

A Critical Review of the Plight of Teenage Pregnant Girls Displaced by the COVID-19 Pandemic in Namibian Schools

Anna Niitembu Hako
Prisca Tautiko Shikongo
Rachel N. Shanyanana-Amaambo

Department of Applied Educational Sciences
School of Education: Faculty of Education and Human Sciences
University of Namibia HP Campus

Doi: 10.19044/ejes.v11no1a32

<https://doi.org/10.19044/ejes.v11no1a32>

Submitted: 30 September 2023

Accepted: 01 March 2024

Published: 31 March 2024

Copyright 2024 Author(s)

Under Creative Commons CC-BY 4.0

OPEN ACCESS

Abstract

The phenomenon of teenage pregnancy has become a thorn in the flesh for many countries, including Namibia as many learners become pregnant while schooling. This study gives an exploratory analysis on the increased number of girls who were impregnated during lockdown. Pregnancies among learners threaten not only their human rights, but their health and social welfare, as well as the health and welfare of the children born to them. These young females often terminate their education, and this has implications for girls becoming uneducated, thereby hindering their ability to contribute to the socio-economic development of the country, as opposed to their male counterparts. This practice may lead to a perpetual cycle of the culture of poverty in which their children may further go on to become teenage parents. Using a critical review of secondary data, this study examined the higher rate of teen pregnancy among girls in Namibian schools during the COVID-19 pandemic. Numerous sources, including academic databases, scholarly journals, books, laws, policies, programs, newspaper stories, school reports, and guidelines for life skills education, are included in the literature review. The gathered data was subjected to thematic analysis in order to provide light on the difficulties that girls encountered throughout the pandemic. Therefore, this critical review paper focuses on four main areas: it presents the plight of teenage pregnancy displayed by COVID-19 in Namibia; depicts the ideas of learner pregnancy policy and life skills education guidelines; reveals factors influencing teenage pregnancy in schools in Namibia; and unpacks the implications of learners' teenage pregnancy (pertaining to human rights, health, socio-economic, psychological/mental health) on education, women and girls' empowerment agenda, and socio-economic development. The

article concludes by unveiling strategies to mitigate the scourge (the fresh ways of dealing) with the plight of teenage pregnancy in this transforming society and point out some areas for further studies. Although the answers provided by theoretical analysis are not always definitive in nature, they might provide some insights into future phenomena.

Keywords: Teenager pregnancy, Life skills, Gender-based violence, Sexual abuse, Girls' empowerment, Girls' education

1. Introduction

Teenage pregnancy is a global concern as it affects both national and international communities. Teenage pregnancy refers to female adolescents becoming pregnant between the ages of 13-19 (Heerden-Petersen, 2015). According to the World Health Organisation (WHO, 2020), it is estimated that at least 10 million unintended pregnancies occur each year among adolescent girls aged 15–19 years in the developing world. It has been reported to be one of the main issues in every health care system since early pregnancy can have harmful implications on girls' physical, psychological, economic, and social status. In the WHO reported that 11% of all births were related to adolescent girls aged 15-19 years and approximately 95% of teenage pregnancies occur in developing countries (Indongo, 2020). Teenagers are young people aged between 10–19 years (Heerden-Petersen, 2015). During this period, an individual transform from childhood to adulthood and this is characterised by physical and psychological growth. Due to the physiological and psychological changes that take place, adolescents are interested in exploring the world around them, in which some become sexually active. This puts them at a risk of sexually transmitted infection (STIs) and pregnancy, as some young people may often lack adequate knowledge of safe sex.

In the context of Namibia, over the years, teenage pregnancy has been a thorn in the flesh of parents and educators and continues to be a societal concern. For example, Matthys (2022) report revealed that approximately one in four girls in Namibia becomes pregnant before they turn 20, as 160,800 teenage pregnancies were recorded in the country from 2010 to 2022. In recent years, the teenage pregnancy rate is higher than the rate at which learners advance to tertiary education. Furthermore, Matthys (2022) states that from 2018 to 2021, teenage pregnancies stood at 56,300, while the number of Grade 12 learners who qualified for university stood at 37480. The four Northern regions, namely: Ohangwena, Kavango East, Omusati, and Oshikoto top the most affected areas, thus highlighting the challenges that girls in the country's most impoverished regions are confronted with.

In addition, Indongo (2020) revealed that the spatial distribution of teenage pregnancy is more prevalent in Kavango region with 15.6%, followed

by Ohangwena region with 11.6%, and Oshana region with 3.4%. However, with the scourge of COVID-19, teenage pregnancy has escalated. Namibian schools were on lockdown from March to August in 2020 (a period of six months) due to COVID-19 pandemic. The lockdown had affected many aspects of life in the country and globally. For example, many people lost their lives due to COVID-19, while some lost their jobs and livelihood as there was no movement whatsoever, except what was essential. This closure of schools had a catastrophic impact on the society. Ngatjiheue (2020) reported that 3,323 schoolgirls were pregnant after COVID-19 lockdown. Disturbing statistics indicate that these three thousand three hundred and twenty-three school girls in Namibia became pregnant when schools were temporarily closed from March to August 2020. Unfortunately, they did not return to school when schools reopened in September 2020 due to fear and stigma. Hako and Shipalanga (2022) assert that information, whether directly or indirectly, attest to the importance of providing sexual and reproductive health and rights education to school-going adolescents. This is crucial to curb early and unplanned pregnancies and to give them a complete state of physical, mental, and social well-being in all matters relating to the reproductive system. In a span of 3 years, Namibia recorded a significant rise in teenage pregnancies among young learners in its schools. In this paper's focus, amidst the emergence of COVID-19 pandemic in 2020, various reports revealed the plight of girls during lockdown. Tafirenyika (2020), in an interview with Pontianus Musore, the Kavango East regional education director, states that:

“Some of the common reasons that we have observed in the region leading to the contribution of teenage pregnancies during COVID-19 could be that, most of the learners were lacking control and support at home. Teenage pregnancies among learners have a detrimental effect on their school attendance, academic performance, emotional behaviour, and relationships between the pregnant girls and their peers and educators. Boy learners are not that much involved in impregnating fellow learners because they do not have money” (Tafirenyika, 2020, p.2).

Therefore, teenage pregnancy among school-going girls is not necessarily attributable to fellow learners, but predominantly, to adult males from the community. This practice obstructs government's efforts, especially from the Ministry of Education, which recently introduced the Sexual Reproduction Health Education Program (SRHEP). Namibia, through the MoEAC, has policies and guidelines aimed at addressing ways teenage pregnancy can be mitigated. The main argument emphasises that sustainable education for all is essential for the development of any nation. The significant

number of girls battling pregnancies at a tender age poses obstacles that require critical analysis.

Therefore, this critical review paper focuses on four main areas. Firstly, it presents the plight of teenage pregnancy displayed by COVID-19 in Namibia. Secondly, it depicts learner pregnancy policy documents and life skills education guidelines. Thirdly, it draws conclusions based on the causes of the increase in teenage pregnancy during lockdown. Fourthly, the paper concludes by unveiling strategies to mitigate the scourge (the fresh ways of dealing) with the plight of teenage pregnancy in this transforming society and also points out some areas for further studies. Although the answers provided by theoretical analysis are not always definitive, they might provide some insight into future phenomena.

2. Methodological Considerations

This study used a critical assessment of secondary data as its methodology to investigate why girls in Namibian schools were more likely to become pregnant during the COVID-19 pandemic. Publications were also included in the literature evaluation. To ensure a thorough understanding of the challenges faced by girls during the COVID-19 pandemic, the review commenced with a comprehensive literature search across academic databases (Eric, Google Scholar, ResearchGate), encompassing scholarly journals, books, and other reputable sources (relevant legislations, policies, programs, newspapers articles, school reports, and Life Skills Education guidelines and curricula) (Papaioannou, Sutton & Booth, 2016). A selection criterion that considered relevance, dependability, and methodological rigour was applied to studies (both domestic and foreign) that helped provide a deeper understanding of teenage pregnancy during COVID-19 (Grant & Booth, 2009). To organise findings on the influence of the pandemic on girls' education, a critical review was conducted. Important information was extracted from a selection of research conducted between 2019 and 2021, as well as relevant policies (Greenhalgh, Peacock & Manzano, 2018). The reliability of each included study was critically evaluated using rigorous quality assessments that considered the focus, period, study design, and methods (Cronin, Ryan & Coughlan, 2008). Baumeister and Leary (1997) conducted a seminal review that focused on the need for belongingness and interpersonal relationships. The secondary data they synthesised primarily pertained to studies and research related to the fundamental human need for social connection. Their analysis explored various aspects of social relationships, examining the strengths and weaknesses of individual research studies that contributed to the understanding of the need to belong. In their review, Baumeister and Leary explored research from various fields, including psychology, sociology, and related disciplines, to compile a comprehensive

overview of the significance of social connections in human behavior and well-being. The specific secondary data they analysed encompassed a wide range of studies investigating topics such as social bonds, social support, loneliness, and the impact of social relationships on mental and physical health. It is important to note that the review aimed to provide a cohesive synthesis of existing knowledge on the topic rather than presenting new empirical data. Baumeister and Leary critically examined and synthesized the findings of numerous studies to draw overarching conclusions about the fundamental human motivation for social connection. Therefore, the present critical review provided insights into the issues experienced by girls in Namibian schools during the pandemic. Based on the critical evaluation of the literature by Hemingway and Brereton (2009), this paper draws evidence-based conclusions, emphasises important themes, and proposes recommendations or implications for further study or practice. The following section is an analysis of Learner Pregnancy Policy and Life Skills guidelines to understand how teenage pregnancy ought to be handled and prevented in schools, as well as how these documents can be used to guide actions during and after COVID-19 pandemic lockdowns.

3. The Learner Pregnancy Policy in Namibia

The Cabinet of the Republic of Namibia approved the Education Sector Policy for the Prevention and Management of Learner Pregnancy (ESPPMLP) and directed the Ministry of Education to implement the policy with maximum urgency (MoE, 2009). This policy applies to all primary and secondary schools in Namibia, public and private. The policy's good intention is to improve the 2001 policy, which, in view, failed to achieve the intended outcome. However, the current policy aims to prevent teenagers from becoming early parents by enhancing the implementation of preventative guidance and support from the government. It also strives to combat the social exclusion of teenage mothers. In addressing discrimination against the girl-child in schools, the Namibian education policy states that a pregnant girl may continue with her education at school, until the time of her confinement, or an earlier date based on the advice of a medical practitioner or clinic nurse.

3.1 The policy above gives a pregnant girl several opportunities or options, which are summarised as follows:

- a) The chance to remain in school while expecting
- b) The opportunity to return to the same school after twelve months (1 year) post-delivery.
- c) The opportunity to go to another school of her choice if there is space.
- d) The option to follow non–full–time schooling.

The authors proceed to examine each of these opportunities in terms of the challenges that prohibit the full implementation. The policy articulates very clearly what is required, in terms of how pregnancy learners ought to be treated (MoE, 2009; LAC, 2008).

- There should be at least one member of staff with whom the girl can discuss her situation. The identity of the teacher willing to engage in sympathetic, non-judgmental discussion and offer counseling or refer the girl to an appropriate resource should be made known.
- The girl should be obliged to reveal the identity of the responsible male. She should be made aware of the consequences of providing this information and withholding it.
- The girl may continue with her education at school, until the time of her confinement or an earlier date based on the advice of a medical practitioner or clinic nurse. After giving birth, and provided that a social worker is satisfied that the infant will be cared for by a responsible adult, the girl shall have the right of readmission to the same school within twelve months of the date when she left school, irrespective of her age.
- A girl who has left school due to pregnancy may write her end-of-year examinations, provided that she can convince the school board that her work meets the required standard.
- If she is a boarder in a government school hostel, she shall be entitled to continue in the hostel for the period that she is attending school under the same conditions as would have applied had she not become pregnant.
- These provisions are not intended as a form of punishment. They recognise that by becoming pregnant, the girl has taken on other responsibilities which must be given due attention.

However, it appears that the awareness of the policy among teachers, parents, and learners is piecemeal and its implementation is inconsistent. Some stakeholders, including parents, openly opposed the Learner Pregnancy Policy because they felt it was too lenient and seemed to promote early sexual debut and early pregnancies (Kapenda, 2012). Furthermore, while the policy considers keeping pregnant girls in school, it does not pay much attention to the academic results of these learners, as most pregnant learners tend to perform poorly due to many factors. These learners have to cope with school and the big responsibilities that come with pregnancy and preparation for parenthood. Bullying and social discomfort in the school environment can also contribute to failure, which may cause them to repeat the grade or fail.

3.2 Challenges for Pregnant Learners Remaining in Schools

The policy allows pregnant learners to continue with school until four weeks before delivery, and resume school after delivery, provided that they have a certificate of fitness by a health care worker (MoE, 2009). The possibility to continue schooling during pregnancy is a great opportunity. However, pregnant girls face a lot of fear, guilt, rejection, and stigma. Nembwaya and Nghiinomenwa (2020) point out that “*Most of these girls did not return when schools reopened in September because of fear and stigma, thus abruptly cutting their schoollyear short.* It is well-documented that fear of the unknown is very high among pregnant girls. They worry about their future, health, babies, and parenting issues. Pregnant and parenting teenagers experience stigma in multiple sectors of society. They feel it at school, in medical offices and clinics, with social services, in the media and sometimes in the negative glares and even verbal assaults they receive in public.

The fact that one looks different from other learners attracts a lot of attention, labelling, stereotyping, separation, and discrimination. In addition, being pregnant while in school seems to be a confirmation of promiscuity. Although other learners might be involved in similar entanglement, they are viewed as saints just because they are not pregnant.

Furthermore, studying while pregnant is not easy and many times pregnant girls are expected to perform just like other non-pregnant learners in class. During pregnancy, ample rest is necessary. Nevertheless, studying for tests or exams can prove quite challenging when one is expecting. Teachers may have to adapt the way they teach, the way they assess, and any uniform or dress codes. Teachers and administrators ought to be sympathetic and assist pregnant girls more to give them the courage to complete their education. A lot of efforts and campaigns still need to be carried out to educate the public, schools, and hospitals/clinics on the fear, guilt, rejection, and stigma faced by pregnant/parenting girls. The negative strategies employed produce and perpetuate stigma among teenage pregnancy and teenage parenthood, which is harmful to these young parents, their children, and the society at large.

3.3 Learner-mother Opportunity to Return to the Same School After Post-delivery

The opportunity to return to the same school after twelve months (1 year) post-delivery has its own merits and demerits. Hamalwa (2022) reported that the Oshikoto region recorded 1,294 teenage pregnancies over the past three years. Out of this total, 749 girls have returned to school after giving birth, whereas 545 have not yet returned. On the merit, the UN Convention on the Rights of the Child (UN, 1994) urges governments, which are part of the Convention like Namibia, to develop policies that allow learner parents to continue with their education. Some learners feel happy to be given a second

opportunity to continue with their education because such learners' parents do not have to start from the beginning. The principal and life skill teacher/counsellor, along with parents/guardians are already informed and engaged. Furthermore, there is a policy in place to guide the school regarding teenage parents.

The demerits include some learners feeling embarrassed and guilty, leading them to avoid facing teachers, principal, and other learners. Teenage parents often endure social ill such as labelling, stereotype, separation, and discrimination, which they struggle with on a daily basis. Most teenage parents are not privileged enough to either have assistance throughout or attend boarding schools. Some are uninformed about the policy of returning after post-delivery. Other reasons such as socioeconomic factors, age, and lack of family support can prevent learners from returning after delivery. Hence, girls are still at risk of dropping out even if re-entry is an option since the school environment is frequently unfriendly and unsupportive. Many studies have shown that pre-nuptial pregnancy hinders educational attainment. UNICEF (2016) study showed that most of the adolescents who drop out of school as a result of pregnancy fail to return to school, due to financial constraints and stigma. Indongo (2022) indicates that studying and looking after the baby can be overwhelming for some and they end up dropping out. Adolescent pregnancy and subsequent parenting can create major obstacles to any learner's achievement in school. However, for young women already experiencing academic failure or low levels of achievement, it can be devastating. The policy should have taken into account the effects that pregnancies can exert on the academic performance of learners.

3.4 Learner-mother Opportunity to go to Another School of Her Choice

Article 12 of the UN Convention on the Rights of the Child states that *children have the right to give their opinions freely on issues that affect them and adults should listen and take children seriously* (UNICEF, 2016). In accordance with the above convention, teenagers have the right to choose another school of their choice without hindrance or denial.

The study focused on evaluating the re-entry policy for girls in six countries, particularly the case of Namibia by Kapenda (2012), which had differing views on re-entry. Specifically, the debate centered around the chance for admission to another school. Some interviewed members felt that it encouraged teenage pregnancy, while some pessimists stated that it was a waste of time (the pressing question been whether this was due to returning teenagers' inability to complete their education or a form of discrimination). Some principals expressed that *they did not want to clean up other people's mess* (implying it was the previous school's problem). In addition, most of

these learners struggle to perform well, resulting in other schools being hesitant to enroll them. Success in implementing this opportunity often depended on family socioeconomic status, enlightened principles, or academic performance. However, most learners ultimately dropped out due to a lack of opportunities to attend their preferred schools. It would have been preferable if social workers/life skill teachers facilitated this transfer.

3.5 The Option to Follow Non–full-time Schooling

The most viable option for teenage parents to continue with their education is distance education. Distance education, also called distance learning, is the education of learners who may not always be physically present at a school due to various constraints. Odimegwu and Mkwanzani (2016) state that internet technology has enabled many forms of distance learning through open educational resources and facilities such as e-learning. Odimegwu and Mkwanzani further assert that distance education opportunities have proven to be as effective as face-to-face learning programmes, especially if the instructor is knowledgeable and skilled. However, most teenagers are unable to afford these distance learning programmes due to socioeconomic reasons. Unlike free government schooling, most distance education institutions require registration fees and they are privately owned in Namibia. Many teenage parents have no one to help them enroll in these abundantly available services. Some teenagers do not have the necessary skills to access the free online courses.

In such cases, making the effort to pursue education is worthwhile, given its numerous benefits for teenage parents, such as job and financial security, enabling them to support themselves and their children. It also allows teenage parents to connect with other people and feel less lonely. Schools must provide support to help young parents and pregnant teenagers to continue and complete their studies.

In addition, the 2009 revised policy, currently in effect, shortened the period of staying at home after giving birth to approximately a week. The learner is allowed to come back to school immediately after birth, provided that her condition is verified as satisfactory by a medical practitioner. The boy responsible for the pregnancy can remain at school, contrary to the provisions of the previous policy. Although the policy articulated the procedures on how learners should be treated once they get pregnant, it is silent on the ways teenage pregnancy can be prevented, especially during lockdown. In light of the above, the major gaps identified in Namibia's implementation of the Learner Pregnancy Policy are as follows:

- Lack of comprehensive, nationwide Early Unplanned Programme;
- Lack of Adolescent Friendly Health Services (AFHS);

- Lack of Sufficient efforts to engage parents on Sexual Reproductive Health (SRH) for adolescents and young people;
- Lack of standardised referral tools and procedures between schools and service providers.

4. Life Skills Education Guidelines

Due to the personal and social demands placed on learners, they are expected to cultivate life skills and receive guidance and counselling when necessary. The Ministry of Education, Arts, and Culture (MoEAC) (2016) mandated that schools with 250 learners must have at least one teacher trained in and/or experienced in life skills, guidance, and counselling to ensure implementation of the school counselling programme at the school level (MoEAC, 2016). In cases where this is not possible, a designated teacher should assume responsibility temporarily and undergo in-service professional development in Life skills education and guidance and counselling approaches. In addition to the teaching of Life Skills education, the school must allocate time and space for direct one-to-one or small-group counselling. However, this directive has no significant importance in the implementation of Life skills education in Namibia, as the situation in the regions is far from realisation, paralysing the functions of Life skills teachers/teacher-counsellors. In light of the above, there are schools in Namibia with less than 250 learners, yet these schools are submerged in social, personal, and psychological problems. Now, one has to question which aspect is more vital than the other to aid the learners. Is it the number of learners per school (250), or is it the prevailing need on ground?

Equally important, Namibia implements Comprehensive Sexuality Education (CSE) with the intention to curb early unplanned pregnancy amongst school-going children. The different approaches used to teach sexuality in schools include classroom sessions, boys' and girls' clubs and talks, counselling sessions, My Future is My Choice (MFMC), and the Window of Hope programmes (UNESCO, 2018). CSE is taught to learners in Grades 4-7. However, there are some challenges with actual implementation, as some teachers tend to prioritise promotional subjects, with CSE not being among them. As a result, personal values and attitudes often negatively impact the implementation of the intervention.

Nevertheless, the study by Hako and Bojuwoye (2019) found that the majority of schools in the regions lack sufficient trained human resources and essential materials for the implementation of life skills education and counselling services. This situation has led to underutilisation of the life skills and counselling programme in schools in disadvantaged communities, such as remote regions, consequently hindering the achievement of the programme's objectives.

On the other hand, Life skills education has long been overseen by unprofessionally trained Life skills teachers, making it challenging for them to deliver quality Life Skills lessons and provide quality counselling services to learners in need (Hako & Bojuwoye, 2019). This arrangement may have originated from the Namibian premise that every teacher is “guidance-minded”, thus anticipating every teacher in the county to perform their functions with a guidance aim.

Conversely, this arrangement has not yet yielded the much-anticipated positive results due to the Life skills/teacher-counsellors’ inability to effectively address the psycho-social and academic needs of all learners. Although Life Skills teachers/teacher-counsellors have attended workshops on basic counselling skills, which are conducted by Regional School Counsellors, they still lack critical counselling skills and techniques to handle counselling issues. For this reason, the Ministry of Education, Arts, and Culture needs to be cognisant that Life skills education is a specialised field of education. In this field, teachers require training in the theory and practice of counselling to guide learners in developing the right attitudes and competencies, enabling them to cope with educational, personal, social, and career related problems.

In addition, institutions providing teacher training should include a course on basic counselling skills for all Life Skills Career specialisation teachers, with the aim to fulfill the motto “*every teacher is a life skills teacher*”. Thus, appointing untrained Life skills/teacher-counsellors to teach Life skills subjects and provide counselling services to learners in Namibia is the main hindrance to the effective implementation of Life skills education in schools.

5. Factors Influencing Teenage Pregnancy During COVID-19 Lockdown in Namibia

A wide spectrum of literature and study findings have been documented worldwide regarding adolescents’ sexual behaviour and the various causes of teenage pregnancies (UNESCO, 2018; Indongo, 2020; Heerden-Petersen, 2015; Odimegwu & Mkwanaenzi, 2016; Wado, Sully & Mumah, 2019). In Namibia, for example, certain cultures, customs, and traditions lead to early marriage, consequently resulting in early pregnancy (Heerden-Petersen, 2015). In such instances, pregnancy is acceptable and is most often intentional. Nevertheless, teenage pregnancy typically occurs unintentionally and can be attributed to various reasons. Factors that can lead to early pregnancy include peer pressure, “sugar daddy” relationships, lack of parental love and guidance, failure of parents to discuss sex with their children, lack of recreational activities for youth, and alcohol abuse. Some of these factors are discussed below.

5.1 Not Going to School (Being Idle)

Due to restrictions on movement during lockdown, many children could not cope with idleness. Arguably, going to school helps to keep children busy for most of the day. Staying home was very straining and some youths had nothing to do other than to experiment with alcohol, drugs, and sex. Also, since many adults were no longer going to work, they mostly engaged youth in games, including sex.

Teenagers, however, do not realise the impacts alcohol and drugs have on the functioning of their brain, especially the effects of binge drinking which involves consuming large amounts of alcohol during one sitting. Drinking excessively as well as experimenting with drugs may lead to unwanted and unintentional pregnancy. These substances greatly affect a teen's ability to think logically and carry out general thinking processes, thus increasing the chances of engaging in unprotected and unsafe sexual activity (Heerden-Petersen, 2015).

5.3 The Socio-economic Factors and Poverty

Many scholars reported that teens who become pregnant often come from families of low socio-economic status. For example, Nekongo-Nielsen and Mbukusa (2013) have cited poverty as one of the reasons that drive young girls to have sexual relationships with older men often referred to as “sugar daddies” for material gains, thereby putting themselves at risk of unwanted pregnancies.

Cementing the aspect of poverty and socio-economic factors, at the recent national launch of the United Nations Population Fund flagship 2022 State of World Population Report in Rundu, Rivaldo Kavanga, the deputy director of the Ministry of Education, Arts, and Culture in the Kavango East region, and chairperson of the Health Committee of the Children’s Parliament in Namibia, stated that:

“Poverty has pushed parents to prompt their teenage daughters to have babies so that they can become beneficiaries of the teenage mothers' grant. Teenage pregnancies are exacerbated by school-going girls who are forced, by poverty, to have transactional sex to meet their basic needs. For many adolescent girls, constituting the 1.6 million Namibians marginalised by poverty, teenage pregnancies are inevitable. Namibia also continues to face an ample number of challenges, while mitigating the teenage pregnancy crisis. Efforts by the government and civil society organisations (CSOs) are commendable, but more needs to be done” (UNFPA/Namibia, 2022).

5.2. Peer Pressure and Sexual Abuse/Violence/Exploitation

Peer pressure is another major cause of sexual abuse. Often, females may be pressured or forced by an older male partner to engage in sexual activity. These young females, out of fear, may feel forced to engage in unprotected sex with an older man driven by peer pressure. In 2021, Hamalwa of the New Era Newspaper, in an interview with the education director in Ohangwena, Isak Hamatwi, stated that:

“The number is huge as the majority of the culprits involved in impregnating learners are cattle herders, taxi drivers, police officers, and sugar daddies. These are the people who have cash instantly available. Some parents encourage their daughters to fall pregnant for economic reasons, to have grandchildren, and also to receive bribes from the cattle herders or cuca shop owners. The sad revelation of the dialogue is that the culprits tend to force the girls to have unprotected sex for the reason that they are paying for the sex. To that end, many girls do not have any choice but to give in, and learner pregnancies remain on the rise that even primary school girls are not spared” (Hamalwa, 2022).

The study by Indongo (2020) found that teenage pregnancy was mostly caused by peer pressure, older friends with children, poor education knowledge, fear of rejection, and desire for government social grants. Furthermore, sexual abuse is also another reason why teens may become pregnant. Some children have unfortunately been sexually abused by predators or family even before entering puberty. Early sexual abuse has been linked to later teen pregnancies (Heerden-Petersen, 2015). Young children often find themselves unable to confide in a trusted adult about their situation, due to fear of being harmed by their predators. These situations further exacerbate the lives of the children as they transition into adolescence, increasing the likelihood of teenage pregnancy.

5.4 Media Influence/Communication Means

During the lockdown, schools primarily shifted to remote schooling, encompassing virtual teaching and distributed materials for self-learning or engagement through platforms such as WhatsApp. In Namibia, this led students and teachers into virtual teaching and learning situations, with the majority having no preparation for this shift. The COVID-19 pandemic significantly influenced education, making the use of online electronic media a prevalent educational tool. Detecting teenagers' activities with their electronic media gadgets has become challenging. Parents/guardians are left feeling helpless on how to control what their teenagers do with the most

sought-after necessity of electronic communication. During this period, learners, especially girls, become a part of the risk. Most teenagers have access to cell phones, computers, televisions, and radio communication. It is widely reported that satellite communication contributes to teenage pregnancy (Odimegwu & Mkwanzani, 2016). Odimegwu and Mkwanzani further alluded that teenagers are constantly exposed to sexual images and messages through media communications and some are even addicted to such messages and images without any parental directions or guidance (Odimegwu & Mkwanzani, 2016). It is a harsh reality that many music and movies teenagers listen to and watch revolve around sex or sexual intimacy /intercourse

Given the aforementioned factors, the media has a significant impact on teenage pregnancy, especially during lockdown due to restricted movements. The demand for people to primarily use information communication technology has resulted in many teenagers spending a lot of time watching TV and listening to music. This, in turn, has led to a disturbing trend where many teenage girls sleep with older men solely to obtain a cellphone or acquire money to purchase one, even if it involves engaging in what is colloquially referred to as "cam touch." Consequently, this has contributed to the surge in teenage pregnancies during the lockdown period.

Certain television shows such as "Teen Mom" and "16 and Pregnant"(Heerden-Petersen, 2015) play a role in glamorising pregnancy while concealing the true hardships associated with it. This glamorisation tends to encourage these teens to become pregnant. Some teenage females deliberately become pregnant just so they can drop out of school or force their partners into deeper commitment. These television programmes glorify the thought of having a child by promoting the idea that teenagers can lead an adult lifestyle, with more responsibility and decision-making power.

6. Strategies to Mitigate the Scourge of Teenage Pregnancy in Namibian Schools

6.1 Sexual Health Reproductive Programme (SHRP)

Sexual and reproductive health and rights are critical entitlements, best supported through human rights-based approaches that empower rights-holders to claim their rights and duty bearers to fulfil their obligations. McGranahan et al. (2021) assert that every person is entitled to good sexual and reproductive health. This involves being free from sexually transmitted infections, gender-based violence, and maternal mortality, as well as being able to access essential health services. For this reason, after gaining independence in 1990, Namibia adopted the World Health Organisations Health Promoting School Initiative (HPSI). HPSI's adoption aimed to fulfill the Vision 2030 goal of ensuring equity and access to quality education for all Namibians, especially young people (MoHSS, 2015).

Namibia's School Health Programme furthermore complements the Eastern and Southern African (ESA) Commitment to Comprehensive Sexuality Education and Sexual and Reproductive Health and Rights. Such initiative strives for improved access to quality sexuality education and reproductive health services for all young people. In other words, schools are to ensure that learners are educated about the benefits and risks of engaging in early sexual activities, appropriate use of contraceptives, rights to free and informed choice in respect of sexual matters, and health care information. To achieve this goal, each school was expected to have a detailed plan that focuses on comprehensive sexuality education, teenage pregnancy prevention, and the empowerment of girls to develop decision-making skills, resiliency, and coping mechanisms.

Empowerment is a process of awareness and capacity building that leads to greater participation, decision-making power, and transformative action. Different types of empowerment include educational, economic, policy, and community support. In this review, empowerment for adolescent girls is defined to include community, educational, economic, and policy support. Through empowerment, adolescents and women are equipped with knowledge and skills that enable them to make informed choices and take control of decisions that affect many aspects of their daily lives, including sexual and reproductive health. Thus, efforts that empower adolescents are crucial in reducing adverse sexual and reproductive outcomes, such as adolescent pregnancies.

6.2 Family and Peer Support

Teenage mothers can increase their resilience by receiving support from their parents and maintaining social relations with their peers. Establishing and nurturing these connections throughout pregnancy and beyond significantly influences the mother's attitude and adaptation to her new role in life (WHO, 2020). Furthermore, another protective factor that increases teenage mothers' resilience is their decision to return to school after giving birth instead of dropping out. Engaging in school work and intermingling with other peers will keep them busy, reducing the likelihood of engaging in risky activities such as substance abuse or associating with negative influences (MoE, 2010). This practice instills hope for completing their education and securing a future.

The most crucial factor overall is the teenage mother having the support of her own mother (Indongo, 2020). The mother of the teen can provide valuable emotional support, financial assistance, and aid in handling the child-rearing responsibilities of the newborn.

6.3 Education and Knowledge

Education is one of the strongest predictors of health status. The more schooling people have, the better their health is likely to be and the longer their life expectancy (Freudenberg & Ruglism, 2007). From a young age, young children and adolescents must have a reliable and trustworthy adult to confide in. Having an approachable and knowledgeable role model or adult greatly decreases the chances of teen pregnancy. Parents often neglect to explain the anatomy of the body to their children. However, it is documented that providing this information and educating children during their youth is an extremely important protective factor against teen pregnancy (WHO, 2020; UNICEF, 2016).

Furthermore, children need unconditional love and support from their parents, as it is critical in ensuring the chances of making better choices regarding their future sexual activity. Having love from one's parents ensures that these adolescents are not left feeling unwanted and uninvolved. Moreover, developing a strong relationship and having open communication between a child and parent is critical, as these children are more likely to seek help in times of crisis.

6.4 Ubuntu- “We” culture practices and creation of Safe Havens

Previously, African traditions had a way of bringing up children in their communities. Nowadays, the upbringing of a child in the village is entirely up to the parents and this has made the proper upbringing of children in the villages and communities cumbersome or problematic, especially to young mothers. The African adage, “It takes a village to raise/educate a child” embodies a profound truth about communal responsibility. It is highly recommended to revive this type of cultural value in our communities as a strategy to support teen mothers.

Despite all the good intervention policies that are in place, the problem persists. Ubuntu entails recognising the humanity in both children and culprits. In Mbiti's words, “*I am because we are*”, (Shanyanana & Cross, 2014), as a nation and as equals. Through Ubuntu (Uuntu), parents, teachers, and learners can avail time to support teen parents during pregnancy and afterwards to ensure they complete their studies.

In addition, older men who are reported to have been culprits in impregnating these children could change their mindsets and allow these young girls complete their studies without any hindrance. Policymakers and relevant ministries (Education, Health, Education and Safety and Security) could also amend policies addressing teenage pregnancy to include steps in confronting culprits and strategies for mitigating teenage pregnancy during lockdown and beyond.

7. Recommendations

For proper implementation of the Learner Pregnancy Policy, it is recommended for Namibia to:

- Provide a national Learner Pregnancy Policy awareness and interpretation among teachers, parents, and learners for common understanding and consistent implementation.
- While the policy considers keeping pregnant girls in school, it should also include mechanisms to improve the academic results of these learners, as most pregnant learners tend to perform poorly.
- Involve key stakeholders such as parents, traditional and religious leaders, other community gatekeepers, as well as teenage girls and boys in designing and implementing a national Learner Pregnancy Policy.
- Although the policy is silent on the ways teenage pregnancy can be prevented, the paper makes the following recommendations:
 - The Ministry of Education, Arts, and Culture and Ministry of Health and Social Services should strengthen Adolescents Friendly Health Services (AFHS) by training more service providers;
 - As teachers tend to prioritise promotional subjects, with CSE not being among them, the Ministry of Education, Arts, and Culture should rebrand Comprehensive Sexuality Education (CSE) as a promotional subject.
 - Create Sexual Reproductive Health programmes and messaging through social media to educate young people on teenage pregnancies and health-related issues.
 - Develop Sexual Reproductive Health referral tools and Standard Operating Procedures (SOP) to improve linkages between schools and services.
 - Organise parents' meetings to strengthen parental/guardians' relationship with their teens and improve communications to understand the thoughts and feelings of the child
 - Encourage parents to engage in discussions with teenagers to raise awareness on sexual-related matters.
 - Assist parents/guardians with communication strategies on teenage pregnancy and support systems.
 - Strengthen the use of community youth centers throughout the communities to enlighten teenagers on teenage pregnancies and sexual-related issues.
 - The Ministry of Education, Arts, and Culture should encourage and sponsor musicians to come up with sexual education music.
 - The Ministry of Education, Arts, and Culture should strengthen life skills training and provide schools with well-trained life skills teachers.

8. Future Research Directions

Based on the above recommendations, proposed future research areas include:

- An investigation into the possibility of changing Life Skills and Comprehensive Sexuality Education (CSE) to a promotional subject, given its importance in curbing teenage pregnancies.
- A study on the role of Sexual Reproductive Health programmes and messaging through social media in mitigating teenage pregnancies and health-related issues in Namibian schools
- A research study on parental/guardians' relationship with their teens and improved communications to understand their thoughts and feelings.

Although several studies on teenage pregnancies were conducted around the world, some of the interventions seem not to bear fruits as expected. Therefore, the study by Kinemia and Mugambi (2016) on social media and teenage pregnancy in Kenya is interesting and worth mentioning. Thus, future researchers in Namibia may investigate the following:

- How social media significantly influences teenage sex
- The media usage by teenagers at home and at school
- The materials students often engage with while using electronic media
- The type of sex texting messages teenagers send and their activities while using the internet

Conclusion

The study engaged in a critical review of the plight of teenage pregnant girls displaced by the COVID-19 pandemic in Namibian schools, which has become a great alarm for families. The study was based on the Learner Pregnancy Policy and Life Skills guidelines, supported by analysis of other studies and organisations, such as UNESCO, UNICEF, and WHO. It is important to enhance the training of life skills teachers and review the status of life skills to elevate it to a promotional subject. The teenage pregnancy policy was not implemented as stipulated due to misinterpretation, lack of information, and misunderstanding. The study revealed that life skills guidelines were not implemented in all Namibia schools. Furthermore, due to the non-promotional nature of the life skills subject, some teachers did not take its implementation seriously as they were sceptical about its importance. Therefore, there is a need for a more comprehensive education awareness campaign to establish policy and life skills guidelines for a common understanding among all stakeholders. In addition, attention must be given to the safety of learners and their right to access sustainable education and empowerment. Finally, it is recommended to amend the learner policy to

include suitable measures for addressing teenage pregnancy during and after the COVID-19 pandemic. Overall, the fundamental issues raised pertain to the improper implementation of general policies and legislation, despite their availability in schools. To decrease the pregnancy rate, it is essential to conduct more education and awareness campaigns, increase staff, improve accountability, and enhance the coordination of services.

Funding Statement: The authors did not obtain any funding for this research.

Data Availability: All the data are included in the content of the paper.

Conflict of Interest: The authors reported no conflict of interest.

References:

1. Baumeister, R. F. & Leary, M. R. (1997). Writing narrative literature reviews. *Review of general psychology*, 1(3), 311-320.
2. Cronin, P., Ryan, F., & Coughlan, M. (2008). Undertaking a literature review: a step-by-step approach. *British journal of nursing*, 17(1), 38-43.
3. Freudenberg, N. & Ruglis, J. (2007). Reframing school dropout as a public health issue. *Prev Chronic Dis*. 4(4): A107. Epub PMID: 17875251; PMCID: PMC2099272.
4. Grant, M. J. & Booth, A. (2009). A typology of reviews: an analysis of 14 review types and associated methodologies. *Health information & libraries journal*, 26(2), 91-108.
5. Greenhalgh, T., Peacock, R., & Manzano, A. (2018). Understanding the challenges of implementing lean thinking in hospitals: A systematic literature review. *BMC Health Services Research*, 18(1), 991.
6. Hako, A.N. & Bojuwoye, O. (2019). Experiences of Stakeholders on the School Counselling Services in the Ohangwena Region of Namibia. *European Journal of Educational Sciences*, 6, (1), 1-21. Doi:10.1019044/ejes/. v6no1a1.
7. Hako, A.N. & Shipalanga, P.D. (2022). Exploring Innovative Teaching Approaches to Adolescents' Sexual and Reproductive Health and Rights Education During the COVID-19 Pandemic in Oluno Circuit, Oshana Region of Namibia. *European Journal of Educational Sciences*.9, (2), 44-60 Doi:10.19044/ejes. v9no2a44 URL: <http://dx.doi.org/10.19044/ejes.v9no2a44>
8. Hamalwa, F. (2022). Namibia: Oshikoto records huge number of teen pregnancies. *New Era*, 26 January:1

9. Heerden-Petersen, E. (2015). *Life Skills: My Journey, My Destiny* (second edition). Van Schaik Publishers: Pretoria.
10. Hemingway, P. & Brereton, N. (2009). What is a systematic review? What is, 1(8).
11. Indongo, N. (2020). Analysis of Factors Influencing Teenage Pregnancy in Namibia. *Medical Research Archives*, [S.l.], v. 8, n. 6, ISSN 2375-1924. Available at: <<https://esmed.org/MRA/mra/article/view/2102>>. Date accessed: 06 Aug. 2022. doi: <https://doi.org/10.18103/mra.v8i6.2102>.
12. Kapenda, H. M. (2012) The case of Namibia. [https //Fawena. Org](https://Fawena.Org) >resources retrieved on 20 June 2022.
13. Kinemia, K., A. & Mugambi, M. M. (2016). Social Media and Teenage Pregnancy among Students in Secondary Schools in Imenti North Sub-County, Meru County, Kenya [www. Ijsrm. in](http://www.Ijsrm.in) >article >view retrieved, 5 July 2022.
14. Legal Advice Center [LAC] (2008). School Policy on Learner Pregnancy in Namibia www.lac.org.na >pdf retrieved, 07 June 2022.
15. Matthys, D. (2022). 160 800 teen pregnancies since 2010, The Namibian Newspaper, News National | 2022-07-16. Accessed: <https://www.namibian.com.na/114254/read/160-800-teen-pregnancies-since-2010#:~:text=ABOUT%20one%20in%20four%20girls,pupils%20advance%20to%20tertiary%20education.08/08/2022>.
16. McGranahan, M., Bruno-McClung, E., Nakyeyune, J. et al. (2021). Realising sexual and reproductive health and rights of adolescent girls and young women living in slums in Uganda: a qualitative study. *Reprod Health* 18, 125 <https://doi.org/10.1186/s12978-021-01174-z>.
17. Ministry of Education (2009). Education Sector Policy for the Prevention and Management of Learner Pregnancy. Windhoek: Government of the Republic of Namibia.
18. Ministry of Education, Arts, and Culture (2016). The National Curriculum for Basic Education: National Institute for Educational Development (NIED), Okahandja Namibia.
19. Ministry of Education (2010). The National Curriculum for Basic Education, Windhoek: Namibia.
20. Ministry of Health and Social Services (MoHSS) (2015). Guidelines for the prevention of mother-to-child transmission of HIV. Windhoek: Namibia.
21. Nekongo-Nielsen, H. & Mbukusa, N. (2013) The Educational consequences of teenage pregnancy in Kavango region: *Studies in Humanities and Social Sciences*; 2, 2016-7215.

22. Nembwaya, H. & Nghiinomenwa, E. (2020). 3300 schoolgirls pregnant after COVID lockdown. (The Namibian Newspaper, 2020-11-20). Accessed: <https://www.namibian.com.na/206504/archive-read/3-300-schoolgirls-pregnant-after-Covid-lockdown> 07/06/2022
23. Ngatjiheue, C. (2021, October 21). Ministry psychologist speaks on teenage pregnancy. Recovered from: <https://www.namibian.com.na/106555/read/Ministry-psychologist-speaks-on-teenage-pregnancy>.
24. Odimegwu, C. & Mkwananzi, S. (2016). Factors Associated with Teen Pregnancy in Sub-Saharan Africa: A Multi-Country Cross Sectional Study. *African Journal of Reproductive Health, (Special Edition)*; 20(3): 94.
25. Papaioannou, D., Sutton, A., & Booth, A. (2016). Systematic approaches to a successful literature review. *Systematic approaches to a successful literature review*, 1-336.
26. Shanyanana, R.N. & Cross, M. (2014). Active participation in Namibia's democratic education system: challenges for the girl child. *Southern African Review of Education with Education with Production*, 20, 26-40.
27. Tafirenyika, T. (2020). Teenage pregnancy spike during lockdown. *Confidante Newspaper*, October, 8, 2020. Accessed: <https://confidentenamibia.com/teenage-pregnancies-spike-during-lockdown>, 09/08/2022.
28. The United Nations (1994). *Convention on the Rights of the Child: Background and Policy Issues*. Updated: December 6, 2022. <https://www.refworld.org/pdfid/4d19fa2327f.pdf>
29. UNESCO (2018). *Situational Analysis on early and unintended pregnancy in Eastern and Southern Africa*. February 2018. Paris: France.
30. UNFPA/Namibia (2022). Seeing the Unseen. Opinion Editorial during moderation of an Intergenerational dialogue on unintended pregnancies in Namibia during the launch of the 2022 State of World Population report on World Population Day, 11 July 2022 in Rundu, Kavango East Region. Accessed: <https://namibia.unfpa.org/en/news/seeing-unseen>, 09/08/2022.
31. UNICEF (2016). UNICEF's written submission to the Committee on the Rights of the Child for the Day of General Discussion on 'Children's Rights and the Environment', 23 September, 20/06/2022.
32. Wado, Y.D., Sully, E.A., & Mumah. J.N. (2019) Pregnancy and early motherhood among adolescents in five East African countries: a multi-level analysis of risk and protective factors. *BMC Pregnancy and Childbirth*, 19:59.

33. World Health Organisation (2020). Adolescent pregnancy.
<https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>.
<https://apps.who.int/iris/bitstream/handle/10665/329883/WHO-RHR-19.15-eng.pdf>.