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Attitudes of educators towards teenage pregnancy

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Abstract

The purpose of this study was to investigate the nature of educators' attitudes towards teenage pregnancy in secondary schools of the Province of KwaZulu-Natal (KZN), South Africa. This was in response to the KZN circular 116 of 2000, which seemed to give more rights to pregnant learners. Subjects were educators (n=97) from twenty secondary schools. The study further investigated the relationship (if any) that existed between the educators' attitudes towards teenage pregnancy and various educators' characteristics such as age, gender, religious affiliation, educational level and their teaching experience. A questionnaire was developed and administered to the selected sample. The findings indicated that educators had positive attitudes and were sympathetic towards pregnant teenagers, but displayed reservations about the level of skills they possessed with regard to helping teenagers in times of emergency (like delivery) in the classroom. The study formulated some recommendations that the researchers thought would strengthen the relationship between educators and pregnant teenagers in schools.

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Keywords: Teenage pregnancy, educators' attitudes, KZN circular 116 of 2000.

1. Introduction

Most people consider teenage pregnancy as a disaster. In many societies and traditions, teenage childbearing has become normative. Teenage pregnancies are increasing in numbers each year and are emerging as a social problem. Furthermore, teenage pregnancies are occurring at younger ages. Although this trend is noticeable all over the world (Weideman, 1996), the problem seems to be greater in developing countries.

The age at which sexual activity commences is falling and there is an increasing proportion of learners who are sexually active while at school. Nash (2002, p.151) cites New Zealand as having the second highest rate of teenage pregnancy among developed countries. According to Bell (1999, p.168), economically developed English speaking countries have the highest rate of teenage births. A survey by Medical Research Council reports that children as young as 14 years are engaged in sexual activity (41%), seventy percent of those have had more than one sexual partner and only 29% of teenagers are practicing safe sex (Ferguson, 2004, p.90).

Teenagers generally deny the risk of falling pregnant. Comments like "it won't happen to me" or "I know what I am doing" prove this denial (Lukes, 1996). Some literature (Dallimore, 2002) reveals that some boys actually engage in premature sexual activity to prove their manhood by fathering a child out of wedlock.

Teenage pregnancies are on the increase despite preventive measures and problems associated with illegitimate pregnancies and the scare of the HIV/AIDS pandemic. Why is that the case? Various research conducted to investigate the perpetual increase of teenage pregnancies despite problems and constraints they cause, cite a number of reasons as compounding the problem. For instance Brits (1989, p.64) points out the lack of information

concerning sexuality and birth control measures, depression due to peer pressure, lack of commitment, fear of rejection and longing for affection as some of the reasons for teenagers to fall pregnant. The circumstances of both the pregnant teenager and her family have changed dramatically. It is assumed that when a teenager has a baby, this will destroy her chances of getting education and may damage her health (Macleod, 1999). Young people are not considered able to maintain a secure and happy marriage. There is a concern for the health of the baby, and for the dependency burden on families and social welfare.

Although Hoffman and Hoffman (Musick, 1999, p.119) put nine values of having children, the researchers believe that there can be no advantages to teenage pregnancies nowadays.

The values put forward by Hoffman and Hoffman include teenagers gaining adult status and social identity, need for moral improvement (becoming less selfish and leaning to share), expansion of the self when someone dies, affection, creativity, power and influence on the baby, stimulation and fun, comparing one's child with children of others, economic utility, that is, contribution to family income through state's child grant.

Medical risks and long lasting emotional problems are associated with teenage pregnancy. The researchers are of the opinion that the choice of what to do when pregnancy is confirmed is too serious a matter for the level of maturity of most teenagers. The girl faces confusing advice from many people regarding child-rearing practices and this undermines confidence in her and her ability to cope. The teenager finds herself in a dilemma, having to take a decision that will affect her for the rest of her life. The decision can be one of abortion, adoption of a child by other families, marrying the father of the child, keeping the baby as a single parent, or foster parenting. Making a choice is too abstract for her stage of development and age.

When dealing with teenage pregnancies, attention is focused on girls, disregarding boys as if they do not experience unplanned fatherhood as a problem. Boys also need to be considered in this problem. They need to be involved in decisions regarding the baby. They, too, have to adapt to the role of fatherhood. In one research (Masuku, 1998), observes that boys seem to be fading out of the problem when issues and challenges posed by teenage pregnancies are discussed. What do parents and educators say about this fading away of boys?

Families have considerable influence on their children's sexual pathways. The family's attitude towards sexual behaviour and child bearing could be expected to be important to teenagers. Freedman and Rickels (1999) discovered that teenagers who gave birth believed that their families supported early child bearing and teenagers who avoided early child bearing believed that their families are against it. Furthermore, these researchers found that black parents were more likely than white parents to approve of contraception because they were concerned about the problem of possible offspring and were eager to prevent pregnancy. White parents were less likely to approve contraception and were concerned with the morality of sexual behaviour than with its outcome. Parents as primary educators have attitudes and perceptions about teenage pregnancies that have positive or adverse effects on their children.

Research has found that adolescents who report a sense of connection to parent, family and school are more likely than their peers to delay having sexual intercourse. Their parents disapprove of them having sex and using contraception. These parents believe in moral aspects of parenting (Resnick, 1997). When a teenage girl becomes pregnant, her physical, social and educational developments are significantly altered. An unwanted child has consequences for the mother's socio-economic status, her health and her family development. The teenage girl's secondary and tertiary education may be curtailed. Less than 1% of teenage mothers complete a college degree (McWhiter, McWhiter, McWhiter & McWhiter, 1998, p.141).

In a study by Masuku (1998, p.1) educators revealed that they had a negative attitude towards teenage pregnancy. Educators believed that the school was not for mothers or pregnant girls but for learners. Teenage pregnancy is associated with low achievement scores and low vocational aspiration. Teenage mothers are at risk of dropping out of school. Educators believe that when pregnant schoolgirls absent themselves from school to attend antenatal clinics, this occasional disruption of schooling may lead, in a long run, to under-achievement. This will lower the school's pass rate, which is not good for educators and the school as a whole (Masuku, 1998, p.2). In one study, teachers believed that schools should be well equipped to cater for pregnant girls. This must include the provision of school nurses who are skilled in taking care of emergency situations. The lack of educator training in dealing with these issues in the classroom creates a negative attitude among educators.

The stigma, which accompanies pregnancy of schoolgirls, still exists. Some educators still believed that pregnant girls should continue to leave school. "Within the black community, it is quite a stigma for a girl to fall pregnant. Our view is that a pregnant girl will not learn much with other children taunting her", one educator explained

(Davidow, 1998, p.8). In some historically white schools in South Africa counseling and support for young mothers and mothers-to-be is offered. This shows a positive attitude by the school towards those learners who fall pregnant. In a study on teenage pregnancy and school dropout by Davidow (1998, p.12), pregnant girls were mocked and ill-treated by educators to the extent that they would leave school without the knowledge of the headmaster.

The South African Schools Act (1996, pp.2-10) provides for non-discrimination of pregnant learners regardless of their marital status. At present most schools turn a blind eye to pregnant learners. The school does not want to play an active role in dealing with learner-pregnancy or parenthood. Some schools, however, still force pregnant learners to leave school, which is against the Schools Act. Research has shown that child care facilities within the school are needed in order to keep teenage mothers in schools but there is a strong opposition from communities and educators to school involvement in child care (Pagelow, 1984). To many people, especially those who are 40 years of age and above, the idea of pregnant teenagers walking openly down the school corridors, not to mention the existence of school day care centers, is something that does not exist in their imagination. The researchers were interested in finding out what the educators, in the South African context, say about this issue.

In the South African education system the establishment of day care centres in high schools is still to be seen. How educators in such schools will react, is another issue. Others see educators as the ones that will object to the idea of day care centres even if it were legislated. One headmaster was cited by Davidow (1998, p.8) expressing her feeling that pregnant learners should continue to leave school. Having teenage pregnancy viewed as a problem in local schools, pregnant girls often have nowhere to run for support and care. They are made to feel like outcasts at schools and home. The Pretoria Hospital School offers teenage mothers a refuge and a classroom (Msomi, 1999). How would educators perceive the establishment of such schools within their community? The researchers believed that educators' attitudes would be influenced by certain characteristics such as their gender, religious affiliation, age, educational level, and teaching experience.

AIMS OF THE STUDY

The aims of the study were:

- To determine the nature of attitudes of educators towards teenage pregnancy.
- To find out whether or not the relationship exists between attitudes towards teenage pregnancy and the following educators' characteristics;
 - Age
 - Gender
 - Educational level
 - Teaching experience, and
 - Religious affiliation.

HYPOTHESES

The following hypotheses were tested in line with the aims of the study stated above:

Hypothesis 1

Educators hold negative attitudes about teenage pregnancy in secondary schools.

Hypothesis 2

Educators' age, gender, level of education, teaching experience and religious affiliation have no significant relationship to their attitudes towards teenage pregnancy.

METHOD

Research design

The study was conducted in the Province of KwaZulu-Natal in one of the twelve districts of education, namely, Ilembe district. The study concentrated on the secondary schools in the Lower Tugela circuit under Ilembe District. Lower Tugela circuit has five wards, which are KwaDukuza North, KwaDukuza South, Umhlali, Mandeni and Gingindlovu. From the total of thirty nine (39) secondary schools in the Lower Tugela Circuit, the researchers selected twenty (20) secondary schools from KwaDukuza North, KwaDukuza South and Umhlali Wards. The researchers chose these wards because of their accessibility. Schools in these wards cater for educator characteristics like gender, race, religious affiliation, and so on. In this study the researcher used stratified random sampling to select subjects to participate in the study. Males and females were included in a sample in the same proportion as they exist in the population. The population consisted of 492 secondary school educators. The identified circuit consists of forty three (43%) percent of educators who are male and fifty seven percent (57%) are females.

A sample of 97 educators was selected from the population. This is 20% of the entire population. In this sample 46 respondents were male (47%) and 51 respondents (53%) were female.

Material

A Likert 5-point type scale was used to collect data. Like Burns (2000, p.560) current researchers preferred a Likert-type scale because it produces more homogenous scales and increases the probability that a unitary attitude is being measured and therefore the validity and reliability are reasonably high. According to Sibaya (1984, p.71), the questionnaire serves two purposes. Firstly, it translates the research objectives into specific questions, the answer to which will provide the data necessary to test the hypotheses or to explore the area set by research objectives. The second purpose is to motivate the respondent to communicate the required information.

Procedure

Permission was requested and granted by the Circuit Manager of Lower Tugela Circuit; Director of Ilembe District and the Provincial Education Directorate: Research and policy. Request to administer questionnaires was sent to all principals of secondary schools sampled for the study. The researchers personally visited principals of the targeted schools to distribute letters of request as well as questionnaires to educators.

The request to conduct research was granted by principals and they were willing to help to distribute questionnaires to respective educators. They also agreed to collect completed questionnaires from educators and to keep them until the researchers came back to collect them three days later. This allowed respondents to complete questionnaires at their own spare time (O'Connor, 2002). The purpose of study was explained and the need for complete honesty was reinforced.

RESULTS

The results of this study are presented and discussed below according to sub-headings indicated.

Attitude towards teenage pregnancy:

Table 1.1: Frequency distribution of respondents' attitudes towards teenage pregnancy

Negative	%	Positive	%
31	32%	66	68%

Sixty eight percent of the educators were found to have positive attitude towards teenage pregnancy as opposed to 32% who displayed negative attitudes (see Table 1.1). This result was statistically tested by means of a Chi-

Square test. Using a significance level of $\alpha = 0,05$ and the degree of freedom (df) of =1, a calculated chi-square value of 12,629 was obtained, against the critical value of 3,841. This was statistically significant at the indicated confidence interval. We therefore reject the null hypothesis (Ho) and infer that educators holding positive attitudes towards teenage pregnancy were significantly higher than those holding negative attitudes.

Age

The results with regard to age are presented in Table 1.2:

Table 1.2: The respondents' attitudes by Age (n = 97)

AGE	ATTITUDE		Total
	Negative	Positive	
20-29 years	7	7	14
30-39 years	17	32	49
40-49 years	4	12	16
50 and above	3	15	18
Total	31	66	97

Except for the 20-29 year age bracket which showed a 50:50 distribution with regard to educators' attitudes, all other age brackets showed that most respondents displayed a positive attitude towards teenage pregnancy.

To test the relationship between the variable of age and the educators' attitudes towards teenage pregnancy a suitable statistical test was the chi-square test for *k*-independent samples. The significant level of 0,05 was used, when $df = 3$. The calculated chi-square value was 4,556 while the critical value was 7,815. Since the observed value is less than the tabled critical value, we infer that there is no significant relationship between the ages of the educators and their attitudes towards teenage pregnancy. We therefore uphold the hypothesis with regard to age since $p > 0,05$.

Gender

The relationship between the variable of gender and educators' attitudes was tested using the chi-square test for two independent samples. The use of a 2 x 2 contingency table was of great value since the data collected was categorical. Respondents fell in either one or the other category (see Table 1.3 below).

Table 1.3: A 2 x 2 contingency table of respondents' frequency with regard to a variable gender and attitudes

GENDER	ATTITUDE		Total
	Negative	Positive	
Male	13	33	46
Female	18	33	51
Total	31	66	97

A calculated chi-square value of 0,550 was obtained. A value of 0.550 at $df = 1$ is less than the critical value of 3,841 when $\alpha = 0, 05$. We uphold the null hypothesis and infer that there is no significant relationship between gender and educators' attitude towards teenage pregnancy. Although Table 1.3 above shows more females than males with negative attitudes towards teenage pregnancy, the variable of gender seems to be evenly distributed. Equal number of males and females showed positive attitude towards teenage pregnancy.

Teaching experience

Table 1.4 below presents a frequency distribution of respondents by years of their teaching experience.

Table 1.4: Frequency distribution of respondents' attitudes with regard to the variable of teaching experience

TEACHING EXPERIENCE	ATTITUDE		
	Negative	Positive	Total
Less than 5 years	13	10	23
6-10 years	4	14	18
11 – 15 years	8	12	20
16 – 20 years	2	6	8
21- 26 years	2	8	10
26 and above	2	16	18
Total	31	66	97

Out of twenty-three educators with a teaching experience of less than 5 years, thirteen educators (57%) have a negative attitude while 10 educators (43%) have positive attitude towards teenage pregnancy. Looking at the 18 educators with teaching experience of 26 years and above, only 2 educators (11%) have negative attitude while 16 educators (89%) displayed positive attitudes toward teenage pregnancy.

A chi-square test for independent samples was used to test whether there was a significant relationship between teaching experience and educators' attitudes towards teenage pregnancy. A calculated chi-square value of 12,195 was obtained, when $df = 5$ and $\alpha = 0,05$. Since the observed value is greater than the critical value of 11,070, the null hypothesis is rejected. We therefore infer that there is a significant relationship between teaching experience and educators' attitudes towards teenage pregnancy.

Religious affiliation

To test whether there was a relationship between the variable of religious affiliation and educators' attitudes towards teenage pregnancy, a chi-square test for k - independent samples was used. The calculated chi-square value of 16.392 was obtained, and $df = 6$. Since the observed chi-square value was found to be greater than the critical value of 12,3 at $\alpha = 0,05$; the null hypothesis was rejected. It was therefore inferred that there was a significant relation between religious affiliation and educators' attitudes toward teenage pregnancy. Table 1.5 below shows spatial representation of data in respect of educators' religious affiliation and their attitudes towards teenage pregnancy.

Table 1.5: Frequency distribution of educators' attitudes with regard to the variable of religious affiliation

RELIGIOUS AFFILIATION	ATTITUDE		
	Negative	Positive	Total
African Belief System	1	6	7
Christianity	21	24	45
Hinduism	5	24	29
Islamic	0	9	9
Jehovah's Witness	2	1	3
Shembe	1	0	1
Other (Specify)	1	2	3
Total	31	66	97

Educators who are affiliated to Islamic religion showed positive attitudes (100% of respondents have positive attitudes) towards teenage pregnancy. Sixty six percent of educators affiliated to Jehovah’s Witness displayed negative attitudes. The relationship between religious affiliation and attitudes was confirmed to exist by Rule (2004). This author found that attitude towards sexual relations between teenagers was more influenced by religion such as Islamic and Christianity. Dallimore (2002:3) found in her study that teenagers who attended church regularly and who placed high value on religion in their lives were found to hold less permissive attitude and were less likely to be sexually active. These studies confirm the findings of the study on educators’ attitudes and its relationship with religious affiliation.

Educators’ level of education

The table below displays the respondents’ level of education and their attitudes towards teenage pregnancy.

Table 1.6: Frequency distribution of respondents’ educational level with regard to their attitudes towards teenage pregnancy

EDUCATIONAL LEVEL	ATTITUDE		
	Negative	Positive	Total
Matric	0	2	2
Matric + Teachers’ Certificate	0	2	2
Matric + Teachers’ Diploma	20	25	45
Matric + Degree	4	7	11
Matric + Degree + Diploma	4	19	23
Matric + Senior Degree	1	1	2
Matric + Senior Degree + Diploma	2	10	12
Total	31	66	97

Using the chi-square test for k -independent samples, the calculated value of 9,037 was obtained, when the $df = 6$. The observed value was less than the critical value of 12,592 at $\alpha = 0,05$. The decision was to uphold the null hypothesis that there is no significant relationship between educational level and the educators’ attitudes towards teenage pregnancy.

DISCUSSION AND RECOMMENDATIONS

Although the majority of respondents in this study displayed positive attitudes towards teenage pregnancy, the lack of facilities and skills in dealing with pregnant learners posed a major problem for educators. This means that learners at schools are placed in the hands of “unskilled midwives” (educators) who do not know what to do during times of emergency when the teenage girl goes to labour. When educators try to help, they may cause death of both the baby and the mother. When they do not help, they are negligent in their action and are charged by the Department of Education. Some educators felt that pregnancy leads to loss of time to learn in two ways. Firstly, the pregnant teenager absents herself from school because she has to attend antenatal clinic. Secondly, there was a general feeling that pregnancy at teen age is associated with morning sickness which may lead to a teenager absenting herself from school or be present in class physically but absent mentally. Once the baby was born, the teenage mother needed more time parenting the baby. This responsibility was also carried out at night, which leaves the teenager with less time to study and do homework. The results are usually poor performance and failure at the end of the year. The study by Davidow (1998) showed that pregnant girls are mocked and ill-treated by educators to the extent that they would leave the school without the knowledge of the principal. In her interview with educators, Masuku (1998) observed that educators cited lack of training and equipment to help pregnant girls. This may be the reason for some educators developing a negative attitude towards teenage pregnancy.

The variable of educators’ race, teaching experience and religious affiliation were found to have influence on educators’ attitudes towards teenage pregnancy. With the variable of race it became obvious that the cultural

background played an important role. The cultural norms and values influenced educators in shaping their attitudes. Religion shapes ones' attitude. A person who affiliated in a certain religion will behave and act in accordance with the moral standards of that particular religion. The results of the study also showed that the longer the educators had been in the profession, the positive their attitudes were towards teenage pregnancy. There were no significant influence of variable of age, gender and educational level of respondents in this study. This was supported by studies such as those conducted by McCleod (1996), McCleod (1999), Ferguson & Woodward (2004), and Nash (2002).

The positive attitudes that educators display towards teenage pregnancy need to be translated into constructive co-operation between educators and pregnant teenagers. Mutual trust should be evident in both sides. Learners need to be taught to disclose, as soon as possible, that they are pregnant. This will allow educators enough time to plan different ways of support. This is not possible when learners do not trust educators. If learners feel that they will be expelled from school because of their state, they will have no trust in any educator. It was also noted from the findings that although 68% of respondents showed positive attitude, 32% still find it difficult to help pregnant learners. It is recommended that as educators act in *loco parentis*, they need to develop a "parent-like" attitude. Intervention by professionals like psychologists might help in trying to change their attitudes towards pregnant teenagers.

No learner should be treated as an outcast. Educators need to teach the learners holistically, and subjects like Life Orientation must be taken seriously. Prevention of deviant (sexual) behaviour is better than solving a problem of teenage pregnancy. Educators need to acknowledge that their attitudes, dedication, self-discipline and conduct within the teaching profession determine the quality of education and hence of the society they produce. They need to be sensitive to the feelings of others in all situations, and strive to interact with learners in a manner that the values and respect for human rights are demonstrated.

The Department of Education needs to have a clear policy on teenage pregnancy. This policy, once formulated needs to be distributed to all the schools in the country. Educators are not aware of their responsibilities when faced with the challenge of teenage pregnancy at schools. Of course, it is true that the absence of capacity building programmes minimizes the productive involvement of educators. This gap in skills education translates into poor utilization of support relationship between educators and pregnant teenagers. Educators need to be skilled with elementary midwifery course. This can be made possible by the working together of the Department of Education with the Department of Health. Workshops of this nature may minimize the dangers when helping highly pregnant learners within the school.

The Department of Education should provide facilities for pregnant teenagers in each school. If learners are allowed to attend school while they are pregnant, the environment at school should be conducive for them. A sick bay/room should be provided at each school to cater for emergency situations. In South Africa, we have very few Hospital schools. The Government needs to increase the number of such schools as well as special schools for pregnant learners. In this way teenagers may be well cared for during pregnancy and even after delivery.

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