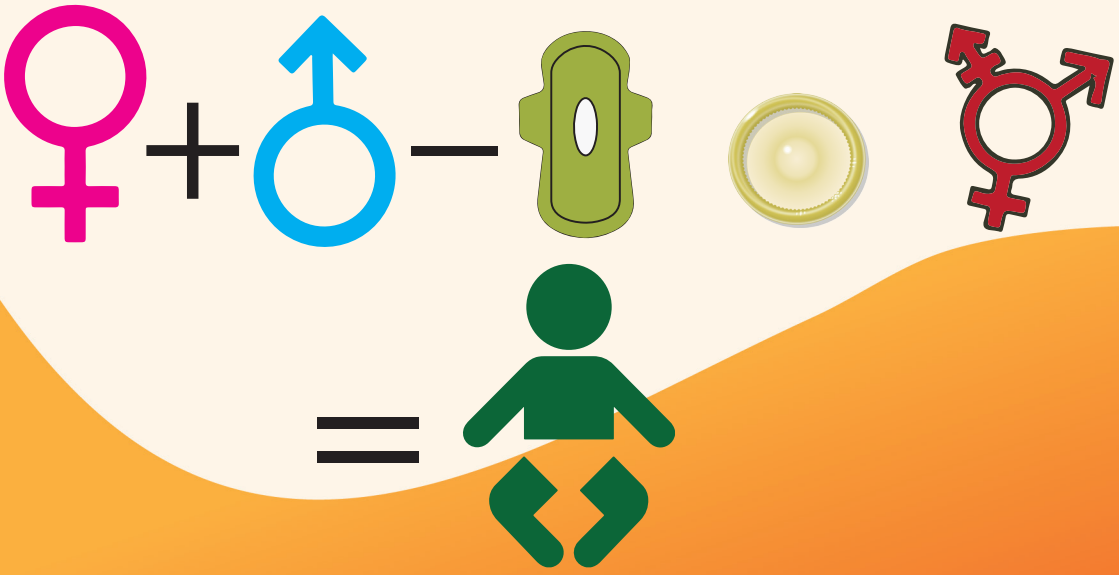
DEPARTMENT OF BASIC EDUCATION

POLICY ON THE PREVENTION AND MANAGEMENT OF LEARNER PREGNANCY IN SCHOOLS



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DEPARTMENT OF BASIC EDUCATION POLICY ON THE PREVENTION AND MANAGEMENT OF LEARNER PREGNANCY IN SCHOOLS

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
CToP	Choice of Termination of Pregnancy
CSE	Comprehensive Sexuality Education
DBE	Department of Basic Education
DOH	Department of Health
DHET	Department of Higher Education and Training
DSD	Department of Social Development
EMIS	Education Management Information System
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
IPET	Initial Professional Education of Teachers
ISHP	Integrated School Health Policy
LO	Life Orientation
M&E	Monitoring and Evaluation
NGO	Non-Government Organisation
SBST	School Based Support Team
SGBA	School Governing Bodies Association
SGB	School Governing Body
SMT	School Management Team
SRHR	Sexual and Reproductive Health Rights
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SAPS	South African Police Services
SDG	Sustainable Development Goals

DEFINITION OF TERMS

Abortion: The deliberate termination of a pregnancy, usually before the embryo or fetus is capable of independent life. In medical contexts, this procedure is called an induced abortion and is distinguished from a spontaneous abortion (miscarriage) or stillbirth.

Adolescents: These are persons aged between 10 and 19 years. This shall be the working definition in the Policy

Age Appropriate: This is suitability of information and services for people of a particular age, and in the case of the Policy, particularly in relation to adolescent development.

Child: This is an individual who has not attained the age of 18 years.

Child Abuse: Child maltreatment, sometimes referred to as child abuse and neglect, includes all forms of physical and emotional ill-treatment, sexual abuse, neglect and exploitation that results in actual or potential harm to the child's health, development or dignity. Within this broad definition, five sub-types can be distinguished — physical abuse, sexual abuse, neglect and negligent treatment, emotional abuse and exploitation.

Comprehensive sexuality education: An age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgemental information to enable learning about the cognitive, emotional, social, interactive and physical aspects of sexuality. Sexuality education provides opportunities for individuals to explore their own values and attitudes and to build decision-making, communication and risk-reduction skills about many aspects of sexuality

Gender Based Violence: Gender Based Violence is violence (which can take the form of physical, sexual, psychological or economic harm) directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately.

Sexual and reproductive health: Sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity.

Sexual, Reproductive Health and Rights: The exercise of control over one's sexual and reproductive health linked to human rights and includes the right to:

- Reproductive health as a component of overall health, throughout life cycle, for both men and women;
- Reproductive health decision-making, including voluntary choice in marriage, family formation, determination of the number, timing and spacing of one's children, right to access information and means needed to exercise voluntary choice;
- Equality and equity for men and women, to enable individuals to make free and informed choices in all spheres of life, free from discrimination based on gender; and
- Sexual and reproductive health security, including freedom from sexual violence and coercion, and the right to privacy.

Sexual Health: A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Sexual Offence: This includes defilement, rape, incest, sodomy, bestiality and any other offence prescribed in The Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Act No. 32 of 2007).

Sexuality: It is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism,

pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.

Unintended Pregnancy: An unintended pregnancy is a pregnancy that is either unwanted, such as the pregnancy occurred when no children or no more children were desired. Or the pregnancy is mistimed, such as the pregnancy occurred earlier than desired.

1. PREAMBLE

The rate of learner pregnancy in South Africa, highlighted by improved reporting by the Department of Basic Education (DBE), has become a major challenge for both national development and the basic education system. It affects the lives of thousands of young people, often limiting their personal growth, their pursuit of rewarding careers and their ambitions, with an incalculable impact on South Africa's socio-economic landscape.

The DBE acknowledges its central role in the social sector's collective response to this challenge. This document sets out in the DBE's *Policy on the Prevention and Management of Learner Pregnancy in Schools* (hereafter referred to as this Policy), its goals, guiding principles and themes to reduce and manage the incidence of learner pregnancy and its adverse impact on the affected learners and, more broadly, on the basic education system.

This Policy provides guidance on the reduction of unintended pregnancies, management of their pre- and post-natal consequences, limitation of associated stigma and discrimination against affected learners and, importantly, the retention and re-enrolment of affected learners in school. Furthermore, this Policy is informed by an agenda to eliminate gender disparities in education.

This Policy seeks to ensure accessible provision of information on prevention, care, counselling and support, frameworks for impact mitigation, the choice of termination of pregnancy (CToP) and guidelines for systemic management and implementation. In particular, it commits the DBE and other role players to providing Comprehensive Sexuality Education (CSE), as a crucial part of school curricula to safeguard learners' sexual and reproductive health rights (SRHR). The aim of CSE is to ensure that learners gain the knowledge and skills to make conscious, healthy and respectful choices about relationships and sexuality. It provides an age-appropriate, culturally-relevant and right-based approach to sexuality and relationships, which explicitly addresses issues of gender and power, and provides scientifically accurate, practical information in a non-judgemental way.

Effective CSE and youth-friendly sexual and reproductive health services should respond to the specific context and needs of young people. They should also contribute to a reduction in the incidence of unintended pregnancy, Sexually Transmitted Infections (STIs), including the Human Immunodeficiency Virus (HIV). All of these can be reduced by delayed sexual debut, abstinence from sexual intercourse or access to condoms and their appropriate and effective usage. However, many pregnant learners report limited or irregular contraceptive use prior to becoming pregnant. This approach is not fully effective in avoiding unintended pregnancies or STIs, including HIV. Therefore, this Policy should be read in conjunction with the DBE's *National Policy on HIV, STIs and TB for Learners, Educators, School Support Staff and Officials in all Primary and Secondary Schools in the Basic Education Sector*, to understand the implications of these inter-related issues and the need for a synergistic approach to addressing both challenges.

This Policy is underpinned by the Constitution of the Republic of South Africa, 1996 (hereafter referred to as the Constitution) which affirms that children have an inalienable right to access basic education and, thereby, pregnant learners and those who have borne a child have the right to continue and complete their basic education. Specifically, this Policy affirms the right of a pregnant learner to remain in school during her pregnancy and to return as soon after giving birth as is appropriate for both the learner and her child. For its part, the school is required to reasonably accommodate the learner to ensure that her right to education is not disrupted or ended by pregnancy or the birth of her child. This may imply short to medium-term absences from school and an undertaking to hold a place in the system for the return of the learner and the completion of her primary education. The school, family and broader community also have an obligation to ensure the continued education of the affected learner and to support after the pregnancy.

For these reasons, expulsion or exclusion of pregnant learners from a school is prohibited. DBE officials, principals, School Management Teams (SMT), School Governing Bodies (SGB) and School Based Support Teams (SBST) should provide reasonable accommodation to these learners. This approach

and its balance of rights and responsibilities should reduce the cumulative impact of learner pregnancy on both the affected learner and broader education system, thereby guaranteeing the rights of children to a complete and enabling education. Critical to the success of this Policy is the engagement of parents and communities in its implementation.

This Policy is promulgated to guide the strategies required to realise its goals; hence, it describes what is required rather than how this will be achieved. How the goals will be achieved are set out in the *Implementation Plan for the Policy on the Prevention and Management of Learner Pregnancy in Schools* (hereafter called the Implementation Plan). That plan, like this Policy, is informed by other associated DBE policies and protocols and national legislation.

A key consideration is that this policy recognises that many learner pregnancies occur as a result of consensual sex but, equally, many learner pregnancies occur as a result of non-consensual sex. Consensual and non-consensual sex are defined in the DBE *Protocol for the Management and Reporting of Sexual Abuse and Harassment in Schools*, in accord with relevant legislation. In particular, consensual sex means a voluntary or uncoerced agreement that can be given through words or actions. It cannot be forced or given under duress. A child (as defined in the South African Constitution (section 28(3)) and the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (section 1 (1)) below the age of 12 has no capacity to consent; hence, sexual intercourse with a child below the age of 12 is always considered rape by the law, even if the child factually consented. A child between the ages of 12 and 16 can consent, but if consent is given to a person who is 18 years or older, the latter is guilty of the crime of statutory rape. An educator must never have sex with a learner, irrespective of consent given by a learner 16 years and older, because this is prohibited conduct for educators.

Finally, this Policy is aligned with relevant regional and international conventions ratified by the South African parliament obligations, as is required by the National Education Policy Act, 1966 (Act No.27 of 1966). Those conventions include the African Charter on the Rights and Welfare of the Child, the Ministerial

Commitment on comprehensive sexuality education and sexual reproductive health services for adolescents and young people in Eastern and Southern African (ESA) (ESA Commitment). To illustrate, the ESA Commitment requires South Africa to scale up and provide increased access to quality CSE and adolescent and youth-friendly Sexual and Reproductive Health (SRH) services to eliminate HIV infections among learners and other young people, to reduce unintended pregnancies, and to eliminate Gender-Based Violence (GBV) and child marriage. The Addis Ababa declaration on population development; Maputo Protocol; Maputo Plan of Action 2016-2030 which puts emphasis on member states to improve access to SRHS for adolescents and youth to realise development agenda; and SADC SHR Strategy 2030. The United Nations Sustainable Development Goals, specifically Goal 3 which speak to the right to access to Good Health and Wellbeing; Goal 4 access to inclusive and quality education for all, and Goal 5 gender equality; the UN Convention on the Rights of the Child; and the International Conference on Population Development 2016-2030.

2. POLICY ALIGNMENT

This Policy is aligned with the existing policies and strategies of other government departments in the social sector. It must therefore be read and applied in conjunction with the following:

2.1 The Constitution of the Republic of South Africa, 1996 (Constitution);

2.2 South African Schools Act, 1996 (Act No. 84 of 1996);

2.3 Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996);

2.4 The Employment of Educators Act, 1998 (Act No. 76 of 1998);

2.5 Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000);

2.6 Child Support Grant as contained in the Social Assistance Act, 2004 (Act No. 13 of 2004);

2.7 The Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Act No. 32 of 2007) (Sexual Offences Act);

2.8 Children's Act, 2005 (Act No. 38 of 2005);

2.9 Notice 361 of 2010 Department of Basic Education National Policy Act 27 of 1996 Policy on Learner Attendance;

2.10 Integrated School Health Policy, 2012;

2.11 National Contraception Clinical Guidelines,2012;

2.12 Department of Basic Education National Policy on HIV, STIs and TB for Learners, Educators, School Support Staff and Officials in all Primary and Secondary Schools in the Basic Education Sector, 2017;

2.13 The National Development Plan, 2030.

3. POLICY GOAL

The goal of this Policy is to reduce the incidence of learner pregnancy through the provision of quality CSE and access to adolescent and youth-friendly SRH services. It seeks to promote the Constitutional right of learners to basic education by ensuring they are not excluded from school as a result of pregnancy and child birth, and to provide a supportive environment for them to continue and complete their basic education. This goal is supported by specification of four objectives to be achieved and which are the foci of the Implementation Plan. The objectives are:

3.1 To provide SRH services, including access to effective contraceptive technologies in association with social sector partners, to enable learners to make informed choices, avoid unintended pregnancies or, as necessary, to obtain abortions.

3.2 To ensure the return and retention of learners, following child birth, into an appropriate grade in their schools.

3.3 To facilitate access for pregnant learners to ante-natal care through collaboration with social sector partners and NGOs.

3.4 To ensure that schools provide a stigma-free, non-discriminatory and non-judgemental environment for pregnant learners and those with babies, to support their physical and psychological health and dignity.

4. SCOPE OF APPLICATION

This Policy applies to the following:

- Learners;
- educators;
- principals;
- SMTs

- SGBs;
- School Based Support Teams (SBST)
- DBE staff;
- Other co-curricular service providers and NGOs that are directly involved in the prevention and management of learner pregnancies in the basic education system at all public and independent schools in the Republic of South Africa.

5. GUIDING PRINCIPLES

This Policy's principles are informed by the Constitution, national legislation and regional and international conventions, as has been outlined above. The principles serve as absolute points of reference in terms of its interpretation and application. The principles are:

5.1 Access to Education:

Every female learner of school age has the Constitutional right to basic education and may not be denied access on the basis of her pregnancy, termination thereof, or consequent motherhood.

5.2 Gender Equality:

Every learner has the right to gender equality and may not be discriminated against or denied access to basic education on the grounds of gender. Application of this Policy will be sensitive and responsive to the needs of female learners in particular and will recognise their particular vulnerability to GBV and abuse.

5.3 Access to Comprehensive Pregnancy Prevention:

Every learner has the right, as set out in The Children's Act, 2005, and the Choice on Termination of Pregnancy Act, 1996, to access the means to protect themselves from unintended pregnancy, STIs or HIV before or after their

pregnancy.

5.4 Access to Comprehensive Sexuality Education:

Every learner in the B=basic education system has the right to quality, age-appropriate CSE, in order to make informed choices about their sexual health, orientation and safety.

5.5 Access to Sexual and Reproductive Health Services:

Every learner in the basic education system has the right to access SRH services, as set out in the Children's Act, 2005.

5.6 Counselling, Care and Support:

All pregnant learners and those with babies, in the basic education system, have the right to access health and social services available in either schools or through referral to the DBE's social sector partners. This will include access to appropriate counselling, care and support or active referral to providers of these services. The rights of access and associated referrals are detailed in the Implementation Plan.

5.7 Stigma and Discrimination:

Every pregnant learner and those with babies will be assisted fairly and impartially and will be protected from all forms of stigma and discrimination.

5.8 Dignity, Privacy and Confidentiality:

Application of the policy will ensure realisation of the rights of every pregnant learner in the basic education system, to protection of their dignity, privacy and confidentiality regarding their pregnancy and related health. No person within the basic education system, regardless of their position or role, will disclose information relating to a pregnant learner without their written consent or, if they are under the age of 12 years old, the written consent of their parents or guardians.

5.9 Reasonable Accommodation:

Schools will ensure the retention of pregnant learners during the course of their pregnancy and make provision for their absence during the term of their pregnancies. After giving birth the learner may return to school, to the appropriate grade, and will continue their basic education. The school, the principal, educators and staff will take all reasonable steps to accommodate the learner's basic education, health and maternal needs.

5.10 Critical Partnerships:

The DBE will ensure that partnerships with key social sector stakeholders, protect, support and advance the interests of pregnant learners in the basic education system. These partnerships will include all directorates and units within the national, provincial and district education departments, other government departments, such as the Department of Health (DOH) and the Department of Social Development (DSD), the Department of Justice and Correctional Services, the South African Police Services, teacher unions, schools and SMTs, SGBs and SBSTs, as well as parent communities, learner organisations, non-governmental organisations (NGOs), community-based, cultural and faith-based organisations, development partners, and academic and research institutions.. The purpose of these critical partnerships is to enhance the DBE's efforts to create and sustain a supportive environment for pregnant learners and to counter potentially harmful cultural and social practices amongst learners in schools and within the broader communities in which they live, that increase learners' risk of early and unintended pregnancies. .

6. POLICY PROVISIONS

6.1 ENABLING ENVIRONMENT

6.1.1 Policy Objective:

This Policy provides an enabling and supportive environment that ensures that schools are safe, free of stigma and provide a non-discriminatory environment for pregnant learners, guaranteeing them the right to education during their pregnancy and, following child birth, facilitating their re-entry into schools.

6.1.2 Advocacy and Leadership:

Officials, principals, SMTs, SGBs, SBSTs and educators at every level of the Basic Education System are encouraged to support pregnant learners and advocate this Policy at every level. They will act supportively at all times to facilitate and ensure a non-discriminatory environment in which the pregnant learner can access basic education, until the birth of her child requires her to leave school, and ensure her earliest return to resume and complete her basic education. In particular, this Policy mandates the DBE to create critical partnerships with organisations which will advocate for the right of female learners to access SRH services and affirm their rights according to the Constitution and legislation of South Africa.

6.1.3 Policy Implementation and Review:

This Policy will be implemented across the national, provincial, district levels, as well as at the institutional level, with progress against its stated goals and objectives reviewed every five years or as considered necessary for the life of this Policy to ensure it remains relevant to sectoral and national needs.

6.1.4 Management and Coordination:

The DBE will establish a Sub-committee on the Prevention and Management of Learner Pregnancy (hereafter referred to as the sub-committee) to guide

and coordinate progress and reporting on the implementation of this Policy and the achievement of its objectives. This sub-committee must include other departmental representatives and NGOs and be responsible for liaison and coordination with the DBE's social sector and other partners to ensure this outcome. The Implementation Plan sets out steps to be taken for establishing this sub-committee.

6.1.5 Roles and Responsibilities:

The DBE will recognise the roles, responsibilities and contributions of its staff at every level of the basic education system. SGBs along with the social sector and other stakeholders are expected to comply with and support the aims of this Policy and its implementation. These relationships will involve direct partnerships with schools, as well as referrals for specialist treatment and support, and on-going efforts to realise the educational and reproductive health rights of all pregnant learners in the basic education system. A role of SGBs is to align the policies and regulations that they formulate, as prescribed by the South African Schools Act, and according to their particular, extant conditions and circumstances, with this Policy.

6.1.6 Elimination of Discrimination and Abuse:

No educator, school staff member or fellow learner may discriminate against, humiliate or abuse a learner physically, emotionally or psychologically, based on their pregnancy or post-pregnancy status. The dignity and Constitutional rights of every learner, pregnant or not, will not be prejudiced, including the rights to education, equality, dignity and privacy.

6.1.7 Partnerships and Policy Alignment

The DBE is one of several role players responsible for the psychological and material support of pregnant learners. Policies, objectives and mandates inside and outside the basic education system will be aligned to mirror the commitment of the DBE and its social sector partners with regard to this Policy, and open the way for effective coordination in which the DBE itself should act as the lead agency. The establishment of critical partnerships by the DBE, as outlined in 5.10 above, is central to promoting the psychological and material welfare of pregnant learners.

6.2 PREVENTION

6.2.1 Policy Objective

Learners in the basic education system must have access to SRH information and skills, accurate knowledge about delayed sexual debut, abstinence and contraception, and information about the role of gender and power in relationships, in order to make informed life choices and help protect them from unintended pregnancy.

6.2.2 Prevention of Learner Pregnancy

Learners will receive age-appropriate SRH information that is rights-based, which explicitly addresses issues of gender and power and facilitates critical thinking around these topics. Life Orientation (LO) and other subjects, through the provision of CSE, should contain material that is interactive, learner-centred and employs skills-based pedagogies, delivering quality, age-appropriate sexual and reproductive health information, including information on contraception. This should include information and guidance on the influence of alcohol or drugs, which may contribute to the circumstances in which a learner may become pregnant. The provision of youth-friendly Sexual and Reproductive Health Rights (SRHR) information in schools needs to be provided through a close working relationship between the DBE and DOH as prescribed by the *Integrated Schools Health Policy* (ISHP). Referral and linkage mechanisms for

learners must also be put in place. Schools must ensure that CSE is initiated in accordance with the LO curriculum. Through collaboration with partners, schools must strengthen advocacy programmes to reduce the incidence of learner pregnancies through initiatives that focus on increasing, amongst all learners, awareness of strategies to prevent pregnancy, understanding of sexual and reproductive health rights and awareness of harmful and potentially harmful cultural and social practices within the broader communities in which they live.

6.2.3 Information and Access

1.1.1.1 Schools will provide learners with scientifically accurate, age-appropriate and comprehensive information and materials on SRHR, together with information on access to adolescent and youth- friendly SRH services in a facilitative environment. If this cannot be delivered in the school, the DBE will refer to, or collaborate with the DOH (through the ISHP) to provide learners with access to these services without their education being interrupted. The DOH will also endeavour to provide access to contraceptive services through direct linkages with the ISHP or local clinics. The DOH will also provide information on access to emergency contraception, the CToP and access to these services. The DBE and their social sector partners should approach their roles in a professional and supportive manner to provide assurance and support to learners who find themselves confronting unintended pregnancy.

1.1.1.2 Reasonable access to male and female condoms (barrier methods of contraception and sexually-transmitted disease prevention), as well as information on their use, will be made available to all learners of 12 years old and above, dependent on their level of inquiry or need. Where condoms and information on their use cannot be provided in schools, ISHP nurses will ensure that learners are able to access condoms, as well as requisite information and support services, in a youth-friendly environment.

6.2.4 Supportive Educational Environment

The DBE is required to ensure that comprehensive protection, delayed sexual debut or abstinence is a default option and provide the critical thinking skills and information necessary to make this choice. This can be facilitated by a supportive education environment in which the curriculum and the psychological and physical condition of the learner is properly recognised, understood and supported. For this reason, educators, school principals, SGBs and other social sector partners will collaborate to provide a supportive education environment and supplement the responsibility of parents or guardian when these are absent or unwilling to play a role.

6.3 CARE, COUNSELLING AND SUPPORT

6.3.1 Policy Objective

Schools will provide a positive and supportive environment where all pregnant learners can access professional advice, information, referrals, treatment, care, counselling and support.

6.3.2 Care, Counselling and Support for Pregnant Learners

Schools will become health- and rights-promoting institutions and act as inclusive centres of learning, care and support, through the ISHP, which provides a comprehensive range of services, including referrals for pregnant learners whose needs cannot be accommodated within the school; for example, referral of learners with babies to the Department of Social Development to register for a Child Support grant in terms of the Social Assistance Act. Educators and other designated school personnel will be trained to provide CSE, information on pregnancy and maternity and offer a supportive, stigma-free and youth-friendly environment.

6.3.3 Gender

This Policy will take into account the biological, social, religious and cultural

needs of female learners and will recognise and acknowledge gender equity and equality. Policy implementation will also recognise that female learners, whether pregnant or not, are particularly vulnerable. Gender issues will constitute a central part of education on learner rights, sexual and reproductive health and contraception. Through the provision of CSE, trained educators and counsellors in schools will teach learners about gender roles and orientations, the influence of power in sexual relationships and the need for responsible and protective behaviour.

6.3.4 Procedures for Handling Incidence of Learner Pregnancy

Central to the success of this Policy are the guidelines to address procedures for handling the incidence of learner pregnancy and the responsibilities of the key role-players. The school will accommodate the pregnant learner by upholding the right of the learner to education and provide access to care, counselling and support through the ISHP. Attention will also be paid to the identity and rights of the biological father involved, whether he is a learner, educator, or a person outside the basic education system.

On confirmation of the biological father's identity, if he is a learner, he should be counselled and guided to assume and sustain his rights and responsibilities. If, however, he is an educator or other member of staff within the basic education system, he should be suspended and subjected to disciplinary and legal procedures as set out in the Employment of Educators Act, 1998 (Act No. 76 of 1998) and the South African Council for Educators Act, 2000 (Act No. 31 of 2000). If the biological father is a person outside the basic education system, he too should be subjected to judicial enquiry and action if there is a case to answer on the grounds of coercion, sexual violence and assault or statutory rape. These procedures must be consistent with the *Protocol for the Management and Reporting of Sexual Abuse and Harassment in Schools.*

6.3.5 Measures to Deal with Sexual Offences, Child Abuse and Neglect

In certain circumstances, information relating to a learner pregnancy may give rise to mandatory or voluntary reporting by the educator appointed by the school

to provide counselling, support and advice. Specifically, if the pregnant learner is under the age of 16, this would require mandatory reporting to the SAPS and entails civil and criminal proceedings against the male partner if he is over the age of 16 years. These legal implications for the learner and her partner, therefore, require the utmost sensitivity and guidance. The DBE's *Protocol for the Management and Reporting of Sexual Abuse and Harassment in Schools* and sections 110 and 150 of the Children's Act, 2005, refer and require that such information is reported to a designated child protection organisation, the provincial head of the DSD or SAPS.

6.3.6 Referral and Strategic Partnerships

In terms of this Policy, partnerships will be established and coordinated with the social sector and other support organisations to facilitate access to appropriate support and referral services. These relationships will ensure that pregnant learners have access to support systems capable of providing for their physical, psychological and material needs, either in the school or on referral to partner departments or organisations. These support services will include the following:

- Information on SRH and SRHR, pregnancy and maternity, including information on the CToP in order to inform choice;
- Reporting and management of abuse, discrimination, coercion, harassment and violence, including sexual or other harassment and violence inside or outside the school; and
- Healthcare, medical treatment, counselling and support.

6.4 IMPACT MITIGATION

6.4.1 Policy Objective

The impact of pregnancy on the affected learners is mitigated through the provision of a systemic, sustainable, structured, safe and empowering environment.

6.4.2 Retention in School

The learners' right to education during and after their pregnancy is guaranteed by the Constitution and guided by the African Charter on the Rights and Welfare of the Child, which states, in Article 11(6), that '*State Parties to the Charter shall take all appropriate measures to ensure that children who become pregnant before completing their education shall have an opportunity to continue with their education on the basis of their individual ability*'.

The basis on which the pregnant learner may be reintegrated into the basic education system after delivery will depend on medical advice and the point in the calendar year when she left the school for delivery. The Implementation Plan outlines the responsibilities of different agencies within and beyond the DBE, whilst the retention or promotion of the learner, during and after pregnancy, will be guided by the National Policy on the Programme and Promotion Requirements of the National Curriculum Statement Grades R-12 and Circular E22 of 2016 on the Criteria for the Implementation of Progression in Grades 10-12.

In this context, this Policy is clear that schools will allow the pregnant learner to remain in school during and after pregnancy. To facilitate the application of these rights, learners who are over six months pregnant will be required to submit a medical certificate indicating the status of their pregnancy and estimated delivery date. In addition, the pregnant learner will be asked to provide medical reports to her appointed educator or school principal, certifying that it is safe for her to continue with her schooling, if she wishes to stay in school beyond 32 weeks (8 months) of pregnancy. If the learner does not provide this information and fails to provide an explanation, she may be asked to take a leave of absence until medical proof is provided. Medical information provided by the learner to her educator or the principal shall be strictly confidential to protect the learner's right to privacy.

6.4.3 School Support and Flexibility

Schools in the basic education system will assist learners to continue with their education during and after pregnancy, and will take all reasonable steps to

facilitate this. Retention of these learners will be managed in accordance with other DBE policies, which may be reviewed to align them with this Policy.

Principals will encourage learners to continue with their education before and after delivery of the baby and will provide appropriate educational support, where possible. Moreover, the school will accept and be flexible in dealing with these absences, provided only that the learner is not taking off a disproportionate amount of time. In this event, the school principal will seek a meeting with the learner and/or her parents, guardians or caregivers to agree on a leave of absence. At all times the school, its principal, SMT, SGB, SBST and educators will be supportive and sympathetic in each case.

6.5 POLICY MANAGEMENT AND IMPLEMENTATION

6.5.1 Policy Objective

Sustainable management structures and strategies are in place at all levels of the basic education system to ensure implementation of this Policy and to monitor and report its progress and success over the life of the Policy.

6.5.2 Management and Coordination

The incidence of unintended pregnancy at schools within the basic education system exacerbates existing systemic problems and impacts strategic responses, which must be mainstreamed into routine education management at every level. Strategies to achieve this have been outlined above and will rely on the Implementation Plan for success. Notably, the DBE's representative sub-committee will lead and oversee the process of reducing and managing the incidence of unintended pregnancies. This sub-committee will also be responsible for coordinating the multi-sectoral response and ensuring that every partner understands and meets its obligations and mandate down to the district and school level.

6.5.3 Structural Arrangements

The emphasis on implementation with the goal of reducing and managing the incidence of unintended pregnancy makes structural arrangements important. An explicit mandate of the DBE's sub-committee is to identify, coordinate, strengthen and report the roles of the institutions and sectors involved. Specifically, this will include the monitoring of Policy implementation over the life of the Policy. The sub-committee will also be responsible for overseeing the alignment, delivery and coordination of the Policy, operational activities, budgetary priorities, and educator and staff training in the DBE. These arrangements will be systematised to facilitate the regular flow of information up to DBE senior management and down to the district and school level in all nine provincial Departments of Education.

6.5.4 Roles, Rights and Responsibilities

The DBE in general and the sub-committee referred to above, will be responsible for facilitating the resourcing of the basic education system response, in order to achieve the objectives and outcomes of this Policy. While this may be dealt with within the existing budgets of the DBE and those of partner organisations, it is likely that additional funds will be required over the life of this Policy. Thus, responsibility for the sustained resourcing of these activities lies with the sub-committee.

While the Constitutional rights of pregnant learners have been asserted above, the rights of the DBE, schools, principals, educators, families and communities are also of importance. In particular, schools will be responsible for applying and implementing the principles and provisions of this Policy, taking account of the specific circumstances of these schools, which may include those with limited resources, often in rural areas. Parents and communities will also be required to support the school's response wherever possible. Their support and resources will be harnessed and their capacity to play a supporting role will be enhanced through guidance and training.

6.5.5 Strategic Partnerships

Strategic partnerships will be established with key stakeholder groups and organisations, such as other social sector departments, NGOs, unions, academic and research institutions, SGBs and SGB Associations, SMTs, parent and learner bodies, faith-based, traditional and cultural organisations. These partnerships will be leveraged to support this Policy and synchronise it with those of partner departments and organisations, and will also provide strategic information, prevention approaches, referrals, counselling, care and support for pregnant learners.

6.5.6 Teacher Development and Training

The curriculum and pedagogy for the Initial Professional Education of Teachers (IPET) in personal, sexual and reproductive health, decision-making and learner pregnancy prevention measures will be extended in association with the Department of Higher Education and Training (DHET). IPET will be supplemented by recurrent Continuing Professional Teacher Development (CPTD) provided by the DBE to cover adolescent sexual and reproductive health (ASRH) education and learner pregnancy prevention, including contraceptive methods. These curricula and co-curricular programmes will be supplemented by additional health education sessions provided by ISHP staff, reinforcing this training progressively at least once per phase.

6.5.7 Monitoring, Evaluation and Reporting

A key to effective policy implementation is the ability to monitor and evaluate (M&E) the implementation of this Policy and to report regularly and accurately. To determine the effectiveness of this Policy will depend on a multi-sectoral collaboration to interpret its progress and outcomes. It is imperative that the M&E of implementation is both accurate and scientifically defensible.

The DBE and its sub-committee will mobilise adequate resources to support the M&E and reporting of this Policy. To facilitate this, the DBE's reporting, based on its annual EMIS returns and those of its strategic partners, will provide

observations and statistical information to determine whether or not the Policy is on-track to realise its overarching goal of reducing the incidence of unintended learner pregnancy. These data-gathering processes should pay close attention to the quality of indicators and how these can be verified by school principals and other data gatherers.

To facilitate this, the DBE and its strategic and representative partners will report on their observations with geographically-disaggregated statistical information. These outcomes will be reported to all relevant parties to inform annual reports and to the wider public on a regular basis. Where appropriate, the DBE sub-committee may engage the services of independent researchers and demographers to track and report progress as necessary. This aspect of the reporting process will be particularly important as the data may be compared with national statistics to determine the incidence of learner pregnancy and effectiveness of this Policy.

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