Discussion Paper

RE-ENTRY POLICY: EXAMINING IMPLEMENTATION EXPERIENCES IN A COVID-19 PANDEMIC ERA

Presented at a Webinar on 27th March 2021 by Prof. Ellen Bortei-Doku Aryeetey
The STAR Ghana Foundation belongs to the people of Ghana. We create platforms for ordinary people, particularly the most marginalised in society, to become active citizens who demand positive change in their lives and communities.

Our vision is to see a well-informed and active Ghanaian citizenry able to contribute to transformational change that advances democracy, accountability and social inclusion.

We want to increase the effectiveness of citizens and civil society to achieve an equitable, inclusive society by convening inclusive dialogue and collaboration; catalysing active citizenship and collective action; coordinating and supporting strategic partnerships, and facilitating continuous learning to fuel wider scale change.

Our ultimate goal is to ensure all citizens, regardless of gender, disability, age or location, are empowered to participate in decisions and raise concerns. We will continue to support a vibrant civil society to engage constructively with the government and drive forward a transformative development agenda that will leave nobody behind.

Contact: +233 (302) 774488 | info@star-ghana.org
Address: No 6 Sunflower Street, East Legon, Accra

© 2021
star-ghana.org
Picture Credits: Doug Linstedt & Richmond Osei

facebook STAR-Ghana Foundation twitter @STARGhana
INTRODUCTION

Girls’ re-entry and continuation approaches are essential for women’s empowerment

STAR Ghana Foundation is collaborating with African Education Watch and SONGTABA to safeguard the protection of vulnerable girls’ education at the pre-tertiary level. The Foundation’s main goal is to spearhead discussion and advocacy among key stakeholders on effective implementation of pregnancy prevention and the re-entry policy guidelines, to encourage and guide pregnant school girls and student mothers to return to school in Ghana. This became even more urgent following reports that, many school girls might have become pregnant during the Covid-19 school shutdown in 2020, and were likely to stay away when schools reopened in 2021. Indeed UKaid has observed for example that, about 1 million Ghanaian students or 10% of the student population are yet to return to school since the facilities reopened in January 2021. Worse still, fewer girls than boys have returned to school (STAR Ghana, 2021d).

Girls’ school re-entry policy guidelines in Ghana, like others across the world, are meant to foster inclusive reintegration of pre-tertiary student mothers to continue their education after delivery. The guidelines framework reflects the spirit of SDG 4.5 and SDG 5 on girls’ enrolment, gender equality and women’s empowerment, with the hope that this will better position them to exercise decision-making power and other agency to be able to contribute to social and economic progress. The policy also supports the Africa Union’s Agenda 2063, which recognizes human capital as Africa’s most precious resource (AU, 2013). In most countries re-entry policies to persuade girls to go back to school have been slow to show results due to several bottlenecks, some of which are addressed later. Presently many fear that Covid-19 may have seriously eroded the modest gains that have been made in the past. The effort by STAR Ghana Foundation (STAR Ghana) to dialogue on re-entry now is timely. This discussion paper reviews the context of implementation of the Ghana Education Service re-entry policy guidelines and associated challenges, with special attention to Covid-19 related constraints and innovative responses.

The re-entry guidelines were streamlined in 2018 to eliminate ambiguity in earlier universal education directives, which led to arbitrariness in the implementation strategies adopted by different school administrators.
The streamlining effort was geared towards improving implementation strategies to better achieve the overall objective of leaving no girl behind. To contribute to this process, the discussion paper addresses issues arising from recent convening workshops organized by STAR Ghana on the situation of pregnant school girls and student mothers. The convening included: three zonal dialogues in the Central Region at Mankessim, Eastern Region at Asesewa in the Upper Manya Krobo District and in the Northern Region at Tamale; in addition there was a national dialogue in Accra.

The rest of the discussion paper focuses the following: Covid-19 and teenage pregnancy; policies on pregnant school girls and student mothers and implementation strategies; effectiveness of implementation strategies and responsiveness to Covid-19; challenges with re-integration; best practices from other countries; and finally, recommendations to strengthen policy implementation.
COVID-19 & Teenage Pregnancy

Pandemic-related school closures are impacting the sexual and reproductive health and rights of adolescent girls (WHO, 2021).

By March 2020 according to UNESCO (WHO, 2021)1.54 billion pre-tertiary and university students, including 743 million female students had been sent home from school due to Covid-19 related school shutdowns in 194 countries in the world. There are fears that the outbreak of Covid-19 and the subsequent closure of schools may have led to an upsurge in teenage pregnancies around the world as has happened with other incidents of school closures (WHO, 2021). In 2019 approximately 21 million adolescent girls were reported to be pregnant (WHO, 2019). Though supporting data across the world are yet to be fully collated current indications all point to a potential dramatic spike in teenage pregnancy in 2020.

The year-long closure of schools brought about by Covid-19 provided fertile grounds for a worsening of an enduring societal challenge. Most countries have grappled with teenage pregnancy over past generations, as modern societies have struggled to eradicate cultural practices of early marriage and childbirth, or stigma against contraception for young girls, in order to prioritise formal education for girls. Rural residence and low girls / parental education, as well as poverty are found to be major contributory factors (Kassa et al, 2018).

Africa has the highest rates of teenage pregnancy in the world.

While increased access to interventions such as contraception and family welfare (anti-poverty) support has helped developed countries to reduce teenage pregnancy, adolescent girls in Africa are said to have the highest rates of pregnancy in the world (Human Rights Watch, 2018). About 40% to 60% of these pregnancies are unintended (see Demographic and Health Survey reports) and not surprisingly, fuel school dropout among girls, many of them never to return. With an estimated 73% of children in Ghana identified as multi-dimensionally poor (NDPC/UNICEF/SPRI/GSS, 2020) and with low access to reproductive health assistance due to among other things, provider bias and stigma (GHS, 2016) many young girls are highly exposed to sex exploitation and unintended pregnancy.
Most school girls’ pregnancy occurs at junior high school level in Ghana.

More than 10% of adolescent girls in Ghana are sexually active by age 15 years (GHS, 2016). Most teenage pregnancies occur between ages 16 to 19 years (Britwum et al., 2017). Subsequently, dropout rates of students have reportedly been higher among girls than boys in junior and senior high schools, where the most pregnancy occurs. Despite the stepped up campaign for girls’ education in Ghana, increases in pregnancy were recorded between 2014 and 2017 as is shown in Fig. 1 (MoE-EMIS, 2018).

School girls’ pregnancy in Ghana is linked to poor preparation for adolescence, weak parental supervision, child poverty and sexual violence.

Figure 1: Incidence of Pregnancy among School Girls in Ghana, 2014-2017.

Source: Ministry of Education, EMIS, 2014-2017 (see GES, 2018:5)

Due to over-age enrolment it is no surprise that pregnancies have been reported in primary schools. The main causes of teenage pregnancy in Ghana have been identified as inadequate sexual education, early sex, over-age enrolment, parental neglect, child marriage and sexual violence, including defilement of girls (15 years and below) /rape and incest (STAR-Ghana / Kamal, n.d.; GES, 2018; see Plaskett, 2017; Britwum et al., 2017). As noted earlier, poverty may compel young girls to contract sexual relationships that often end in pregnancy. Despite free education girls often need money for personal items that their parents are unable to provide, leading them to look to men to supply those needs in exchange for sexual favours.
Anecdotal evidence that Covid-19 has worsened the situation for girls in pre-tertiary education across Africa has come from many sources such as the WHO (2021). World Vision International (WVI) for example projects that, 1,000,000 girls may drop out of school in Ghana as a result of school closures and associated misfortunes like unintended pregnancy. At recent convening events organized by STAR Ghana Foundation stakeholders shared their findings on girls’ experiences during the Covid-19 lockdown in Ghana. GES for example, reported 676 pregnancies among school girls in the Volta Region from September to March 2020 (STAR Ghana and Kamal, n.d.). African Education Watch (AEW) indicated at the Mankessim convening that 3,200 girls from primary to senior high schools were found to be pregnant in the Central Region between January to May 2020, when schools were under shutdown (STAR Ghana, 2021a; 2021b).

A recent study in 200 schools across Ghana found that 20% of the girls had become pregnant during the one year school closure after the pandemic was reported in Ghana (STAR Ghana/Kamal n.d.). At the Northern Zone convening on the re-entry policy Education officials indicated that, about 90% of the girls who failed to write their BECE exams in 2020 were said to be pregnant at the time of the examination (STAR Ghana, 2021a). In the previous academic year in the zone (2018/2019) over 600 girls dropped out of school due to pregnancy (ibid). Some teenage pregnancy hotspots in 2020 have been identified by STAR Ghana and Kamal as indicated below in Table 1.

Table 1: Data on Teenage Pregnancy Hot Spots in 2020

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of Region or District</th>
<th>Period</th>
<th>Cases Recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Volta Region</td>
<td>March to September</td>
<td>676</td>
</tr>
<tr>
<td>2</td>
<td>Central Region</td>
<td>January to May</td>
<td>3,198</td>
</tr>
<tr>
<td>3</td>
<td>Oti Region (Krachi West)</td>
<td>March and May</td>
<td>51</td>
</tr>
<tr>
<td>4</td>
<td>Upper East (Directorate?)</td>
<td>January to September</td>
<td>268</td>
</tr>
<tr>
<td>5</td>
<td>Upper West (Jirapa Municipality)</td>
<td>March</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Northern Savannah and North East Regions</td>
<td>January to October</td>
<td>221</td>
</tr>
</tbody>
</table>

Source: STAR Ghana and Kamal (n.d.) (Curled from published articles and research by WVI).
As Ghana is still in the throes of the Covid-19 pandemic and its negative effects on peoples' livelihoods and ways of living, the threat of unwanted pregnancy among adolescent girls still remains. Many of them would simply not find the needed family support given the increased pressures most parents and guardians have come under, which would inevitably lead to school dropout.
Policies on Pregnant School Girls and Student Mothers and Implementation Strategies

Africa still has a long way to go to aggressively tackle the issue of girls dropping out of school due to pregnancy. From a study of six East and Southern African countries (Botswana, Kenya, Zambia, Malawi, Tanzania and Uganda) only 3 of them had re-entry policies for student mothers to return to school after delivery, including Botswana, Kenya and Tanzania (Buringi et al., 2015). Further, continuation policies which permit pregnant girls to attend school were often missing, compelling girls to temporarily drop out of school until after delivery. However, there has been some progress in this area. It is estimated that about 30 countries out of 54 on the Continent have some form of official directives on how to address school girl pregnancy matters (Human Rights Watch, 2018; Agbele and Baa-Poku, 2016). But many of these re-entry guidelines are said to be hampered by ambiguous provisions, making their implementation difficult. Overall, three broad policy instruments on pregnant school girls have been in operation in Africa. The objectives and implementation approaches of these guidelines are summarized below in Table 2.
Discourse Paper on Re-entry Policy: Examining implementation experiences in a COVID-19 Pandemic Era

Table 2: Policies and Directives on School Girl Pregnancy in Sub-Saharan Africa

<table>
<thead>
<tr>
<th>Policies</th>
<th>Policy Orientation</th>
<th>SSA Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expulsion</td>
<td>Exclusionary: Expels pregnant girls from school with no prospect of return</td>
<td>E.G. Liberia, Mali, Mozambique, Nigeria, Togo Tanzania</td>
</tr>
<tr>
<td>Re-entry</td>
<td>Partial inclusion: Withholds girls from school following pregnancy; return to school after compulsory leave</td>
<td>E.G. Botswana, Guinea, Kenya, Namibia, Malawi, Zambia</td>
</tr>
<tr>
<td>Continuation</td>
<td>Broad inclusion: Allows pregnant school girls to continue throughout pregnancy and permits immediate return to school after delivery</td>
<td>E.G. Cameroon, Madagascar, Sierra Leone</td>
</tr>
<tr>
<td>Hybrid: Re-entry or Continuation</td>
<td>Flexible Inclusion: Permits girls to continue throughout their pregnancy, or withdraw with the option to return after childbirth</td>
<td>E.G. Ghana</td>
</tr>
</tbody>
</table>

Source: Agbele and Baa-Poku, 2016:4.

Prior to 2018 the Ministry of Education in Ghana allowed District Education Directorates to respond to pregnant school girls and student mothers with different procedures, to suit their convenience and convictions, sometimes to the detriment of the girls (GES, 2018). To remedy the situation GES in 2018 published a set of policy guidelines to streamline the management of pregnant school girls and student mothers, as described below.

**Ghana Education Service Guidelines for Prevention of Pregnancy among School Girls and Facilitation of Re-Entry into School after Delivery**

**Objectives:**
- Implement measures to prevent school girl pregnancy
- Standardise procedures for managing school girls’ pregnancy and re-entry to school
Preventing Pregnancy in Schools
- Discourage sexual relationships
- Strengthen partnerships to address the challenge
- Promote abstinence among school girls
- Create safe and supporting environment for girls
- Link girls to support services

Facilitating Re-entry of Young Mothers into Schools
- Steps for dealing with confirmation of pregnancy
- Steps for confirming (male partner) source of pregnancy
- Steps for documentation
- Steps for leave of absence and return to school
- Steps for a conducive school environment

Implementation Mechanisms
- Focus on the role of stakeholders
  o Public agencies (GES, Girls Education Unit, Guidance and Counseling, School Health Education Programme - SHEP)
  o Unions and CSOs
  o Local authorities
  o Media

- Monitoring and evaluation

To a large extent the guidelines have paved the way for securing the rights of pregnant school girls and this has been tested in a few cases. In a case where a girl had been withdrawn from school she won the right to be re-enrolled through court action (STAR Ghana, 2021a). But such successes depend on the commitment of school authorities and parents or guardians to the goal of keeping girls in school at all costs. Other signs of improved compliance to the policy have emerged, where school authorities are currently more willing to extend leave of absence to pregnant girls or if necessary, transfer them to other schools to reduce the challenges of stigma (ibid.). One area of the policy guidelines that calls for further reflection is the list of education options available to student mothers (STAR Ghana /Kamal). For example, what options are there for students who do not wish to continue with senior high school?
It is important to recognize that student mothers are not a homogeneous group. For this reason there is a need to widen the training opportunities for them to choose what training tracks best suits their circumstances. In addition, some may require forms of assistance that may not be priority to others, for example, inaccessibility of early child care facilities to student mothers may not be a uniform challenge. Some girls for example, are fortunate to have mothers or other female relatives who are willing to provide child care so that the girls can go back to school.
Partnership and Collaboration

The Girls Education Unit of the Ghana Education Service should step up sensitization, training and data management about teenage pregnancy and school re-entry for communities, Guidance and Counseling Coordinators and other partners.

The re-entry policy guidelines of the GES identify networks that must be resourced to achieve more effective re-entry and continuation implementation for pregnant school girls and student mothers. The Girls Education Unit is central to this process. But GEU success is linked to the continued involvement and investment of CSOs who have been quite active in this area, and need to be actively engaged as partners. The key partners that must be involved at all stages of the discussions should necessarily include (but not be limited to): the Ghana Education Service (GES); the Ghana Health Service (GHS); Ministry of Gender and Social Protection; especially the Department of Social Welfare, National Commission for Civic Education (NCCE); Ministry of Local Government, especially metropolitan, municipal and district assemblies (MMDAs); non-government organisations (NGOs); private firms, as well as development partners.

Community buy-in and active participation is critical to the success of re-entry policies for pregnant school girls.

Many field reports by CSOs emphasise the need to intensify focus on community participation and leadership in changing attitudes to teenage pregnancy and their future prospects (see STAR Ghana, 2021a). Key partners at this level include people who have direct access to the girls such as parents /families, traditional authorities, civic leaders, PTAs, peer leaders, religious organisations and extension workers.

As with most partnerships resource constraints tend to be a major limitation in collaborative efforts. Innovative ways must be sought to mobilise more resources towards the re-entry effort. For example, GES should investigate the potential for attracting funds for re-entry from the Ghana Accountability for Learning Outcomes Project (GALOP). This will increase their visibility in the allocation of resources beyond the Girls Education Unit and in the monitoring of educational outcomes.
Effectiveness of Implementation Strategies and Responsiveness to Covid-19

Education Sector Response to Pregnancy and Schooling for the Pre-Tertiary Level – the adoption of Back to School for Safe Learning Campaign

Like most peacetime policies the girls’ re-entry guidelines was simply not designed to anticipate a pandemic situation like Covid-19! However, before the pandemic the Girls Education Unit had already initiated girls’ camps in some districts, using a multi-stakeholder taskforce to sensitize girls to go back to school. Evidence from 2017 to 2019 showed that with some concerted effort the policy guidelines yielded good results. For example, EMIS data revealed that in the same period 5,912 girls returned to school after delivery (ibid). The effort it took to achieve this feat should be shared for others to follow.

In the initial phase of the pandemic the Government response was drastic – a 3 week lockdown in the epi-centres of the spread of Covid-19 (Accra, Kumasi), which included a closure of schools and colleges, land, air and sea borders as well as many businesses and offices. Schools and hospitality services remained shut for nearly a year. As the reality of the lockdown hit parents and guardians with job losses and collapse of cottage enterprises, many poor children were faced with worsening poverty and girls especially were exposed to transactional sex to raise funds for their upkeep (STAR-Ghana/Kamal, n.d.).

In anticipation of the reopening of schools, GES working through the Girls Education Unit and in collaboration with a multi-stakeholder Regional Advocacy Task Force (RATC), trainers of District Advocacy Task Force (DATC) across the country, embarked on a project dubbed: Back to School for Safe Learning Campaign – BSSLC (Modern Ghana, 12/01/2021).
The Campaign was intended to sensitise students and teachers to return to school at the beginning of the academic year. MoE has suggested that eight million boys and girls suffered negative consequences from the covid-19 related school shutdown in 2020 (GNA, 2021). The RACTC messages through mass media (radio) and community engagement, as well as traditional theatre and games highlight advocacy for pregnant school girls to continue schooling and re-entry for student mothers (STAR-Ghana, 2021b). During the Aseewa convening, the GEU in Upper Manya District indicated that after advocacy in about 50 communities at least 3 girls had returned to school. Such outcomes are encouraging, but confirm that a lot of work remains to be done to improve the success rate.

**Working with Partners and the Question of Leadership or Champions.**

Collaboration between the Girls Education Unit and other stakeholders has proven to be instrumental in achieving some of the successes that have been realized in the implementation of the re-entry policy. Going forward, GES must more aggressively pursue collaboration with both state, as well as non-state agencies and platforms in ways that give different parties some flexibility to focus on what interests them, within the context of the overarching policy guidelines. In this process the GES must seek out leaders or champions and position them to be effective. How to do this in ways that ensure their trust and confidence is crucial to sustaining the relationships.

Development partners such as UKaid and UNICEF for example, have provided critical resources to support girls to go back to school (Smart Investment). NGOs have been equally engaged in the process with ActionAid and Plan Ghana similarly making impressive investments in this agenda, especially through working with parents. Partnerships with local CBOs to attain these successes need to be strengthened through more targeted resource sharing.

Collaboration between ActionAid and Community Anti-Violence Team (COMBACT) has helped to boost confidence building among girls, through the Girls Platform initiative in 58 schools in the Northern Zone. In addition, they have trained education staff and girls on the policy guidelines (STAR Ghana, 2021a). This emboldened schools to designate safe spaces for pregnant girls, and to track them and encourage them to return to school. The support has also helped to provide such girls with additional schools and child care centres.
Similarly, Plan International working with local CBOs has been involved in educating communities about defilement and encouraging girls to avoid early pregnancy, or, for those already affected to return to school (STAR Ghana, 2021c). Unfortunately, besides field reports of extension workers, data to back up claims of implementation successes and challenges for programming purposes are very sketchy - anecdotal at best.

With limited resources among stakeholders sustainability of the implementation efforts to scale up re-entry may come under serious pressure, unless GES widens its support base outside the field of traditional donors. It is also important to more carefully identify the areas that need extra injections of support, such as staff training, leadership in advocacy, material supplies for student mothers, etc. for a more judicious use of what is available. For example, though staff training is ongoing there are concerns that guidance and counseling staff in particular are ill-prepared to deal with the issues at hand. At the community level, girls may not be getting adequate informal support either. They often have little or no opportunities for mentoring and role modelling in relation to education and modern concepts of empowerment, right from the family to the wider community.

**Lack of data on teenage pregnancy during lockdown is likely to have hampered re-entry policy response when schools reopened in January 2021.**

With the shutdown of schools Covid-19 also brought a temporary halt to the implementation activities of all school related programmes including re-entry programmes. The crisis led to a double jeopardy for vulnerable girls, exposing them to sometimes risky liaisons during their stay out of school for one academic year. For many of them school provided a reasonable level of protection and structure to their lives, which they lost with the lockdown. This is not to overlook the fact that school has also presented dangers of its own, with reference to sexual abuse by some teachers and other students!

**Stakeholder accountability**

Transparency in the disclosure of resources and properly structured technical cooperation by stakeholders needs to be confronted. It is key to maximizing the use of limited resources and monitoring of their useful allocation for preventing adolescent pregnancy and supporting student mothers. Many non-state actors fail to share information on their resources and their capabilities. The national dialogue raised the flag on resource secrecy by stakeholders. On the other hand, resource disbursements from budgetary allocations to public organisations are frequently delayed, or not released at all.
Challenges with Re-entry and Continuation in Ghana

While most parties to the discussion on pregnant school girls and student mothers have accepted the need to bring them back to school, there are daunting challenges that cannot be overlooked if the programme is to be made more successful. Some of these challenges have been outlined below.

1. Lack of awareness about continuation and re-entry policy guidelines
Many participants at all the STAR Ghana convening events suggested that there was a lack of awareness about the re-entry policy guidelines, which must be corrected through intensified campaigns.

2. Parents/ guardians lack resources or interest to cater for their daughters' babies
Field reports indicate that parents were often not prepared to assume care of their daughters' babies to release them to go back to school. The reasons vary from disappointment in the girls, humiliation, cultural taboos, as well as time/monetary poverty.

3. Investing in a conducive school environment
Focus on sensitization has much higher priority than investment in appropriate facilities at school to encourage girls to return to school. Many questions remain to be answered. For example, should schools provide special chairs for pregnant students? Or, should facilities like a nursing room be provided in all schools? Some even wonder whether a selected number of schools should be identified for such assistance, so that they serve as district centres for pregnant school girls and student mothers. Obviously this has the potential to backfire as it may worsen stigma!

4. Balancing messages on pregnancy prevention techniques versus prevention cautions
Partners in the back to school campaign are faced with the dilemma of agreeing on age appropriate guidance and counseling in their messaging around pregnancy prevention and re-entry. For example, what is the appropriate balance between messages on access to contraception and information and, cautions on the short-term risks and long term dangers of early pregnancy and motherhood?
Attempts to revise school health education in Ghana in 2019 caused a major uproar in the country as it was seen to be too radical and western. Clearly a more culturally sensitive approach is needed to make reproductive health rights acceptable to the general public.

5. Weak deterrrents/sanctions for boys and men associated with teenage school pregnancy and motherhood.
The issue of deterrents and sanctions for boys and men like most issues surrounding teenage pregnancy and motherhood is particularly emotive, making it difficult to arrive at a satisfactory set of solutions. Culturally, there are conflicting norms that on the one hand, condone teenage pregnancy and childbirth in some parts of Ghana. On the other hand in other parts of Ghana families abhor the practice. This results in a clash of punitive versus permissive responses to the occurrence of teenage pregnancy in different Ghanaian cultures. As a result, young men and older men often do not suffer any serious penalties in the circumstances. For example, teachers who are alleged to be responsible for pregnancies manage to relocate to other schools, making it difficult to find them for appropriate sanctioning (STAR Ghana, 2021c). Similarly, young men including students who impregnate their female mates often go scorch free, while the girls suffer all the consequences of the pregnancy.

6. Combating misrepresentation of support to teenage mothers as an incentive for teenage pregnancy
At Chokor, a fishing community in Accra some young girls apparently indicated that they would not mind getting pregnant in order to receive support from NGOs!
Best Practices from other Countries

There is a need to identify successful initiatives in pregnancy prevention and student mothers re-entry approaches from elsewhere for learning purposes, recognizing that they may not all be appropriate for Ghana. For example, direct support for deprived student mothers to enable them to stay in school has worked well in South Africa. What does this mean for the Livelihoods Empowerment Against Poverty Programme (LEAP) in Ghana? The Human Rights Watch (2018) report has outlined a series of recommendations that challenge African governments to introduce quite radical reforms in existing legislation and practices to more effectively empower girls to avoid school dropout. Some of these have been summarized below.

i) Improve access to information
ii) Promote attitudinal change among boys and men, parents, officials, girls and women
iii) Target vulnerable girls for social services, and material support
iv) Provide psychosocial assistance
v) Embark on improved data collection and management
vi) Review formal policies and practices to protect the rights of pregnant school girls and student mothers

Some of the initiatives that have been inspired by these recommendations and others in selected African countries are presented in Figure 2 below.

The examples show that GES and various stakeholders have some tough decisions to make. It seems that despite all the efforts they are making they have a long way to go, to sufficiently remove cultural barriers and administrative hitches against re-entry of pregnant school girls and students mothers in school.

Recommendations to strengthen policy

Restoring girls confidence and motivation

i. Rigorous training of influencers to be engaged in the four strategies identified in the policy guidelines for the prevention of pregnancy in school

ii. Measures to combat intimidation and stigmatization of pregnant school girls and student mothers at home and at school should be more aggressively enforced.

Parental/community support involving families and traditional authorities and community leaders must be backed with appropriate and enforceable sanctions against stigma and abuse of pregnant school girls and student mothers. Festivals and other customs and the celebration of menstrual day and international day of the child, all present opportunities for addressing different needs and interests of children. Overall, they should be seized upon to support and educate and not only intimidate adolescents about the dangers of early sex / unprotected sex. Multi-faceted public education on teenage reproductive health and safety for boys and girls should be adopted involving: jingles, role play, audio-visuals, fliers, testimonies, etc.

The idea of mother friendly schools in districts should be addressed to find out if they are acceptable and suitable for some communities where stigmatization is quite high.

Institutional coordination

iii. The Re-entry Guidelines Policy book should be provided to all active stakeholders and others who need to be informed. Multi-agency leadership for implementation needs to be strengthened across state and non-state agencies involved in supporting pregnant school girls and student mothers. The Ghana Accountability for Learning Outcomes Project (GALOP) should be utilized to better prepare teachers and school administrators to support pregnant school girls and student mothers to return to school at the appropriate time.
Legislation on youth sexual and reproductive health services have enabled young people in Europe to protect themselves better from unintended pregnancies (Part, K. et al., 2013). The question is whether Ghanaian society is ready to accommodate a more liberal rollout of access to contraception to protect vulnerable girls.

**Public awareness**

iv. Social education on acceptance and support through mass media and community/ institutional engagement is necessary, to create a conducive environment for pregnant school girls continuation at school and student mothers re-entry to school.

All the convening reports on the re-entry policy share the view that public education via media outlets has a big role to play in the success of the policy guidelines. There is a need to break traditional barriers that generally hinder continuation of pregnant school girls and promotion of re-entry of student mothers by engaging communities in discussion and sensitization. FM radio stations and other mass media channels provide an excellent outlet for such education if the necessary funding can be mobilised. It is also important to re-engage with religious organisations to help break barriers of stigma and rejection by family, friends and society at large. The issue must be recognized as one of societal responsibility towards adolescent mothers in and out of school. In this regard it is important to recognize diverse needs and interests of adolescent girls in general, and pregnant school girls and student mothers in particular.

Existing reports tend to present pregnant school girls and student mothers as a homogeneous group, which complicates efforts to assist them. This should be addressed through more careful scrutiny of their different circumstances.

**Conducive environment**

v. Investment in appropriate facilities for pregnant school girls and student mothers in selected schools in every district.

Since not all schools can be equipped with appropriate facilities to accommodate pregnant schools and student mothers in the short term, it may be prudent to identify one or two schools in every district to be provided with such facilities, starting with the most affected districts.
Addressing deterrents and sanctions for boys and men associated with teenage pregnancy and motherhood.

vi. Make deterrents/sanctions against teenage pregnancy for boys and men more consequential as an integral instrument in the protection of female minors. How to more effectively handle the other half of the teenage pregnancy challenge remains both a controversial and difficult issue to operationalize. Customary sanctions are often sought by girls’ families but they are hardly consequential and fail to serve as a deterrent to boys and men. With respect to existing laws that protect minors, the legal reliefs are often difficult to implement because the boys / men find it easy to evade the law. Some stakeholders (e.g. GNECC, WILDAF, AEW, and WVI) continue to advocate stricter sanctions and more effective implementation of the Domestic Violence Act, 2007 (Act 732).

In some situations it is important to also target girls with clear deterrent messages, to remove the unfortunate misinterpretation that can arise that pregnancy can be rewarded with assistance to teenage mothers. This was observed at Chokor, a suburb of Accra where some young girls said they would welcome teenage pregnancy as an opportunity for securing attractive benefits from NGOs (STAR Ghana and Kamal, n.d.).

Data management

vii. Incorporate statistics on prevention, continuation and re-entry into EMIS data base more comprehensively and in National Development Planning Commission planning processes.

The re-entry policy guidelines include extensive provisions for documentation. But the procedure for gathering, processing and dissemination of data on pregnant school girls and student mothers for planning and management purposes has to be simplified through electronic recording and reporting both upstream and downstream. Failure to carefully manage the data can have costly implications for the effective implementation of the guidelines in this Covid-19 era. It is important to ensure that school staff, as well as parents, traditional authorities and community agents who are involved in the School Management Committees, as well as MMDAs understand and are committed to the data gathering and management process. GES is developing a data collection instrument that will be used to document maintenance of pregnant school girls, plans for re-entry, contact information, father of pregnancy, etc. (STAR Ghana, 2021b).
Stakeholder accountability

viii. GES /GEU should expand the activities of the Regional Advocacy Task Force (RATC) to reach more schools not only with sensitization but also other support to bring pregnant girls and student mothers back to school.

Partners involved in prevention of teenage pregnancy and school disruption should be more transparent about their objectives, biases; strategies, monitoring tools and sustainability approaches. For example, are stakeholders more committed to prevention than to re-entry? How can partners with different strengths and cultural and religious biases be made to work together for the overall benefit of pregnant school girls and mothers? This is in recognition of the fact that some funding agencies may be restricted to prevention rather than post-delivery interventions.

Schools should back their resolve to re-absorb pregnant school girls and student mothers with sanctions against stigmatization. For example, two girls have been re-integrated in school in Mankessim because of sanctions against mocking at the school (STAR Ghana, 2021a).

Research and advocacy

ix. Studies should be undertaken among teaching staff and school administrators, school management committees and students to investigate opportunities for fostering prevention of pregnancy; family dynamics behind pregnancy among school girls; and options preferred by pregnant students.

As an integral part of any programme to strengthen the implementation of the re-entry policy guidelines research and advocacy has to be given more prominence. One key area of inquiry is the review of existing laws and programmes intended to protect adolescent girls, to identify gaps in their provisions and how to make them more effective.

Leadership for championing Prevention of Pregnancy, Re-entry and Continuation by Pregnant School Girls and Student Mothers

x. GES should have a system for identifying and using individuals who show commitment and willingness to step out and advocate for the prevention of pregnancy and the re-entry implementation strategies.
References


Britwum, A. O.; Akorsu, A.; Agbesinyale, P.K.; Aikins, K. (2017). Case study on girls who have dropped out of school due to pregnancy and factors facilitating and/ or preventing their re-entry into school after delivery. Research Report. IDS, University of Cape Coast.


Discussion Paper
Re-entry policy: examining implementation experiences in a COVID-19 pandemic era

Presented at a Webinar on 27th March 2021 by Prof. Ellen Bortei-Doku Areyetey