Education Sector Response to Early and Unintended Pregnancy (EUP): A Review of Country Experiences in East and Southern Africa

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United Nations Educational, Scientific and Cultural Organization





Why this review was necessary

 Because, the limited evidence available tells us that early and unintended pregnancy is widespread throughout the region

<u>But</u>

- Limited knowledge of
 - How the education sector is responding to the issue; and
 - Whether education sector response is adequate

UNESCO's four pillar response to EUP

- Providing all young people with good quality Comprehensive Sexuality Education (CSE) (including education on pregnancy, prevention and contraception)
- Ensuring pregnant and childbearing girls the right to education – development and effective implementation of re-entry policies
- Increasing adolescent access to health education and services (including contraception) through the establishment of a referral system between schools and health facilities
- Eliminating stigma and discrimination toward pregnant and childbearing girls in schools and communities

Aim

- Examine education sector response to EUP in Six ESA countries (Botswana, Kenya, Malawi, Tanzania, Uganda, Zambia), with a focus on:
 - Education sector policies for pregnant learners and student mothers
 - Integration of CSE into life skills education curricula
 - School environment as it pertains to pregnant students (stigma/discrimination, health facility linkages)
 - Education sector efforts to improve gender equality

Methods

- Study duration: 3 months (Aug-Oct 2014)
- DHS secondary analysis

Desk review of existing literature

- Documents provided by UNESCO staff & associates
- Google search focusing on (for example):
 - life skills,
 - sexuality education,
 - re-entry policy, readmission,
 - gender equality, gender equity, gender parity, gender policies, affirmative action,
 - education sector policies, school health policies

Early pregnancy among girls 15-19

Country	Ever pregnant (%)	% out of school among ever pregnant
Botswana	n/a	n/a
Kenya	18	98
Malawi	26	97
Tanzania	23	99
Uganda	24	98
Zambia	28	95

Source: Demographic and Health Survey; n/a: Most recent data not available

PREGNANCY CLEARLY MEANS THE END OF EDUCATION FOR ALMOST ALL ADOLESCENT GIRLS

High unintended pregnancy rates (40-60%) among girls 15-19 years

Country	Unintended Pregnancy (%)	
Botswana	n/a	
Kenya	59	
Malawi	44	
Tanzania	39	
Uganda	47	
Zambia	58	

Source: Demographic and Health Survey; n/a: Most recent data not available

A LARGE PROPORTION OF CLIENTS SEEKING POST-ABORTION SERVICES AT HEALTH FACILITIES ARE <19 YEARS

17% (Kenya),

21% (Malawi),

49%-58% (Tanzania),

60% (Zambia),

68% (Uganda)

(Source Guttmacher Institute 2009; Levandowski et al. 2009; Mirembe 1996; Rasch and Kipingili 2009; Republic of Kenya 2013).

KENYA: 45% OF WOMEN AGED <19 & 47% STUDENTS EXPERIENCE SEVERE UNSAFE ABORTION COMPLICATIONS

(Source: MOH. 2013 Incidence and complications of Unsafe abortion in Kenya)

Country education sector policies & practices

Country	Relevant Policies	Policy Practices	Pregnancy Screening	Re-entry Practices	Pregnant Girls Allowed in School?	Policy status
Botswana	Botswana Education Regulations (1978)	Re-entry	Yes	12 month f absence	No	Established
Kenya	Return to School Policy Guidelines (1998) National School Health	Re-entry	No	Unclear	No	Established (Return to School <u>Policy</u> , 1994)
	Policy (2009)	Re-entry	Yes	6 months	Yes	Established
Malawi	MOEVT Readmission Policy (1993)	Re-entry	Unknown	12 month suspension, re-entry into next academic year	No	Revised Re-entry Guidelines in Draft Form
— .	No official policy (current practice)	Expulsion	Yes	N/A	No	N/A
Tanzania	Draft Re-entry Guidelines (yet to be approved)	Re-entry	Yes	After 6-12 month suspension	No	Draft
Uganda	No official policy (current practice) Draft National School	Suspension Expulsion Re-entry at different schools	Yes	Left to discretion of head teacher	No	N/A
	Health Policy	Re-entry	Yes	Unclear	Yes	Draft
Zambia	MOE Re-entry Policy (1997)	Re-entry	Yes	12 month leave of absence	Yes	Established

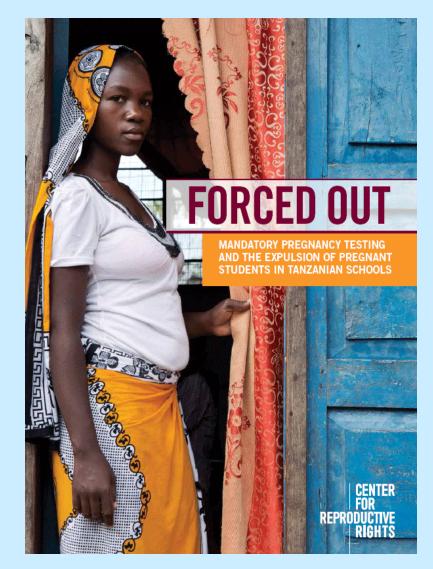
Categorization of policies & practices

Chilisa (2002) provides three different types of policies and practices directed towards pregnant learners:

- Expulsion immediate removal from the school system with no prospect of returning
- Re-entry compulsory leave of absence before a student may re-enter school
- Continuation allows pregnant learner allowed to remain in school for as long as they would like

Policies and practices in summary

- None of the six countries utilize a continuation policy for school re-entry
- Only <u>three</u> countries (Botswana, Kenya, Zambia) have official, established school re-entry policies
- Malawi, Tanzania, Uganda have <u>draft</u> re-entry policies
- Policy confusion exists within countries, with various education sector policies conflicting with one another
- Pregnancy screening happens in All countries, but with no obvious good benefit



CSE and life skills education: Is the content adequate?

- None of the six countries are offering CSE as defined by UNESCO
- Pregnancy prevention (including condoms & contraceptives) NOT a central feature of the CSE content
 - Condoms taught in Botswana, Malawi & Uganda
 - LSE content on contraceptives
 - Included in Zambia (new), No information on contraceptives (Kenya, Malawi).
 - Unclear whether LSE includes contraceptives (Botswana, Tanzania)
 - Included in Uganda (only in Islamic Religious curriculum)
- When offered at all, pregnancy prevention covered at secondary school level alone

School environment

- Stigma and discrimination (schools and communities) remains a pervasive barrier to resuming education
 - Few interventions exist Malawi, Kenya
 - Lack of school-health facility linkages
 - Limited school level structures to support students mothers
 - Interventions don't end up being institutionalized

Gender equity

 Policies on free primary & secondary education helped close the gender parity gap

<u>But</u>

- Girls continue to have lower completion rates in secondary school than boys
- All countries have gender elements and sensitivities built into LSE, but some efforts tend to be counterproductive

Conclusion

- Existence of policies to promote education sector response demonstrates commitment by the countries.
- As recently as 2013, Education & Health Ministers in ESA confirmed their commitment to address early and unintended pregnancy

However,

- Current responses are extremely inadequate
- Practices, gaps and inconsistencies outlined constitute a violation of pregnant learners' rights to education

Recommendations

- Review national variations in re-entry policies and facilitate harmonization
- Prototype guidance document on education sector response needed to enhance awareness of what responses ought to be
 - Widely popularized among education and health sector stakeholders
 - LSE/CSE curricula should be expanded to include content on pregnancy prevention, with stipulations for this info to be provided as early as Upper Primary levels to reduce UP, unsafe abortion, school dropout
- Promote & support linkages between education and health – integrated school health program that encompass preventive and treatment services need to be developed and tested
- Promising programs to support school re-entry should be identified, assessed and consolidated with a view to institutionalizing and scaling up





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Thank you!