

Evaluating the implementation of the Education Sector Policy on Prevention and Management of Learner Pregnancy in Ohangwena Region, Namibia

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ABSTRACTS

The Education Sector Policy on Prevention and Management of Learner Pregnancy (ESPPMLP) is being implemented in Namibian schools to prevent pregnancy among learners and also to help those fallen pregnant be able to complete their education. This study evaluated the implementation of ESPPMLP in the Ohangwena region of Namibia as a pregnancy prevention tool in schools. Ohangwena is a region of concern in Namibia because it experienced an increasing number of school drop-out due to pregnancy for five consecutive years. The population of this study was the Heads of Departments, Life Skills teachers, Senior Education Officers, and Learner Representative Head-girls. The study employed interviews as a research method to collect data. Collected data were analysed using a thematic analysis method. The study found that the ESPPMLP has not been successfully implemented in some schools in the Ohangwena region. Teachers who are the main implementers of the ESPPMLP have experienced various challenges in the process of implementing the ESPPMLP. It was also established that some teachers are lacking the capacity to implement the ESPPMLP. The study has also found that there is an inadequate engagement of parents and the community in relation to learner pregnancy prevention matters. The study has finally proposed the framework for implementing the ESPPMLP in schools to protect learners from early pregnancy while they are completing their education.

Keywords: *learner pregnancy prevention, education sector policy on prevention and management of learner pregnancy*

INTRODUCTION

The Ministry of Education, Arts, and Culture [MoEAC] (2012) in Namibia has been striving to make sure that all the learners are taken care of and afforded equal opportunities to complete their basic education, while their well-being is also considered a priority. The Education Sector Policy on Prevention and Management of Learner Pregnancy [ESPPMLP] was introduced in 2012 as an intervention tool for the prevention and management of pregnancy in schools to make sure that all learners completed their education with no effect from pregnancies. According to statistics from Education Management Information System [EMIS] (2015-2019), it has been observed that despite the intervention, schools in the Ohangwena region are still experiencing a high number of school drop-outs, absenteeism, and poor performance due to pregnancies.

Even the statistic published by Mattys (2022) indicated that one in four learners in Namibia become pregnant before reaching the age of 20 years, and learners who make it to the tertiary institution are fewer than those who fall pregnant while in school every year. For instance, from 2018 to 2021, learners who qualified for tertiary education were 37480, while those who fell pregnant before completing their basic education were 56300. Despite the policy being implemented, the situation of high pregnancy rates among learners is prevailing in schools, and the Ohangwena region is topping the list of learner pregnancy ratings.

Purpose of the study

The purpose of the study was to evaluate the implementation of ESPPMLP in the prevention of learner pregnancy in the Ohangwena region and propose better strategies to avoid learners' pregnancies.

Research questions

This study was done on the following research questions:

- How has the ESPPMLP been implemented to prevent learner pregnancies?
- What are the experiences of teachers in the implementation of ESPPMLP?
- What are the capacities of schools for implementing the ESPPMLP?
- How an effective framework for implementing the ESPPMLP can be made to keep learners from getting pregnant?

THEORETICAL FRAMEWORK

This study was based on the theory of public policy implementation. As it is clarified by DeGroff and Cargo (2009) and also May (2012), the public policy implementation theory illuminated that policies are developed to address problems and for the provision of services to the elements of societies. Public policies in their different forms can come as legislation, directives, rules, and other official instructions. The policies have goals that should be achieved through effective implementation. In this regard, the ESPPMLP has been enacted by the MoE (2012) to address the problem of learner pregnancy and it has to be implemented through the top-down policy implementation theory. Top-down implementation requires the provision of support from the top down to the implementers. Therefore, the research questions in this study were set to address the problems encountered by the schools and teachers in the process of implementing the ESPPMLP. The initiator of the policy in this regard is the Ohangwena Regional Education Directorate, while schools are the final implementers (teachers) and end users are learners who have to benefit from the policy once it is successfully implemented.

LITERATURE REVIEW

Implementation of the ESPPMLP

According to Legal Assistance Centre [LAC] (2008), the learner pregnancy policy in Namibia was first introduced in the early 1990s and was regarded as unsuccessful, thus the current ESPPMLP was introduced and implemented in 2012. However, Iikela, Mongotsi and Hamalwa (2019) reported that Life Skills teachers and school principals are the main implementers of that policy, but it was reported that parents and communities are not clear about the policy, thus they put the Ministry of Education Arts and Culture (MoEAC) under pressure with questions regarding the policy. It was also established that some principals anonymously discuss pregnancy with learners and keep them out of school for a year or so. Hence, it was concluded that the policy has not been successfully implemented in all schools in Namibia.

Furthermore, ProBono (2017, p. 7) reported that the learner pregnancy policy is applicable in all state schools in Namibia, from primary to secondary, as well as in private schools. The policy is based on five pillars, and it was reported that if those five pillars could be successfully implemented, then learner pregnancy in Namibia would be reduced. The pillars are listed as, the provision of information, provision of life skills education, gender-specific support, community engagement, and school-safe environment.

LAC (2008) specified that implementation of a learner pregnancy policy in Namibia is not an easy task because some learners have started school very late and their ages may put them at risk of becoming pregnant while in school. It was also stated that learners' pregnancy may also be a result of their different abilities. Learners who experienced low performance throughout their entire schooling are more likely to fall pregnant compared to those who are performing well because low-performing learners are not much concerned with continuing with education but rather opt for bearing babies. Apart from that, it was established that not all the learners' pregnancies occur because they have agreed to have sex; some pregnancies are a result of rape and coercive sex. However, at some points, cases of rape are concealed in families and neighbourhoods.

Speaking to scholars such as Iita (2021) revealed that the ESPPMLP had been introduced in Namibia to prevent escalating cases of learner pregnancy, but it is evident that learners' pregnancies are increasing and girls are dropping out of school every year due to pregnancy. The ESPPMLP is still under criticism that it is encouraging learners to fall pregnant while in school because it also supports financial funding for those who are schooling while they are still learner-parents, as was done by an organization called the Forum for African Women Educationalists in Namibia (FAWENA).

Iimene (2015), Iindongo (2020), Nande, and Namupala-Shikoha (2014) are suggesting that the ESPPMLP still needs to be revised and amended to serve the purpose of prevention of learners'

pregnancies rather than the management of pregnancies in schools because the pregnancy management parts are likely encouraging learners to become pregnant while they are in school as they feel that they are protected by the ESPPMLP. The study indicated that there is still a need to improve the policy to make it an effective tool in the prevention of learner pregnancy in schools. The study highlights some of the points that the policy needs to address. Some of the pressing issues are the working distance between home and school for learners from and to schools, which needs to be reduced. The dress code for learners needs to be regulated, as they sometimes invite the wrong people into their lives. Accommodations and hostels need to be built for the learners who commute from far to school to live in close proximity to schools, and the curricula of various schools need to be extended to keep learners in close proximity to the schools' closer to their houses. Health-related issues must also be brought up, such as contraceptive education and distribution of condoms.

Kapapelo (2019) stated that, although the policy on the prevention of learner pregnancy seems like a good strategy, there are so many obstacles that affect the effectiveness of the policy. The obstacles are related to cultural values in different traditions as well as the ineffectiveness of the internal school policies. Therefore, it was suggested in the study that learners' input in the policies is required, while parents and schools should work as partners in the prevention of learner pregnancy. It was further stated that all the stakeholders in education should play a role in the prevention of learners' pregnancies. The stakeholders in focus are the traditional authorities, religions, NGOs, parents, the Ministry of Gender Equality and Child Welfare, and the Ministry of Health and Social Services.

Teachers' experiences when implementing the ESPPMLP

According to Matlala, Nolte, and Temane (2014), teachers do experience a lot in the implementation of policies on the prevention of learner pregnancies. While some teachers are said to be cooperating in allowing pregnant learners to continue with their education, others see it as a workload added to their tasks because those learners do need more special attention than other learners. They do not come to school every day, and most of the time they appear tired and exhausted from learning. Therefore, some teachers indirectly encouraged those learners to drop out of school. The high absenteeism of pregnant girls being experienced was also confirmed by Du Preez, Botha, Rabie, and Manyathi (2019) in their study regarding the implementation of the policy.

Kate (2012) said that a learner's pregnancy can have a big effect on her academic health. One of the negative effects on pregnant learners' academic status is their school attendance. Pregnant learners do not attend classes regularly. Sometimes they do not come to school on time, and sometimes they totally abscond for the whole day, the whole week, or even a month. Those learners are also subjected to poor academic performance as well as emotional behaviour and dysfunctional relationships with fellow learners and teachers. Sometimes teachers may be willing to provide

support, counselling, and other related assistance to pregnant learners, but the learners are not availing themselves of the offer.

Some teachers indicated that schools are not equipped enough with health facilities to care for pregnant learners, while teachers are less experienced in handling pregnancies and giving birth, which may occur all of a sudden on school premises. Du Preez, Botha, Rabie, and Manyathi (2019) expressed that teachers' experiences in the implementation of pregnancy policies in schools include unexpected deliveries, which threaten the security of their work in the event of the death of a newborn due to a lack of midwifery skills and experience. Teachers also experience a lack of assistance to deal with deliveries. It was therefore suggested in the literature that dealing with pregnancy issues should form part of the teacher's education curriculum.

Matlala, Nolte, and Temane (2014) supported the claim that teachers experienced the poorest communication and timely response from parents of pregnant learners. It was stated that most of the time, parents are not cooperating with teachers' calls and consultations. It has created a heavy burden for teachers to deal with pregnant learners without communication between them and the learners' parents.

The capacities for implementing ESPPMLP

Land (2000) understands capacity as the ability of an individual or an organisation to implement the developmental objectives set for society. Blagescu and Young (2006, p. 8) have defined capacity as the "ability to perform appropriate tasks effectively, efficiently, and sustainably." This paper has further outlined that the elements of capacity essential to an organization for enhancing effectiveness, efficiency, and suitability are as listed below:

- Setting specific objectives that outlined the vision, values, policies, strategies, and interests.
- Enforcing willingness and effort to enhance concentration, maintain professional ethics, and ensure efficiency
- Create the capability and apply intellectuality, skills, and knowledge as mind-set provisions.
- Mobilise resources such as personnel, materials, finances, and technology.
- Provision of management and leadership in the organization that includes planning, designing, sequencing, and mobilizing

They further indicated that capacity is a multidimensional aspect that operates in five levels such as the provision of resources, knowledge services, fund management, handling capacity challenges and capacity development.

For the teachers to be effective in the implementation of both ESPPMLP to prevent pregnancy among learners, it requires various capacity developments. Those capacities would make it possible for the prevention of pregnancies to be effective, and that literature is similarly agreed

with what is proposed and suggested in this study. Some of the important capacity developments needed in pregnancy prevention are identified and outlined in this section of proposed strategies.

Strategies to make sure that the implementation of ESPPMLP prevents learner pregnancy

Viennet and Pont (2017) indicated that institutions like schools, education circuits, and regional offices are required to develop or adopt implementation frameworks that would develop the capacity of the implementers for the effective implementation of policies. Capacity building requires the focus and engagement of core implementers. Developing the capacity among the implementers, requires trainers, experts, resources, and financial provisions.

Ensuring the effectiveness of the implementation of educational policies requires carefully planned strategies because implementation is not an event but a process (ECBF, 2016). Some of the strategies suitable for policy implementation are to state policy rationale, set specific goals, create awareness, set the time frame, and provide funds and resources as well as evaluate the implementation procedures. It should also include the determination of the capacity of implementers, training them as required, improving administration and monitoring the implantation progress.

Van der Westhuizen (2013) emphasised that external support in education is a very important tool that improves the quality and effectiveness of implementing educational policies. Some external specialists need to be in contact with teachers and share their expertise with them to improve the quality of teaching. Specialists such as social workers, psychologists, and speech therapists, as well as the Ministry of Health and Social Services, should work in an organised manner to support teachers and learners.

RESEARCH METHODOLOGY AND METHODS

This research employed a constructivist research paradigm that supports a qualitative research approach. The research design was mainly a case study of some schools in the Ohangwena region, including the regional office. The population of the study was all the schools in the region that offer grades 8 and upward, heads of departments, senior education officers, Life Skills teachers, and learner representative council head girls. Purposive sampling was used to select the sample of ten schools, ten heads of departments, two senior education officers, ten Life Skills teachers and ten learner representative council head girls. The study collected data through interviews, using interview guides. The results were analysed by thematic analysis methods.

RESULTS AND DISCUSSIONS

Themes

The themes in this study were developed based on the main research questions and sub-questions. Some of the themes evolved in the process of thematic analysis.

Table 1: Tabulation of the study themes

Number	Theme
1	Implementation of Education sector policy for prevention and management of learner pregnancy (ESPPMLP) in schools
2	Responsibility for implementing ESPPMLP
3	Actions for pregnancy prevention in schools
4	The outcome of implementing the ESPPMLP
5	Experiences and challenges in the implementation of ESPPMLP
6	Roles of regional office and circuits office to develop schools' capacities
7	Other support services with an interest in learner pregnancy prevention
8	Strategies and Framework for Implementing ESPPMLP as an Intervention tool for pregnancy prevention in Schools

Theme 1: Implementation of Education Sector Policy for Prevention and Management of Learners Pregnancy (ESPPMLP) in schools

Teacher 1: "We do not use that anymore, only use CSE since 2018." Teacher 9: "The learners receive support, counselling, and maternity leave and come back to school after delivery." HOD 4: "The policy is fully implemented and reduced learner pregnancy in school."

The results indicated that the ESPPMLP was being implemented in some of the schools, but the implementation was not successfully done in some of the schools while some schools did not implement it at all.

Theme 2: The responsibility for implementing ESPPMLP

Teachers 3 and 4: "Parents, Life Skills teacher and community." HOD 1 and 3: "Life Skills teacher and principal." HOD 4: "Life Skills teacher."

The results indicated that the participants had mixed understandings regarding the implementation of the ESPPMLP. Some of the participants understood that the implementation of the ESPPMLP should be a collective or shared responsibility, while other groups of participants felt that the implementation of the ESPPMLP remained the responsibility of either school principals or Life Skills teachers or that it was the responsibility of Life Skills teachers only.

Theme 3: Individual school Policy and pregnancy prevention programs

Leaner 1: "Yes, in order to prevent teenage pregnancy need to have an understanding of abstain, contraceptives and the consequences of early sex." Leaner 6: "Yes, indeed I have learned quite a lot of which I only value a few such as using contraceptives or surgical, but the best of them is

to abstain from sexual intercourse.” Learner 10: “I learned about condom use by Intra-Health Namibia and the afternoon program.” Learner 9 I learned about pregnancy prevention in my previous grade.” Learner 2: The school has no program.”

It is evident that schools were teaching learner pregnancy prevention in some grades; because most of the learners indicated that they had learned about the use of contraceptives and also were informed about abstaining from sex. It was found that some schools had programs and policies on learner pregnancy prevention. However, some schools had no programs or policies on learner pregnancy prevention. Some learners also indicated external programs that came to school to teach them about learner pregnancy prevention, but it was likely that external programs were few in schools.

Theme 3: Actions for pregnancy prevention in schools

Learner 1: “All schools should have programs that involved academic success, support, and recreation to decrease sexually risky behaviour.” Learner 2: “Big learners must be given condoms and family planning and educated not to practice sex.” Teacher 4: “We try to prevent pregnancies by disseminating information and we follow up with those who drop out due to pregnancy.” Teacher 7: “We try to educate learners on sexually risky behaviour, but no condoms in schools and some learners are not in the hostel.” SEO1: “Run campaigns to stop learners from getting pregnant.”

It seems that learners knew what they needed to prevent pregnancy. They understood that schools needed to emphasise academic support, condom distribution in schools, and education about family planning. It was also indicated that learners need recreational facilities to help them in the prevention of learner pregnancy as well as campaigns against learner pregnancy. It was indicated that sometimes schools tried to prevent learner pregnancy through teaching, counselling meetings, informing parents, and maintaining liaison with other stakeholders. However, results indicated that schools were living with challenges that prohibited the success of pregnancy prevention initiatives; the challenges ranged from a lack of condoms to a lack of hostel facilities to a lack of recreational facilities in schools. The lack of facilities and leisure activities allows learners to engage in sexual activities during their free time and it is also outlined in ESPPMLP by the MoE (2012).

Theme 4: Experiences and challenges within the implementation of the ESPPMLP

Teacher 1: “Insufficient time, lack of parental involvement and resources and funds.” Teacher 2: “Learners are too free, they become pregnant year after year.” Teachers 4: “Learners fall pregnant again after giving birth.” Teacher 6: “Work overload. Teacher 8: Some teachers and parents are against condom distribution.” Teacher 9: “Some learners do not come back to school after giving birth.” “They lack motivation and no one to care for their babies.” Teacher 10: “Learners are not free to report pregnant at school.”

Results indicated that teachers were experiencing many challenges when implementing the ESPPMLP, such as insufficient teaching time, overloaded working schedule, negative attitudes from both colleagues and learners, learners falling pregnant for the second time, lack of parental

care, parents and teachers rebellion against Comprehensive Sexuality Education (CSE) and lack of resources and funds. It was again found that learners lacked motivation, school dropouts due to pregnancy and baby care and unreported learner pregnancy from home.

Theme 5: Outcomes of implementing the ESPPMLP

Teacher 1: "No much effective as the number of pregnancies is always on the rise." "Like in 2012 Ohangwena region has recorded 1200 learner pregnancy." Teacher 2: "Pregnancy has decreased among our learners." Teacher 3: "Learners continue to fall pregnant." Teacher 4: "The outcomes are not satisfactory." "We have recorded more pregnancies each year". Teacher 9: "The pregnancy rate among learners is increasing." Teacher 10: "Few pregnancy cases are recorded unlike in the past." HOD2: "To me is not a tool in curbing, but for managing pregnancy."

A few of the participants indicated that the ESPPMLP had reduced the number of learner pregnancies in schools, but most of the schools indicated that little policy outcome or nothing at all about pregnancy prevention. It was only succeeding on the pregnancy management part only. Pregnancy rates were increasing in schools every time. Participants graded the ESPPMLP as a pregnancy prevention intervention tool because of its content, but they were not satisfied with its outcome or what the policy advocates. It could be that the outcome has been negatively affected by an ineffective implementation process, lack of support and absence of progress monitoring and evaluation.

Theme 12: Capacity for schools to implement ESPPMLP and the Life Skills curriculum

Teacher 1: "Have only pregnancy policy document." There is no permanent Life Skills classroom. Teacher 3: Schools is not provided with materials. HOD 1: "Not well equipped as there is no specific Life Skills teacher." HOD 3: "The school is not capable because no Life Skills teacher, no trained teacher counsellor to aid pregnancy prevention." HOD 4: "Life Skills teachers often attend the workshops at the regional level."

Results indicated that some schools had the capacity to implement the ESPPMLP because specific Life Skills teachers were appointed, trained, and provided with the necessary materials. That is proposed by MoE (2012) that learner pregnancy should be prevented through Life Skills teaching and the provision of counselling services to learners. On the other hand, the results indicated that some schools had no capacity to implement ESPPMLP, because there were no Life Skills teachers appointed, and in other cases, Life Skills teachers were not trained.

Theme 13: Roles of Regional offices and circuit offices in schools' capacity development

Teacher 2: "They invite the Life Skills teacher to attend workshops to ensure successful implementation of the learner pregnancy policy." Teacher 3: "The region provides teachers with training, monitoring the implementation and support through a task force established to reduce pregnancy in the region." Teacher 4: "They did not really do anything apart from providing two boxes of condoms in four years." HOD 1: "Provides workshops sometimes, but very few." SOE 1: "Not all the teachers were trained."

It was found that the regional office made an effort to train teachers, however, the indication is that not all the teachers had received the necessary training. That meant the regional office was likely trying to fulfil its obligation to develop capacity among Life Skills teachers but the capacity was not fully developed in schools. It was stated by Viennet and Pont (2017) that for the institution to realise the effective implementation of the policy and yield the best results always requires capacity development for all the implementers.

Theme 14: Other support services with an interest in learner pregnancy prevention

Teacher 1: “Non-governmental organisation are interested, but they are not given sufficient time as schools are more focused on academic performance.” Teacher 5: “Nothing at all from other agencies.” Teacher 7: “Yes, there are many organisations such as TCE, NAPPA and Intra-Health Namibia.” Teacher 6: “The school received no condoms.” “No awareness provided by external entities.” Teacher 2: “No one reached, they said the school is far and no transport. HOD 4 and 6: “No other organisations provided support.”

It was found that some schools benefitted from other organisations and agencies with an interest in learner pregnancy prevention, but some schools were left out and did not benefit from other support services. This was due to the lack of transport, geographical location of schools and poor road infrastructures that lead to rural schools. Urban schools were mostly the ones benefiting. External support in education has been commented by Van der Westhuizen (2013) that is a central tool that improves the quality and effectiveness of implementing educational policies.

Theme 15: Strategies and Framework for Implementing ESPPMLP

It is important for the Ohangwena region to embrace some old and new strategies in response to the escalating number of learner pregnancies, as established by various studies (Ministry of Education, 2012). Since there are two intervention tools for pregnancy prevention (ESPPMLP and Life Skills education), concurrent implementation strategies for both two interventions are required to achieve the common goal which is learner pregnancy prevention. Strategies are outlined here:

Provision of the necessary training to teachers and principals on the ESPPMLP.

Developing parental programs based on cultures and traditions to address learner pregnancy.

- Emphasise the implementation of extra Life Skills programs for learners in all the schools.
- The pregnancy prevention area of the ESPPMLP should be emphasised first, then pregnancy management should only follow in case the prevention has failed.
- Provision of funds for learner pregnancy prevention program
- Corroboration with other ministries and other stakeholders and seek for external support
- Reaching out to the communities in relation to learner pregnancy prevention.
- Disciplinary measures against culprits and enforcing child protection laws including customary laws.
- Establishing pregnancy prevention committees in schools, circuits and regions.

- Contact the regional annual learner pregnancy prevention panel.
- Compulsory monitoring and evaluation of the implementation of ESPPMLP in all the schools.
- Appointment of full-time Life Skills teachers in all the schools should be made a priority
- Involving parents in learner pregnancy prevention programs
- Extra Life Skills programs and models for pregnancy prevention should be implemented in all schools.
- Include boys in all the pregnancy prevention programs
- Develop and make use of a common evaluation and monitoring tool for assessing the implementation of ESPPMLP in all schools.

CONCLUSION

Based on the research findings, it is concluded that the ESPPMLP as an intervention tool for learner pregnancy prevention in schools has not been successfully implemented in every school in the Ohangwena region. Only some schools have successfully implemented it. Thus, learner pregnancy in the region is still increasing. Parents and members of the communities were also found to be the ones who could assist in learner pregnancy prevention, but their involvement was not that strongly emphasised by schools and themselves. There are some programs that can be used in learner pregnancy prevention in the Ohangwena region, but those programs do not reach most of the schools in the region due to poor road infrastructure and lack of transport. Schools and teachers lacked the capacity to implement the ESPPMLP due to inadequate training, and a lack of resources, and facilities. It was also found that the monitoring and evaluation of the implementation of the ESPPMLP was lacking in the schools.

RECOMMENDATIONS

The study suggested a strategic framework that could be used as a guide in the Ohangwena region for implementing the ESPPMLP in the prevention of learner pregnancy in the region. It is therefore recommended that the region should apply the strategic framework outlined in this study to guide on how to implement ESPPMLP and keep learners safe from getting pregnant. It is also recommended that this study could also be used to assist other regions that might encounter a similar problem. Furthermore, it is recommended that the region should conduct further research to find a lasting solution that will reduce learner pregnancy in schools.

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