation of learner support policies. This chapter reviews the empirical and policy literature on the relationship between teenage pregnancy and academic achievement, with a particular emphasis on how school- and community-based support programmes can mitigate educational disruption.

The chapter proceeds by (i) defining and conceptualising teenage pregnancy in the schooling context; (ii) outlining the scope and patterns of teenage pregnancy in South Africa; (iii) synthesising evidence on academic, socioeconomic and psychosocial impacts; (iv) reviewing determinants of teenage pregnancy and related educational vulnerability; (v) examining the policy and programme environment for pregnant and parenting learners; and (vi) presenting the study's theoretical and conceptual framework grounded in Bronfenbrenner's ecological systems perspective.

Consistent with the examiners' recommendations, the review is positioned within a global, regional and South African frame. Globally, adolescent pregnancy is not confined to Africa; however, its educational consequences are intensified in low- and middle-income settings where poverty, gender inequality, uneven access to contraception and limited re-entry support intersect. Regionally, sub-Saharan Africa carries a disproportionate burden of adolescent pregnancy and early childbearing, while South Africa illustrates the paradox of a comparatively strong rights-based policy environment coexisting with persistent school-level implementation gaps (UNFPA, 2019; UNICEF, 2024; WHO, 2024).

2.2 Conceptualising teenage pregnancy and education

This section defines teenage pregnancy within the schooling context and explains why the phenomenon should be understood as an educational disruption rather than only a reproductive-health event.

2.2.1 Definition and scope

In this study, teenage pregnancy refers to pregnancy among learners aged approximately 13–19 years who are enrolled in Grades 8–12 in secondary schools. The term also encompasses learners who become parents during adolescence and must navigate schooling while pregnant or while caring for an infant. This conceptualisation is aligned with demographic approaches that define adolescence as the period 10–19 years and recognise that reproductive and social transitions during this stage have long-term implications for education, health, and economic opportunities (Statistics South Africa, 2016).

2.2.2 Teenage pregnancy as an educational disruption

From an educational standpoint, teenage pregnancy is best understood as a disruption event that interacts with a learner’s prior academic trajectory, household context, and school environment. Pregnancy may introduce immediate constraints (clinic visits, fatigue, pregnancy-related morbidity), as well as social and institutional constraints (stigma, discriminatory attitudes, lack of accommodation), which reduce time-on-task and compromise academic performance. Importantly, the literature cautions against simplistic causal claims; many learners who become pregnant already face educational vulnerability before pregnancy, and pregnancy can amplify existing risk factors (Grant & Hallman, 2008).

2.3 Teenage pregnancy in South Africa: scope and patterns

This section situates South African teenage pregnancy patterns within national public-sector evidence and rural district vulnerability.

2.3.1 National trends and public sector evidence

Public sector health-system analyses show that teenage births and pregnancies remain substantial in South Africa and, in some periods, have increased. Using District Health Information System data, Barron and colleagues documented rising numbers of deliveries among adolescents between 2017 and 2021, reinforcing concerns about prevention gaps and broader social vulnerabilities (Barron et al., 2022). At the population level, national demographic reporting underscores the importance of adolescence as a critical life stage and provides an empirical basis for understanding provincial and district variation in adolescent wellbeing indicators (Statistics South Africa, 2016).

2.3.2 Rurality, poverty, and district-level vulnerability

Rural districts may experience heightened vulnerability due to intersecting constraints, including household poverty, limited access to youth-friendly SRHR services, transport barriers, and constrained school support capacity. Although the present study is not an epidemiological assessment, the rural characteristics reported for parts of Bohlabela District are relevant to interpreting programme reach and effectiveness, particularly where support initiatives depend on intersectoral coordination between schools, health services, and community organisations.

2.4 Academic implications of teenage pregnancy

This section reviews the main academic consequences reported in the literature, with attention to attendance, progression, dropout risk and the mechanisms through which pregnancy affects performance.

2.4.1 Attendance, progression and dropout risk

The strongest and most consistent educational consequences of teenage pregnancy relate to disrupted attendance, delayed progression, and increased risk of grade repetition or temporary withdrawal. Grant and Hallman's study in KwaZulu-Natal demonstrates that educational pathways surrounding pregnancy are shaped by prior schooling performance and discontinuities, and that pregnancy can alter progression patterns in ways that jeopardise completion (Grant & Hallman, 2008). In South Africa, a foundational synthesis on learner pregnancy highlights pregnancy-related school interruption as a major concern for the basic education sector (Panday et al., 2009).

Quantitative analyses also show that, while teenage childbearing decreased historically in some periods, it remains a meaningful driver of educational disadvantage, particularly when the schooling system does not provide effective retention and re-entry support (Branson et al., 2013). These findings reinforce the relevance of this study's focus on how support programmes may shape academic outcomes, including attendance regularity, assessment participation, and grade progression.

2.4.2 Mechanisms linking pregnancy to academic achievement

The literature suggests multiple pathways through which pregnancy affects academic achievement. First, reduced attendance and learning time can follow from antenatal care, pregnancy-related illness, fatigue, and, after birth, childcare responsibilities. Second,

psychosocial stress and stigma can reduce concentration, participation, and motivation. Third, household financial strain and material deprivation can constrain access to learning resources and transport. Fourth, school responses, supportive or punitive, can either mitigate or intensify educational disruption. A central proposition is that academic impact is not inevitable; it is moderated by the availability, accessibility, and quality of support provided during pregnancy and after birth.

2.5 Socioeconomic, psychological and health effects shaping schooling outcomes

This section considers the wider social, psychological and health-related factors that mediate the relationship between pregnancy and academic achievement.

2.5.1 Economic constraints and intergenerational implications

Teenage pregnancy is closely associated with socioeconomic vulnerability. Limited household resources may limit learners' ability to meet schooling costs (transport, uniforms, stationery), while early parenting can introduce additional financial pressures. The HSRC/DBE report emphasises how learner pregnancy can threaten educational attainment and contribute to longer-term cycles of disadvantage when schooling completion is undermined (Panday et al., 2009).

2.5.2 Psychological well-being, stigma and school climate

Psychological distress, fear of judgment, and social isolation are frequently reported among pregnant and parenting adolescents. Stigma can operate at multiple levels: peer discrimination, negative educator attitudes, and community moralization, and may translate into absenteeism, low confidence, and reduced engagement. Consequently, psychosocial support, safe school environments, and non-discriminatory practices are central to programme effectiveness.

2.6 Determinants of teenage pregnancy and educational vulnerability

This section reviews determinants of teenage pregnancy and associated educational vulnerability from a multi-level perspective.

2.6.1 A multilevel risk environment

Systematic review evidence from Africa indicates that adolescent pregnancy is shaped by a set of interacting determinants, including residence, education level, household socioeconomic status, and marital/partner dynamics (Kassa et al., 2018). Within the South

African context, the HSRC/DBE synthesis highlights the roles of poverty, gender norms, limited SRHR knowledge and access, and uneven school- and community-level prevention efforts (Panday et al., 2009).

2.6.2 Family background and support

Family support is a critical protective factor for both pregnancy prevention and educational continuation during and after pregnancy. Supportive caregiver relationships can buffer stigma, facilitate practical assistance (transport, childcare, communication with schools), and sustain learners' motivation. Conversely, family conflict or rejection can compound vulnerability and contribute to school withdrawal. For this reason, support programmes that include family engagement or referral to social services may be more effective than school-only interventions.

2.6.3 School environment and educational quality

School-level factors that shape both pregnancy risk and post-pregnancy academic achievement include the quality of Life Orientation delivery, the presence of school-based support teams, educator attitudes, disciplinary norms, and the availability of academic catch-up or flexible assessment arrangements. Where schools implement learner pregnancy policies in a supportive manner, learners are more likely to remain enrolled and return promptly after birth. Where implementation is inconsistent or punitive, exclusion and dropout risks increase.

2.7 Policy and programme environment for pregnant and parenting learners in South Africa

This section reviews the policy environment that frames school-based prevention, retention and re-entry support in South Africa.

2.7.1 DBE policy on the prevention and management of learner pregnancy

South Africa's policy approach increasingly reflects a rights-based framing that emphasises retention and non-discrimination for pregnant learners. The Department of Basic Education's Policy on the Prevention and Management of Learner Pregnancy in Schools (gazetted in 2021) sets out expectations for prevention, care and support during pregnancy, and arrangements to support return to school after delivery (Department of Basic Education, 2021). The policy is also explicit that schools should promote stigma-free and non-

judgemental environments, and should facilitate referral pathways to appropriate health and social services.

2.7.2 Integrated School Health Policy and intersectoral support

The Integrated School Health Policy (ISHP) represents an interdepartmental platform aimed at reducing health barriers to learning through screening, referral, and health promotion. The ISHP emphasises intersectoral collaboration between the Departments of Health, Basic Education, and Social Development, thereby providing an institutional mechanism through which pregnant learners can be supported within the broader school health system (Department of Health & Department of Basic Education, 2012).

2.7.3 Comprehensive Sexuality Education in Life Orientation

Comprehensive Sexuality Education is embedded in Life Orientation and Life Skills and is intended to provide scientifically accurate information, strengthen decision-making skills, and promote safer sexual behaviour and respectful relationships (Department of Basic Education, 2019). For district-level effectiveness, CSE requires consistent implementation, educator training, and community acceptability; gaps in these areas may reduce prevention impact.

2.7.4 Contraception and youth-friendly services

National guidance on contraception and fertility planning underscores the importance of accessible, rights-based services and dual protection approaches, which are particularly relevant to adolescents who face high risk of unintended pregnancy and sexually transmitted infections (Department of Health, 2012). However, adolescents may face barriers to service uptake, including stigma, concerns about confidentiality, and distance to services factors that are often amplified in rural districts.

2.8 Support programmes for prevention, retention and re-entry

This section conceptualises the support programmes relevant to the study and explains how effectiveness is understood in relation to educational continuity.

2.8.1 Typology of support programmes

Support programmes relevant to this study can be grouped into three functional categories. First, prevention programmes seek to reduce new pregnancies through CSE/LO delivery, school-health referrals, and community-based SRHR initiatives. Second, retention

programmes aim to keep pregnant learners engaged in schooling through counselling, reasonable accommodations, and academic support during pregnancy. Third, re-entry programmes support learners' return after childbirth through flexible scheduling, catch-up strategies, linkages to childcare or family support, and continued psychosocial support.

2.8.2 Programme effectiveness as a concept in this study

In this study, 'programme effectiveness' is conceptualised as the extent to which support initiatives (individually or in combination) reduce educational disruption and strengthen academic achievement. Effectiveness is therefore reflected in indicators such as consistent attendance, sustained assessment participation, stable or improved term marks, grade progression, and perceived school belonging. Programme effectiveness also includes perceived acceptability, confidentiality, and relevance, because programmes that are technically available but socially inaccessible are unlikely to produce meaningful impact.

2.8.3 Evidence on school return after childbirth and the role of childcare

Evidence from South Africa suggests that return to school after childbirth is shaped by household poverty, prior schooling trajectories, and access to childcare. In a large interview-based study of adolescent mothers, Jochim and colleagues found that school return was associated with lower poverty levels, continued schooling during pregnancy, and higher use of daycare or crèche services, highlighting childcare as a practical determinant of educational continuation (Jochim et al., 2023). This evidence is directly relevant to district-level support programming because it underscores those psychosocial interventions alone may be insufficient without practical support enabling learners to attend school regularly.

2.9 Theoretical framework: ecological systems perspective

Bronfenbrenner's ecological systems theory provides a robust framework for examining teenage pregnancy and academic achievement as outcomes of interacting systems rather than isolated individual behaviour. The theory conceptualises development within nested environmental systems: the microsystem (immediate settings such as family and school), mesosystem (relationships between microsystems), exosystem (indirect environments such as local service systems), macrosystem (broader social and cultural norms and policy), and chronosystem (change over time) (Bronfenbrenner, 1979; Bronfenbrenner, 1994). This framework is appropriate for the present study because it enables analysis of how family support, school climate, policy implementation, and service access jointly shape both the experience of pregnancy and the effectiveness of support programmes.

2.9.1 Microsystem influences

At the microsystem level, the learner's immediate relationships with caregivers, peers, teachers, and intimate partners influence pregnancy experiences and school engagement. Supportive relationships can buffer distress, facilitate practical assistance, and sustain motivation, whereas conflict and stigma can accelerate disengagement from schooling.

2.9.2 Mesosystem influences

The mesosystem concerns interactions between key settings, particularly the home-school relationship and the linkage between schools and health services. For pregnant learners, effective coordination between educators, caregivers, school-based support structures, and local clinics is essential to ensuring continuity of learning and access to care.

2.9.3 Exosystem and macrosystem influences

The exosystem includes settings that indirectly affect the learner, such as local healthcare capacity, social welfare mechanisms, and community-based organisations. The macrosystem includes policy frameworks (e.g., the DBE learner pregnancy policy and ISHP), cultural norms regarding adolescent sexuality, gender inequality, and socioeconomic stratification. These broader systems influence whether pregnant learners experience protection, support, and re-entry, or stigma and exclusion.

2.10 Gender-sensitive theoretical extension: gendered power and intersectionality

Although Bronfenbrenner's ecological systems theory provides the primary systems framework for this study, a gender studies dissertation also requires explicit attention to gendered power relations. Connell's analysis of gender and power is useful because it locates girls' schooling and sexuality within institutional, relational and cultural arrangements that regulate femininity, masculinity and sexual conduct (Connell, 1987). In the context of teenage pregnancy, this lens helps explain why pregnant learners are often morally judged while boys and young fathers may remain less visible in school-based accountability and support systems.

An intersectional lens further strengthens the study by showing how gender does not operate alone. Pregnant and parenting learners in rural Bohlabela experience schooling through the intersection of age, gender, poverty, rurality, school norms, family expectations and health-service access. Crenshaw's concept of intersectionality supports this interpretation by directing attention to how overlapping social positions can produce forms of vulnerability

that are not reducible to a single identity category (Crenshaw, 1991). This gender-sensitive extension therefore complements the ecological framework by explaining how power, stigma and institutional arrangements shape both pregnancy-related educational disruption and access to support.

2.11 Conceptual framework for the study

Guided by the ecological perspective, this study conceptualises that teenage pregnancy affects academic achievement through proximal mechanisms (attendance disruption, health burdens, stigma and stress, financial strain, and caregiving responsibilities). Support programmes are expected to moderate these mechanisms by providing prevention services, psychosocial support, academic accommodations, and practical referral pathways. Contextual constraints (poverty, rurality, resource limitations, and implementation fidelity) are expected to shape the reach and impact of these programmes. Figure 2.1 provides a conceptual representation of these relationships.

2.12 Summary

The literature indicates that teenage pregnancy is associated with disrupted schooling trajectories and compromised academic achievement, but outcomes vary substantially depending on prior educational vulnerability, family support, school response, and the availability of effective support programmes. South Africa has an enabling policy environment, including the DBE learner pregnancy policy and the ISHP, yet implementation gaps can limit the reach and effectiveness of support. The ecological systems framework provides a coherent lens for analysing these multi-level influences and for comparing programme effectiveness in Bohlabela District.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the methodology adopted to investigate the impact of teenage pregnancy on academic achievement and to compare the perceived effectiveness of support programmes available to pregnant and parenting learners in Bohlabela District, Mpumalanga. The chapter presents the research paradigm, design, setting, population, sampling, data collection and procedures, data analysis, trustworthiness strategies, ethical considerations, and methodological limitations.

3.2 Research paradigm and approach

3.2.1 Constructivist-interpretivist paradigm

The study is positioned within a constructivist-interpretivist paradigm, which assumes that social reality is constructed through meaning-making processes and is best understood by exploring participants' interpretations of their lived experiences. This paradigm is appropriate because the educational consequences of learner pregnancy are shaped not only by physical changes and time constraints, but also by stigma, institutional responses, and the perceived accessibility and acceptability of support programmes.

3.2.2 Qualitative approach with a comparative analytic logic

A qualitative approach is used to generate in-depth understanding of how pregnancy and parenting shape learners' educational participation and achievement, and how support programmes operate in practice. A comparative analytic logic is integrated to examine differences in experiences and perceived outcomes between learners who access meaningful support and those who do not, and between schools or programme configurations where support is implemented differently.

3.3 Research design

3.3.1 Comparative qualitative case study

The study adopts a comparative qualitative case study design. Selected secondary schools in Bohlabela District are treated as cases within which the functioning and perceived effectiveness of support programmes can be examined. Cross-case comparison strengthens interpretation by highlighting contextual differences in programme reach, implementation, and perceived academic impact.

3.3.2 Analytic orientation

Interview data are analysed using inductive thematic analysis, which is well suited to identifying patterns and meanings within qualitative datasets (Braun & Clarke, 2006). The analysis incorporates an interpretive emphasis to understand how participants make sense of pregnancy-related schooling experiences and support structures, and it uses comparative techniques to examine similarities and differences across participant groups and school contexts.

3.4 Study setting

The study is conducted in Bohlabela District, located in Mpumalanga Province, South Africa. The district includes rural and peri-rural communities characterised by diverse socioeconomic conditions. Consistent with the study plan and local context described in the project documentation, two high schools within Lehukwe Circuit are selected as primary sites: Shanke Secondary School (Oakley village) and Masana Secondary School (Dwarsloop). These schools were selected because learner pregnancy has been reported as a significant challenge in the schooling context and because the schools provide a feasible setting for examining and comparing the functioning of support programmes.

3.5 Study population

The study population comprises two categories of participants:

- Pregnant learners and/or adolescent mothers aged approximately 13–19 years who are enrolled in Grades 8–12 at the selected schools, including those currently pregnant and those who have returned to school after childbirth.
- Key school-based stakeholders who engage with learner pregnancy prevention and support, particularly Life Orientation (LO) educators, school management personnel involved in learner support, and (where applicable) support programme facilitators linked to the schools.

3.5.1 Inclusion criteria

- Learners who experienced pregnancy while enrolled at the selected schools and who are willing to participate.
- Learners who can provide informed consent (18+) or assent with caregiver/guardian consent (under 18), in line with ethical requirements.
- Educators and relevant stakeholders who have direct experience supporting pregnant or parenting learners or implementing related programmes.

3.5.2 Exclusion criteria

- Learners and stakeholders outside the selected schools and circuit for this study.

- Individuals who do not provide consent/assent or who withdraw participation.
- Individuals for whom participation may present unmanageable risk (e.g., severe distress without feasible referral support).

3.6 Sampling strategy and sample size

3.6.1 Sampling strategy

Purposive sampling was used to recruit information-rich participants with direct experience of learner pregnancy and school-based support. At each school, the principal or designated member of the school management team first identified an appropriate staff contact who understood the learner-support environment. Learner participants were then approached through the school contact person and relevant support structures in a manner that protected confidentiality and avoided public identification of pregnant or parenting learners. Educator participants were purposively selected because of their roles in Life Orientation, learner support, school management or direct engagement with pregnant and parenting learners.

Snowball sampling was used only as a supplementary strategy. After initial contact, participants who were aware of other eligible learners could share general study information through the school-approved contact route; however, no learner was asked to disclose another learner's pregnancy status directly to the researcher. This procedure reduced the risk of stigma-related exposure while improving access to learners who might otherwise have been absent, hesitant or difficult to reach because of pregnancy, childcare responsibilities or school holidays.

3.6.2 Sample size and saturation

The final qualitative dataset comprised 19 pregnant and/or parenting learners and six educators, supported by one educator discussion transcript. Ten learner interviews were drawn from Shanke Secondary School and nine from Masana Secondary School; three educators were interviewed at each school. This sample size is appropriate for a qualitative comparative case study because it enabled code and meaning saturation across learner and educator accounts while preserving the depth required for interpretive analysis (Hennink et al., 2017).

The anonymised transcript set used for the dissertation confirmed that participants included both learners who were pregnant during schooling and adolescent mothers who had returned to school after childbirth. However, to avoid deductive disclosure in two small school settings, disaggregated counts by current pregnancy status, post-birth status, age category

and educator gender are not reported in the findings. This limitation is acknowledged transparently because such demographic information was not consistently retained in the anonymised dissertation dataset. The analytic emphasis therefore remains on participant role, school context and reported support experiences rather than on small-cell demographic comparisons.

3.7 Data collection methods

3.7.1 Semi-structured interviews

The primary method of data collection is semi-structured, in-depth interviewing. Interviews are designed to elicit participants' experiences, perceptions, and interpretations regarding: pregnancy-related schooling disruptions; academic performance and attendance; stigma and psychosocial wellbeing; access to and experiences of support programmes; and perceptions of programme effectiveness.

3.7.2 Document and record review (academic achievement indicators)

To support the academic achievement component of the study, and subject to permissions and confidentiality safeguards, the researcher reviews relevant school records in an anonymised manner. This may include attendance registers, term mark summaries, and grade progression outcomes for participating learners. The purpose of the document review is not to transform the study into a quantitative evaluation, but to provide contextual corroboration of interview accounts and enable structured comparison across cases.

3.7.3 Observational field notes

Where feasible, the researcher records observational field notes on the school environment and programme context (e.g., availability of counselling space, visible programme materials, referral practices) to strengthen triangulation and contextual understanding.

3.8 Data collection procedures

3.8.1 Permissions and access

Before data collection, permission was obtained through the relevant education-authority and school gatekeeping channels. The access package included the study description, supervisor support documentation, participant information sheets and consent/assent forms. After district and school approval, the researcher engaged principals or delegated school

contacts to agree on recruitment arrangements, interview spaces, dates and procedures for protecting learners' privacy.

Where participants were reached during weekends or school holidays, contact was arranged through school-approved channels and scheduled appointments rather than through informal public tracing. This was particularly important because some learners attended extra classes or support sessions during these periods, while others were managing clinic visits or childcare. No participant was interviewed without prior information, voluntary agreement and the relevant consent/assent procedure.

3.8.2 Conducting interviews

Interviews were conducted in private spaces within or linked to the schools, such as a quiet office or another venue where confidentiality could be maintained. Interviews followed a semi-structured guide covering pregnancy-related schooling disruption, attendance and assessment participation, grade progression, stigma, psychosocial wellbeing, access to support programmes and perceptions of programme effectiveness. The flexible format allowed participants to elaborate on issues they considered most important while ensuring that the five research questions were consistently addressed.

Learner interviews were scheduled to minimise disruption to teaching and learning and to accommodate pregnancy- or childcare-related constraints where possible. Educator interviews were scheduled around school timetables and responsibilities. Field notes were recorded after interviews to capture contextual observations, reflexive notes and emerging analytic ideas without identifying participants.

3.8.3 Informed consent and safeguarding

Consent, assent and safeguarding procedures were implemented before data collection and are consolidated in Section 3.12 to avoid duplication. During recruitment and interviewing, the researcher reminded all participants that participation was voluntary, that they could refuse to answer any question, and that they could withdraw without academic or employment consequences.

3.9 Data management

With participants' permission, interviews are audio-recorded to ensure accurate capture of responses. Recordings are transcribed verbatim. All identifying information is removed from transcripts, and pseudonyms or participant codes are used. Digital data (audio files,

transcripts, analytic notes) are stored securely with restricted access, and hard-copy materials are kept in locked storage.

3.10 Data analysis

3.10.1 Thematic analysis

The study applied reflexive thematic analysis informed by Braun and Clarke's six-phase approach (Braun & Clarke, 2006). First, audio-recorded interviews were transcribed verbatim and read repeatedly to support familiarisation. Second, initial codes were generated by marking segments of text that described academic disruption, psychosocial distress, stigma, family and partner dynamics, support programme access, policy implementation and recommendations. Third, codes were grouped into candidate themes that reflected patterned meanings across learner and educator accounts.

Fourth, candidate themes were reviewed against the dataset to ensure that they were coherent internally and distinct from one another. Fifth, themes and subthemes were defined and named to reflect their analytic contribution to the research questions, rather than merely describing topics. Sixth, the final analytic narrative was written by connecting themes to participant quotations, the comparative case logic, the ecological framework and relevant literature. Throughout the process, analytic memos documented decisions about coding, theme refinement and interpretation.

3.10.2 Comparative analysis strategy

Comparative analysis was implemented at three levels. The first level compared learner and educator perspectives on the same issue, for example whether catch-up support was perceived as available, adequate or informal. The second level compared Shanke Secondary School and Masana Secondary School to identify similarities and differences in programme visibility, referral practices, school responses and perceived academic effects. The third level compared types of support exposure, including learners who reported some counselling, family support or academic accommodation and those who reported little or no support.

The comparisons were recorded in analytic matrices that aligned each theme with participant group, school context and support-programme configuration. This matrix-based strategy strengthened the title's comparative promise by ensuring that findings were not presented only as a single pooled narrative but also as patterned similarities and differences across cases.

3.10.3 Use of qualitative software and auditability

NVivo was used as a data-management and analytic support tool where available. Transcripts were imported into NVivo, coded into a preliminary codebook and then reorganised into theme folders as analysis developed. NVivo supported retrieval of coded segments, comparison of learner and educator accounts, school-level coding matrices and review of code overlap. The software was used to enhance organisation and transparency; it did not replace the researcher's interpretive judgement.

Because the dissertation was completed by a single student researcher, formal inter-coder reliability testing was not undertaken. Instead, analytic credibility was strengthened through supervisor debriefing, repeated reading of transcripts, use of an audit trail, and checking whether theme claims were supported by sufficient data across participant groups. This approach is appropriate for a qualitative interpretivist study where analytic depth and transparency are more important than numerical coding agreement.

3.11 Trustworthiness and rigour

Trustworthiness was addressed through credibility, transferability, dependability and confirmability, consistent with established qualitative research guidance (Shenton, 2004; Nowell et al., 2017). The study operationalised these criteria through concrete procedures rather than general claims: triangulation of learner and educator accounts, use of an educator discussion transcript, transparent coding and theme-development records, reflexive memoing, careful anonymisation and thick description of the study setting.

3.11.1 Credibility

Credibility was enhanced by triangulating data across learners, educators and the educator discussion transcript. The researcher compared accounts from the two schools and across participant groups to identify convergent and divergent interpretations. Where feasible, the researcher clarified meanings during interviews through probing and summarising participants' responses. Quotations were selected to demonstrate the link between the data and the analytic claims.

3.11.2 Dependability and confirmability

Dependability was supported through an audit trail comprising the interview guides, recruitment notes, transcription process, coding notes, theme-development memos and supervisory feedback. Confirmability was strengthened through reflexive memoing, which

helped the researcher document assumptions, emotional responses and interpretive choices during analysis. These procedures made the analytic pathway traceable from raw accounts to final themes.

3.11.3 Transferability

Transferability was supported through thick description of Bohlabela District, the selected school contexts, participant groups and support-programme environment. The aim was not to generalise statistically to all South African schools, but to provide sufficiently detailed contextual evidence for readers and policymakers to judge relevance to similar rural and peri-rural districts.

3.12 Ethical considerations

Research on learner pregnancy involves adolescents and sensitive personal experiences and therefore requires stringent ethical safeguards. Ethical approval is obtained from the relevant institutional research ethics committee, and permissions are secured from education authorities and participating schools. The study adheres to South African ethical guidance on health and social research, including principles of respect for persons, beneficence, justice, and confidentiality (NHREC, 2015).

3.12.1 Consent, confidentiality and anonymity

Written informed consent was obtained from educators and from learner participants who were legally able to consent for themselves. For learners under 18 years, written parental or guardian consent and learner assent were obtained in line with the approved ethics protocol. Information sheets explained the purpose of the study, voluntary participation, confidentiality, possible emotional risks, benefits, data storage and the right to withdraw without penalty.

Confidentiality was protected through private interview arrangements, anonymised transcripts, participant codes and secure data storage. No school, educator or learner is identified by name in the findings. Because the schools are small and the topic is sensitive, demographic details that could enable deductive identification, such as narrow age categories linked to school and pregnancy status or educator gender linked to role and school, are not reported in small-cell form. This decision was made to protect participants while still providing sufficient information for methodological transparency.

3.12.2 Managing risk and referral

Given the potential for emotional distress when discussing pregnancy, stigma, or discrimination, the researcher establishes a basic distress protocol and referral pathway in collaboration with the schools. Where a participant becomes distressed, the interview is paused or stopped, and the participant is offered a referral to the appropriate school or health services.

3.13 Methodological limitations

The study's qualitative design prioritises depth of understanding over statistical generalisability. Self-reported experiences may be influenced by recall bias or social desirability, particularly in sensitive contexts. Access to academic records may be constrained by permissions and confidentiality safeguards, thereby limiting the extent of documentary corroboration. Despite these limitations, the comparative case study design and triangulation strategies strengthen the credibility and practical relevance of findings.

3.14 Summary

This chapter has described a constructivist qualitative methodology using a comparative case study design to examine how teenage pregnancy affects academic achievement and how support programmes operate in selected schools in Bohlabela District. Semi-structured interviews, supported by record review and observational notes where feasible, and analysed through inductive thematic analysis, provide a rigorous approach to answering the study's research questions while remaining attentive to ethical obligations when working with adolescents and sensitive topics.

CHAPTER 4

PRESENTATION, ANALYSIS, AND INTERPRETATION OF FINDINGS

This chapter presents the findings generated from the thematic analysis of educator interviews, an educator-focused discussion transcript on policy and practice, and learner interviews from Shanke Secondary School and Masana Secondary School in Bohlabela District, Mpumalanga. The findings are organised into five overarching themes and associated subthemes that describe how teenage pregnancy and early parenting shape academic achievement, psychosocial wellbeing, stigma experiences, and the perceived adequacy of support programmes and institutional responses. In keeping with the qualitative orientation described in Chapter 3, the chapter prioritises participants' meaning-making while offering analytic interpretation that links individual accounts to school-level and system-level conditions.

4.1 Dataset profile and analytic approach

The dataset comprised educator and learner accounts from two high schools. Six individual educator interviews were conducted (three educators per school). In addition, a supplementary educator discussion transcript (participants 1-3) was used to probe policy interpretation and implementation practices. Nineteen learner interviews were included (10 learners from Shanke Secondary School and 9 learners from Masana Secondary School).

Participant codes are used throughout the chapter to protect confidentiality and to make the comparative structure transparent. The prefix L denotes learner and E denotes educator. MAS denotes Masana Secondary School and SHA denotes Shanke Secondary School. The letter T identifies an anonymised learner interview transcript, while FG-EDU refers to the educator discussion transcript. Numeric suffixes identify anonymised participants or transcript order and do not reveal age, grade, gender or school position.

The analysis was conducted thematically and comparatively. Each theme is therefore interpreted by examining the similarities and differences between learner and educator accounts, between Masana and Shanke, and between informal support arrangements and more structured support needs. This approach responds directly to the study's comparative aim and prevents the findings from being presented as a pooled description detached from school context.

Table 4.1: Composition of the qualitative dataset.

Participant group	Shanke Secondary	Masana Secondary	Total
Educator interviews	3	3	6
Learner interviews	10	9	19
Educator discussion transcript	-	-	1 transcript (Participants 1–3)

4.2 Summary of themes and subthemes

As summarised in Table 4.2, the findings are organised into five themes and associated subthemes.

Table 4.2: Themes and subthemes derived from thematic analysis.

Theme	Subthemes (analytic categories)
Theme 1: Academic disruption and compromised learning trajectories	Missed classes due to healthcare and childcare demands; Fatigue, reduced concentration, and classroom disengagement; Learning gaps, catch-up challenges, and declining performance; Delayed progression and heightened dropout risk
Theme 2: Psychosocial distress and relational disruption	Heightened stress, depression, and trauma (including postpartum distress); Partner rejection and reproductive decision-making under pressure; Family strain and uneven practical support; Resilience, motivation, and future orientation
Theme 3: Stigma and moral judgement across school, community, and health systems	Peer stigma, humiliation, and social exclusion; Educator judgement, harassment, and ‘disgrace’ narratives; Judgement in health services and barriers to contraception; Community blame and contested narratives
Theme 4: Fragmented support systems and policy-practice gaps	Absence of structured programmes, training, and tools; Policy ambiguity and risk-management practices in schools; Weak referral pathways and limited multi-sectoral collaboration; Educator role expansion, emotional labour, and workload pressure
Theme 5: Participant-driven recommendations and enabling conditions	On-site psychosocial services and counselling; Clear written guidelines and staff capacity-building; Flexible academic accommodations and continuity-of-learning strategies; School-clinic partnerships and stigma reduction; Early prevention, sustained awareness, and inclusion of boys/young fathers

Table 4.3: Comparative synthesis of support programme effectiveness across school contexts and participant groups.

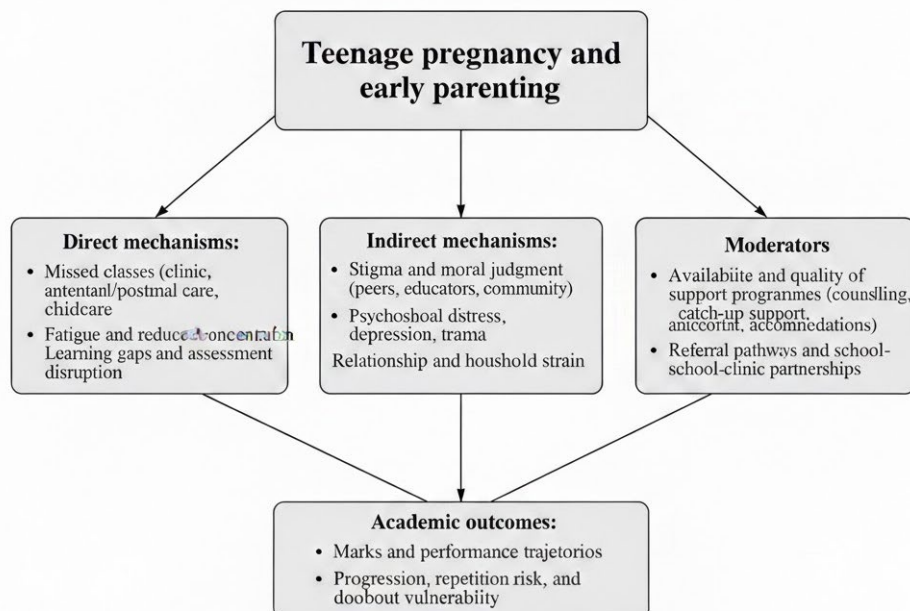
Analytic dimension	Masana learner/educator emphasis	Shanke learner/educator emphasis	Comparative implication for support programmes
Academic disruption	Learner accounts emphasised childcare, clinic visits, missed work and uncertainty about where to restart after absence.	Learner and educator accounts emphasised fatigue, family conflict and dropout risk when support is weak.	Both schools require structured catch-up plans, but the form of support must respond to the specific absence and caregiving patterns reported by learners.

Psychosocial support	Learners strongly described stress, anxiety, depression and the absence of social workers or structured counselling.	Learners and educators highlighted family strain, rejection and the emotional burden attached to pregnancy disclosure.	Counselling should be institutionalised rather than dependent on individual educators, with confidential referral pathways across both schools.
Stigma and help-seeking	Accounts showed fear of judgement from educators and health workers, which discouraged disclosure and contraception-seeking.	Accounts highlighted peer gossip, moral judgement and community blame directed at schools and Life Orientation.	Anti-stigma work must target peers, educators, families, communities and clinics rather than focusing only on learners.
Programme implementation	Educators requested written guidance, training and clearer accountability for learner-pregnancy support.	Educators described informal risk-management practices and limited external professional support.	The perceived effectiveness of support programmes depends on implementation fidelity, staff capacity, and school-clinic-social service coordination.

4.3 Analytic diagram: Pathways linking pregnancy/parenting to academic achievement

As shown in Figure 4.1, participants described multiple interacting mechanisms shaping academic outcomes and support experiences.

Figure 4.1: Schematic pathways identified in the qualitative findings.



4.4 Theme 1: Academic disruption and compromised learning trajectories

This theme addresses Objectives 1 and 2 by showing how pregnancy and early parenting affected attendance, learning time, assessment participation and grade progression. Across both schools, pregnancy and parenting introduced multi-layered learning disruptions: recurrent absenteeism linked to healthcare and childcare, fatigue and reduced concentration, and cumulative learning gaps that translated into declining marks and delayed progression. Learners foregrounded daily practical constraints, while educators emphasised the institutional difficulty of maintaining curriculum pace without formal catch-up systems.

4.4.1 Missed classes due to healthcare and childcare demands

Absenteeism was a central pathway through which pregnancy and parenting affected academic outcomes. Educators reported frequent missed lessons attributable to prenatal/postnatal appointments and childcare responsibilities. Learners similarly described inconsistent attendance when they needed to take infants to crèches or clinics, often during school hours, thereby compounding missed content and assessments. Analytically, this subtheme highlights a concrete mechanism through which pregnancy and parenting translate into academic disadvantage, especially in contexts where support programmes are inconsistent or informal.

In this context, E-SHA-01 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“in my observation pregnant and parenting students often miss more classes because of: prenatal and postnatal medical appointments, childbirth and recover after birth, childcare responsibilities because some learners don’t have strong support system and illness or fatigue.” (E-SHA-01)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

In this context, L-MAS-T01 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“Yes, my attendance was inconsistent because I usually had to take my child to the crèche or the clinic, and in those circumstances, I did not come to school

because I performed those activities during school time. It is not only school attendance that was affected, but life itself is also affected.” (L-MAS-T01)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

4.4.2 Fatigue, reduced concentration, and classroom disengagement

Both educator and learner accounts indicated that tiredness, illness, and sleep deprivation were common and materially reduced attention in class. In the educator discussion transcript, fatigue and pregnancy-related health issues were explicitly linked to reduced concentration and attendance. Learners described sleep loss and the resulting in-class somnolence as a visible sign of strain. Analytically, this subtheme highlights a concrete mechanism through which pregnancy and parenting translate into academic disadvantage, especially in contexts where support programmes are inconsistent or informal.

In this context, FG-EDU offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“The challenges that they are facing are likely the same for example... fatigue and health issues during pregnancy like nausea and medical appointments which normally reduces concentration and attendance.” –Participant (FG-EDU)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

In this context, L-MAS-T01 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“I’m struggling to balance when I’m at home because of the child, she cries a lot and sometimes I sleep in class because I’m already tired.” (L-MAS-T01)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

4.4.3 Learning gaps, catch-up challenges, and declining performance

Extended absences created substantial learning discontinuities. Educators described learners returning 'too far behind' and losing confidence, while learners highlighted the practical problem of returning without structured academic catch-up support, describing uncertainty about where to begin when re-entering after absence. Analytically, this subtheme highlights a concrete mechanism through which pregnancy and parenting translate into academic disadvantage, especially in contexts where support programmes are inconsistent or informal.

In this context, E-MAS-02 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“They struggle to concentrate because when they are absent for days no one follows up with them after being absent for weeks. By the time they return, they are too far behind, and some just give up not knowing what exactly happened. Some are even scared to come to us because they know we tried to warn them about boys but they did not listen” (E-MAS-02)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

In this context, L-MAS-T02 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“They let me come to school, but I don't get help with my missed work. Sometimes I don't even know where to start when I return after being absent”. (L-MAS-T02)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

4.4.4 Delayed progression and heightened dropout risk

Progression was described less as an immediate termination of schooling and more as a slowing or destabilisation of academic trajectories. Educators noted risks of repetition and non-completion in contexts of weak support systems, while learners articulated a lived sense of being on the verge of withdrawing due to exhaustion, stigma, and academic pressure.

Analytically, this subtheme highlights a concrete mechanism through which pregnancy and parenting translate into academic disadvantage, especially in contexts where support programmes are inconsistent or informal.

In this context, FG-EDU offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“The impact on progression is likely to be delayed rather than stopped. Without support from families, there is always a higher risk of withdrawal or non-completion, particularly for younger learners in our local schools.”-Participant (FG-EDU)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

In this context, L-SHA-T12 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“Yes, I feel like dropping out because I’m struggling to wake up in the morning and I doubt I will pass because sometimes is hard. (L-SHA-T12)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

Comparative summary for Theme 1: Across both schools, academic disruption was the most direct pathway linking pregnancy and parenting to achievement. Masana accounts more visibly foregrounded missed work and childcare-related absence, while Shanke accounts highlighted fatigue, family strain and dropout risk. Learners tended to describe the immediate burden of missed lessons and childcare, whereas educators emphasised progression, curriculum coverage and lack of formal catch-up mechanisms. The implication is that academic accommodation must be planned rather than ad hoc.

4.5 Theme 2: Psychosocial distress and relational disruption

This theme addresses Objectives 1, 2 and 4 by examining the psychosocial and relational mechanisms through which pregnancy affected educational engagement. Learner pregnancy

and parenting emerged not only as academic concerns but also as sources of anxiety, depression, isolation, partner rejection and family conflict. Educators recognised these emotional burdens but also described the limited professional support available to schools, creating a gap between identified need and actual psychosocial response.

4.5.1 Heightened stress, depression, and trauma (including postpartum distress)

Learners described pregnancy as producing immediate emotional destabilisation, marked by anxiety, depression, and social isolation. Some narratives included explicit references to trauma-related symptoms and postpartum distress, with a perceived absence of professional psychosocial support in school settings. Analytically, this subtheme highlights a concrete mechanism through which pregnancy and parenting translate into academic disadvantage, especially in contexts where support programmes are inconsistent or informal.

In this context, L-MAS-T02 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“yooo it changed immediately. Dramatically during pregnancy, I was experiencing heightened stress, anxiety, and depression due to factors like stigma, social isolation, and the overwhelming responsibility of impending parenthood. This has compounded by the disruption to education and future opportunities that I planned to have and it created a cycle of mental health challenges that can also impact the child”. (L-MAS-T02)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

In this context, L-MAS-T07 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“In my situation, I experienced postpartum depression because of hormonal fluctuations after birth, which stirred up mood swings, anxiety, sadness, irritability, and sometimes depression. I was feeling extremely sad, anxious or depressed, I wanted to talk to a social worker about it but I couldn't because we don't have social workers or support programs in our school. I observed their behavior when they come back ... they are usually still shocked, and not yet, over the traumatic experience they went through...” (L-MAS-T07)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

4.5.2 Partner rejection and reproductive decision-making under pressure

Relationship rupture - particularly rejection by the child's father - was repeatedly described as shaping learners' emotional distress and their consideration of abortion. Educators also observed that romantic instability and boyfriend disengagement could precipitate loss of academic motivation. Analytically, this subtheme highlights a concrete mechanism through which pregnancy and parenting translate into academic disadvantage, especially in contexts where support programmes are inconsistent or informal.

In this context, L-MAS-T01 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“Nervous and stressed, staying alone, isolated myself. baby daddy rejected pregnancy, I wanted to abort then I was not performing at school.” (L-MAS-T01)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

In this context, E-SHA-01 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“They are intelligent; they just fail to identify themselves. Peer pressure is also a serious problem. If the boyfriend is not interested they also lose interest.” (E-SHA-01)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

4.5.3 Family strain and uneven practical support

Learner and educator accounts described family responses rather than direct interviews with family members. These reported responses ranged from conditional support to overt

rejection. Learners described household conflict, moralising responses and threats of non-involvement with childcare. Educators similarly reported that some parents refused to assist because of work constraints or disapproval, thereby increasing learners' risk of academic interruption.

In this context, L-SHA-T12 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“No, my family is always shouting when I sleep after school saying I decided to be pregnant. They told me they won’t even touch the baby I didn’t think about my future. My friends are gossiping behind my back and mocking at me”. (L-SHA-T12)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

In this context, FG-EDU offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“Some parents are not supportive, we hear them saying they are not going to take part or assist their daughters because they decided to be pregnant while they are still young. Their daughters will have to drop out because they are working and they cannot leave their jobs just to babysit. Other parents or guardians are supportive.” – Participant (FG-EDU)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

4.5.4 Resilience, motivation, and future orientation

This subtheme is presented separately from the preceding negative psychosocial experiences to avoid conflating distress with resilience. Participants' accounts show that resilience did not remove the structural barriers created by pregnancy and parenting; rather, it reflected learners' attempts to maintain educational purpose despite stigma, fatigue and limited

support. In this sense, motivation functioned as a coping resource, but it was not a substitute for institutional support.

In this context, L-MAS-T02 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“I started personal motivation where I told myself that having a child has altered my priorities and I became a strong motivator and the plan is to complete my studies so that I can secure a better future for myself and my child. In short I’m trying to cope by consoling myself”. (L-MAS-T02)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

In this context, FG-EDU offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“I am working closely with learners who are parents and those who are pregnant and it is very inspiring to see learners who balance education with pregnancy or parenting with a deeper understanding of their challenges, resilience, and determination.” – Participant 3 (FG-EDU)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

Comparative summary for Theme 2: The two schools shared a pattern of psychosocial distress, but participant accounts differed in emphasis. Masana learner accounts were especially detailed on anxiety, depression and the absence of counselling, while Shanke accounts highlighted family conflict and the emotional consequences of rejection and gossip. Educator accounts confirmed that schools recognised these pressures but lacked specialist support. The comparative implication is that psychosocial support must be linked to academic retention rather than treated as separate from schooling outcomes.

4.6 Theme 3: Stigma and moral judgement across school, community, and health systems

This theme addresses Objectives 2 and 5 by examining stigma as a cross-cutting barrier to disclosure, help-seeking and academic belonging. Across the two schools, participants described stigma as operating through peer gossip, educator judgement, clinic-based moralisation and broader community blame. The comparative pattern suggests that support programmes cannot be effective unless they also reduce the social conditions that make pregnant and parenting learners afraid to seek help.

4.6.1 Peer stigma, humiliation, and social exclusion

Peer interactions often became sites of surveillance and humiliation. Learners reported being labelled, laughed at, and excluded from social spaces, reinforcing shame and withdrawal. Educators corroborated this, describing routine gossip and accusations in village school contexts. Analytically, this subtheme highlights a concrete mechanism through which pregnancy and parenting translate into academic disadvantage, especially in contexts where support programmes are inconsistent or informal.

In this context, L-MAS-T02 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“Yes I lost friends, girls in my class stopped sitting with me. They called me ‘mama’ and laughed behind my back. The societal stigma attached to teenage pregnancy, leading to judgment from my friends. This stigma resulted in feelings of shame or embarrassment, which discouraged me to seek help or participating in community activities.” (L-MAS-T02)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

In this context, E-SHA-01 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“Our school is in the village and I can say stigma attached and learners gossip a lot and sometimes they accused one another without having validation.” (E-SHA-01)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

In this context, L-MAS-T02 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“they were making jokes about pregnancy, drawing pictures of pregnant girl and I felt ashamed and thinking of dropping out. I felt missed out on typical teenage activities and social events, which alienated me from my peers.” (L-MAS-T02)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

4.6.2 Educator judgement, harassment, and ‘disgrace’ narratives

Learners described experiences of moral judgement and harsh treatment from some educators, including shouting and language that positioned pregnancy as an individual moral failure. Educators acknowledged variation in staff attitudes, noting that some colleagues framed pregnancy as a 'disgrace', which can reproduce stigma in the classroom. Analytically, this subtheme highlights a concrete mechanism through which pregnancy and parenting translate into academic disadvantage, especially in contexts where support programmes are inconsistent or informal.

In this context, L-MAS-T01 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“They give us sanitary towels, but academically they are not supporting me. I always try to go to them when I missed class but instead they are shouting and said I chose to be a mother so I must act one” (L-MAS-T01)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

In this context, E-SHA-01 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“Yes, we’ve never had a workshop on dealing with pregnant learners. Some teachers are supportive but others think it’s a disgrace and act that way.” (E-SHA-01)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

4.6.3 Judgement in health services and barriers to contraception

Participants linked prevention barriers to judgemental treatment in clinics. Educators reported that learners avoided contraception services due to fear of being judged by nurses, while learners explicitly requested non-judgemental guidance and contraception education rather than moralising encounters. Analytically, this subtheme highlights a concrete mechanism through which pregnancy and parenting translate into academic disadvantage, especially in contexts where support programmes are inconsistent or informal.

In this context, E-SHA-02 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“Only if the department can consider full time social workers or educational psychologist to conduct awareness campaigns and always be there for learners when they have problems. Clinics must also assist us with contraception because learners tell us nurses are judging them when they go to clinics for contraception. That is why they fall pregnant because of fear of being judged by nurses. We’re not connected to clinics or social workers. Everything is fragmented and the girls suffer because of that.” (E-SHA-02)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

In this context, L-MAS-T02 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“Nurses must provide their services by teaching us about contraception than judging us. Educators must provide care and support to the young mothers by empathizing with the pain, difficulty, challenges and responsibility associated with pregnancy and parenting. Teachers must not harass us or make jokes in class, they must treat us well....Uhm, social workers to provide counselling or even awareness”. (L-MAS-T02)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

4.6.4 Community blame and contested narratives

Beyond individual interactions, educators described broader community narratives that assign blame to schools and sexuality education (e.g., Life Orientation) for rising pregnancy rates. Such discourses position educators defensively and can constrain honest engagement with sexual health education. Analytically, this subtheme highlights a concrete mechanism through which pregnancy and parenting translate into academic disadvantage, especially in contexts where support programmes are inconsistent or informal.

In this context, FG-EDU offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“Some other community members are accusing us that we are condoning teenage pregnancy because of the LO subjects that we are teaching. In addition, LO is not condoning any teenage pregnancy but teaching about the impact or consequences of teenage pregnancy. They are complaining that teenage pregnancy is high in South Africa because of LO.” – Participant 3 (FG-EDU)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

Comparative summary for Theme 3: Stigma operated across schools, but its forms varied across relationships and institutions. Learners highlighted peer gossip, jokes, harassment and clinic judgement, while educators described community blame and discomfort around sexuality education. The finding suggests that support programmes will remain underused

when learners anticipate judgement from the very systems expected to assist them. Anti-stigma work must therefore be integrated into Life Orientation, school policy, health referral systems and community engagement.

4.7 Theme 4: Fragmented support systems and policy-practice gaps

This theme addresses Objectives 3 and 4 by analysing the availability and perceived effectiveness of support programmes. A dominant pattern across educator and learner accounts was that support was largely informal, inconsistent and dependent on individual goodwill rather than embedded institutional mechanisms. Learners experienced this as limited catch-up and counselling support, while educators experienced it as uncertainty, workload expansion and weak referral pathways.

4.7.1 Absence of structured programmes, training, and tools

Educators repeatedly stated that they lacked formal programmes, training, and practical tools to support pregnant/parenting learners. Learners similarly indicated limited or absent school-based support programmes, reinforcing a sense that reintegration and academic catch-up were left to individual effort. Analytically, this subtheme highlights a concrete mechanism through which pregnancy and parenting translate into academic disadvantage, especially in contexts where support programmes are inconsistent or informal.

In this context, E-MAS-02 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“None, we don’t have specific programs. We are not given any training or tools to help these young girls. We do what we can to assist, but it’s based on personal effort, not policy.” (E-MAS-02)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

In this context, FG-EDU offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“Haaaaa training never, you mean training to support pregnant and parent learners. I have been teaching for more than 30 years now but I’ve never heard department is having trainings for teenage pregnancy.” –Participant (FG-EDU)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

In this context, L-SHA-T12 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“no, we don't have any support programs in school for pregnant learners, pregnant learners are coming with their parents during exam times to guard them outside. No one is interested in implementing support programs” (L-SHA-T12)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

4.7.2 Policy ambiguity and risk-management practices in schools

Participants described uncertainty about national policy content and how it should be operationalised in rural public schools. In this context, schools developed informal practices such as requiring a parent/guardian to be present during examinations, reflecting a pragmatic response to perceived medical risk and liability. Educators also expressed discomfort about whether their supportive actions aligned with official policy requirements. Analytically, this subtheme highlights a concrete mechanism through which pregnancy and parenting translate into academic disadvantage, especially in contexts where support programmes are inconsistent or informal.

In this context, FG-EDU offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“We don't have formal policy but the policy that we are using is the policy where if the learner is pregnant and during exam time, the parent must come to school to guard her until she finishes her exams. Because we do not want to be disturbed or account if something happens. The mother or guardian will be responsible for anything that happens with their child. That is the policy that we are using and even parents know this policy in our school.” –Participant 3 (FG-EDU)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

In this context, FG-EDU offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“Yes, it is hard to decide the best interest of the learner while you have to do what the policy is amended, we are not sure what we are doing align with what is written in the policy. I once told a principal that it is hard to deal with pregnant learners even if our hearts want to assist. I guess the policy wants us to support all pregnant learners but its hard.” – Participant (FG-EDU)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

4.7.3 Weak referral pathways and limited multi-sectoral collaboration

Educators reported limited collaboration with nurses, social workers, and psychologists, noting that external stakeholders seldom visited schools and that clinic attendance often consumed full school days. The absence of functional referral pathways intensified educator role expansion, as staff attempted to address psychosocial needs without specialist training. Analytically, this subtheme highlights a concrete mechanism through which pregnancy and parenting translate into academic disadvantage, especially in contexts where support programmes are inconsistent or informal.

In this context, FG-EDU offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“We don't collaborate with nurses and social workers, when the learners go to clinic they are queuing and they spend the whole day at clinic. And it is affecting their performance.” - Participant 1 (FG-EDU)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these

disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

In this context, FG-EDU offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“I can simply say we don't have support from psychologist, social workers and nurses because when we have problems that needs intervention from other stakeholders, they don't avail themselves nor assist. We become social workers while we are not trained because of the situations.” – Participant 3 (FG-EDU)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

4.7.4 Educator role expansion, emotional labour, and workload pressure

Educators described being emotionally 'torn' and drained by the expectation to function simultaneously as teachers, caregivers, and informal counsellors. This role expansion, combined with administrative tasks (e.g., reporting pregnancy statistics) and the need to organise assessment rewrites, contributed to workload pressure and burnout risk. Analytically, this subtheme highlights a concrete mechanism through which pregnancy and parenting translate into academic disadvantage, especially in contexts where support programmes are inconsistent or informal.

In this context, E-SHA-01 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“It is emotional draining because of the social attitudes, and limited resources. We are feeling torn because of the roles that we are playing, we are educators, social workers, parents or care givers and honestly it is demanding or draining us.” (E-SHA-01)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

In this context, FG-EDU offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“Honestly, teenage pregnancy is affecting us as educators because of workload and it is time constraining because we have to arrange time to make them rewrite exams or test.” – Participant 1 (FG-EDU)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

Comparative summary for Theme 4: Both schools reflected a gap between national policy intentions and school-level implementation. Masana educator accounts emphasised the need for written guidance and training, while Shanke accounts highlighted informal practices and lack of external specialist support. Learners across both schools experienced support as uneven and insufficient. The implication is that programme effectiveness depends on institutionalisation, monitoring and intersectoral coordination rather than educator goodwill alone.

4.8 Theme 5: Participant-driven recommendations and enabling conditions

This theme addresses Objective 5 by synthesising participant-driven recommendations for strengthening prevention, retention and re-entry support. Learners and educators converged on the need for counselling, flexible academic support, school-clinic collaboration, written guidance, educator training and earlier prevention that includes boys and young fathers. These recommendations identify enabling conditions under which support programmes are more likely to protect academic achievement.

4.8.1 On-site psychosocial services and counselling

Both educators and learners prioritised the presence of school-based psychosocial professionals (social workers/psychologists) to provide counselling, support disclosure processes, and mitigate emotional burdens associated with pregnancy, parenting, and stigma. Analytically, this subtheme highlights a concrete mechanism through which pregnancy and parenting translate into academic disadvantage, especially in contexts where support programmes are inconsistent or informal.

In this context, E-SHA-01 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“To have social workers or psychologist in our schools to help these girls. We try to motivate them to return, but without childcare support or flexible timetables, most don’t make it through matric. Its difficult because we are not psychologists. These girls carry heavy emotional burdens, and we don’t always know how to help them.” (E-SHA-01)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

In this context, L-MAS-T07 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“In my situation, I experienced postpartum depression because of hormonal fluctuations after birth, which stirred up mood swings, anxiety, sadness, irritability, and sometimes depression. I was feeling extremely sad, anxious or depressed, I wanted to talk to a social worker about it but I couldn’t because we don’t have social workers or support programs in our school. I observed their behavior when they come back ... they are usually still shocked, and not yet, over the traumatic experience they went through...” (L-MAS-T07)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

4.8.2 Clear written guidelines and staff capacity-building

Educators requested practical, written procedures that specify what to do when a learner is pregnant and how to manage assessments, re-entry, and referrals. They also called for formal training to ensure consistent interpretation and implementation of national policy across rural schools. Analytically, this subtheme highlights a concrete mechanism through which pregnancy and parenting translate into academic disadvantage, especially in contexts where support programmes are inconsistent or informal.

In this context, E-MAS-02 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“Yes, a written document that tells us what to do when a learner is pregnant. Because we just react based on what we think is best for them.” (E-MAS-02)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

In this context, FG-EDU offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“I can recommend that school management and educators should receive formal training to ensure that policies are interpreted equally and applied effectively, with healthy tools for monitoring, evaluation, and accountability.” –Participant (FG-EDU)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

4.8.3 Flexible academic accommodations and continuity-of-learning strategies

Participants proposed formalising accommodations such as flexible deadlines, catch-up programmes, and differentiated learning pathways. Learners also requested practical catch-up support on return from absence to reduce uncertainty and improve progression. Analytically, this subtheme highlights a concrete mechanism through which pregnancy and parenting translate into academic disadvantage, especially in contexts where support programmes are inconsistent or informal.

In this context, FG-EDU offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“I recommend flexible academic support where districts or head office should formalize options like: flexible deadlines, catch-up programs, blended/online learning where possible”. –Participant (FG-EDU)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

In this context, L-SHA-T12 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“No, I am not aware. I think we need support like counselling after childbirth or even before. We also need support like teachers catch up with us or even give us extra time to catch up with the work done during our absentia” (L-SHA-T12)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

4.8.4 School-clinic partnerships and stigma reduction

Educators recommended collaboration with clinics and other stakeholders for regular school-based sexual and reproductive health outreach. Learners similarly emphasised the need for non-judgemental health services, arguing that negative clinic encounters can discourage contraception-seeking and contribute to continued risk. Analytically, this subtheme highlights a concrete mechanism through which pregnancy and parenting translate into academic disadvantage, especially in contexts where support programmes are inconsistent or informal.

In this context, E-MAS-02 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“Awareness campaigns or collaboration with clinics or other stakeholders to assist these young girls because as educators alone we won't manage”. (E-MAS-02)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

In this context, L-MAS-T02 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“Nurses must not judge us but they must encourage to avoid boys and tell us the pains of raising a child while you are a child.” (L-MAS-T02)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

4.8.5 Early prevention, sustained awareness, and inclusion of boys/young fathers

Prevention was framed as requiring early, continuous awareness from Grades 8-12, including practical content on menstruation and pregnancy risk. Educators also called for greater focus on boys/young fathers, arguing that current discourse and research disproportionately target girls. Learners echoed prevention messages through advice emphasising avoidance of 'mjolo' (dating) and peer pressure. Analytically, this subtheme highlights a concrete mechanism through which pregnancy and parenting translate into academic disadvantage, especially in contexts where support programmes are inconsistent or informal.

In this context, E-SHA-01 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“Awareness campaigns from grade 8 until grade 12, they must know what is woman and what to expect I believe we can have low pregnancy rates in our school. Awareness about teaching them about feminine stuff, self-identification and even awareness about menstruation cycle where they will understand the risks of pregnancy”. (E-SHA-01)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners’ confidence and performance trajectories are likely to deteriorate.

The following quotation is attributed to E-SHA-02 and represents an educator's report of the need for school-based psychosocial professionals, clinic collaboration and sustained

awareness. The embedded phrase about what learners tell educators is treated as the educator's reported observation rather than as a separate learner quotation.

“We need full time social workers or educational psychologist to conduct awareness campaigns and always be there for learners when they have problems. Clinics must also assist us with contraception because learners tell us nurses are judging them when they go to clinics for contraception. That is why they fall pregnant because of fear of being judged by nurses. We are not connected to clinics or social workers. Everything is fragmented and the girls suffer because of that. We want social workers who can be stationed in our school premises to deal with mental health for all the learners because researchers are doing research on girls but not boys who are responsible for impregnating our girls”
(E-SHA-02)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

In this context, L-MAS-T02 offered an account that clarifies how the issue manifests in daily school life and why it becomes academically consequential.

“They must be open about life. Avoid “mjolo” dating and focus on their studies. I was stressed because I had to wear lumber jacket even when it's hot and I was tired to be mocked everyday.” (L-MAS-T02)

Interpreting this quotation, the reported experience points to a practical constraint (time, energy, or supportive capacity) that interrupts continuity of learning. Where these disruptions accumulate without structured catch-up and psychosocial support, learners' confidence and performance trajectories are likely to deteriorate.

Comparative summary for Theme 5: Participants across both schools converged on similar enabling conditions: counselling, social workers or psychologists, academic catch-up, flexible deadlines, clear written procedures, clinic collaboration and earlier prevention. Educators tended to frame these recommendations as system and capacity needs, while learners framed them as everyday supports needed to remain in school. This convergence strengthens the practical validity of the recommendations advanced in Chapter 6.

4.9 Synthesis of key findings

Across both schools, the findings show that teenage pregnancy and early parenting affect academic achievement through intersecting and mutually reinforcing pathways. The first set of pathways is instructional and temporal: missed classes due to clinic visits and childcare, fatigue and reduced concentration, and the accumulation of learning gaps that translate into declining marks and destabilised progression. The second set of pathways is psychosocial and relational: stress, anxiety, depression, and trauma-related experiences (including postpartum distress), compounded by partner rejection and family strain. A third cross-cutting mechanism is stigma and moral judgement, which participants located in peer interactions, educator responses, community narratives, and clinic encounters. Finally, the data demonstrate that support systems are often fragmented and dependent on individual educator goodwill rather than institutionalised, well-resourced programmes resulting in policy-practice gaps and weak referral pathways. Participants' recommendations converge on the need for structured psychosocial services, clear written procedures and training, flexible academic accommodations, and stronger school-clinic partnerships that reduce stigma and improve access to contraception and supportive care.

4.10 Conclusion

This chapter presented a detailed thematic analysis of educator and learner accounts from Bohlabela District. The findings provide a strong empirical basis for the discussion in Chapter 5, where the study will interpret these patterns against existing literature and policy expectations, and articulate practical implications for strengthening support programmes to protect academic achievement among pregnant and parenting learners.

CHAPTER 5: DISCUSSION OF FINDINGS

5.1 Introduction

This chapter discusses the findings presented in Chapter 4 in relation to the study objectives, the literature reviewed in Chapter 2, Bronfenbrenner's ecological systems theory, and the gender-sensitive extension provided by gendered power and intersectionality. The discussion moves beyond summary by explaining how the findings confirm, extend or complicate existing evidence on teenage pregnancy, academic achievement and support programme effectiveness.

5.2 Summary of key findings

Across both participating schools, the findings demonstrate that teenage pregnancy interrupts schooling through interrelated academic, psychosocial and structural pathways. Learners described substantial learning disruption driven by pregnancy-related health needs (including antenatal appointments), fatigue, absenteeism, and competing caregiving responsibilities after birth, factors that collectively reduce time-on-task and weaken continuity of learning. These disruptions were compounded by psychosocial distress, including anxiety, fear of judgment, relationship instability, and financial strain, which often undermined concentration, motivation, and classroom engagement. The findings further highlighted the persistent role of stigma and moral judgment from peers, some educators, and broader community members in shaping disclosure decisions, help-seeking, and school belonging.

While policies in South Africa affirm pregnant and parenting learners' right to continue schooling and to return after childbirth (DBE, 2021), participants' accounts point to a sizeable policy–practice gap. Support was frequently described as inconsistent, informal and dependent on individual educators' discretion rather than institutionalised school systems. Learners and educators noted limited access to structured academic catch-up, targeted counselling, and clear referral pathways to health and social services. The comparative lens across schools suggested more convergence than divergence: the dominant challenges, time poverty, stigma, and uneven programme implementation, were common across settings, indicating district-level and system-level constraints rather than isolated school-level deficits. At the same time, the findings identified practical enabling conditions, including supportive educator relationships, flexible academic accommodations, reliable childcare,

and respectful youth-friendly health services, which could strengthen school retention and grade progression.

5.3 Theme 1: Academic disruption and learning trajectories

Chapter 4 showed that pregnancy and early parenting reshape academic achievement primarily by disrupting learning continuity. Learners' narratives indicated that absenteeism was driven not only by pregnancy-related health needs (e.g., antenatal care visits and pregnancy complications) but also by the practical demands of childcare after delivery. This 'time poverty' effect is consistent with evidence that caregiving responsibilities and limited childcare support increase the likelihood of school discontinuation and reduce the probability of returning after pregnancy-related dropout (Grant & Hallman, 2008). Recent South African evidence similarly shows that access to daycare and formal childcare services is strongly associated with postpartum return to school, and that childcare constraints constitute a major obstacle to educational continuation for adolescent mothers (Jochim et al., 2023).

Beyond absence, the findings suggested a cumulative learning deficit mechanism. Repeated gaps in attendance affected comprehension of sequential content, assessment preparedness, and confidence to participate in class. Learners reported falling behind in subjects that require sustained scaffolding (e.g., mathematics and science), which can translate into lower test performance, repetition of grades and eventual dropout. This aligns with the broader literature that conceptualises pregnancy-related schooling disruption as both an event (periods of absence) and a process (progressive disengagement as learning gaps accumulate). Grant and Hallman's (2008) analysis highlights that prior schooling discontinuities and grade repetition can precede pregnancy and increase vulnerability to later pregnancy-related dropout, suggesting that academic risk is often layered rather than singular.

Importantly, the findings also demonstrate that the education impact of teenage pregnancy is not inevitable but contingent on the availability of protective provisions. A recent policy-focused study in South Africa found that grade promotion among adolescent mothers is associated with a combination of protective elements, including continued schooling during pregnancy, use of childcare services, confidence/self-efficacy, and exposure to respectful and supportive health staff (Jochim et al., 2023). This resonates with the Bohlabela findings, where learners emphasised the importance of flexibility, teacher understanding and practical support. The implication is that school-based support programmes should be evaluated not

only on whether they exist in name, but on whether they reduce the concrete ‘frictions’ that interrupt learning attendance, assessment completion, and sustained engagement.

From a policy standpoint, South Africa’s learner pregnancy policy provides for continued access to schooling and underscores that schools should implement measures that support retention and re-entry (DBE, 2021). The Bohlabela findings suggest that translating this policy into practice requires operational clarity at school level: clear processes for academic accommodations, consistent communication with learners and caregivers, and planned academic catch-up. In my view, the most immediately actionable intervention for academic achievement is not a complex new programme but the institutionalisation of predictable academic support routines e.g., scheduled catch-up sessions, assessment flexibility within policy limits, and structured learner support team follow-up so that the burden does not fall on individual educator goodwill.

5.4 Theme 2: Psychosocial distress, role conflict, and educational engagement

Theme in Chapter 4 highlighted that academic achievement is inseparable from psychosocial well-being. Learners described fear, shame, anxiety, and uncertainty, often intensified by relationship instability, financial stress, and perceived judgement. These experiences mirror qualitative research from Cape Town showing that adolescent mothers’ mental health is shaped by intersecting barriers such as stigma, limited social support, poverty, and constrained access to appropriate services (Field et al., 2020). Similarly, evidence from KwaZulu-Natal indicates that pregnant and postpartum adolescents experience clinically relevant depressive symptoms, with exposure to violence and verbal abuse increasing risk (Govender et al., 2020). Such psychosocial burdens can directly undermine educational engagement by reducing concentration, diminishing motivation, and leading to withdrawal from school-based social networks.

A useful interpretive lens for these findings is role conflict. Teenage mothers are required to navigate simultaneous and sometimes incompatible roles: learner, expectant mother, caregiver, and in some cases income seeker. Mjwara and Maharaj (2018) describe how early motherhood can undermine education and career aspirations by introducing daily obstacles, dependency on parents for support, and relationship disruption with children’s fathers. In Bohlabela, learners similarly described tension between school demands and caregiving duties, highlighting the ‘double shift’ of schooling and parenting. This role conflict often

produces emotional exhaustion, which in turn increases absenteeism and erodes academic self-efficacy.

The findings also indicate that psychosocial distress is partly generated by the social environment of schools and communities. Learners described social isolation, diminished peer support and the feeling of being ‘different’ or ‘unwelcome’ in school spaces. Research in Ditsobotla, North West Province, similarly documents psychosocial challenges such as social exclusion, lack of emotional support, and stressors linked to unplanned pregnancy, with implications for wellbeing and functioning (Ntshayintshayi et al., 2022). Importantly, the literature suggests that social support can act as a protective buffer for adolescent mothers, enhancing resilience and helping learners sustain educational aspirations (Field et al., 2020; Ntshayintshayi et al., 2022).

For programme effectiveness, the implication is that psychosocial support is not an optional ‘add-on’ but a core mechanism through which educational outcomes can be protected. Where counselling, mentorship, and supportive adult relationships are absent, learners may remain enrolled in theory but disengage in practice, manifesting as reduced classroom participation, poor assessment performance, and eventual attrition. Conversely, when schools offer consistent emotional support (through trained Life Orientation teachers, school-based support teams, or referral-linked counsellors), learners are more likely to remain oriented toward school completion. In my assessment, support programmes in Bohlabela appear to be stronger when they are relationally anchored i.e., when a learner has at least one trusted educator who provides continuity, advocacy and practical guidance. However, such relational support becomes fragile when it is informal and dependent on individual personalities, highlighting the need for institutionalisation and training.

5.5 Theme 3: Stigma, moral judgement, and barriers to support utilisation

Theme 3 underscored stigma as a central organising force across the schooling trajectory of pregnant and parenting learners. Learners described anticipatory stigma (fear of being judged), enacted stigma (negative comments and exclusion), and internalised stigma (self-blame and shame). These dynamics influence whether learners disclose pregnancy early, seek help, and remain connected to school. Contemporary South African research demonstrates that community discourses frequently frame teenage pregnancy as immoral and ‘wrong’, allocating blame to girls and creating an environment where support is withheld

or conditional (Duby et al., 2025). Such narratives are not merely symbolic: they shape everyday interactions in schools and clinics, and can discourage adolescents from seeking timely antenatal care and psychosocial support.

Evidence from secondary schools in South Africa indicates that educators' attitudes toward learner pregnancy can remain punitive or exclusionary despite constitutional and legislative protections. Segalo (2020) found that some teachers demonstrated unwillingness to adhere to learners' rights to continue education, and that pregnant learners may be advised or coerced to stay at home because the school environment is intolerant. The Bohlabela findings echo this pattern: even where explicit expulsion was not reported as a formal practice, learners perceived judgement and differential treatment that undermined their sense of belonging. This matters because belonging is a known driver of educational engagement; when learners experience school as unsafe or humiliating, attendance and participation decline.

Stigma also intersects with health service utilisation. Erasmus et al. (2020) show that barriers to antenatal care for pregnant adolescents in South Africa often centre on discourse that casts adolescent pregnancy as deviant and shameful, and that adolescents frequently fear negative reactions from families, communities, schools and clinics. In Bohlabela, learners similarly described balancing the need for health services with fear of judgement and the practical consequences of missing school. This creates a pernicious double bind: adolescents need health services to protect maternal and infant outcomes, yet service access can intensify absenteeism and expose them to stigma, with downstream educational costs.

From a programme perspective, stigma reduces the 'uptake' and effectiveness of available support. A support programme can exist, but if learners fear disclosure or anticipate judgement from staff, they may avoid the programme. This suggests that evaluation of programme effectiveness should include 'soft' indicators such as perceived safety, confidentiality, and respect in interactions—not only service availability. The global evidence base recognises that adolescent pregnancy is associated with significant social and economic consequences and tends to be concentrated among adolescents with fewer educational and economic resources (WHO, 2024). In my view, reducing stigma is one of the most cost-effective interventions available to schools: it improves the likelihood that learners will disclose early, remain engaged, and access health and social services. Practical

strategies include educator sensitisation training, explicit anti-stigma codes of conduct, peer education that targets judgemental norms, and school leadership messaging that frames pregnant learners as entitled to support rather than deserving punishment.

5.6 Theme 4: Support programmes, policy–practice gaps and intersectoral coordination

Theme 4 in Chapter 4 focused on the adequacy and implementation of support programmes. Learners and educators described support as uneven, often informal, and frequently limited to ad hoc advice rather than structured academic and psychosocial interventions. This points to a policy–practice gap: while South Africa’s learner pregnancy policy sets out a framework for prevention, management, continued schooling and re-entry (DBE, 2021), schools may lack the resources, training and operational guidance required for consistent implementation.

Two implementation constraints are particularly salient. First, educator capacity: teachers are asked to deliver academic instruction while also responding to complex learner welfare needs (counselling, referral, family engagement). Beukes et al. (2025) highlight those teachers may lack training, support, and an inclusive environment to implement the learner pregnancy policy effectively, and that the capabilities needed include knowledge enhancement, relational collaboration, and inclusivity. The Bohlabela findings align closely: educators expressed uncertainty about their roles, inconsistencies in policy interpretation, and challenges in delivering support without specialized psychosocial training.

Second, intersectoral coordination: effective support for pregnant and parenting learners requires integration between department of education, health and social development. The Integrated School Health Policy (ISHP) was designed to reduce barriers to learning in health by coordinating services between the Department of Basic Education and the Department of Health (DBE & DoH, 2012). However, implementation studies indicate that intersectoral collaboration and compliance can be weak, resulting in fragmented service delivery. For example, a study in the City of Tshwane reported widespread non-compliance with the ISHP, including insufficient stakeholder integration and inconsistent collaboration with local health agencies (Rasesemola et al., 2019). When such collaboration is weak, referral pathways for pregnant learners become unreliable, leaving learners and educators to navigate complex systems independently.

The UNICEF Eastern and Southern Africa analysis on school re-entry highlights that even where re-entry policies exist, implementation is frequently constrained by limited awareness among educators and families, insufficient resources, and discriminatory attitudes that fuel stigma and resistance to re-entry (UNICEF Eastern and Southern Africa Regional Office, 2024). This regional evidence provides a useful mirror for Bohlabela: schools may be expected to support pregnant learners but lack consistent training and resources to do so systematically.

From an effectiveness standpoint, the study suggests that support programmes should be judged against a ‘minimum package’ of functions: (1) academic accommodations and catch-up support; (2) psychosocial support and counselling/referral; (3) health and social service linkage (including antenatal care, postnatal support and childcare); and (4) stigma reduction and safe school climate. Where programmes address only one function (e.g., general advice) without the others, the impact on academic achievement is likely to be limited. In my assessment, strengthening programme effectiveness in Bohlabela will require a deliberate shift from individualised, discretionary support to institutionalised systems embedded in school routines, supported by district-level coordination and training.

5.7 Theme 5: What works—enabling conditions for retention, re-entry and grade progression

Theme 5 drew attention to enabling conditions and practical strategies that can improve learners’ educational outcomes. The evidence from Chapter 4 suggests that ‘what works’ is rarely a single intervention; rather, learners’ educational continuation depends on combinations of supports that address both academic and structural barriers.

First, childcare and practical caregiving support are foundational. Grant and Hallman (2008) showed that young women who are primary caregivers are more likely to leave school, while Jochim et al. (2023) demonstrated that use of daycare/crèche services and family childcare support are associated with postpartum school return. For Bohlabela, where rural distances and limited childcare infrastructure can intensify caregiving burdens, schools and districts should explore partnerships that improve access to childcare—whether through linkage to community-based early childhood development centres, advocacy for subsidised crèche services, or referral to social services that support childcare arrangements.

Second, respectful and youth-friendly services matter. A national policy-aligned study found that exposure to friendly and respectful health staff was associated with grade promotion and condom use among adolescent mothers (Jochim et al., 2023). Conversely, stigma in clinics can deter adolescents from accessing services (Erasmus et al., 2020). This highlights the importance of school–clinic linkages that ensure adolescents can access antenatal and postnatal services without judgment or unnecessary learning disruption. Flexible appointment scheduling, school letters to facilitate appointments, and coordinated outreach services can reduce the educational costs of healthcare.

Third, supportive school climate and educator relationships are protective. Where educators demonstrate empathy, maintain confidentiality, and communicate clear expectations, learners are more likely to remain engaged. However, because stigma and moral judgment remain common in broader discourse (Duby et al., 2025), schools require explicit anti-stigma norms and leadership practices that normalise support rather than exclusion.

Fourth, programmes must address gender dynamics and include boys and young men. Evidence from South Africa highlights that research and interventions often focus on girls while neglecting male partners, despite their role in pregnancy causation and childcare responsibility (Odimegwu et al., 2018). UNICEF similarly notes that some re-entry policies and interventions include measures targeting boys and young men, but implementation is uneven (UNICEF Eastern and Southern Africa Regional Office, 2024). In Bohlabela, engaging male learners through Life Orientation and school-based programmes can support pregnancy prevention, challenge harmful gender norms, and encourage shared parenting responsibility.

Finally, prevention and management should be integrated rather than treated as separate agendas. WHO (2024) emphasises that adolescent pregnancy is associated with major social and economic consequences and is patterned by inequities in education and socioeconomic status. For schools, this means that prevention (comprehensive sexuality education, access to contraception information and youth-friendly services) and management (retention, re-entry, and support for parenting learners) should be delivered as a coherent continuum. In my view, the Bohlabela findings argue for a ‘continuum of support’ model: a prevention layer for all learners, an early identification and risk support layer for vulnerable learners, and a tailored retention/re-entry support package for pregnant and parenting learners.

5.8 Cross-cutting socio-ecological interpretation

Interpreting the findings through a socio-ecological lens clarifies why isolated school-based interventions often have limited impact. At the micro level, learners confront individual and interpersonal challenges: pregnancy symptoms, fatigue, emotional distress, relationship instability, and parenting responsibilities. At the meso level, the quality of interactions within schools, teacher support, peer norms, and the functioning of school-based support structures shape whether learners remain engaged or withdraw. At the exo level, service systems and institutional arrangements (availability of youth-friendly clinics, transport, childcare services, and district-level support) affect learners' ability to access care without undermining schooling. At the macro level, policies, social norms, and socioeconomic inequality structure the opportunities available to adolescents.

The evidence suggests that academic achievement is influenced by the interaction of these levels. For example, a learner's motivation to continue schooling (micro) may be undermined if the school climate is judgmental (meso), if clinic experiences are stigmatizing (exo), and if community norms frame adolescent pregnancy as immoral (macro). Conversely, protective pathways emerge when supportive relationships and practical resources reduce time poverty and stigma. This ecological framing is consistent with evidence that multiple protective provisions, when combined, can yield stronger educational benefits for adolescent mothers than any single provision alone (Jochim et al., 2023).

Table 5.1 summarises the major themes regarding ecological levels and illustrative policy or programme levers.

Table 5.1: Mapping of study themes to socio-ecological levels and programme levers

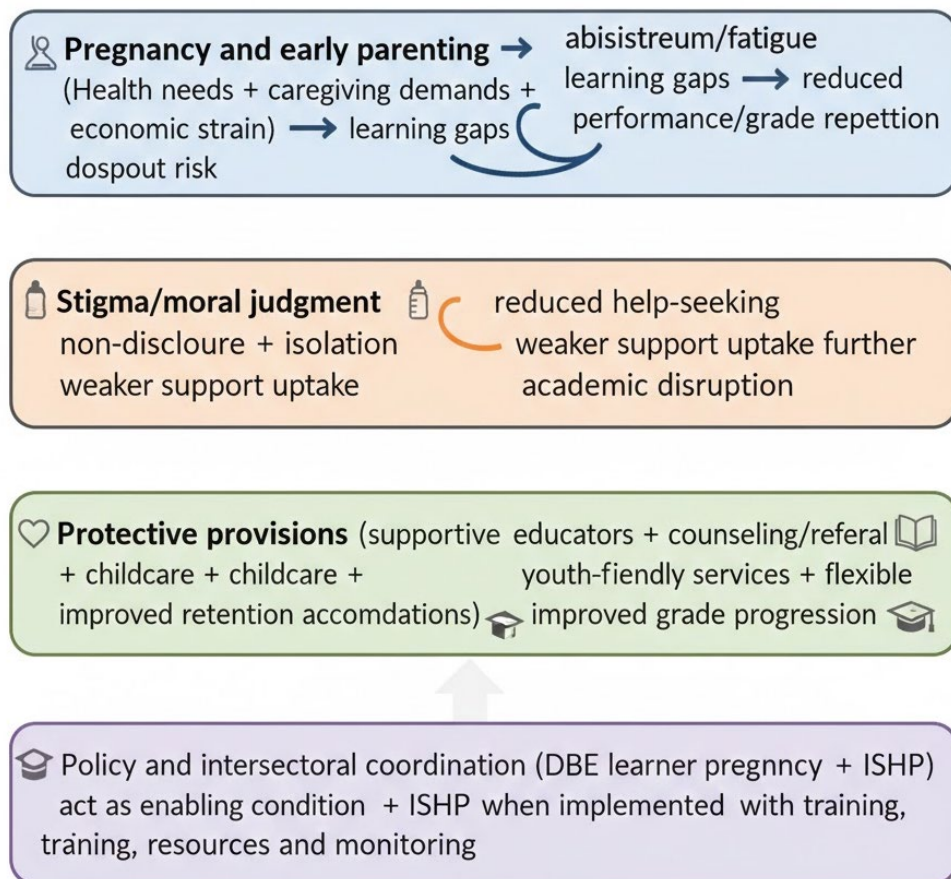
Theme (Chapter 4)	Primary ecological level(s)	Mechanism affecting academic achievement	Illustrative programme/policy levers
Theme 1: Academic disruption and learning trajectories	Micro; Exo	Absenteeism, learning gaps, reduced time-on-task; childcare and health-visit related interruptions	Catch-up support; flexible assessment within policy; childcare linkage; appointment coordination
Theme 2: Psychosocial distress and relational disruption	Micro; Meso	Stress, anxiety/depression; reduced concentration and motivation; disengagement	School-based counselling/referral; mentorship; educator training; peer support groups
Theme 3: Stigma and moral judgement	Meso; Macro	Non-disclosure, isolation; reduced	Anti-stigma codes; educator sensitisation;

		belonging and help-seeking; punitive responses	confidentiality protocols; rights-based communication
Theme 4: Policy-practice gaps and fragmented support systems	Exo; Macro	Inconsistent support; weak referral pathways; reliance on individual educator discretion	Operational guidelines; SBST strengthening; intersectoral coordination (ISHP); monitoring and accountability
Theme 5: Enabling conditions for retention, re-entry and progression	All levels	Combination supports reduce barriers and improve continuity	Integrated 'minimum package' of academic, psychosocial and practical supports; inclusion of boys/young men

Conceptual Framework of Educational Pathways and Support Systems

The qualitative findings are synthesized into a conceptual summary (Figure 5.1) that illustrates the complex, non-linear pathways linking teenage pregnancy to academic achievement. This diagram maps the "ripple effect" of early parenting, in which primary stressors, such as health needs and economic strain, translate into secondary academic barriers, such as fatigue and learning gaps. Crucially, the model distinguishes between inhibiting pathways driven by stigma and non-disclosure and enabling pathways facilitated by protective provisions and policy implementation. By visualizing these intersections, the diagram highlights that academic success for pregnant and parenting learners is not solely dependent on individual agency, but is significantly moderated by the fidelity of school-clinic partnerships and the consistency of intersectoral support

Figure 5.1: Conceptual summary of pathways linking teenage pregnancy, support programmes and academic achievement.



5.9 Implications for policy and practice in Bohlabela District

The findings have three immediate implications for improving the effectiveness of support programmes in Bohlabela.

First, district and school leadership should define and implement a minimum support package for pregnant and parenting learners. This package should include: academic catch-up and flexible assessment arrangements; a confidential counselling and referral pathway; a designated staff focal person or school-based support team process; and structured follow-up for re-entry and attendance. Implementing a minimum package aligns with national policy intent (DBE, 2021) but requires local operationalisation.

Second, capacity-building is essential. Educators require training that is practical rather than purely policy-focused: how to respond to disclosures, maintain confidentiality, manage classroom inclusion, and activate referral pathways. Evidence that teachers lack capability sets and inclusive environments for implementing learner pregnancy policy reinforces this need (Beukes et al., 2025).

Third, effective support demands intersectoral coordination that functions in practice, not only on paper. The ISHP provides a framework for education–health collaboration (DBE & DoH, 2012), yet evidence of non-compliance and weak stakeholder integration suggests that routine coordination mechanisms are required (Rasesemola et al., 2019). In Bohlabela, schools could formalise linkages with local primary healthcare facilities to streamline antenatal and postnatal care access, promote respectful youth-friendly service delivery, and minimise educational disruption.

In my view, these implications point to a central lesson: programme effectiveness in this domain is primarily an implementation challenge. Policies exist, and many educators express willingness to support learners, but without consistent systems, training, and coordinated services, support remains fragmented and unequal across learners.

5.10 Study contributions and limitations

This study contributes context-specific qualitative evidence from the Bohlabela District on the mechanisms through which teenage pregnancy influences academic achievement and on the lived adequacy of support programmes. By incorporating both learner and educator perspectives, the study highlights the interaction between learner-level challenges and institutional responses.

As discussed in Chapter 3, qualitative findings are not intended to be statistically generalisable to all settings. The results reflect the experiences and perceptions of participants in two schools in one district, and programme realities may differ in other contexts. In addition, learners' accounts may be influenced by recall and by the sensitivity of pregnancy-related experiences, particularly in environments where stigma persists. Nonetheless, the triangulation of learner interviews, educator interviews, and the educator discussion transcript strengthens credibility by showing convergent patterns across participant groups.

The study makes three contributions to knowledge. First, it provides district-level qualitative evidence showing that academic achievement is shaped by the combined effects of pregnancy-related absence, psychosocial distress, stigma, household instability and weak programme implementation. Second, it advances a comparative understanding of support programme effectiveness by juxtaposing learner and educator perspectives across two

schools rather than treating pregnant and parenting learners as a homogeneous group. Third, it extends ecological systems theory through a gender-sensitive interpretation that foregrounds how gendered judgement, unequal accountability for boys and girls, and rural poverty shape learner pregnancy and educational continuity.

5.11 Conclusion

In summary, the findings demonstrate that teenage pregnancy affects academic achievement through interconnected pathways of absenteeism, caregiving-related time poverty, psychosocial distress, and stigma-driven disengagement. While policy frameworks in South Africa endorse school continuation and re-entry, the effectiveness of support programmes in Bohlabela is limited by inconsistent implementation, weak intersectoral coordination, and insufficient capacity for structured psychosocial and academic support. However, the findings also identify clear enabling conditions childcare access, supportive educator relationships, youth-friendly services, and predictable academic accommodations that can reduce educational disruption and improve grade progression. The next chapter builds on these insights to propose practical recommendations for strengthening support programmes and implementation capacity at school and district levels.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter concludes the dissertation titled “The Impact of Teenage Pregnancy on Academic Achievements Among High School Students: A Comparative Analysis of Support Programs’ Effectiveness in Bohlabela District, Mpumalanga.” It synthesises the study’s purpose, summarises the methodological approach, consolidates the key findings, and presents evidence-informed conclusions and actionable recommendations. The chapter is written in direct alignment with the thematic findings presented in Chapter 4 and the interpretive discussion in Chapter 5, and it remains anchored in the socio-ecological framing introduced in Chapter (Bronfenbrenner, 1979, 1994).

6.2 Restatement of the research problem, aim, and objectives

Teenage pregnancy remains a persistent challenge in South Africa and has been linked to educational discontinuities, compromised progression, and heightened risk of dropout among school-going learners (Grant & Hallman, 2008). Recent South African analyses of routine health data have further highlighted the ongoing scale of teenage births and pregnancies, underscoring the urgency of strengthening multi-sectoral prevention and learner support responses (Barron et al., 2022). In Bohlabela District, Mpumalanga, the problem is intensified by rural service access constraints and by uneven policy implementation at school level, which can shape learners’ ability to remain engaged, to return after childbirth, and to sustain academic performance (Department of Basic Education, 2021; Department of Health & Department of Basic Education, 2012).

The overall aim of this study was to examine how teenage pregnancy and early parenting influence academic achievement among high school learners in Bohlabela District, and to comparatively assess the perceived effectiveness of existing school- and community-linked support programmes. The study pursued the following objectives:

- To explore educators’ and learners’ perspectives on how pregnancy and parenting shape attendance, classroom engagement, assessment completion, and marks.
- To identify the psychosocial, relational, and stigma-related mechanisms that mediate educational participation during pregnancy and the postpartum period.

- To document the availability, accessibility, and perceived usefulness of support programmes (e.g., counselling, academic accommodations, referrals, and school–clinic linkages) across two schools.
- To analyse policy–practice gaps in the implementation of the national learner pregnancy policy and related school health and sexuality education provisions.
- To propose evidence-informed recommendations to strengthen retention, re-entry, and academic continuity for pregnant and parenting learners in Bohlabela District.

6.3 Summary of the research methodology

Consistent with the interpretivist orientation described in Chapter 3, the study used a qualitative comparative case study design to generate context-sensitive insights across two high schools in the Bohlabela District. Data were obtained through educator interviews, learner interviews, and a supplementary educator discussion transcript, enabling triangulation across participant groups and school contexts. Thematic analysis was used to identify patterned meanings and mechanisms across the dataset (Braun & Clarke, 2006), while the comparative analytic lens supported the identification of convergent and divergent experiences between the two schools and among learners with differing levels of exposure to the support programme.

6.4 Consolidated summary of key findings

Five overarching themes summarise the findings. Together, they show that the educational impacts of pregnancy and parenting are not produced by a single factor, but by the interaction of time burdens, health constraints, stigma and moral judgement, psychosocial distress, and the presence or absence of structured, responsive support systems.

6.4.1 Theme 1: Academic disruption and compromised learning trajectories

Pregnancy and early parenting disrupted academic achievement primarily through repeated absenteeism (clinic attendance and childcare demands), reduced concentration due to fatigue, and accumulation of learning gaps that learners struggled to close without structured catch-up support. These disruptions were frequently described as cumulative: missed lessons and assessments translated into declining marks, weakened confidence, and delayed grade progression. In line with prior South African evidence, the findings reinforce that school discontinuities and academic vulnerability can precede pregnancy, but pregnancy acts as a magnifying event that accelerates educational exclusion where supports are inadequate (Grant & Hallman, 2008).

6.4.2 Theme 2: Psychosocial distress and relational disruption

Psychosocial distress emerged as a critical mediator of educational engagement. Learners described heightened stress, depressive symptoms, and trauma-related experiences, including postpartum distress, which affected motivation, attention, and perseverance. Relational disruptions—partner rejection, coercive decision-making, and family strain further reduced learners’ practical support, exacerbating time poverty and emotional burden. Despite these challenges, the data also identified resilience and future orientation as protective factors, particularly when learners received consistent encouragement from selected educators or family members.

6.4.3 Theme 3: Stigma and moral judgement across school, community, and health systems

Stigma was reported across multiple settings: peer humiliation and social exclusion at school, judgemental narratives from some educators, and moralising treatment in health services that discouraged timely care-seeking and contraception access. These stigma mechanisms functioned as barriers to programme uptake and to help-seeking, and they also reinforced secrecy, absenteeism, and disengagement. The findings speak directly to the requirement of the national learner pregnancy policy that schools should be stigma-free, non-discriminatory environments that protect learners’ dignity and right to education (Department of Basic Education, 2021).

6.4.4 Theme 4: Fragmented support systems and policy–practice gaps

Support systems were frequently described as fragmented, informal, and dependent on individual educator initiative rather than institutionalised programme structures. Participants highlighted limited training and tools, uncertainty about policy procedures, weak referral pathways, and limited multi-sectoral collaboration between schools, clinics, and social services. Educators also reported role expansion and emotional labour, suggesting that sustainability requires institutional support rather than reliance on personal commitment. The findings indicate implementation gaps relative to the Integrated School Health Policy’s vision of coordinated services that reduce barriers to learning (Department of Health & Department of Basic Education, 2012).

6.4.5 Theme 5: Enabling conditions and participant-driven recommendations

Participants converged on a set of enabling conditions: on-site psychosocial services and counselling, clear written school guidelines aligned to policy, staff capacity-building,

flexible academic accommodations (including catch-up support and continuity-of-learning strategies), and strengthened school–clinic partnerships with explicit stigma-reduction practices. These enabling conditions align with a socio-ecological interpretation: meaningful improvement requires interventions at learner, family, school, community, and system levels (Bronfenbrenner, 1979, 1994).

6.5 Conclusions in relation to the research objectives

6.5.1 Conclusion on the impact of teenage pregnancy on academic achievement

The study concludes that teenage pregnancy and early parenting in Bohlabela District significantly compromise academic achievement through predictable and interacting mechanisms: increased absenteeism, reduced concentration and participation, disrupted assessment schedules, and accumulation of learning gaps. These educational harms are intensified during the postpartum period when childcare responsibilities and financial pressures increase. The results support the broader South African literature which shows that pregnancy-related dropout is closely linked to educational trajectories and to structural vulnerabilities that shape learners' capacity to remain in school (Grant & Hallman, 2008).

6.5.2 Conclusion on the comparative effectiveness of support programmes

The study further concludes that the effectiveness of support programmes in Bohlabela District is constrained less by the absence of policy intent and more by implementation weaknesses. Where learners encountered supportive educators, informal accommodations, and functional referral relationships, educational continuity was more feasible. However, these supports were not consistently available or institutionalised. Consequently, the comparative evidence points to variability in programme effectiveness across schools, driven by differences in staff capacity, clarity of procedures, partnership functionality, and stigma climates. This finding is consistent with the national learner pregnancy policy's emphasis on structured prevention, care and support, and coordinated service delivery (Department of Basic Education, 2021) and with the intersectoral ambitions of the Integrated School Health Policy (Department of Health & Department of Basic Education, 2012).

6.5.3 Conclusion on the role of stigma and psychosocial distress

A central conclusion is that stigma and psychosocial distress are not 'secondary' issues; they are primary determinants of programme utilisation and educational engagement. Judgmental responses from peers, educators, community members, and health workers can suppress

help-seeking and intensify dropout vulnerability. Conversely, stigma-free environments and accessible counselling can protect motivation, future orientation, and learning continuity. Therefore, support programme design and implementation should treat stigma reduction and psychosocial care as core components rather than optional add-ons.

6.6 Implications for policy, practice, and theory

6.6.1 Policy and governance implications

The findings imply that district- and school-level governance should prioritise implementation fidelity to the 2021 learner pregnancy policy, including practical tools (standard operating procedures, reporting templates, and referral directories) and accountability mechanisms for non-discrimination (Department of Basic Education, 2021). At the district level, clearer coordination between education, health, and social development is needed to operationalise intersectoral pathways envisioned in the Integrated School Health Policy (Department of Health & Department of Basic Education, 2012).

6.6.2 Practice and programme implications

At school level, the study indicates that retention and re-entry are strengthened when there is: (i) accessible psychosocial support; (ii) flexible academic accommodations; (iii) proactive communication with caregivers; and (iv) functional referral relationships with youth-friendly SRH services. For health services, the findings emphasise that confidentiality, non-judgemental care, and contraceptive counselling directly affect school outcomes by shaping learners' ability to access care without fear of stigma.

6.6.3 Theoretical implications

Theoretically, the study confirms the value of ecological systems theory for understanding teenage pregnancy and academic achievement as outcomes of interacting systems rather than isolated individual behaviour. It also demonstrates the importance of a gender-sensitive lens: pregnancy-related educational disruption is shaped by gendered moral judgement, unequal responsibility placed on girls and young mothers, partner abandonment, family expectations and institutional norms. The integration of ecological theory, gendered power and intersectionality therefore provides a stronger explanation of how vulnerability is produced and how support programmes may moderate educational harm.

6.7 Recommendations

Recommendations are presented at learner, school, district, and intersectoral levels. They are designed to be feasible within Bohlabela District while remaining aligned with national policy requirements and the multi-sectoral intent of school health programming (Department of Basic Education, 2021; Department of Health & Department of Basic Education, 2012).

6.7.1 Recommendations for schools and school management teams (SMTs)

- Establish a clear written school protocol on learner pregnancy aligned to the national policy (including confidentiality, non-discrimination, re-entry planning, and referral procedures).
- Strengthen School-Based Support Teams (SBSTs) to develop individualised support plans for pregnant and parenting learners (academic catch-up, assessment accommodations, and psychosocial support).
- Implement continuity-of-learning strategies: structured catch-up sessions, teacher-provided lesson packs, flexible deadlines, and scheduled academic check-ins during antenatal and postpartum periods.
- Create stigma-free school climates through staff briefings, learner assemblies, and restorative approaches that explicitly prohibit humiliation, harassment, and moralising conduct.
- Introduce designated ‘support focal persons’ (e.g., LO teacher/counsellor) with protected time to coordinate support and referrals, reducing ad hoc reliance on individual goodwill.

6.7.2 Recommendations for district education authorities

- Provide regular capacity-building for educators and SMTs on the 2021 learner pregnancy policy, including practical case scenarios and guidance on rights-based responses.
- Deploy or contract psychosocial support capacity (e.g., social workers/psychologists) to provide scheduled on-site services across schools, prioritising high-burden circuits.
- Develop a district referral directory and standard referral form linking schools to clinics, adolescent/youth-friendly services, social development services, and community NGOs.

- Monitor implementation fidelity through supportive supervision (not punitive audits), including feedback loops that help schools identify barriers and implement corrective actions.
- Integrate learner pregnancy indicators into district-level learner support dashboards (e.g., re-entry rates, progression outcomes, and service referral uptake) to guide targeted support.

6.7.3 Recommendations for health services and school–clinic partnerships

- Strengthen youth-friendly SRH services that emphasise confidentiality, respectful care, and non-judgemental counselling, particularly for contraception and postpartum support.
- Create routine liaison mechanisms (monthly or quarterly) between clinic managers and school SBST focal persons to review referral bottlenecks and improve service responsiveness.
- Implement stigma-reduction training for frontline health workers serving adolescents, explicitly addressing moral judgement and confidentiality breaches.
- Ensure consistent availability of contraceptive options and counselling within referral pathways, and provide clear information to learners on how to access services safely.

6.7.4 Recommendations for families, communities, and social support systems

- Strengthen caregiver engagement through structured school meetings and counselling that supports non-punitive communication and practical assistance plans.
- Mobilise community-based organisations and faith/community leaders to shift harmful norms and reduce blame narratives, promoting supportive re-entry and continuation of schooling.
- Facilitate access to social protection mechanisms and childcare support where feasible, recognising that childcare constraints are a direct driver of absenteeism and academic discontinuity.

6.7.5 Implementation matrix for priority recommendations

Table 6.1 summarises priority recommendations, responsible actors, indicative timelines, and suggested monitoring indicators for tracking implementation in Bohlabela District.

Priority action	Lead actor(s)	Indicative timeline	Monitoring indicator(s)
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Adopt school-level pregnancy support protocol aligned to national policy	SMT & SGB; SBST	0–3 months	Protocol approved; staff briefing completed
Set up SBST case-management for pregnant/parenting learners	SBST; LO educator; Grade heads	0–6 months	Number of learners with support plans; follow-up logs
Introduce structured catch-up and continuity-of-learning package	Subject educators; academic committee	0–6 months	Attendance to catch-up; assessment completion rates
Schedule periodic on-site psychosocial services	District; partnering NGOs; DoH	3–12 months	Number of counselling sessions delivered; referral uptake
Formalise school–clinic liaison and referral pathway	Clinic manager; SBST focal person	0–6 months	Referral turnaround time; contraception counselling uptake
Implement stigma-reduction interventions in school and clinic settings	SMT; DoH facility lead	3–12 months	Reported stigma incidents; learner satisfaction feedback

Table 6.1: Implementation matrix for priority recommendations.

6.8 Study limitations

While the study provides rich, contextually grounded insights, several limitations should be acknowledged. First, the study used qualitative methods and a purposive sample in two schools, which limits statistical generalisability. Second, academic achievement was interpreted primarily through participant accounts and available contextual indicators rather than a full quantitative longitudinal performance dataset. Third, social desirability bias may have influenced some accounts given the sensitivity of teenage pregnancy and stigma. Nevertheless, triangulation across learners and educators, and the comparative design, strengthened credibility and the usefulness of findings for programme improvement within similar rural districts.

6.9 Suggestions for further research

Further research is recommended to deepen and extend these findings. Key priorities include:

- A mixed-methods or longitudinal study that quantitatively tracks attendance, marks, progression, and re-entry outcomes before, during, and after pregnancy.
- Implementation research assessing fidelity and effectiveness of the 2021 learner pregnancy policy at school and district levels, including resource and governance constraints.

- Evaluation of specific support programme models (e.g., on-site counselling, structured catch-up, childcare-linked interventions) to identify cost-effective and scalable approaches.
- Studies examining health service barriers to contraception and postpartum support among learners, including confidentiality and stigma experiences in rural facilities.

6.10 Final conclusion

In conclusion, this dissertation demonstrates that teenage pregnancy and early parenting in Bohlabela District compromise academic achievement through a set of interlocking educational, psychosocial, and stigma-related mechanisms. The study shows that support programmes can mitigate these harms, but their effectiveness depends on implementation fidelity, staff capacity, and functional intersectoral coordination. The recommendations provided emphasise structured school protocols, psychosocial services, flexible academic accommodations, and strengthened school–clinic partnerships as practical and rights-based strategies to protect learners’ educational futures. If implemented coherently, these measures can support retention, re-entry, and academic progression for pregnant and parenting learners, while also contributing to broader adolescent sexual and reproductive health and equity goals.

REFERENCES

- Barron, P., Subedar, H., Letsoko, M., Makua, M., & Pillay, Y. (2022). Teenage births and pregnancies in South Africa, 2017-2021 - a reflection of a troubled country: Analysis of public sector data. *SAMJ: South African Medical Journal*, 112(4), 252-258. <https://doi.org/10.7196/SAMJ.2022.v112i4.16327>
- Beukes, S. M., Tsotetsi, C., & Barnett, E. P. (2025). Teachers' capability sets for implementing the teenage pregnancy policy in two selected high schools in the Tshwane district, South Africa. *International Journal of Studies in Psychology*, 5(3), 11–18. <https://doi.org/10.38140/ijspsey.v5i3.1279>
- Branson, N., Ardington, C., & Leibbrandt, M. (2013). Trends in teenage childbearing and schooling outcomes for children born to teens in South Africa (SALDRU Working Paper No. 98). Southern Africa Labour and Development Research Unit, University of Cape Town.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Bronfenbrenner, U. (1994). Ecological models of human development. In T. Husen & T. N. Postlethwaite (Eds.), *International encyclopedia of education* (2nd ed., Vol. 3, pp. 1643–1647). Elsevier.
- Connell, R. W. (1987). *Gender and power: Society, the person and sexual politics*. Stanford University Press.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241-1299. <https://doi.org/10.2307/1229039>
- Department of Basic Education, & Department of Health. (2012). *Integrated School Health Policy*. <https://serve.mg.co.za/content/documents/2017/06/14/integratedschoolhealthpolicydbeanddoh.pdf>

Department of Basic Education. (2019, November 13). Comprehensive Sexuality Education.

<https://www.education.gov.za/Home/ComprehensiveSexualityEducation.aspx>

Department of Basic Education. (2021, December 3). Policy on the prevention and management of learner pregnancy in schools (Government Gazette No. 45580, Notice 704 of 2021).
https://www.gov.za/sites/default/files/gcis_document/202112/45580gen704.pdf

Department of Cooperative Governance and Traditional Affairs. (2020, July 7). Profile: Ehlanzeni District Municipality (District Development Model).
https://www.cogta.gov.za/ddm/wp-content/uploads/2020/07/Take3_Final-Edited-Ehlanzeni-DM_07July2020-FINAL.pdf

Department of Health. (2012). National contraception and fertility planning policy and service delivery guidelines. National Department of Health, Republic of South Africa.

Duby, Z., Bunce, B., Fowler, C., Bergh, K., Jonas, K., Slingers, N., Mathews, C., & Abdullah, F. (2025). Who is to blame for the ‘problem’ of teenage pregnancy? Narratives of blame in two South African communities. *Reproductive Health*, 2(1), 18. <https://doi.org/10.1186/s12978-2025-01958-7>

Erasmus, M. O., Knight, L., & Dutton, J. (2020). Barriers to accessing maternal health care amongst pregnant adolescents in South Africa: A qualitative study. *International Journal of Public Health*, 65(4), 469–476.
<https://doi.org/10.1007/s00038-2020-01374-7>

Field, S., Abrahams, Z., & Honikman, S. (2020). Adolescent mothers: A qualitative study on barriers and facilitators to mental health in a low-resource setting in Cape Town, South Africa. *African Journal of Primary Health Care & Family Medicine*, 12(1), a2279. <https://doi.org/10.4102/phcfm.v12i1.2279>

Govender, D., Naidoo, S., & Taylor, M. (2020). Antenatal and postpartum depression: Prevalence and associated risk factors among adolescents in KwaZulu-Natal, South Africa. *Depression Research and Treatment*, 2020, 5364521. <https://doi.org/10.1155/2020/5364521>

- Grant, M. J., & Hallman, K. K. (2008). Pregnancy-related school dropout and prior school performance in KwaZulu-Natal, South Africa. *Studies in Family Planning*, 39(4), 369–382. <https://doi.org/10.1111/j.1728-4465.2008.00181.x>
- Hennink, M. M., Kaiser, B. N., & Marconi, V. C. (2017). Code saturation versus meaning saturation: How many interviews are enough? *Qualitative Health Research*, 27(4), 591-608. <https://doi.org/10.1177/1049732316665344>
- Jochim, J., Cluver, L., Sidloyi, L., Kelly, J., Ornellas, A., Mangqalaza, H., Coakley, C., Nogoduka, C., Pillay, M., Nokama, B., George, G., Toska, E., & Teen Advisory Group Eastern Cape. (2023). Improving educational and reproductive outcomes for adolescent mothers in South Africa: A cross-sectional analysis towards realising policy goals. *Global Public Health*, 18(1), 2206465. <https://doi.org/10.1080/17441692.2023.2206465>
- Jochim, J., Meinck, F., Toska, E., Roberts, K., Wittesaele, C., Langwenya, N., & Cluver, L. (2023). Who goes back to school after birth? Factors associated with postpartum school return among adolescent mothers in the Eastern Cape, South Africa. *Global Public Health*, 18(1), 2049846. <https://doi.org/10.1080/17441692.2022.2049846>
- Kassa, G. M., Arowojolu, A. O., Odukogbe, A. A., & Yalew, A. W. (2018). Prevalence and determinants of adolescent pregnancy in Africa: A systematic review and meta-analysis. *Reproductive Health*, 15, 195. <https://doi.org/10.1186/s12978-2018-0640-2>
- Mjwara, N., & Maharaj, P. (2018). Becoming a mother: Perspectives and experiences of young women in a South African township. *Culture, Health & Sexuality*, 20(2), 129-140. <https://doi.org/10.1080/13691058.2017.1334963>
- National Health Research Ethics Council. (2015). *Ethics in health research: Principles, processes and structures* (2nd ed.). National Department of Health, Republic of South Africa. <https://www.health.gov.za/wp-content/uploads/2022/05/NHREC-DoH-2015-Ethics-in-Health-Research-Guidelines-1.pdf>
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16, 1–13. <https://doi.org/10.1177/1609406917733847>

- Ntshayintshayi, P. N., Sehularo, L. A., Mokgaola, I. O., & Sepeng, N. V. (2022). Exploring the psychosocial challenges faced by pregnant teenagers in Ditsobotla subdistrict. *Health SA Gesondheid*, 27, a1880. <https://doi.org/10.4102/hsag.v27i0.1880>
- Odimegwu, C. O., Amoo, E. O., & De Wet, N. (2018). Teenage pregnancy in South Africa: Where are the young men involved? *South African Journal of Child Health*, 12(spe), s44–s50. <https://doi.org/10.7196/SAJCH.2018.v12i2b.1523>
- Panday, S., Makiwane, M., Ranchod, C., & Letsoalo, T. (2009). Teenage pregnancy in South Africa: With a specific focus on school-going learners. Human Sciences Research Council. https://www.gov.za/sites/default/files/gcis_document/201409/dobeteenagepregnancyreport.pdf
- Rasesemola, R. M., Matshoge, G. P., & Ramukumba, T. S. (2019). Compliance to the Integrated School Health Policy: Intersectoral and multisectoral collaboration. *Curationis*, 42(1), a1912. <https://doi.org/10.4102/curationis.v42i1.1912>
- Segalo, L. J. (2020). Learner pregnancy in secondary schools in South Africa: Have attitudes and perceptions of teachers changed? *KOERS—Bulletin for Christian Scholarship*, 85(1), 1–9. <https://doi.org/10.19108/KOERS.85.1.2461>
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 2(2), 63–75. <https://doi.org/10.3233/EFI-2004-22201>
- Statistics South Africa. (2016). Demographic profile of adolescents in South Africa (Report No. 03-00-10). Statistics South Africa. <https://www.statssa.gov.za/publications/Report%2003-00-10/Report%2003-00-102016.pdf>
- UNICEF Eastern and Southern Africa Regional Office. (2024, August 1). The Right to Return: School re-entry policy and practice for pregnant and parenting adolescent girls in Eastern and Southern Africa (Evidence-informed policy brief). <https://www.unicef.org/esa/media/16856/file/The-Right-to-Return-2026.pdf>
- United Nations Children’s Fund. (2024). Early childbearing and teenage pregnancy rates by country. <https://data.unicef.org/topic/child-health/early-childbearing/>

United Nations Population Fund. (2019). Adolescent pregnancy.
<https://www.unfpa.org/adolescent-pregnancy>

World Health Organization. (2024, April 10). Adolescent pregnancy.
<https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>

Appendix 1: Ethics Approval Letter



College of Human Sciences_CREC

Date: 19/05/2025

Dear: Ms Patricia Boipilo Mhlanga

NHREC Registration # : (Rec-240816-052)

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**Decision: Ethics Conditionally
Approved**

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**The impact of teenage pregnancy on academic achievements among high school students:
a comparative analysis of support programs' effectiveness in Bohlabela District,
Mpumalanga**

Qualification: Master in Gender and Sexuality Studies

Thank you for the application for research ethics clearance by the College of Human Sciences_CREC for the above-mentioned research. The application was reviewed by College of Human Sciences_CREC on **19 May 2025**

The application is conditionally approved pending stipulated conditions.

Please receive the comments from the committee. You may address these comments by amending the application and resubmit.

Title	Comment
Please upload all your TRREE certificates here. If you have completed more than one module, please combine them in a zip folder.	Please ensure to upload your supervisor's proof of ethics training too. This is a requirement for the approval of all high risk studies.
Proposed Start Date	correct the start and end year.
Please upload your proposal (or relevant chapters).	submit CREC application
Describe the participants involved in your research project, including the site	

Appendix 2: Department of Education Approval



education
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Dear Patricia B Mhlanga

THE IMPACT OF TEENAGE PREGNANCY ON ACADEMIC ACHIEVEMENTS AMONG HIGH SCHOOL STUDENTS: A COMPARATIVE ANALYSIS OF SUPPORT PROGRAMS' EFFECTIVENESS IN BOHLABELA DISTRICT, MPUMALANGA

Your application to conduct research study was received and is therefore acknowledged. The title of your research project reads: **"The Impact of Teenage Pregnancy on Academic Achievements Among High School Students: A Comparative Analysis of Support Programs' Effectiveness in Bohlabela District, Mpumalanga Province"**. I trust that the aims and the objectives of the study will benefit the whole department especially the beneficiaries. Your request is approved subject to you observing the provisions of the departmental research policy which is available in the department website. You are requested to adhere to your university's research ethics as spelt out in your research ethics.

In terms of the research policy, data or any research activity can be conducted after school hours as per appointment with affected participants and schools' regulations be observed. You are also requested to share your findings with the relevant sections of the department so that we may consider implementing your findings if that will be in the best interest of the department. To this effect, your final approved research report (both soft and hard copy) should be submitted to the department so that your recommendations could be implemented. You may be required to prepare a presentation and present at the departments' annual research dialogue

For more information kindly liaise with the department's research unit @ 013 766 5015 / 5124 Or c.maphanga@mpuedu.gov.za

The department wishes you well in this important project and pledges to give you the necessary support you may need.

Ref/2025/07/1641



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**THE IMPACT OF TEENAGE PREGNANCY ON ACADEMIC ACHIEVEMENTS AMONG HIGH
SCHOOL STUDENTS: A COMPARATIVE ANALYSIS OF SUPPORT PROGRAMS'
EFFECTIVENESS IN BOHLABELA DISTRICT, MPUMALANGA**

Regards



MS. GUGU MASHITENG
HEAD OF DEPARTMENT: EDUCATION [H/O]
DATE: 28-07-2025

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Appendix 3: Data Collection Tools

Questionnaires

Researcher: Mhlanga Patricia Boipilo

Section 1: Demographic Information

1. Age: _____
2. School: Shanke Secondary School / Masana Sec School
3. Grade Level: _____
4. Duration of Pregnancy: _____
5. Living Situation: (With parents, guardians, alone, etc.) _____

Section 2: Academic Performance

1. Can you describe your current academic situation?
 - ✓ What subjects are you taking, and how are you performing in them?
2. How did your academic performance change after you became pregnant?
 - ✓ Were there any specific subjects that were more affected than others? Why do you think that is?
3. Do you feel you have enough support from your teachers regarding your academic work?
 - ✓ Can you provide specific examples of support you've received or lack thereof?
4. How do you manage your time between studying, attending school, and handling responsibilities as a parent?
 - ✓ What strategies do you use to balance these responsibilities?

Section 3: Emotional Well-being

5. How has your emotional state changed since becoming pregnant?
 - ✓ Can you describe specific feelings or emotions you have experienced?
6. Have you experienced any stress or anxiety related to your pregnancy and schooling?

Section 5: Future Recommendations

10. What changes would you suggest improving the academic outcomes of pregnant and parenting students in your school?

- ✓ Are there specific strategies you believe would be effective?

11. Do you have any additional comments or suggestions related to teenage pregnancy and academic achievement?

Conclusion

- ✓ Thank the participant again for their time and valuable insights.
- ✓ Remind them of the confidentiality of their responses and how their input will contribute to the study.

Data Collection

- Ensure interviews are conducted in a quiet and private location to promote openness.
- Record responses with the participant's consent, using audio recording devices or detailed notetaking.

Section 2: Observations on Academic Performance

1. Can you describe your experience working with teenage mothers in your school?
2. In your opinion, how does teenage pregnancy affect academic performance among students?
 - ✓ Can you provide specific examples or observations?
3. What specific challenges do you observe that pregnant and parenting students face in their academic journey?
4. Are there specific behaviors or changes in academic performance that you have noted among pregnant students compared to their peers?

Section 3: Support Programs and Resources

5. Can you discuss the support programs available at your school for pregnant students?
 - ✓ How effective do you think these programs are?
6. What feedback have you received from students regarding these support programs?
 - ✓ Have any students shared their experiences with you?
7. What additional support do you think is necessary for pregnant teens to succeed academically?
 - ✓ Are there specific programs or resources you would recommend?

Section 4: Overall School Environment

8. How do you think the school environment influences the experiences of pregnant and parenting teens?
 - ✓ Do you feel there is a stigma attached to being a pregnant student at your school?
9. How does the school promote inclusivity and support for all students, including pregnant teens?

- ✓ How do you plan to overcome these challenges?

Section 7: Personal Experience and Advice

15. What advice would you give to other teenagers who might find themselves in a similar situation?

- ✓ What have you learned from your experience?

16. Is there anything else you would like to share about your experience as a pregnant or parenting teen?

- ✓ Any additional thoughts on how schools or communities could better support students like you?

Interview Guide for Educators

Introduction

Greeting: Thank you for taking the time to participate in this interview. Your perspectives are crucial for our research.

Purpose: This interview aims to gather insights on the impact of teenage pregnancy on students and the effectiveness of support programs.

Confidentiality: Your responses will remain confidential, and you may withdraw at any time.

Recording: With your permission, I would like to record this interview for accuracy in data collection.

Section 1: Background Information

1. What subject(s) do you teach?
2. How long have you been teaching at this school?
3. Have you worked with pregnant or parenting students? If so, for how long?

- ✓ If so, how do you cope with those feelings?

7. Do you feel supported emotionally by your family, friends, and peers?

- ✓ Can you share any specific examples of support you've received or times you felt alone?

Section 4: Social Relationships

8. How has your pregnancy affected your relationships with friends and classmates?

- ✓ Have you lost friends or found new ones since becoming pregnant?

9. How do you think your peers perceive you as a pregnant or parenting student?

- ✓ Have you experienced any stigma or support from your classmates?

Section 5: Support Programs and Resources

10. Are you aware of any support programs for pregnant and parenting teens at your school?

- ✓ If yes, what programs are available, and have you participated in any of them?

11. How effective do you find these support programs?

- ✓ Can you share any personal experiences that highlight their impact on your academic journey?

12. What additional resources or support do you think would be helpful for students in your situation?

- ✓ Are there specific types of programs or services you wish were available?

Section 6: Future Aspirations

13. How do you envision your future regarding education and career after becoming a parent?

- What are your goals, and what steps do you plan to take to achieve them?

14. What challenges do you foresee in achieving your educational goals?