

CONCERNS OVER A CURRICULUM THAT HANDS OUT CONDOMS IN CLASSROOMS

Teen pregnancies slip through sex syllabus gaps

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TWEENAGE pregnancy remains a problem in our country, according to statistics the national Department of Education released last year.

The Mail & Guardian Online published statistics in a report by an ex-teacher and HIV educator, Joan Domisse, stating that 1 748 teenage girls were reported pregnant in the Free State last year; 5 000 in the Limpopo area; and 5 868 in KwaZulu-Natal. About 2 550 girls were reported pregnant over a two-year period in Gauteng. (www.ing.co.za, 2007). The United Nations (2000) reported 66 pregnancies in every 1 000 teenage girls in a calendar year, across the country.

Every year, the education department injects millions of rands into improving sex education through life orientation classes.

Life orientation is "the study of self in relation to others and to society", according to the General National Curriculum Statement for grades 10-12.

"It applies a holistic approach. It is concerned with the personal,

social, intellectual, emotional, spiritual, motor and physical growth and development of the learners, and the way which these dimensions are interrelated and expressed in life." (<http://curriculum.wcape.school.za>)

The subject includes modules focusing on sex education and HIV/Aids awareness. However, according to educators, students and counsellors interviewed for this article, the method of teaching sex education is failing.

A counsellor who works closely with teenagers in distress at Cape Town high schools, Deidre Railoun has ample experience in teaching pupils about sex and HIV/Aids.

"The key question here is whether the programmes running in the classrooms are achieving their purpose at all," Railoun said. "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 pro-

grammes are accomplishing their ultimate purpose (to lower the HIV rate in youth across the country), so how could they contribute to the lowering of teenage pregnancies?"

Railoun's concern is that the sex education curriculum in schools adopts the stance that it is OK to have sex before marriage, provided one takes the necessary precautions.

"What they are not being told is that condoms are not fully effective, and sex equals a baby," she said.

The education system imparts knowledge, but this is not always translating into behaviour. Young people need more than knowledge, more than facts. They need to be instilled with values, ambitions and the skills of self-governance. They need to know that they can control the outcomes of their lives.

The life orientation curriculum does help reduce the spread of HIV and counter the rise in teenage pregnancies. Our research shows about 50% of teenage boys now use condoms. However, they do not always

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condoms, saying they often act in the heat of the moment.

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

"These issues are not always spoken about openly in schools; teenage pregnancy is overshadowed by other issues. For example, during the life orientation classes I have taken at schools, the youth were asked if they were sexually active and, if so, if they made use of condoms. They openly replied that they see no reason for using condoms, as they would never get HIV, fall pregnant or make a girl pregnant."

Railoun said she once employed a particularly effective method of forcing the reality of teenage pregnancy upon pupils. The South African Police Service was invited to take an assembly and gave a talk on the statutory rape laws in South Africa. The project has been called "The Safer Schools Project".

"They did not mention anything about pregnancy or HIV and Aids, but they did mention the law regarding underage sex. I have never seen young people sit up and listen as they did that day," she said.

Factors leading to teenage pregnancy include living in an impover-

ished area and coming from a broken home. Many factors contribute to the rise of teenage pregnancies in impoverished areas. Our research has shown girls from poorer families are more likely to have children at an earlier age and children from broken homes are more likely to fall pregnant.

Post-1994, more mothers have joined the workforce and become part-time parents. In the absence of supports to enable them to spend time with their families, this seems to have contributed to the breakdown of value systems in the home. More civil society organisations, whether faith or non-faith-based, should be created and supported in their efforts to help teenagers and take some of the burden off the government and struggling families.

Shereen Gorralla, director at Leliebloom House, a centre for children from high-risk backgrounds, said: "Parents are not able to openly discuss this topic with their girls, and this lack of communication creates gaps for children when it comes to sex education.

"Most girls do not feel safe to ask questions about sex and contraceptives in the school setting, and would prefer asking their peers."

Gorralla believes this results in erroneous information being relayed, which in turn leads to promiscuous behaviour in the school environment.



HOLISTIC APPROACH: To stem the rise of teenage pregnancies, sex educators need to instil young people with values, ambitions and the skills of self-governance.

Adrian Lange is the acting principal of the School of Hope in Athlone.

The school welcomes learners, from grade 9 to 12, who have missed out on education due to circumstances such as drug abuse or family issues.

Lange said apartheid was the reason for the rise in teenage pregnancies and the HIV/Aids epidemic.

"The apartheid government created a system in which areas outside of economic centres in our country were created for 'non-whites' to live. Migrant labour is a result of this system, causing the break-up of the

family unit and a degeneration of morals and values in an entire generation post-1994."

He said the ineffectiveness of sex education in schools was because the curriculum did not engage the mind, body and soul of the pupil, but merely provided information, to be used as the individual saw fit.

Christeline Carolus, a life orientation and English teacher at the School of Hope, said: "As an NGO, we are able to be more flexible when it comes to teaching life orientation, sex education and HIV and Aids awareness. We are able to invite people in to teach the learners on spe-

areas of life orientation."

Carolus has observed that, in some government schools, teachers skim over the curriculum, not paying enough attention to engaging pupils in discussion about 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 helped pregnant girls at the School of Hope by accompanying them to clinics and providing contingency plans to ensure the girls still attend school.

"One of our girls attends school on a half-day basis; she comes in for four periods and then goes home. We have tried to do everything possible to ensure she is comfortable."

Carolus was 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 sit at home with nothing to do, when they could be learning," she said.

One of the girls who have benefited from the School of Hope's alternative methods has attended the school for two years and has a year-old baby.

"The School of Hope 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 said.

The girl regrets that she fell pregnant at school, but said her family's support encouraged her to keep attending school. Her first sexual encounter was an extremely violent one that led to drug abuse and a promiscuous lifestyle.

She is dismayed that sex 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," she said.

Her emphatic stance is that educators should be teaching abstinence to young people, not correct condom usage. Girls as young as 11 are engaging in risky sexual behaviour in her neighbourhood.

A recently released study by the Human Sciences Research Council (HSRC) found no evidence to suggest teenage girls are falling pregnant to receive the child-support grant, as is often believed.

The document states: "From the data we have analysed, we conclude that there are no grounds to believe that young South African girls are deliberately having children in order to access welfare benefits."

However, Gorvalla has seen otherwise: "I do know that in some communities, like Elsies 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 said.

The HSRC report suggests this is not a widespread phenomenon, as "only 20% of teens who bear children are beneficiaries of the child support grant".

The government has options when it comes to improving the ways sexual education is taught within schools.

Factors that contribute to high teenage pregnancy 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.

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