



GHANA
EDUCATION
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Guidelines For Prevention Of Pregnancy Among School Girls And Facilitation Of Re-Entry Into School After Childbirth



EDUCATION SECTOR RESPONSE TO PREGNANCY AND
SCHOOLING OF THE PRE-TETIARY LEVEL

Ghana Education Service

Guidelines For Prevention Of Pregnancy
Among School Girls And Facilitation
Of Re-Entry Into School After Childbirth

2018

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ACRONYMS

AU:	African Union
CAMFED:	Campaign for Female Education
CCT:	Coalition of Concerned Teachers
CEDAW:	Convention on the Elimination of all Forms of Discrimination Against Women
CESA:	Continental Education Strategy for Africa
CRDD:	Curriculum Research and Development Division
CSE:	Comprehensive Sexuality Education
CSO:	Civil Society Organisation
CHASS:	Conference of Heads of Assisted Secondary Schools
CHPS:	Community-based Health Planning and Services
CRC:	Convention on the Rights of the Child
CSE:	Comprehensive Sexuality Education
DA:	District Assembly
DEO:	District Education Office
DOVVSU:	Domestic Violence and Victims Support Unit
EMIS:	Education Management and Information System
FBO:	Faith Base Organisation
FCUBE:	Free Compulsory Universal Basic Education
FGM:	Female Genital Mutilation
GAR:	Gross Enrolment Rate
G&C:	Guidance and Counselling
GDHS:	Ghana Demographic and Health Survey
GES:	Ghana Education Service
GEU:	Girls Education Unit
GER:	Gross Enrolment Rate
GHS:	Ghana Health Service
GPI:	Gender Parity Index
IEC:	Information, Education and Communication
JHS:	Junior High School
MDA:	Municipal/District Assembly
MDG:	Millennium Development Goals

ACRONYMS

MMDA:	Metropolitan, Municipal and District Assembly
MOE:	Ministry of Education
MoGCSP:	Ministry of Gender, Children & Social Protection
MP:	Member of Parliament
NaCCA:	National Council for Curriculum and Assessment
NAGRAT:	National Association of Graduate Teachers
NAR:	Net Admission Ratio
NER:	Net Enrolment Ratio
NGO:	Non-Governmental Organization
PPAG:	Planned Parenthood Association of Ghana
PNDC:	People National Defence Council
PTA:	Parent Teacher Association
SBC:	School Based Committee
SDG:	Sustainable Development Goal
SHEP:	School Health Education Programme
SHS:	Senior High School
SPED:	Special Education Division
SMC:	School Management Committee
SRC:	School Representative Council
SPED:	Special Education Division
SRC:	Students Representative Council
SRGBV:	School-related gender-based violence
TEWU:	Teachers and Educational Workers Union
TLM:	Teaching and Learning Material
UN:	United Nations
UNCRC:	United Nations Convention on the Rights of the Child
UNESCO:	United Nations Educational, Scientific and Cultural Organization
WHO:	World Health Organization

FOREWORD

The Ghana Education Service recognises the right of every child to full cycle of basic education. Consequently, the GES is promoting universal access, retention and completion of every child in Ghana. In pursuit of this, the Service has made the protection of all vulnerable and marginalized children who are likely to lose out on education a priority concern. In recent times pregnancy among school girls has been found to be one major factor which could prevent the Service from reaching its goal.

Data from the Ministry of Education's EMIS shows increasing trend of incidence of pregnancy among school girls leading to higher dropout rates for girls than boys at the JHS and SHS levels. Also, most girls who drop out of schools due to pregnancy do not return after childbirth.

The Girls Education Unit working with its partners, especially UNICEF-Ghana, has developed this Guidelines to help address the problem of pregnancy among school girls and its consequences on the education of girls.

The desire of the GES is to prevent pregnancy among school girls, hence the first part of the document outlines measures that would help to achieve this. The section reinforces the GES' commitment to supporting programmes that seek to prevent pregnancy among school girls. However, should the unfortunate situation arise where a school girl gets pregnant this should not be the end of the girl's education. The second part of the Guidelines details the procedures for ensuring that school girls who get pregnant get a second opportunity to continue their education during pregnancy and after childbirth.

The implementation of this Guideline requires the support of all stakeholders, for example the Ministry of Gender, Children and Social Protection, Ministry of Health, District Assemblies, various Divisions of GES, Law enforcement Agencies, Religious Bodies, Traditional Authorities, NGOs/CSOs, Women's Groups, Education Unions, Media, Parents/Guardians, Teachers and students.

The GES would be grateful for the financial and technical assistance of all stakeholders to ensure the successful implementation of the Guidelines.



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CHAPTER ONE

1.0 BACKGROUND

Ghana has since the colonial times committed to the universal education of her children. A demonstration of this commitment is the signing on to international legal instruments, conventions and protocols as well as the development of the country's own legal and policy frameworks, all aimed at achieving universal education for children in the country. Some of the international frameworks Ghana is signatory to include the:

- Convention against Discrimination in Education (1960)
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), (1981)
- Convention on the Rights of the Child (CRC), 1989.
- Education for All, Jomtien (1990)
- Dakar Framework for Action on Education for All (2000)
- UN Millennium Development Goals (MDG) (2000).
- Sustainable Development Goals (SDGs), (2015)
- Education 2030: Incheon Declaration and Framework for Action for the Implementation of SDG4
- Continental Education Strategy for Africa 2016-2025 (CESA 16-25), and
- Africa Union (AU) Agenda 2063, (2015)

Some of the National legal and policy frameworks are :

- i. Accelerated Development Plan for Education (1951): a massive expansion of the education system to speed up the pace of educational development in the Gold Coast (now Ghana)
- ii. Education Act (1961) Act 87: this established the policy of free and compulsory primary and basic education in Ghana for all children of school going age.
- iii. PNDC Law 42 (1983): modified and reinforced the Education Act of 1961.

- iv. The 1992 Republican Constitution of Ghana gives all persons the right to equal educational opportunities. It also mandates the state to ensure that every child of school going age completes a minimum of basic education. Article 25 (1) provides that “All persons shall have the right to equal educational opportunities and facilities and with a view to achieving the full realisation of that right - (a) basic education shall be free, compulsory and available to all”.
- v. Children’s Act, 1998 (Act 560): Specifies that “No person shall deprive a child access to education, immunisation, adequate diet, clothing, shelter, medical attention or any other thing required for their development.”
- vi. The Domestic Violence Act, 2007 (Act 732): Provides for protection from all forms of abuse (including physical, sexual, economic, emotional, verbal or psychological) and harassment.
- vii. The Education Act 2008 (Act 778): Clause Two gives effect to the constitutional injunction for Free, Compulsory, Universal Basic Education (FCUBE) and seeks to operationalise the “compulsory” element of that injunction.
- viii. National Gender Policy (2015): One of the strategies that was provided for in the policy was to “Review and enforce re-entry policies for pregnant school-girls to enable them continue their education after delivery”. National Strategic Framework on Ending Child Marriage in Ghana, 2017 – 2026: Objective 3 of the Framework accelerate access of adolescents, particularly girls, to quality education, reproductive health services and other opportunities.

A further demonstration of Ghana’s commitment to the education of her young children include:

- the development of an Early Childhood Care and Development Policy (2005),
- the addition of a two-year Kindergarten programme for 4 and 5 year old children to Ghana’s Basic education system in 2007;
- the introduction of a “Capitation Grant” (abolition of payment of levies and fees in all public basic schools in the country) in 2005,
- promotion of measures to improve gender parity in basic schools and
- the introduction of school feeding programmes.

These measures have resulted in high enrolment rates at all levels as shown in

Table 1: Enrolment rates- KG to JHS (2016/17)

Level	Enrolment	Total (%)	Boys (%)	Girls (%)
KG	GER	124.1	125.0	123.1
	GAR	141.8	143.4	140.3
	NER	76.6	75.5	77.8
	NAR	90.6	89.6	91.5
	Completion rate	106.6	107.1	91.5
	GPI	0.98		
PRIMARY	GER	115.4	116.7	114.1
	GAR	134.6	137.1	132.0
	NER	92.3	92.1	92.4
	NAR	85.0	84.8	85.3
	Completion rate	100.5	101.6	99.4
	GPI	0.98		
JHS	GER	87.8	90.2	85.2
	GAR	94.1	93.4	94.8
	NER	46.7	47.4	46.0
	NAR	49.2	49.1	49.3
	Completion rate	85.2	91.6	78.3
	GPI	0.94		
SHS	GER	50.1	51.1	49.1
	GAR	50.9	51.3	50.5
	NER	26.5	26.1	27.0
	NAR	15.4	14.9	16.0
	Completion rate	48.0	49.6	46.4

Source: Ministry of Education-EMIS, 2016/17

In spite of the progress made, there are still some challenges with regard to reaching universal enrolment. For instance, Table 1 shows that some children are still not enrolled at all levels. Again, the enrolment and completion rate of boys are higher than that of girls at all levels.

Repetition is another challenge that occurs at all levels in the education system (Table 2).

Table 2: Repetition Trends (Absolute figures)

Level	2015/16			2016/17		
	Total	Boys	Girls	Total	Boys	Girls
KG	33142	17,044	16,098	34565	17,713	16,852
Primary	81642	43,022	38,620	79166	41,792	37,374
JHS	37561	18,638	18,923	29951	15,013	14,938
SHS	6499	3,406	3,093	6245	3,239	3,006

Source: Ministry of Education-EMIS, 2016/17

Finally, dropout is a serious challenge confronting learners, especially girls, in schools. Anecdotal evidence reveals that the major causes of dropout of school children s include poverty, repetition, unfriendly school environment, and distance to school.

For girls, an additional cause for dropout is pregnancy. This might account for why dropout for girls is relatively higher at the JHS and SHS (Table 3).

Table 3: Dropout among school children (2015/16 – 2016/17)

Level	2015/16			2016/17		
	Total	Boys	Girls	Total	Boys	Girls
KG	7,799	3,914	3,885	8,441	4,282	4,159
Primary	23,050	11,952	11,098	31,246	15,915	15,331
JHS	12,972	5,996	6,976	17,294	8,336	8,958
SHS	4,292	2,093	2,197	5,533	2,749	2,784

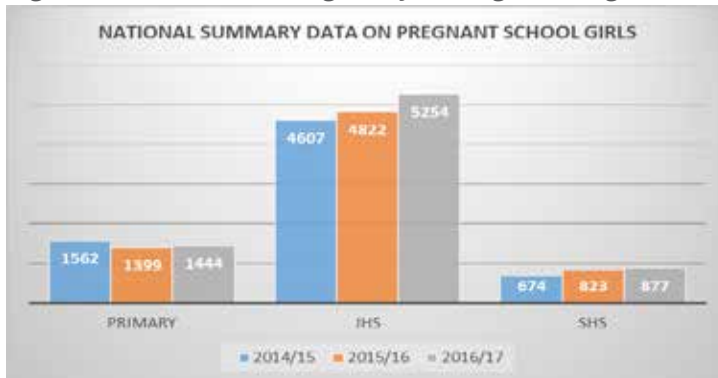
Source: Ministry of Education-EMIS, 2016/17

Incidence of pregnancy among school girls in Ghana

Pregnancy among school girls is a global concern and it is one of the gender-related barriers that prevent girls from completing their education. It has a major impact on the lives of girls in terms of their health, social, economic and education outcomes. In some instances, boys are also affected if they happen to be the cause of the pregnancy or are related to the pregnant girl. While pregnancy affects school girls in different ways, the main difficulty is their inability to continue schooling during pregnancy and after childbirth.

In Ghana, increasing incidents of pregnancy cases have been recorded at both basic and SHS levels in recent years. For instance, as shown in Figure 1, recorded pregnancy cases among Junior High School (JHS) girls increased from 4,607 in 2014/15 to 4,822 in 2015/16 and rose further to 5,254 cases in 2016/17 academic year. Slight increases were also recorded at the SHS level during the same period.

Figure 1: Incidence of Pregnancy among School girls



Source: Ministry of Education-EMIS, 2014-2017

The data also shows that incidence of pregnancy among school girls is a nationwide problem. Cases have been recorded in all regions, districts and in both public and private schools in the country (Table 4).

Table 4: NATIONAL SUMMARY OF NUMBER OF PREGNANT GIRLS BY LEVEL OF EDUCATION 2016/2017 SCHOOL YEAR

Region	Primary			JHS			SHS		
	Public	Private	Total	Public	Private	Total	Public	Private	Total
Ashanti	118	1	119	736	6	742	134	25	159
Brong Ahafo	113	1	114	550	23	573	88	3	91
Central	145	6	151	516	25	541	73	16	89
Eastern	138	2	140	604	11	615	68	5	73
Greater Accra	161	11	172	299	11	310	38	14	52
Northern	159	9	168	526	12	538	84	16	100
Upper East	83	0	83	482	4	486	55	3	58
Upper West	89	0	89	293	1	294	55		55
Volta	254	8	262	621	24	645	118	13	131
Western	142	4	146	479	31	510	62	7	69
National Total	1,402	42	1,444	5,106	148	5,254	775	102	877

Source: Ministry of Education-EMIS, 2016/17

1.3 Factors that promote Pregnancy among School Girls

- Findings from studies, including those by Plaskett (2017) and Britwum et al (2017) to gather evidence for this policy guideline identified the following as the main causes of and contributory factors to pregnancy among girls in pre-tertiary schools in Ghana:
- Inadequate comprehensive sexuality education (CSE) in schools resulting in misconceptions about sexuality among school children;

- Late enrolment: school girl pregnancy at the JHS level occur after age 15, a period that they would have completed if they had enrolled at the right age. For example, the upper age limit for the recorded school pregnancy cases was highest in the Volta Region (22 years old) followed by the Upper East Region (21 years old) (Britwum et al, 2017).
- Early sexual activity by young people: Evidence shows that 11.8% of females aged 20 to 49 years had their first sexual intercourse by age 15 and 14% of females had their first child between 15 and 19 years of age (GDHS 2014).
- Child marriage: It is one of the causes of girls dropping out before the end of their schooling. Data from the Ministry of Gender, Children and Social Protection indicates that 7 percent of girls (15-19 yrs.) in Ghana were married. According to the Ministry of Gender, Children and Social Protection, 21 percent of women aged 20-24 years claimed that they were married or in a union by the age 18 (MoGCSP, 2016).
- Child sexual abuse: Evidence from a study by Plan International Ghana, (2009) reveals that 14% of school children, mostly 14 and 15-year-old girls had been sexually abused. Parental neglect and poor supervision: In a study by World Vision Ghana , child brides interviewed blamed their parents for neglect and irresponsibility leading to their early marriage. They also blamed their parents for the inability to take care of them during childhood and adolescence.

1.4 Effects and risks associated with pregnancy and childbirth in young people

Adolescent pregnancy results in health, social and economic cost to the adolescent herself, the family the community and the nation, as a whole.

Some of these risks and effects are:

- School girls who get pregnant are likely to abandon school for good. Even when they return, they would have lost some years and probably extend their schooling period. Their performance in school might be affected because of the dual roles they play, taking care of their children and studying at the same time.

- Adolescent mothers are more likely to raise their children alone and in poverty. This happens either because the fathers of their children are young people who may have challenges of their own or who may not have accepted responsibility for the pregnancy. Adolescent mothers may also lose the support of their families.
- Globally, adolescent pregnancies are noted to have higher maternal, obstetrical and neonatal risks. Adolescent girls who become pregnant are at increased risk of experiencing premature labour, and babies born with low birth weight. In addition, in some cases quality of care for the new born become compromised. The risks are especially higher among those below fifteen years .
- Young mothers are often psychologically immature, deficient in employable skills and are unable to ensure a steady income. This makes it difficult for them to raise and educate their own children.
- As a result of the challenges adolescent mothers face, their children are more likely to experience a range of negative outcomes later in life. For example, they are more likely to become adolescent parents themselves, therefore perpetuating the challenges associated with young parenthood from one generation to the next. Pregnancy among adolescent girls also impacts negatively on the resources of the family, community and the national expenditure on education and health.

1.5 Reasons for pregnancy and childbirth complications in adolescents.

A number of reasons account for why adolescents may experience the risks and effects discussed above. These include:

- i. Adolescents are not physiologically matured enough for the strain imposed on them by pregnancy. This stems from the fact that their pelvic bones are not fully mature/developed and are still growing. There is also a potential for competition between the mother and the foetus for the nutrients required for growth and development.
- ii. Compared to older women, adolescents and young people are less empowered to make decisions about matters affecting their health and life generally.
- iii. The embarrassment that unmarried adolescents feel when they get

pregnant may leave them voiceless or even a family outcast. Also, adolescents may not be psychologically prepared for motherhood. This could result in mental health problems such as depression.

- iv. Adolescents are more likely to enrol late for antenatal care (ANC) services. The stigma associated with premarital pregnancy makes unmarried adolescents hide their pregnancies as long as they can.
- v. In some cases, adolescents are more likely to deliver at home or are brought to the hospital only as a last resort, often with serious complications. The factors that contribute to this are as follows:
 - They may have no experience with labour and may not be able to pick up signs in due time.
 - Social and cultural norms may dictate that they deliver at home.
 - They may be afraid of hospitals.
 - They may have heard discouraging stories about mistreatment by hospital staff (especially labour room staff).
 - They may be unable to bear the hospital charges, or even the cost of private transport to get there.
- vi. In other instances, pregnant adolescents are treated with disrespect by medical, nursing, clerical and other staff. Many healthcare workers are not conversant with the issues and needs of adolescents and young people. As a result, antenatal visits and the delivery experiences can be unpleasant for the young person or may be of inadequate technical quality.

1.6 Current practices in handling pregnancy cases in school

In many countries, policies and practices that allow girls to continue their education when pregnant or parenting are either lacking or not well implemented even when they exist. Ghana is one such country. Currently, there is no standard way in the handling of pregnancy cases in schools. Practices differ from school to school and case to case, at the discretion of the individual heads of the institution. Sometimes the final decision taken is influenced by external pressures from religious leaders, traditional leaders, girls' education officers, politicians and other influential persons in the society.

Current practices when pregnancy is detected among school girls include:

- Some of the girls drop out themselves due to stigma or on health grounds

- Some girls are asked to withdraw by school heads
- Some girls especially those in their final years are allowed to continue until after their final examinations
- Some girls return to school after childbirth while others do not.
- Some girls return to their old school and others to new schools either on their own or are made to do so by the school authorities.

1.7 Factors that facilitate or inhibit re-entry

In their study, Britwum et al (2017) and Plaskett (2017) identified several factors that influence school re-entry by school girls after childbirth. These can be categorised as those emanating from personal disposition of the girls or by significant actors in their lives (e.g. their parents, teachers and other learners) as well as socio-cultural, economic and institutional factors. The study also noted that the very challenges school girls faced during pregnancy were the same determining factors that facilitated or inhibited their return and retention in school. These included:

- The girls' school performance, aspirations and personal motivation are key factors that influence their return to school. Generally, girls who are academically brilliant and have high ambitions tend to have higher tendency to return to school after delivery. Also, high performing girls were more likely to receive better support from teachers and are more likely to cope with studying at re-entry;
- How long girls stayed out of school during pregnancy and after childbirth: The longer they stayed at home the less likely they were to return to school;
- Parental attitude at disclosure and kind of support provided to girls during pregnancy and after childbirth.
- Availability and quality of child care support after delivery;
- School environment: Headteachers, classroom and special teachers like the School Based Facilitators, Guidance and Counselling Coordinators, District Girl Child Education Officers and peers play a critical role in setting the school environment and facilitating return to school; and,

- Stigmatisation and discrimination by society and peers of pregnant girls may result in the girl dropping out of school. The girls may not also feel confident or supported enough to re-enter and stay in school.

1.7 Rationale for the Guidelines

In Ghana, even though it is acknowledged that pregnancies occur among school girls, there are no standard procedures for handling pregnant school girls or dealing with young mothers who want to return to school after childbirth. The absence of a standardised system has resulted in school heads using their discretion to deal with the issue. In order to address this gap, the Ghana Education Service (GES) working through the Girls' Education Unit (GEU) has developed these Guidelines to:

- Adopt measures that seek to prevent pregnancy among school girls; and
- Facilitate the re-entry of adolescent mothers to school after childbirth

1.7.1 Objectives:

The objectives of the guidelines are to;

- Standardize the approaches for:
 - (a) Handling cases of pregnancy among school girls; and,
 - (b) Re-entry of girls into school after childbirth
- Promote measures to prevent pregnancy among school girls at the pre-tertiary level.
- Increase support to in-school pregnant girls and young mothers;
- Promote the re-entry of adolescent mothers to school after childbirth.
- Strengthen the capacity of teachers in the management, accountability and support for pregnant school girls and those who re-enter after childbirth.
- Promote supportive environments for pregnant school girls and young mothers by reducing stigma and discrimination towards them.

CHAPTER TWO

2.0 PREVENTING PREGNANCY IN SCHOOLS

2.1. Introduction

The focus of the GES is to prevent pregnancy among school children through abstinence. As part of this effort, the GES has adopted a minimum package of interventions to help prevent pregnancy among school girls at the basic and second cycle levels. This is aimed at improving the welfare, retention and completion rate of girls.

2.2 Dealing with sexual relationships among school children

Sexual relationships among school children, especially those involving girls, are often known by school authorities and parents alike. Sometimes this happens with the active connivance of parents. Yet there are no standard ways for school authorities to address the issue.

This Guidelines proposes that where cases of sexual relationships involving school girls come to the notice of school authorities, the School Head should:

- Document the reported case
- Set up an investigative process
- Initiate counselling services
- Report findings to the District Education Office
- At the District level, the following actions shall be taken on the receipt of the report from the school head: Create a database on such cases
- Submit annual report of all reported cases involving sexual relationships in schools in the district
- Where criminality is involved report the case to the appropriate authorities, e.g. District Assembly, Police, CHRAJ, for necessary action.

2.3 Suggested strategies and activities for the prevention of pregnancy among school girls

The following are some suggested strategies and activities to help in the prevention of pregnancy among school girls:

Strategy 1: Strengthening partnerships
(e.g. CSOs, MDAs, FBOs, Education Unions)

Strategic Objective (SO)	Activities	Level of Implementation	Institutions
Identification of major stakeholders	<ul style="list-style-type: none"> i. Mapping and orientation of partners ii. Joint planning iii. Data Collection iv. Stakeholders consultative meeting v. Resource Mobilization 	National Regional District	GES Donor Partners
Capacity building and implementation	<ul style="list-style-type: none"> i. Training on the Guidelines ii. Conduct community sensitization activities on negative effects of early sexual practices. 	District Regional, National levels	Ghana Education Service

Strategy 2: Promotion of abstinence among school girls

Strategic Objective (SO)	Activities	Level of Implementation	Institutions
Building self-esteem and confidence of girls	<ol style="list-style-type: none"> i. Introduce Life Skills Programmes/ interventions to adolescent girls. ii. Institutionalise positive role-modelling (e.g. Involvement of past students to serve as role models) and mentoring both in the community and school iii. Establish/Strengthen girls' clubs in schools iv. Organize group/ individual counseling for school girls v. Organise special events for girls, e.g. Girls' Education Week vi. Provide vocational training for girls vii. Link girls to service providers (e.g. Counsellors, Religious groups; NGOs; Adolescent Health corners in Health Centres) - 	School, Circuit, Community, District, Regional, National levels	<p>Main Implementers: Ghana Education Service</p> <p>Collaborators:</p> <ul style="list-style-type: none"> • National Council for Curriculum Assessment. • Council for Vocational and Technical Education. • Education Unions, Ministry of Health (MoH), • Ghana Health Service (GHS) • Ministry of Gender Children and Social Protection • District Assemblies • Traditional Authorities, • Civil Society Organisations, • Political Leaders, Media, • Other Ministries, Department and Agencies. • Religious Institutions and faith-based organisations • Other relevant institutions

Strategic Objective (SO)	Activities	Level of Implementation	Institutions
Capacity building and implementation	<ul style="list-style-type: none"> i. Training on the Guidelines ii. Conduct community sensitization activities on negative effects of early sexual practices. 	District Regional, National levels	Ghana Education Service

Strategy 3: Creation of safe and supporting environment for girls

Strategic Objective (SO)	Activities	Level of Implementation	Institutions
Promotion of Safe Schools	<ul style="list-style-type: none"> i. Orient stakeholders on Safe School Programmes, ii. Sensitize parents on the Guidelines on Prevention of Pregnancy among school girls and re-entry into schools after childbirth. iii. Develop and disseminate IEC materials on safe schools for use in schools. 	National, Regional, District, Community levels	GES – G&C, Girls Education Unit, DOVVSU, SPED, Development partners, Social Welfare, NGOs, Education Unions

Strategy 3: Creation of safe and supporting environment for girls

Strategic Objective (SO)	Activities	Level of Implementation	Institutions
	<ul style="list-style-type: none"> iv. Organize training workshops for teachers (and students) on safe school programmes and the resource pack for education. v. Promote gender equity in schools. vi. Enforce GES code on child abuse. vii. Strengthen reporting mechanisms on child/sexual abuse in schools. viii. Disseminate relevant materials procedures on discipline to all stakeholders <p>Establish/Strengthen reporting mechanism on child abuse</p> <ul style="list-style-type: none"> ix. Strengthen support systems for abused victims, especially girls. x. Advocate for separate washrooms/ changing rooms for girls. 		

Strategy 3: Creation of safe and supporting environment for girls

Strategic Objective (SO)	Activities	Level of Implementation	Institutions
	<ul style="list-style-type: none"> xi. Enforce laws that prohibit students from visiting homes of teachers and carrying out errands for them and vice versa. xii. Ensure proper documentation and monitoring of Girls' education activities. 		
Creation of a supportive environment at the community level for the prevention of pregnancy among school girls	<ul style="list-style-type: none"> i. Sensitise opinion leaders/stakeholders to support programmes aimed at the prevention of pregnancy among school girls. ii. Sensitize of parents on the Guidelines on Prevention of Pregnancy among school girls and re-entry into schools after childbirth. 	All levels: Community, District, Regional and National levels	NGO, Religious bodies, GEU, G&C unit, media, PPAG, GHS, Old students/Alumni, MoE

Strategy 3: Creation of safe and supporting environment for girls

Strategic Objective (SO)	Activities	Level of Implementation	Institutions
	<ul style="list-style-type: none"> iii. Organise joint school/community programmes to create awareness on the dangers of early sexual activities. iv. Advocate for communities to develop by-laws on pregnancy among school girls v. Develop community specific action plan on prevention of pregnancy among school girls. 		

Strategy 4: Linking girls to Support Services

Strategic Objective (SO)	Activities	Level of Implementation	Institutions
Improving access to available support services	<ul style="list-style-type: none"> i. Conduct Mapping of service providers in the community ii. -Create Awareness on the available support services in the community, e.g. Adolescent Health Corners. iii. Organise periodic interactive sessions for girls and service providers 	School Community, District	Main Implementer: Ghana Education Service Collaborators: Ghana Health Service, NGOs,

CHAPTER THREE

3.0 FACILITATING RE-ENTRY OF YOUNG MOTHERS TO SCHOOL

While it is the aim of the GES to prevent pregnancy among school girls there is evidence that pregnancy occurs at all level of the schooling system (Primary, JHS, SHS in both public and private schools and in all regions throughout the country). It is the policy of GES to offer girls who drop out because of pregnancy another opportunity to complete their education.

This section presents the main strategies that GES is using to ensure that any girl who gets pregnant:

- Stays in school to continue her studies during the pregnancy period unless her condition does not permit her to do so or she goes on maternity leave lasting a period of three months (six weeks before and after childbirth)
- Return to school after her maternity leave.

3.1 Guidelines for Schools

The steps outlined below are to assist school authorities to handle situations where a school girl is pregnant and the criteria to follow to facilitate her re-entry after maternity leave.

3.1.1 Steps to take upon suspicion of pregnancy

When a school girl is suspected to be pregnant, the parent(s)/guardian(s) should be invited to the school and advised to take the girl to a health facility for confirmation of pregnancy or otherwise.

Where a girl voluntarily reports to the school authorities that she is pregnant her parents must be notified for appropriate follow-up actions, e.g. seeking confirmation or otherwise at a health facility.

3.1.2 Steps to take upon confirmation of Pregnancy

The girl, together with her parent(s)/guardian(s), should bring to the school authorities a formal confirmation note of pregnancy from a recognised health facility.

Upon confirmation of pregnancy the school authorities should:

- Document the incident and inform the District Education Directorate through the appropriate channels.

- Inform the parent/guardian about GES Guidelines on Pregnancy and re-entry (see appendix A)
- If the pregnant girl is a boarder in a Senior High School the school authorities must discuss with parents/guardians the conditions for her continued stay in the school or the alternative agreements for her continued schooling, e.g. feeding, appropriate furniture, appropriate uniform, health needs, becoming a Day Student.
- Orient teachers to accept the pregnant girl without labelling her negatively, stigmatising her, shouting at her or making disparaging remarks about her in any way.
- Encourage the pregnant girl's peers and classmates to support her
- Counsel the pregnant girl on how to cope with the challenges and pressures presented by her condition.
- School authorities must encourage teachers and peers to support pregnant girls to catch up with their colleagues in their academic work.
- Provide regular counselling for the pregnant girl to attend antenatal clinic regularly and follow advice given
- Pregnant girl with Special Educational Needs and Disability should be accorded special attention relating to her specific condition

3.1.3 Steps to take if the Pregnancy is by a School Mate, Classmate or a Pupil/Student

- Document the incident and keep records of on file
- Appropriate sanctions prescribed by the GES should be made to apply.
- Where the action of the pupil/student contravenes national laws the appropriate sanctions under the law should be made to apply.
- Any further action such as maintenance of the pregnant girl should be left to the parents/guardians of both the girl and the boy to handle.
- 3.1.4 Steps to take if a male teacher is responsible for the pregnancy.
- Document the incident and keep records on file
- Appropriate sanctions prescribed by the GES and /or his professional association should be made to apply. The appropriate disciplinary action is irrespective of any criminal or civil action that may be brought against him by the girl's family or the State.

- Where the action of the teacher contravenes national laws the appropriate sanctions under the law should be made to apply.
- Any further action such as maintenance of the pregnant girl should be left to the parents/guardians of the girl and the teacher concerned to handle.

3.1.5 Leave of absence for pregnant school girl

- The pregnant school girl shall be granted mandatory three months leave of absence (six weeks before and after childbirth). (See Appendix B for 'Letter on Leave of Absence and Appendix C for 'Re-Entry for Pregnant Girl to School').
- Ensure that the school and parent(s)/guardian(s) sign a Letter of Commitment for the pregnant girl to return to school after delivery. The girl is expected to return to school after the 3 months leave of absence if there are no complications as stated in the medical report. (See Appendix D for 'Letter of Commitment').
- In the case of a final year school girl who is pregnant, the school authorities shall make arrangements for her to write her examinations, subject to the girl's health condition.
- Provide guidance and counselling services to both parent(s)/guardian(s) and the girl on the need to return to school after the maternity leave.

3.1.6 Return of girl to school after Maternity Leave

- The young mother has a right to return to school after childbirth.
- Ideally, the girl should be encouraged to return to school immediately after maternity leave
- The girl has the option to return to her former school.
- Transfer to another school should not be mandatory except where the girl wishes to do so.
- The Letter of Leave of Absence must be submitted on her return to school.
- The class she is admitted to on her return will depend on the length of time she stayed away or her academic performance
- School authorities must encourage teachers and peers to support pregnant girls to catch up with their colleagues in their academic work.

3.1.7. A Conducive/Child-Friendly School Environment:

To support pregnant girls to stay in school and encourage young mothers to return, support systems must be improved to ensure the smooth integration back to school.

- In-school services like Guidance and Counselling, club activities that support girls, sporting activities must be strengthened.
- Facilities like washroom and changing rooms for girls, appropriate furniture must all be provided to make the school child friendly.
- Links with service providers like Ghana Health Service, Department of Social Welfare, Domestic Violence and Victim Support Unit (DOVVSU) must also be strengthened. Reporting systems for child abuse must also be improved to ensure the safety and protection of pupils/students,
- Partnerships must also be built with relevant institutions and organizations who work with schools to complement the efforts of the GES to improve conditions in schools and facilitate teaching and learning.

3.1.8. Documentation:

A. School Level

Every school should keep a record of:

- Cases of pregnancy
- Number of girls returning to school after childbirth
- Number of boys involved in pregnancy cases and the action taken
- Number of Teachers involved in pregnancy cases and the action taken
- A report of the school's pregnancy and re-entry situation must be submitted to the District Education Office at the end of the academic year.

B. District Level

District Offices will

- collate the reports from the various schools
- build a database on pregnancy and re-entry cases in the district
- submit an annual consolidated report to the Regional Office and the District Assembly.

C. Regional Level

- collate the reports from the various districts
- build a database on pregnancy and re-entry cases in the region
- submit an annual consolidated report to GES headquarters and the Regional Co-ordinating Council.

D. National Level

The GES Headquarters will compile a report of the pregnancy and re-entry situation in the country for the academic year.

3.1.9. Education and Sensitisation at School Level –Primary to SHS

- With the approval of these Guidelines, all structures within GES as well as stakeholders must be sensitized on the content of the document.
- All levels of GES shall implement the relevant portions of the strategies in the Guidelines as they apply to them.

CHAPTER FOUR

IMPLEMENTATION MECHANISMS

4.0 The Role of Stakeholders

Various stakeholders have different roles to play in ensuring the effective implementation of the Guidelines.

4.1 Ghana Education Service (GES)

. GES should ensure that:

- The Guidelines is disseminated nationwide in all districts and schools.
- Relevant Divisions and Units must be resourced to improve services in relation to the Guidelines,
- Guidance and Counselling services and the teaching of Comprehensive Sexuality Education (CSE) are improved at all levels.
- Appropriate IE&C materials are produced and distributed to support the implementation of the Guidelines.
- Proper documentation and data collection on pregnancy and re-entry cases in the country. Ideally the data collection process should be integrated into the EMIS system.
- Strengthen linkages with other service providers and organisations to support the implementation of the Guidelines. E.g. Police, DOWSU, GHS, Dept. of Social Welfare, District Assemblies
- The sanctions contained in the GES Code of Conduct are applied especially where cases of child/sexual abuse are concerned.

4.2 Girls' Education Unit, Guidance and Counselling and School Health Education Programme

These units should ensure that implementation of the relevant portions of the strategies in the Guidelines are reflected in their Annual Work plans. They are to report on their activities in relation to the Guidelines at the end of every academic year to the appropriate level.

4.3.1 District Education Office (DEO)

The DEOs shall ensure the Roll out of implementation of the Guidelines in their respective districts with reference to the following activities:

- Dissemination of the Guidelines to key stakeholders in their respective areas.
- Data collection on cases of pregnancy and re-entry in their respective districts
- Strengthening of support services, such as Guidance and Counselling in schools
- Build partnerships with major stakeholders to support the implementation of the Guidelines
- Monitor implementation of the Guidelines in schools in the districts.
- Compile an annual report on the situation of pregnancy and re-entry in their districts.
- Ensure that SMC, PTA, Traditional Leaders, Religious Leaders, Communities and CSOs support the implementation of the Guidelines in their respective communities. These bodies may be encouraged to:
 - Liaise with community leaders, parent(s)/guardian(s) of the school-age/ young mothers to provide her with child care services where needed to enable them to get financial or other support.
 - Interact and educate communities regularly to encourage young mothers to return to school after childbirth
 - Advise parent(s)/guardian(s) to provide the essential basic needs of their daughters/wards, especially adolescent girls
 - Monitor cases of pregnancies and re-entries in their communities
 - Ensure that appropriate action is taken against perpetrators
 - Ensure the protection of children in their schools

4.3.2 Reporting and Referral Mechanism

School Level

All heads of schools are responsible for reporting and referring issues relating to pregnancy cases to the district directorate for appropriate action. This will enable the directorate take prompt action especially with rape and defilement cases. The heads of school are to:

- Ensure the protection and safety of the pregnant student/pupil
- Provide basic counselling to the student/pupil
- Report and refer the case to the district directorate
- Provide continuous counselling to student/pupil and monitor all related issues
- Keep a summary of each case as school records
- Maintain records of pregnancy case in each school and forward to district directorate termly

District Level

On receipt of report from the school, the District Director shall take appropriate action on each case such as;

- Designate an officer (DGEO/G&C/SHEP/CPC) to make a follow up and bring feedback
- Designated officer visits the school to interact with the girl, teachers, heads of school, friends of the girl and the parents or guardian of the pregnant girl.
- Refer case, if necessary, to appropriate bodies e.g. GHS, DOWSU, DSW, DA
- If it's a defilement or rape case, the directorate should guide the parent or guardian to lodge complaint to the appropriate authorities including the health facility,
- Follow up on the case while providing support and counselling
- Collate termly report of all cases from the schools
- Hold quarterly review meetings on pregnancy and re-entry cases
- Submit collated cases and report to regional directorate

Regional Level

On receipt of reports from the districts, the Regional Director shall take appropriate action such as:

- Hold review meeting to analyse district situation
- Make follow up on cases at the district and regional bodies such as DOWSU, DSW, DA and GHS
- Collate regional cases and report to GES headquarters

4.4 Education Unions-Ghana National Association of Teachers (GNAT), National Association of Graduate Teachers (NAGRAT), Conference of Concerned Teachers (CCT), Teachers and Education Workers Union (TEWU)

They should:

- Sensitise members on the Guidelines and the need to include sexuality education in their lessons.
- Create child-friendly environment by preventing bullying and sexual harassment.
- Collaborate with NGOs to sensitise community on causes and effects of adolescent pregnancy.
- Advocate for the implementation of the Guidelines
- Undertake research in the relevant field when needed.

4.5 The Media

GES should lobby the media to:

- Use their medium to disseminate the Guidelines on Pregnancy and Re-Entry widely.
- Act as watch dogs and monitor the implementation of the Guidelines on Pregnancy and Re-Entry
- Report sexual abuse cases involving girls and boys with a great deal of sensitivity and circumspection and in line with media ethical standards related to children's issues.
- Advocate for the promotion of the education of girls and support for young mothers to return to school.
- Advocate against child marriage and cultural practices that affect girls' education.
- Use their medium to bring up issues on barriers that contribute to dropout of girls from school, for example, pregnancy, early marriage, etc.

4.6 District Assemblies

GES should influence the District Assemblies to:

- Build schools close to communities Provide support to needy pupils, especially girls, pregnant and young mothers in their communities.
- Educate communities to review and abolish obsolete traditional practices, such as child-marriage, Female Genital Mutilation (FGM) etc.
- Enact bye-laws to regulate activities of school children outside school hours.

4.7 Monitoring and Evaluation Mechanism

The GES should:

- A. Conduct regular and routine monitoring of the implementation of the Guidelines
- B. Collect data at all levels on the following:
 - i. Pregnancies termly
 - ii. Re-Entry termly
 - iii. Follow-up of pregnancy cases termly
 - iv. Transfers of Re-entry cases termly.

4.8 Timeframe for Review of Guidelines

The Guidelines will be reviewed and revised after 5 years of implementation. A mid-term review of the implementation of the Guidelines will be conducted in Year 3.

APPENDICES

ANNEX 1

APPENDIX A: SAMPLE LETTER TO PARENTS/GUARDIAN(S) OF PREGNANT GIRL

My Ref. No:

SCHOOL ADDRESS:

Address of Recipient:

Dear Parent(s)/Guardian(s),

This is a follow-up to our earlier discussion regarding the pregnancy of your daughter

..... (insert name of daughter).

This letter is to inform you about the GES Guidelines for Prevention among School girls and facilitation of re-entry after Childbirth, 2018. The Ministry of Education prohibits the expulsion of pregnant girls from school. The Guidelines require girls who are pregnant to remain in school if they are medically fit to do so, then go on leave of absence for three months to deliver and return to school after delivery.

Yours faithfully,

.....
Name of Head

.....
School Stamp

**APPENDIX B:
LETTER ON LEAVE OF ABSENCE FOR PREGNANT GIRL**

My Ref. No:

SCHOOL ADDRESS:

Address of Recipient:

LEAVE OF ABSENCE: (state name of girl)

This letter is to inform you that the school has granted you leave of absence for three months starting from to

You will be required to report to school to resume classes on (date (next appropriate school day).....at your previous school unless you decide to change to a new school. The school will support you in the best way it can to enable you to settle.

If for any reason you are unable to report to school on the said date, please inform the school authorities in good time so that alternative arrangements can be made for your re-entry.

Yours sincerely,

.....
Name of Head

.....
School Stamp

APPENDIX C: RE-ENTRY LETTER

My Ref. No:

SCHOOL ADDRESS:

.....

Address of Recipient:

RE: RE-ENTRY LETTER

This is to inform you that you are required to resume classes on
at your previous school unless you decide to change to a new school.

The school will support you in the best way it can to enable you to settle.

If for any reason you are unable to report to school on the said date, please
inform the school authorities in good time so that alternative arrangements can
be made for your re-entry.

Yours sincerely,

.....
Name of Head

.....
School Stamp

**APPENDIX D:
LETTER OF COMMITMENT BY PARENT(S)/GUARDIAN(S) OF THE
PREGNANT GIRL TO ENSURE RE-ENTRY TO SCHOOL**

We, the parent(s)/guardian(s) of.....do
hereby promise to ensure that returns
to school after delivery and by the date stated in the Re-Entry Letter.

Name of Parent(s)/Guardian(s):.....

Residential Address:

Occupation:

Place of Work:

Name of Area/Town:

Signature:..... Date:

Postal Address:

Mobile Number:

E-mail Address:

Signature:..... Date:

Name of Witness:

Signature:..... Date:

ANNEX 2: PREGNANCY DATA COLLECTION SHEET

APPENDIX A: SAMPLE SCHOOL LEVEL DATA

Name of School: Level:

Public/Private:

Circuit:.....

Date: District:

Region:

No.	Name of Pupils/ Students	Name of Contact Person	Contact Number	Age of pupil/ Students	Class	Term/ Year	Re- turned After Deliv- ery Yes/No	Not re- turned (Drop- out) Yes/ No
	Juliana	Kate	0244259231	13	JHS 1	Term 2/2017	Yes	-
	Gifty	Roland	0202928272	12	P. 6	Term 3/2017	-	No
	Alice	Simon	0278987896	14	JHS2	Term 1/2017	Yes	-
Total Cases	3						2	1

APPENDIX B: SAMPLE SCHOOL LEVEL DATA

Name of District:

Region: Date:

Term/Year:

Number of School Pregnancy Occur			Number returned	Not returned (Drop out)
Levels/ Type	Number of schools reporting pregnancy cases	Number of cases		
Public SHS	5	6	4	2
Private SHS	4	4	4	0
Public JHS	2	4	3	1
Private JHS	2	3	2	1
Public Primary	2	2	2	0
Private Primary	1	1	0	1
Totals	16	20	15	5

APPENDIX D: SAMPLE REGIONAL LEVEL DATA

Name of Region:

Date/Year:

No.	Name of Regions Reporting Cases of Pregnancy	Number of districts	No. of schools reporting cases	Cases of pregnancy	Number returned	Not returned
1	A	5	20	40	35	5
2	B	4	8	12	8	4
3	C	7	15	30	20	10
Totals	3	16	43	82	63	19

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