THE SOUTH AFRICAN EDUCATION DEPARTMENT released statistics last year indicating that teenage pregnancy in our country remains a worrying problem. A report (Mail & Guardian Online), written by ex-teacher and HIV educator Joan Domnisse, stated that 1 748 teenaged girls were reported pregnant in the Free State last year, 5 000 in the Limpopo area, 5 868 pupils in KwaZulu-Natal, and around 2 550 girls over a two year period in the Gauteng Province. The UN (2000) reported 66 pregnancies in every 1 000 teenage girls in one calendar year, across the country.

The National Education Department injects millions of rand annually into improving sexual education through Life Orientation classes, concerned with the personal, social, intellectual, emotional, spiritual, motor and physical growth and development of learners. The subject includes modules providing teenagers with sexual education and HIV and AIDS awareness. However, students and councillors interviewed for this article say the education system's method of teaching teenagers about sexual education is failing.

As a councillor who works closely with teenagers in distress at different high schools in Cape Town, Dédré Railou has ample experience in teaching sexual education and HIV and AIDS awareness. "The key question is whether the programmes are achieving their purpose at all. Their purpose is not to lower the rate of teenage pregnancy, but rather to make the youth aware of HIV and AIDS and the precautions they need to take in order to not become HIV positive. I don't believe these programmes are accomplishing their ultimate purpose,' [that is, to lower the HIV rate in youth across the country]. ... 'so how could they contribute to the lowering of teenage pregnancies?"

Railou's concern is that the sexual education curriculum taught in schools adopts the stance that it is okay to have sex before...
knowledge readily available, '...but it is not always translating into behaviour. The youth need more than knowledge, more than facts. They need to be instilled with values, ambitions and self-governance. They need to know that they control the outcomes of their lives.'

He says research HSRC shows that around 50% of teenage boys are now making use of condoms. However, they do not use condoms with every sexual act, saying that they had often 'acted in the heat of the moment'.

Railoun agrees with this finding. She says the youth still believe HIV or falling pregnant would never happen to them and the programmes are failing to make the problems at hand real to the youth, be it teenage pregnancy or HIV and AIDS.

According to Makiwane, other factors leading to teenage pregnancy are living in an impoverished area and coming from a broken household. His research has shown that girls from poorer families, from broken homes, or whose parents are working, seem to have contributed to the breakdown of value systems in the home. Makiwane says more civil society organisations, whether faith or non-faith-based, should be created and supported to assist teenagers and to take some of the burden off the government and struggling families.

Adrian Lange is the acting principle of the School of Hope in Athlone on the Cape Flats, an area notoriously associated with gang violence and drug abuse. The school provides education to learners, from grade 9 to 12, who have missed out on education due to circumstance such as drug abuse or family issues. He claims apartheid townships for 'non-whites', created far from economic centres, and migrant labour are two reasons for the rise in teenage pregnancies and the epidemic of HIV and AIDS facing us in this country.

Christelene Carolus, a Life Orientation and English teacher at the School of Hope has observed that in some government schools the teachers merely skim over the curriculum, not paying enough attention to engaging the youth in discussion surrounding sexual education. 'The success of the curriculum has to do with how the subject is taught. Most educators just teach the bare minimum.' She has been personally accompanying pregnant girls at the school to clinics and providing the necessary contingency plans to ensure the girls still attend school. She is adamant that government schools should not be sending girls away if they fall pregnant.

'It is important that we keep these girls in school, or they will sit at home with nothing to do, when they could be learning,' she says.

Geordie Scholz (19), whose first sexual encounter was extremely violent and has led to drug abuse and a promiscuous life style, is one of the girls who have benefited from the school’s alternative methods. She has a baby of a year old. 'The school is a lot more lenient than the schools my friends attend. I have many pregnant friends. I am allowed to take my baby to the doctor when she gets sick, I just need a certificate.'

She is dismayed that sexual education in the classroom provides access to condoms and other contraceptives. 'They are giving us the permission to have sex by making the condoms available.' Her emphatic stance is that educators should be teaching abstinence to the youth, not correct condom usage. Scholz confides that girls as young as eleven are engaging in risky sexual behaviour in her neighbourhood. 'It’s a disgrace.'

A recently released study by the HSRC found no evidence to suggest that teenage girls are deliberately falling pregnant in order to receive the Child Support Grant, as is often believed. However, Sheren Gorvala, director at Leliebloem House, a centre for children from high risk backgrounds, has seen otherwise. 'I do know that in some communities, like Elsie’s River and Delft, girls choose to fall pregnant as a means to getting the grant. Some girls fall pregnant by drug and gang lords who will then encourage them to go for the extra money given by the state,' she says.

The Makiwane et al. (2007) report suggests that this is not a widespread phenomena, as only 20% of teens who bear children are beneficiaries of the Child Support Grant.

From the opinions expressed in this article, the government has options when it comes to improving the ways sexual education is taught within schools. Factors which contribute to high teenage fertility rate in South Africa are complex. There are many interventions that can be tried to improve existing programmes, without resorting to out-dated punitive measures, which in many cases also punish the children who never asked to be born.

Dr Monde Makiwane, is a senior research specialist at the HSRCs Child, Youth, Family and Social Development programme, and Lauren Daniel is a masters student at UCT.
TRADITIONAL LEADERSHIP
Gone and forgotten?