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Publisher: Routledge

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Journal of Youth Studies

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/cjys20>

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Available online: 19 Aug 2011

To cite this article: Matsidiso Nehemia Naong (2011): Learner pregnancy - perceptions on its prevalence and the Child Support Grant (CSG) being the possible cause in South African secondary schools, *Journal of Youth Studies*, 14:8, 901-920

To link to this article: <http://dx.doi.org/10.1080/13676261.2011.607433>

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Learner pregnancy – perceptions on its prevalence and the Child Support Grant (CSG) being the possible cause in South African secondary schools

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(Received 15 July 2010; final version received 20 July 2011)

Learner pregnancy has recently become a thorn in the flesh for most schools in South Africa, and documentary evidence shows that its prevalence is greater amongst Black public schools than White schools. Within its discourse, more often than not, the Child Support Grant (CSG) has featured prominently in the perceived increase in the pregnancy rate among learners. It is therefore essential for research to find an answer to the question: Are girl learners falling pregnant and having children in order to receive a CSG? A sample of 302 secondary school principals and 225 Grade 12 learners was used in this study. The study found that peer pressure, poverty and substance abuse are perceived as the primary causes of learner pregnancy. The study also reveals that the majority of school principals (62%) bemoan a lack of support and cooperation from both authorities and parents in dealing with this challenge. The majority of Grade 12 learners (92%) identified, among others, a lack of family support/love, substance abuse and promiscuity as the three key issues that require urgent attention. It is clear from the findings of this study that learner pregnancy is not linked to the CSG.

Keywords: learner pregnancy; causes; principals; Child Support Grant (CSG); public schools; South Africa

Introduction

The problem of teenage pregnancy among schoolgirls is a major concern in many countries and a hindrance to the elimination of gender disparities in education, more so, on a continent ravaged by the scourge of HIV/AIDS. Furthermore, on a continent where the adage: When you educate a woman you educate a nation holds true, the repercussions of girls dropping out of school due to pregnancy cannot be over-estimated (Hubbard 2009, p. 223). Similarly, Jewkes *et al.* (2001, p. 733) concur that even in South Africa this problem is prevalent among girls who are still at school. To limit and restrict the discourse and put the context, emphasis and focus on school-going teenagers, as is the case in this paper, most researchers (for example, Lehohla 2007, Chigona and Chetty 2008, Neves *et al.* 2009, Republic of South Africa 2009, IRIN 2010) prefer to substitute the commonly used and all-encompassing term of 'teenager' with 'learner'. However, more often than not, the two terms are found to be used interchangeably. In this paper, learner pregnancy is defined as a teenaged

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or under-aged girl (usually between the ages of 13 and 19) becoming pregnant. The term commonly used (in South Africa) usually refers to women who have not reached legal adulthood, which varies across the world, who become pregnant (Department of Health, MRC 2007). The usage of the term 'learner' in this paper is borrowed, for example, from a number of South African legislative documents and policies namely the DoE's Measures for Prevention and Management of Learner Pregnancy (2007); The South African School Act (SASA) of 1996; National Policy on HIV/AIDS for Learners and Educators, (Government Gazette No. 20372 of 10 August 1999) where the term features prominently. The Minister of Basic Education, Angie Motshega (Republic of South Africa 2009, p. 4) remarked that 'pregnancy is amongst the major concerns that pose a serious threat to gains achieved in public schools thus far'. Additionally, Lebeka (2010, p. 31) argues that teenagers are not prepared for parenthood and are forced to drop out of school and take low-paying jobs. Teenage pregnancy also costs taxpayers due to the fact that the mothers rely on Child Support Grants (CSGs).

In the past, this problem generated a lot of interest and led to numerous causes and assumptions being made mainly in the media, for example: (1) Teens are not only falling pregnant deliberately to receive the monthly ZAR200 (about 28.55US\$) basic grant, but they also turn these babies into moneymaking machines, earning thousands a month in child and foster care grants (Horsfield 2007, p. 22); (2) To sleep with one's boyfriend or girlfriend can determine one's membership of a particular group. Rebellion amongst the youth against using condoms has also become a thorn in the flesh for the entire society (Daily Sun 2009, p. 18); (3) It is not only older pupils who have unprotected sex, but primary school learners as well. Some of the primary school pregnancies are mainly due to pure ignorance and curiosity (Khoza 2007a, p. 12); (4) SACE spokesperson Themba Ndhlovu stated that about 75 sexual offences involving teachers impregnating pupils or having sexual relations with pupils had been reported since April last year, countrywide (Matlala 2009, p. 2); (5) Despite high levels of knowledge about modern methods of contraception, a large cohort of young people do not use contraception devices and many use them inconsistently and incorrectly. A literature review and a secondary analysis show that teenage fertility is, in fact, the result of a complex set of varied and inter-related factors, largely associated with the social conditions in which children grow up (Republic of South Africa 2009, p. 6); and (6) Pregnant learners pose a number of challenges for teachers. It is very common to see newspaper headlines such as 'Pregnant pupils must be let back into school' (Kotlolo 2010, p. 6).

A highly publicised report by Khoza (2007b, p. 26) indicates that the number of schools girls who have fallen pregnant in Mpumalanga's Ehlanzeni district in 2007 had risen from 1052 to 1292 after 12 more schools provided their statistics. Representing a total number of 1230 going to 120 high school girls, and the other 62 girls coming from 33 primary schools. Khoza further insisted that the figure was expected to increase when 15 more schools submitted their figures. The trends according to the study conducted by Berry and Hall (2009) show that African (13%) and Coloured (10%) teenagers having higher rates of pregnancies in comparison to other population groups. They further assumed that the factors which can contribute to the number of teenagers who fall pregnant are, for example, gender power imbalances (associated in particular with significantly older partners), early sexual

Table 1. The proportion of teenagers who have been pregnant in South Africa, by province.

Province	1998	2003
Eastern Cape	18.2	13.9
Free State	12.6	15.1
Gauteng	9.5	12.2
Kwazulu-Natal	16.7	1.8
Limpopo	20.0	16.6
Mpumalanga	25.2	13.3
North West	13.4	14.2
Northern Cape	18.0	15.4
Western Cape	16.4	13.6
South Africa	16.4	11.9

debut, barriers to contraceptive use (seldom used at sexual initiation) and misinformation on sexual health matters.

Another study conducted by Lehohla (2007) reports that learner pregnancy is an important indicator pertaining to the situation of teenage girls, especially in regard to its effects on schooling. In 2002, there were 66,000 teenage girls who reported pregnancy as the main reason for not attending an educational institution. This rose to 86,000 in 2004, but dropped to 71,000 in 2006. In 2002, 11.8% of teenage girls who were not attending an educational institution reported pregnancy as the main reason, rising to 17.4% in 2004 and declining to 13.9% in 2006. Over the period 2002–2006, the percentage of children who went hungry was substantially higher in female-headed households than in male-headed households. For example, in 2006 children went hungry in 3.4% of female-headed households, compared to 1.6% in male-headed households. However, over the period 2002–2006, and reflecting the national average, the percentages of children that went hungry declined, particularly in female-headed households (Lehohla 2007).

Tables 1 and 2 illustrate the prevalence of teenage pregnancy from 1998 to 2003 for most provinces in South Africa. However, it is essential to note that these statistics provide a summative picture of the teenage pregnancy rate in the country, whereas this paper intends to focus exclusively on its prevalence amongst South African school-going learners.

Table 2. The proportion of teenagers who have ever been pregnant in South Africa, by population group.

Population group	1998	2003
African	17.8	12.7
Coloured	19.3	10.1
Indian	4.3	2.0
White	2.2	2.4
South Africa	16.4	11.9

Source: Department of Health, Medical Research Council & OrcMacro (2007), South Africa Demographic and Health Survey 2003. Pretoria: Department of Health.

Global perspectives on school disruption

The relationship between early pregnancy and school disruption is complicated. Studies in the United States (Brindis 1993) show that many young women who become mothers leave school before pregnancy. Data from early studies in South Africa seemed to point in this direction (Macleod 1999). More recently, 20.6% of the pregnant teenagers in the survey conducted by Manzini (2001) in KwaZulu-Natal had left school prior to conceiving. There are thus numerous factors, besides pregnancy, that lead to school leaving. The 2003 General Household Survey statistics indicate that of all the females who have dropped out of school, only 13% cited pregnancy as a reason (Crouch 2005). A survey conducted amongst rural youth found that 13% of 16-year-old females had left school, but only 5% of the sample who had left school was pregnant (Hargreaves *et al.* 2008).

Some of the major reasons for leaving school before the end of Grade 12 cited in a South African study of poor, rural schools include poverty and a lack of motivation to complete school (Mokgalabone 1999). The Human Sciences Research Council (HSRC) (2007) study reports that the reasons for youth leaving school related to the school itself, including frustration associated with the inexperience of teachers, who are often required to teach in areas that are not their expertise, and the lack of relevance of the curriculum and a lack of teaching materials. Among factors within the home that lead to drop-outs, learners in this study cited the absence of parents at home, pregnancy, financial difficulties and the need to care of siblings or sick family members (HSRC 2007). Biddecom and Bakilana (2003) provide data from the Cape Area Panel Study in which school leaving is broken down by race. It was found that by age 18, 30% of Coloured, 18% of African and <8% of White learners had stopped school.

Various reasons for drop-out and return have been explored. Lloyd (2005) ascribes the drop-out rates to women's access to CSGs. Grant and Hallman (2006) found that prior poor school performance (e.g. non-pregnancy-related repetition of grades) and being a primary caregiver for the child are strongly associated with the likelihood of dropping out when pregnant (poor performance also increases the likelihood of becoming pregnant). International literature confirms that the domestic context of a young woman is a factor in the decision to drop out of school after conception. A review of the literature conducted by the World Health Organisation [WHO] (2004) found that in nine out of 16 papers, learners living with both parents and in three out of three papers, family stability and connection are factors that influence the decision to leave or remain at school after giving birth. However, research in Brazil (Hallman *et al.* 2005) and Guatemala (Connelly *et al.* 1996) suggest that domestic duties are likely to influence a young woman's decision to leave school even if she is not pregnant.

Evidently, the impact of learner pregnancy has far-reaching effects. According to a recent report by Save the Children, ... the children of uneducated mothers are more than twice as likely to die or be malnourished than the children of mothers who have secondary or higher education. Children born to educated mothers have a higher chance of enrolling and completing school. Conversely, children of less educated mothers are less likely to complete school themselves, meaning that they will have fewer opportunities to better their lives since they lack the level of education that would allow them to compete successfully for jobs. Thus, the concern about

improving the educational rights of girls who become pregnant is based in part on the knowledge that this will affect the fate of their children and future generations (Hubbard 2008, p. 226).

The Reproductive Health Research Unit (RHRU), a collaborative research institution between Rhodes University, the Department of Health of South Africa and the WHO, is at the beginning stages of investigating a conditional cash transfer to families of mothers who stay in school. The project involves providing a cash grant on condition that a young girl who is pregnant stays in school. Should the grant work as a positive incentive, the research will be used for a similar grant to be implemented by the government (MacPhail 2008, personal communication, 23 Oct 2008). Such research suggests the economic dimensions of school-dropout, as well as the need for positive incentives to keep pregnant young women in school.

History of social grants in South Africa with specific reference to the Child Support Grant (CSG)

Social grants, or social assistance, describes non-contributory cash transfer programmes, targeted at people who are underprivileged or vulnerable (Grosh *et al.* 2008). Social grants assist in alleviating poverty and reducing vulnerability not only by redistributing income, but also provide a social insurance function by helping to smooth consumption and avoiding plunges into ultra-destitution following livelihood shocks (Neves *et al.* 2009, p. 9). The post-apartheid transformation of the social welfare system has seen the racial composition of its beneficiaries change, and the extension of grants to children has been a key component of the expanding system of social assistance (Pauw and Mncube 2007). The afore-mentioned authors further report that in the mid-1990s pensioners accounted for over 63% and children 12% of the grant expenditure; a decade later, child grants totalled 35% and pensions 37% of spending. While expenditure on pensions grew approximately 6.3% in real terms between 2001/2002 and 2005/2006 (National Treasury 2005), spending on child grants comfortably outpaced demographic growth, increasing between 30 and 50%. Since the underlying question of this paper focuses exclusively on one type of grant, namely, the CSG, the following section is dedicated to this topic.

Controversy surrounding the Child Support Grant (CSG)

There is a general perception in South Africa that the CSG provided by the state acts as an incentive, causing young girls to fall pregnant (IRIN Africa 2010). The CSG was introduced in South Africa in 1998 amid a great deal of controversy and fanfare (Triegaard 2004, p. 251). According to Neves *et al.* (2009, p. 14), three social grants are targeted at children in South Africa: the care dependency, child support and foster care grants. Although they form a prominent and growing component of the post-apartheid welfare regime, child grants have long antecedents in South Africa's racialised systems of state welfare. The Children's Act of 1913 instituted maintenance grants for impoverished white minors, and this was extended to Indians and Coloureds around the mid-century. By 1990, about half of the maintenance and foster care grants were received by Coloured children, a large proportion by Indians, a small proportion by the (comparatively affluent) white population and a fraction of a single per cent by Africans; this despite the fact that Africans make up roughly

three quarters of the population (Alderman 1999). The 1996 Lund Committee on Child and Family Support was tasked with reviewing the Child Maintenance Grant, and sought to reconcile fiscal constraints with the imperative of extending the grant to Africans (Republic of South Africa 1996). The pre-1998 maintenance grant of ZAR160.00 (about 22.84US\$) was replaced by a universal, means-tested CSG of ZAR100.00 (i.e. 14.27US\$). The CSG increased to ZAR142.00 (i.e. 20.27US\$) in 2006 (an increase of 6%, representing high levels of annual growth for a grant) (Pauw and Mncube 2007) and was ZAR240.00 (i.e. 34.26US\$) in 2009.

Neves *et al.* (2009, p. 14) indicate that South Africa's CSG has two distinctive features. The first is that rather than limiting eligibility to a biological parent or legally adjudicated foster or adoptive parent, the child's primary caregiver is designated as the grant recipient. This serves to accommodate widespread patterns of kinship care and household flux within the South African context. The second notable feature is that the CSG provides an unconditional cash benefit, rather than the more common international practice of either an unconditional in-kind benefit or a conditional cash benefit (Case *et al.* 2005). While eligibility for the CSG is unconditional, the administrative requirements, particularly the need for the Department of Home Affairs-issued identity documents, can be onerous and even exclusionary (Leatt 2006). Eligibility is also tempered by the widespread practice of officials imposing informal, *de facto* conditions, including the beneficiary child's clinic card or proof of school enrolment and affidavits attesting to the recipient's unemployment, registration as a job seeker (Hall 2007) or having sought maintenance from the child's father (Goldblatt 2005).

Initially, only children under seven years of age were eligible for the CSG, but the grant was extended to children under 14 years in 2005 and to those under 15 years in 2009. Recipients are overwhelmingly female, mostly African and have lower levels of education (and therefore access to employment) than non-recipients (Delany *et al.* 2008). The numbers of beneficiaries have risen sharply from under one million in 2001 to 6.8 million by 2006. While targeting is reasonably effective and the leakage of grant benefits through errors of inclusion moderately contained (13%), errors of exclusion at almost 21% are relatively high. Bundlender *et al.* (2005) compared General Household Survey data with the Department of Social Development data to show that by late 2003 an estimated 78% of children eligible for the CSG were receiving it. The evidence suggests that children who do not have their biological mother as their primary caregiver (Bundlender *et al.* 2005) and the poorest, are the least likely to access the CSG (Barrientos and De Jong 2006, Hall 2007). The exclusion of these groups probably reflects compound patterns of deprivation and vulnerability. Nevertheless, in the context of an HIV and AIDS pandemic, orphans and other groups of vulnerable children are arguably best supported by equitable access to the CSG (Meintjes *et al.* 2003).

One weakness is that the original CSG means test thresholds were unrevised for almost a decade from 1998. Therefore, in real terms, the income thresholds declined and eligibility criteria became stricter. In addition, some commentators have suggested that the means test is administratively expensive (Bundlender *et al.* 2005, Hall 2007), ineffective, imposes onerous costs on applicants and is largely redundant in areas of widespread poverty. They argue that it ought to be simplified or abandoned altogether (Rosea *et al.* 2005, Goldblatt *et al.* 2006).

The second variety of grant targeted at children is the Care Dependency Grant. This means tested grant is payable to the caregivers of minors suffering from severe mental or physical disability and in permanent home care, and is valued at ZAR820 (i.e. 117.04US\$) a month (2006). Relative to the CSG, it is received by comparatively small numbers of beneficiaries. The third variety of social grant targeted at children is the Foster Care Grant. Receipt of this grant entails the child being formally placed in the custody of a recipient who is not the biological parent. It requires a relatively complex administrative and legal process, supervised by a social worker and endorsed by a court. As fostering a child is not regarded as a poverty alleviation issue, the grant is not means tested and amounted to ZAR590 (i.e. 84.21US\$) a month in 2006. Partially reflecting the effects of a deepening HIV and AIDS pandemic, the number of Foster Care Grant beneficiaries rose from 43,000 in 1997 to 300,000 in 2006 (Pauw and Mncube 2007). Some have suggested that the administratively complex, time and resource intensive process of allocating Foster Care Grants is undesirable, particularly when weighed up against the relative ease (and lower administrative costs) of extending the unconditional CSG to larger numbers of poor and vulnerable children (Meintjes *et al.* 2003). In addition, it draws an unhelpful distinction, particularly between orphans and other categories of at-risk children.

Purpose of the study

The aim of this research study which is two-fold is to verify the two perceptions: firstly, to determine whether there has been an increase in learner pregnancy in South African schools, and secondly, whether the CSG has been a factor that has increased the instance of learner pregnancy. The study further intends proposing strategies that can help schools and authorities curtail such an increase among learners.

Methodology

Research design

This article adopted a multi-method approach, utilising both a desktop literature study and a quantitative research design which is both descriptive and exploratory in nature. The two approaches are based on the findings of an informal enquiry which was undertaken to ascertain the opinions and experiences of both teachers and learners regarding the problem of learner pregnancy at schools. A purposeful sampling technique was used to identify the targeted respondents. However, given the relatively small size of the sample population in this study, these findings can only provide an indication of how the respondents feel or perceive this problem of learner pregnancy, without necessarily laying claim to any national representation.

Participants

The respondents in this article consist of (1) Principals ($N = 302$) from secondary ($N = 240$) and primary ($N = 62$) schools, and (2) Grade12 learners ($N = 225$). Principals are drawn from the following provinces: Mpumalanga ($N = 121$); Northern Cape ($N = 43$); and the Free State Province ($N = 138$). Learner participants consisted exclusively of Grade 12 learners drawn from six Bloemfontein secondary

schools in the Free State province. It is worth noting that although the term *teenager* is commonly used to refer to all teenagers, school-going or not, in this paper the term is substituted by the phrase *learner*, and refers exclusively to school-going learners in South Africa.

Data collection and analysis

Two separate, self-constructed, semi-structured questionnaires consisting of various Likert rating scales were used to collect data. The questionnaires were divided into two sections: Section A – demographic information, and Section B – factual items, as well as attitudinal and perception items. The issues investigated for principals aimed to highlight the causal effect of learner pregnancy, as well as strategies adopted by schools to curb the proliferation of learner pregnancy, so that schools can continue to function effectively. The following variables were identified as common predictors of learner pregnancies: substance abuse; peer pressure; abolition of corporal punishment/lack of discipline; socio-economic factors; introduction of Children's Rights Act; class attendance; ability to work independently; self-discipline; responsibility; commitment; preparation for class; health and HIV/AIDS and support from home. Section B of the learner questionnaire intended to solicit their views on general teenage/learner challenges leading to pregnancy, (i.e. motives and drivers behind their behaviour).

A cohort of full-time teacher training students at a research university of technology placed at various schools for three weeks of experiential training, were requested to distribute and collect the questionnaires. The response rate was 62% for principals and 92% for learners. The high return rate can be attributed to the fact that the student teachers were constantly reminding these principals, and their three-week presence at these schools made the collection relatively easy to manage. The administration of the questionnaires to learners was conducted during afternoon studies, mostly under the supervision and guidance of the assigned teacher.

The data derived from Sections A and B, (i.e. demographic, factual and attitude information of the questionnaire) for both principals and learner surveys were coded and analysed using the SAS[®] (SAS Institute Inc. 2004) database. Because the research was conducted on such a relatively small scale over a limited time and in a limited context, the findings of this paper cannot be generalised; they only provide indications on trends and tendencies with regard to learner pregnancy.

Ethical issues

Extreme care with the compilation of the questionnaire issues was considered, so that they do not infringe on some sociocultural practices, as well as the entrenched human rights of the participants, especially the learners' rights. This was done through the piloting of the questionnaire to both selected learners and the school principals, which was later refined to address any sensitive issues identified. Confidentiality and anonymity of the respondents and their associated institutions was also ensured.

Learner pregnancy – a systems perspective

The learner pregnancy problem is systemic, and requires a holistic approach. The success of any intervention, rendering a lasting and sustainable impact, hinges on the effective synergies that can be drawn from all relevant sectors of society to assist in tackling this problem. The most popular African adage stating that 'it takes a community to bring up a child', is indicative of the systemic perspective. Systems thinking is the process of understanding how things influence one another within a whole and has been defined as an approach to problem solving, by viewing 'problems' as parts of an overall system, rather than reacting to specific parts, outcomes or events and potentially contributing to further development of unintended consequences. Systems thinking is not one thing but a set of habits or practices (Ackoff 2010). Similarly, Gradwell (1999) and Naong (2007) state that a system is a group or combination of inter-related, interdependent and interacting elements forming a collective entity. Systems are integrated wholes with properties that cannot be reduced to smaller units. The societal challenge of learner pregnancy demands that various elements consisting of schools (for sex education and reinforcing appropriate behaviour and self-discipline, etc.); churches (for moral regeneration); parents and the community (through entrenched cultural practices, values and ethos); authorities (the regulatory and enabling environment for the promotion of mental health and substance abuse treatment programmes for the youth); and the general community-based prevention programmes (for example, advocacy and policy dialogues groups) need to put their heads together for a lasting solution to this problem.

There are different arrangements within a system that reflect the type of organisation, which is also characterised by different types of boundaries. These can be generational boundaries, hierarchical boundaries or boundaries between subsystems (Dowling 1985). However, the general systems theory emphasises that a system cannot be dissected into parts in order to be understood, since the decontextualised parts do not necessarily behave in the same way independently, as they do when in interaction with one another (Van der Hoorn 1994). Studying a system therefore involves studying relationships rather than particular isolations, as well as studying these relationships in context. One of the dominant assumptions about the perceived surge of learner pregnancy is the inception of the CSG in South Africa and to contain the situation, the South African government should do away with this provision. This acceptance of the principle of cause and effect produces linear thinking, whereas the general systems theory provides an alternative theoretical framework for understanding the behaviour in context (Gradwell 1999). Context is a key concept within the general systems theory. In terms of social processes, the focus is not so much on the individual, but on the interactive processes of which the person is a part (Dowling 1985, Gradwell 1999).

When teenagers or a learner presents with peculiar behaviour, the teacher has to view the behaviour within the context of the learner's life and come to an understanding of the forces that shape the life of the learner (Naong 2007, p. 290). Circular causality is a term used to explain the nature of certain patterns of behaviour in human relationships in terms of cycles of interaction (Kelso 1995). The emphasis is not placed on the cause of a problem, but rather on the patterns that emerge between experiences. An authoritarian principal, who manages his or her staff in an autocratic manner, may make demands on the staff and be met with

resistance. He or she may make appeals for support and then introduce decisions without consulting the staff. If the staff shows resistance, the principal might see their behaviour as not being supportive. This could result in the principal making more decisions unilaterally, since he or she believes that the staff will not give their full support. The resistance of the staff can be understood by asking why they behaved in a particular manner (Gradwell 1999, Naong 2007). De Jong argues that this type of thinking is linear, since it makes use of the cause-effect model. Dowling (1985) recommends that the word 'why' should be replaced by the word 'how'. Attention is given to how the phenomenon occurs, as well as the sequences of interaction and repetitive patterns surrounding the event. The process of not viewing events in a linear manner is called recursive thinking, and involves making observations regarding the mutuality of influences being exercised over the life of the individual through the interaction of the various systems. In addition, the notion of circularity is intimately linked with the concept of punctuation (Dowling 1985, Gradwell 1999). Punctuation is the point at which a sequence of events is interrupted to give it a certain meaning. A teacher may respond to a disruptive class by screaming and walking out of the class. The teacher's colleagues may see this as an inability to cope with the class. They have chosen to punctuate reality at the point of the teacher's behaviour. An exploration of the context of the teacher may reveal that broad educational change is constantly on the teacher's mind, and that he/she worries about being retrenched. This could have been the primary reason for the teacher's behaviour. However, Dowling (1985) maintains that no punctuation is right or wrong.

A further concept used within the general systems theory is homeostasis. This refers to the tendency of living organisms to move towards a steady state of equilibrium (Dowling 1985). Homeostasis is made possible by information coming from the environment in the form of feedback. If the information received is stressful, it causes perturbation. Teachers might feel threatened when confronted with change, particularly with regard to organisational development and the need to think and operate systematically (De Jong 1996, Drukker and De Jong 1996, Gradwell 1999). The system will, in turn, regulate itself to maintain its homeostasis. This acts as a self-regulatory mechanism to maintain the status quo of the school (De Jong 1996). It would therefore be important to understand what, in the learners' situation is causing them to fall pregnant while still at school-going age.

The relationship between particularly schools and families is maintained intimately over a significant period of time. There is an information exchange between the two systems, and they cannot be viewed without reference to the environment in which they exist. They are closely inter-related in a dynamic two-way relationship. This provides feedback on how not only the two systems view each other, and what they expect of each other (Dowling 1985, Gradwell 1999), but on the impact of other relevant stakeholders as well. Owing to numerous educational changes, such as the abolition of corporal punishment, perceived laxity of learner pregnancy by authorities, and most importantly, the introduction of the CSG, schools are now being confronted with a perceived increase in pregnancy amongst learners. The challenge for principals would be to clarify differences in their perception of the problem by focusing on how it occurs, rather than why. They would need to negotiate commonly agreed upon goals, and to begin exploring specific steps towards change (De Jong 1996, Gradwell 1999).

Table 3. Demographic profile of respondents.

Principals (<i>N</i> = 302)		<i>N</i>	%	Learners (<i>N</i> = 225)		<i>N</i>	%
Age	Below 30 years	0	0	Between 15–18	150	68	
	31–40	42	14	Between 19–21	69	31	
	41–50	160	53	Between 22–25	6	3	
	51 and older	100	33	26 and older	0	0	
Location	Urban	221	73	Urban	225	100	
	Peri-urban	63	21	Peri-urban	0	0	
	Rural	18	6	Rural	0	0	
Gender	Male	269	89	Male	74	33	
	Female	33	11	Female	151	67	
Race	Black	287	95	Black	207	92	
	White	12	4	White	18	8	
	Other	3	1	Other	0	0	
Schools	Secondary	288	95	Secondary	100	100	
	Primary	14	5	Primary	0	0	

Results

The first part of the results looks at the demographic information of the respondents.

Table 3 shows that 89% were male principals, with (53%) over the age of 40, followed by 33% over the age of 50; 62% of them having more than 10 years teaching experience and residing in urban areas. Notably, in most African communities, issues of sexuality are left to women to handle, and yet very few schools are headed by women (11%). Conversely, Grade 12 consisted of 68% female learners, between the ages of 15 and 18, with all residing in the urban area. Black (i.e. African, Indian and Coloured) respondents made up about 92% as opposed to 8% for whites.

From Table 4, an overwhelming number (79.6%) of Grade 12 learners perceive learner pregnancy as being common at their schools. It is quite possible that the most reliable information could be that of school principals, because it is highly likely that they are reporting from an informed position. Therefore, this finding moderately negates the report by the Republic of South Africa (Panday *et al.* 2009, p. 4) that 'teenage fertility in South Africa has been declining over time'. This report also moderately concurs with Hypothesis 1 that 'there is an increase in learner pregnancy in South African public schools'.

Since $0.862 > 0.05$, the opinion regarding the statement 'Learner pregnancy is common at our school' and 'respondent's age' are independent; respondents thus

Table 4. Learner pregnancy is common at our school.

		Frequency	%	Valid%	Cumulative%
Valid	Yes	179	79.6	79.6	79.6
	No	46	20.4	20.4	100.0
	Total	225	100.0	100.0	–

Table 5. Respondents' age \times learner pregnancy is common at our school.

		Learner pregnancy is common at our school		Total
		Yes	No	
Respondents' age	15–18	94	19	113
	19–21	30	7	37
	22–25	1	0	1
Total		125	26	151

Table 6. Chi-square tests.

	Values	df	Asymptotic significance (2-sided)
Pearson chi-square	0.296 ^a	2	0.862
Likelihood ratio	0.464	2	0.793
Linear-by-linear association	0.018	1	0.892
N of valid cases	151	–	–

^aTwo cells (33.3%) have expected count less than five. The minimum expected count is 0.17.

have the same opinion about the statement 'Learner pregnancy is common at our school', irrespective of their age (Tables 5 and 6). This is confirmed by the fact that p value = 0.840 for Kendall's tau (Table 7), and suggests that we conclude that Kendall's tau is zero. Therefore, change in the age category does not imply change in the response rating for this item.

Response: identify any three causes of learner pregnancy

The findings on this question attempts to address a popular concern raised in the South African media that young women are deliberately conceiving in order to access the CSGs. The principals were given a list of predetermined possible causes of learner pregnancy, and requested to rank them in terms of their significance, while the Grade 12 learners were not. They were instead requested to identify at least three possible causes of learner pregnancy. Table 8 shows in an ascending order, only the first 10

Table 7. Symmetric measures.

	Value	Asymptotic standard error ^a	Approximately T ^b	Approximately significance
Nominal by Contingency	0.044	–	–	0.862
Nominal by Coefficient				
Ordinal by Kendall's tau-b	0.017	0.082	0.201	0.840
Ordinal				
N of valid cases	151	–	–	–

^aNot assuming the null hypotheses.

^bUsing the asymptotic standard error assuming the null hypothesis.

Table 8. Causes of learner pregnancy.

No	Learners' responses (<i>n</i> = 225)			Principals' responses (<i>n</i> = 302)		
		Number	%		Number	%
1.	Peer pressure	141	63	Peer pressure (acceptance)	266	88
2.	Substance abuse	97	43	Socio-economic conditions (poverty)	251	83
3.	Acceptance/ impress	59	26	Substance abuse	157	52
4.	Sexually active at young age	54	24	Lack of discipline (rebellious)	88	29
5.	Poverty	34	15	Experimenting – sexually active	67	22
6.	Sexual abuse	27	12	Cultural stereotypes (no open sexual discussion with parents)	66	18
7.	School work	16	7	Vulnerability and lack of proper care	45	15
8.	Lack of family love/ support	11	5	Teachers as causes	18	6
9.	Low self-confidence	5	2	Coercion by boy friends	15	5
10.	Rebellious	5	2	Other (poor sex education; ignorance, etc.)	9	3
11.	Child Support Grant	1	18	Child Support Grant	0	0

perceived causes of learner pregnancy as identified by both respondent categories. Notably, peer pressure, substance abuse and socio-economic conditions were ranked much higher by both school principals and Grade 12 learners. Surprisingly, CSG and rape (by either boyfriends or relatives) were not rated at all by principals (Table 8). It is essential to note that these are the perceptions and attitudes of the respondents and not actual behaviours.

The next section addresses Hypothesis 2—the relationship between the CSG and learner pregnancy.

Table 9 shows that the CSG is ranked among the lowest (13th) perceived causes of learner pregnancy. It is clear from Table 9 that the Grade 12 learners take a dim view of this general perception. This is further confirmed by a response from one learner that 'girls engage in sexual behaviours whether rich or poor; you think of the money after the action and what the child is going to eat and wear – selfish self-gratification seem to be the primary motive not money'.

Table 9. The Child Support Grant is the MAIN reason for learner pregnancy.

		Frequency	%	Valid%	Cumulative%
Valid	Yes	93	41.3	41.3	41.3
	No	95	42.2	42.2	83.6
	Not sure	37	16.4	16.4	100.0
	Total	225	100.0	100.0	–

Table 10 clearly indicates that most of the learners ($N = 53$) below the age of 20 years do not perceive CSG leading to learner pregnancy. This is consistent with the earlier findings by (Biyase 2005, Kesho 2006, Makiwane and Udjo 2006, HSRC 2007) on this issue. Conversely, those slightly older (between 19 and 21) have a different view. Importantly, it can safely be inferred that, in general, the perception of most learners ($N = 72$) is that they do not find any direct relationship between the CSG and learner pregnancy at South African schools.

Due to the fact that $0.039 < 0.05$, one can conclude that there is a perceived relationship between the age of the respondent group and the opinion regarding the statement 'Child Support Grant is the MAIN reason for learner pregnancy' (Table 11). In addition, 0.006 p value for Kendall tau (Table 12) means that the researcher rejects the hypothesis that Kendall tau is zero, since the estimated value is negative or that among older respondents, there is higher proportion of Yes ratings (i.e. 51.35% among 19–21 vs. 34.51% among 16–18).

The next section reports on the statistical significance of the relationship between learner pregnancy and causes, as identified by the respondents.

The information in Table 13 indicates the perception that peer pressure ($p = 0.038$), substance abuse ($p = 0.032$), socio-economic conditions ($p = 0.029$); acceptance ($p = 0.008$) and being sexually active ($p = 0.021$) were significantly correlated with learner pregnancy at 0.05 level of significance. Interestingly, the paper further indicates a significant negative correlation (0.137) between the CSG and learner pregnancy (p value = 0.249) in the shaded area. This finding disagrees with Hypothesis 2, which states that there is a (perceived) link between the CSG and learner pregnancy in South African schools.

Table 10. Respondents age \times Child Support Grant is the MAIN reason for learner pregnancy.

		Child Support Grant is the MAIN reason for learner pregnancy			Total
		Yes	No	Not sure	
Respondents age	15–18	39	53	21	113
	19–21	19	18	0	37
	22–25	0	1	0	1
Total		58	72	21	151

Table 11. Chi-square tests.

	Value	Df	Asymptotic significance (2-sided)
Pearson chi-square	10.102 ^a	4	0.039
Likelihood ratio	15.320	4	0.004
Linear-by-linear association	6.185	1	0.013
N of valid cases	151	–	–

^aThree cells (33.3%) have an expected count of less than five. The minimum expected count is 0.14.

Responses to open-ended questions

Child Support Grant (CSG) is the main cause of learner pregnancy – from school principals

Principal 1: ‘Not really, most of these children simply do what their friends do; party a lot and drink and don’t think of the consequences of their actions. How much is this grant anyway? ZAR200 (about 28.55US\$) or what, very little; it won’t even last you a week. Even if the grant was not there, they will still continue with this behaviour; they are just reckless, careless with a “don’t care” attitude. Thus, they die so young’.

Principal 2: ‘Yes I agree; it does contribute to this situation. Its intentions are noble, but unfortunately, it resulted in unintended consequences. They compete with one another in terms of clothing mostly. As you can imagine, this can be tempting for a girl who has no one to look after her, clothe and feed her, so she is bound to fall into this trap. Here in rural areas, it’s even worse’.

Principal 3: ‘Yes, some of these girls are encouraged by their own families or relatives to do these things. Children as young as 12 years are cash cows; this grant comes in handy for families that are in dire straights. These girls use this money not only to feed themselves but to take care of the entire household at times, because that might be the only income for the family, if there is nobody working in the family’.

The above responses do not indicate unanimity from the school principals on whether the CSG is the primary cause of learner pregnancy. However, it is reasonable to infer from these responses although they are few, contradictory and inconclusive, that there is a perception among the school principals that the inception of the CSG has had some lifestyle and behavioural impact on the learners or teenagers in this country. For principals, socio-economic conditions and peer pressure are perceived to be dominant factors contributing to these learners’ misdemeanours, which is

Table 12. Symmetric measures.

	Value	Approximately standard error ^a	Approximately T ^b	Approximately significance	
Nominal by Nominal	Contingency Coefficient	0.250	–	–	0.039
Ordinal by Ordinal	Kendall’s tau-b	–0.191	0.067	–2.763	0.006
N of valid cases		151	–	–	–

^aNot assuming the null hypothesis.

^bUsing the asymptotic standard error assuming the null hypothesis.

Table 13. Correlation between learner pregnancy and selected variables.

Pearson correlation	Variables					
	Peer pressure	Substance abuse	Socio-economic factors	Acceptance	Sexually active	CSG
Significance (2-tailed)	0.268	0.283	0.301	0.259	0.154	-0.137
<i>p</i> -Value	0.038	0.032	0.029	0.008	0.021	0.249
<i>N</i>	266	157	251	54	34	2

Significance level $p = 0.05$.

consistent with the findings in Table 8 above. It can further be safely inferred that the learner pregnancy situation, despite being centuries old, seems quite (arguably) daunting for these principals and necessitates appropriate intervention measures to empower them for the purpose of reducing, if not eradicating their sense of despondence.

Responses from Grade 12 learners to open-ended questions

Question 1: 'What do you suggest needs to be done to curb learner pregnancy at school?'

Generally, the following issues featured prominently amongst the Grade 12 learners' concerns, namely: a lack of love at home; needing somebody to talk to; young people being sexually active (experimentation); and alcohol abuse.

One learner argued that 'adults must also take blame; they do not practise what they preach and they fail to set good examples. Some teachers share a "puff" with school boys, and then you hear them complain about cigarette smoking at school by boys'.

Similarly, one remarked that 'parents must learn to talk to their children, especially us daughters. We know about sex and we watch movies and soapies such as "The bold and the beautiful" etc. we see these things. So, we are at a stage where these things are in our faces everyday; our bodies are changing and that's when some naive girls are being taken advantage of'.

Additionally, one learner maintains that 'alcohol and sex go together; teachers and parents are helpless, because we are not punished anymore. Some children find it easy to play parents against teachers and vice versa and still manage to get away with it. Something needs to be done'. Most of the issues mentioned are consistent with what they have listed under the perceived causes of learner pregnancy (see Table 8).

These findings reveal that learners or teenagers, whether at school or at home perceive the need for order, firmness, consistency and proper guidance in their lives. They seem to blame the increase of their sexual escapades on the steady dwindling, if not utter breakdown of proper discipline, support and guidance, both at home and at school. They are left vulnerable to a myriad of problems such as pregnancy, drug abuse and peer pressure. From the learners' remarks, it is safe to conclude that

learner behaviour change is not a consequence of the inception of the CSG. These remarks also disagree with Hypothesis 2, which states that there is a (perceived) link between the CSG and learner pregnancy in South African schools.

Summary of the findings

South Africa's social grants are intended to reduce poverty and promote human development (Neves 2009, p. 62). This paper's main purpose was to determine whether the CSG is the main cause for learner pregnancy in South African schools as perceived by the respondents. The findings from this paper's analysis clearly dispute and dispel the perceptions that firstly, there is an increase of learner pregnancy in this country, and secondly, that there is a direct link or association between the CSG and learner pregnancy. This study confirms not only earlier findings on this controversial issue (HSRC 2007, Neves *et al.* 2009, IRIN 2010), but Zwelinzima Vavi (2011, p. 8) attributes the 'learner-pregnancy' situation to 'poverty, unemployment and a lack of recreational facilities, which leaves young people feeling hopeless and worthless'. He states further that, young children of eight and nine are drinking alcohol, with drug abuse beginning at the age of 13 or 14.

What emerged further from the findings of this paper is that subtle tensions between schools concerns and liberal policies and procedures regarding management of learner pregnancy require urgent harmonisation. Incidents of learner pregnancy occur mostly among black public schools, and, in general, the feeling of despondence and helplessness still seems rife amongst principals of these schools.

Recommendations and conclusion

The learner pregnancy problem is systemic, and requires a holistic approach. The success of any intervention, rendering a lasting and sustainable impact, hinges on the effective synergies – the whole is more than the sum of its parts. This would require that one draw on all sectors of society to assist in tackling this challenge. The most popular African adage stating that 'it takes a community to bring-up a child', signifies synergies that can be drawn on by engaging relevant stakeholders. Further, what is of critical importance and very urgent to contain learner pregnancy is rigorous education campaigns regarding the following issues:

Dependence syndrome – education can help to instill a new sense of responsibility amongst young males and females, true to the cliché 'freedom without responsibility is a licence to self-destruction'. Women are likely to remain victims and casualties of the irresponsible actions of the opposite sex, if self-belief and independent mindset are not drastically cultivated among young males and females.

Intensive sex education – reproduction and sex education (abstinence, healthcare, etc.) was, and is, to some extent still taboo in African communities, schools have not stepped-up sufficiently to address this challenge. Provision of free condoms and extensive awareness campaigns targeting the youth by the South African authorities are necessary positive interventions. However, to avoid the converse influence (especially from peer pressure) about sex and its consequences, it is equally imperative for parents to own up to their responsibilities of talking to their children about sex instead of leaving it to teachers and government agencies alone.

It is the contention of this paper that the success of a more systemic approach has the potential of delivering better results than the perceived prescriptive approaches. Forbidding partying, late home-coming, mixing with boys/girls etc., without any reasonable explanation, can only feed into young people's curiosity, minds and desire for experimentation that can have debilitating consequences for their future. This contention is premised on a century old saying that 'the sum of all the parts is greater than the whole'.

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