

DEPARTMENT OF BASIC EDUCATION

NO. 615

22 JUNE 2018

EXTENSION OF THE PUBLIC COMMENTS PERIOD ON THE DEPARTMENT OF BASIC EDUCATION NATIONAL POLICY ON THE PREVENTION AND MANAGEMENT OF LEARNER PREGNANCY IN SCHOOLS

I, Angelina Matsie Motshekga, Minister of Basic Education, hereby, extend the deadline for the submission of public comments on the Draft Department of Basic Education National Policy on the Prevention and Management of Learner Pregnancy in Schools

All interested persons and organisations are invited to comment on the policy, in writing, and to direct their comments to: The Director- General, Private Bag X895, Pretoria, 0001, for attention: Dr F Kumalo, Chief Director: Care and Support in Schools , Department of Basic Education, Private Bag X895, PRETORIA, 0001 Or Fax: 012 328 8401 or E-mail: pregnancypolicy@dbe.gov.za

Kindly provide the name, address, telephone number, fax number and email address of the person / or organisation submitting the comment.


CLOSING DATE

The comments must reach the Department by 31 July 2018.

AVAILABILITY OF THE POLICY DOCUMENT

The policy document referred to herein is available on the Department website:

www.education.gov.za

**MIS AM MOTSHEKGA****MINISTER OF BASIC EDUCATION****DATE: 01/06/2018**



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

**DRAFT DBE NATIONAL POLICY ON THE
PREVENTION AND MANAGEMENT OF
LEARNER PREGNANCY**

ACRONYMS

ACRC	African Charter on Rights of the Child
AIDS	Acquired Immune Deficiency Syndrome
CSE	Comprehensive Sexuality Education
CPTD	Continuing Professional Teacher Development
CSTL	Care and Support for Teaching and Learning
CToP	Choice of Termination of Pregnancy
DBE	Department of Basic Education
DHET	Department of Higher Education and Training
DOH	Department of Health
DSD	Department of Social Development
EFA	Education For All
EMIS	Education Management Information System
EUP	Early and Unintended Pregnancy
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
IPET	Initial Professional Education of Teachers
ISHP	Integrated School Health Policy
LO	Life Orientation
LS	Life Skills
M&E	Monitoring and Evaluation
NGOs	Non-Government Organisations
NSSF	National School Safety Framework
SANAC	South African National AIDS Council

SAPS	South African Police Services
SASA	South African Schools Act
SBST	School Based Support Team
SGBs	School Governing Bodies
SGBA	School Governing Bodies Associations
SMT	School Management Team
SRHR	Sexual and Reproductive Health Rights
SRHS	Sexual and Reproductive Health Services
STIs	Sexually Transmitted Infections
SDGs	Sustainable Development Goals

TABLE OF CONTENTS

1 PREAMBLE AND PURPOSE

2 POLICY ALIGNMENT

3 POLICY GOALS

4 SCOPE OF APPLICATION

5 GUIDING PRINCIPLES

- 5.1 Access to Education
- 5.2 Access to Comprehensive Pregnancy Prevention
- 5.3 Access to Comprehensive Sexuality Education
- 5.4 Access to Comprehensive Sexual and Reproductive Health Services
- 5.5 Counseling, Care and Support
- 5.6 Stigma and Discrimination
- 5.7 Dignity, Privacy and Confidentiality
- 5.8 Reasonable Accommodation
- 5.9 Critical Partnerships

6 POLICY PROVISIONS

6.1 ENABLING ENVIRONMENT

- 6.1.1 Policy Objective
- 6.1.2 Advocacy and Leadership
- 6.1.3 Policy Implementation and Review
- 6.1.4 Management and Coordination
- 6.1.5 Roles and Responsibilities
- 6.1.6 Elimination of Discrimination and Abuse
- 6.1.7 Partnership and Policy Alignment

6.2 PREVENTION

- 6.2.1 Policy Objective
- 6.2.2 Prevention of Learner Pregnancy
- 6.2.3 Information and Access
- 6.2.4 Educator Development and Training
- 6.2.5 Sexual and Reproductive Health Services
- 6.2.6 Supportive Educational Environment

6.3 CARE, COUNSELLING AND SUPPORT

- 6.3.1 Policy Objective
- 6.3.2 Care, Counseling and Support for Pregnant Learners
- 6.3.3 Gender

- 6.3.4 Procedures for Handling Incidence of Learner Pregnancy
- 6.3.5 Measures to Deal with Sexual Offences, Child Abuse and Neglect
- 6.3.5 Referral and Strategic Partnerships

6.4 IMPACT MITIGATION

- 6.4.1 Policy Objective
- 6.4.2 Retention in School
- 6.4.3 School Support and Flexibility

6.5 POLICY MANAGEMENT AND IMPLEMENTATION

- 6.5.1 Policy Objective
- 6.5.2 Management and Coordination
- 6.5.3 Structural Arrangements
- 6.5.4 Roles, Rights and Responsibilities
- 6.5.5 Strategic Partnerships
- 6.5.6 Educator Development and Training
- 6.5.7 Monitoring, Evaluation and Reporting

7 INDEX OF KEY POLICY ISSUES

1. PREAMBLE AND PURPOSE

The rate of learner pregnancy in South Africa, highlighted by improved reporting in the Department of Basic Education (DBE), has become a major social, systemic and fiscal challenge not only for the basic education sector, but crucially, for national development in general and for the basic education system in particular. It impacts the lives of thousands of young people, often limiting their personal growth, the pursuit of rewarding careers and their ambitions, with incalculable impact on South Africa's socio-economic systems. The DBE acknowledges its central role in the social sector's collective response to this challenge and sets out in this Policy its goals, guiding principles and policy themes to stabilize and reduce the incidence of learner pregnancy and its adverse effect on the education system.

Learner pregnancy compromises the planned elimination of gender disparities in education with implications for the Sustainable Development Goals (SDGs) of universal primary education and gender equality in education.

Unintended pregnancy amongst learners is not new to the basic education system but its scale and impact have reached the point where it requires a systemic policy and structured implementation planning. (For the purpose of this Policy a learner means any person receiving education or entitled to receive education in terms of the *South African Schools Act 1996 [Act 84 of 1996]*). This Policy on the Prevention and Management of Learner Pregnancy has been developed to guide officials, principals, school management teams and educators – who are in effect *in loco parentis* – in their response to learner pregnancies. The Policy addresses the high rates of pregnancy among learners; the familial and social context within which this occurs; options for reduction of unintended and unwanted pregnancies; management of its pre- and post-natal implications; limitation of associated stigma and discrimination; and, importantly, the retention and re-enrolment of affected learners in school.

This Policy seeks to ensure the accessible provision of information on prevention; choice of termination of pregnancy (CToP); care, counselling and support; frameworks for impact mitigation; and guidelines for systemic management and implementation. In particular, it commits the basic education system and other role players to providing the Comprehensive Sexuality Education (CSE) crucial to optimal sexual and reproductive health. The aim of CSE is to ensure that young people 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 adolescent and youth-friendly sexual and reproductive health services should therefore 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) and Human Immunodeficiency Virus (HIV). These links are exacerbated by the corresponding and troubling rate of STI and HIV infection amongst young women between the ages of 15 and 25 in South Africa. All of

these may be reduced by delayed sexual debut, abstinence and/or access to condoms and their appropriate and effective usage. However, many pregnant learners report limited or irregular contraceptive use prior to becoming pregnant and often turn to hormonal injections following birth. This approach may be effective in preventing future unintended pregnancies but does not assist in preventing STIs or HIV. This Policy on the Prevention and Management of Learner Pregnancy should therefore be read in conjunction with the DBE Policy on HIV, STIs and TB to understand the implications of these inter-related issues and recognize the need for a synergistic approach to both sets of challenges.

Of central importance this Policy asserts the Constitutional rights of pregnant learners to continue and complete their basic education without stigma or discrimination. In addition it requires that the DBE and its structures provide quality CSE and adolescent and youth-friendly sexual and reproductive health services, or referral to the latter. CSE should include counselling on the range of options, including the choice of termination of pregnancy. Specifically, it confirms that there should be no exclusion of pregnant learners who must be allowed to remain in school during their pregnancies and return as soon after giving birth as is appropriate for both the learner and her child. For its part, the school is required to accommodate the reasonable needs of the learner to ensure that her right to education is not disrupted or ended by pregnancy or birth. 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 basic education. Details of this Policy protocol are addressed in the Implementation Plan.

The school, family and broader community within which a learner becomes pregnant also have an obligation to assure the continued education of the affected learner/s and to support them during and after the pregnancy. For this reason expulsion or exclusion from school is not an option and officials, principals, school management teams and educators should provide reasonable guidance and direction to these learners. This approach and its balance of rights and responsibilities should reduce the cumulative impact of learner pregnancy on the system and guarantee the rights of individual learners to a complete and enabling education. Engaging parents and communities in the implementation and scale-up of this approach is critical for success.

This Policy is grounded in the interests, advancement and protection of pregnant learners guaranteed by the Constitution of South Africa and related policies and strategies in the DBE and the wider social sector. For this reason, the Policy is promulgated to guide the strategies required to realise its Goals and addresses *what* is required rather than *how* this will be achieved. The operationalization of this Policy is the business of implementation planning, monitoring and reporting and will be systematically actioned to ensure the achievement of the Policy's goals.

It is important to recognize that, while many learner pregnancies are likely to have occurred as a result of consensual sex, some learner pregnancies may have resulted from non-consensual sex which is legally defined as rape. Non-consensual sex and rape are further defined in the **DBE** Protocol on the Management and Reporting of

Sexual Violence in Schools which also deals with issues of gender-based violence. Even consensual sex may amount to a sexual offence depending on the age of the learner and the age difference between the parties which in some instances is defined as statutory rape. This protocol therefore provides guidance on measures to be taken where the circumstances surrounding a pregnancy give rise to an obligation to report to SAPS and/or to social development authorities. The policy provides important detail regarding what steps are to be taken when it is alleged that a pregnancy has occurred as a result of sexual intercourse between a learner and an educator.

Finally, this Policy on the Prevention and Management of Learner Pregnancy is further informed by a number of international and regional obligations, commitments and targets, including the African Charter on the Rights and Welfare of the Child and its specific provisions on learner pregnancy and the right to education, and the Eastern and Southern Africa (ESA) Ministerial Commitment on comprehensive sexuality education and youth-friendly SRH services. The ESA Commitment requires South Africa to scale up and provide increased access to quality CSE and adolescent and youth-friendly SRH services, to eliminate all HIV infections among young people, to reduce early and unintended pregnancy and to eliminate gender-based violence and child marriage. This rights-based Policy therefore recognises and is consistent with these and other instruments, including:

- **The right to education:** Learners have a right to basic education, despite their pregnancy or post-pregnancy status.
- **The right to non-discrimination:** No person, school, policy or practice may unfairly discriminate against learners based on their pregnancy or post-pregnancy status or based on their access to pregnancy prevention or termination measures and/or access to healthcare services during and after pregnancy.
- **The right to privacy:** Learners have the right to confidentiality regarding their health status.
- **The right to bodily and psychological integrity:** Learners have the right to bodily and psychological integrity, which includes the right to make decisions concerning pregnancy prevention or termination measures and/or healthcare services during or after pregnancy. This includes the right to security and control over their body.
- **The right to dignity:** Learners have the right to have their inherent dignity protected regardless of pregnancy status or access to pregnancy prevention or termination measures and/or healthcare services during or after pregnancy.

Furthermore this policy seeks to uphold the rights of learners as enshrined in the Constitution of the Republic of South Africa (Act 108 of 1996). These obligations, commitments and targets inform the principles which underpin this Policy.

2 POLICY ALIGNMENT

The Policy on Learner Pregnancy is aligned with the existing policies and strategies of other Government departments in the social sector. It must therefore be read in conjunction with, and applied in collaboration with, the following policies, laws and strategies:

- 2.1 The Constitution of the Republic of South Africa (1996)
- 2.2 South African Schools Act (SASA) number 84 of 1996 (as amended)
- 2.3 The Choice on Termination of Pregnancy (CToP) Act (No. 92 of 1996)
- 2.4 The Employment of Educators Act, 1998 (Act 76 of 1998)
- 2.5 Promotion of Equality and Prevention of Unfair Discrimination Act (No. 4 of 2000)
- 2.6 Child Support Grant as contained in the Social Assistance Act (13 of 2004)
- 2.7 The Criminal Law (Sexual Offences and Related Matters) Amendment Act (Sexual Offences Act) (2007)
- 2.8 The South African Children's Act (2005) (as amended by the Children's Amendment Act, No. 41 of 2007)
- 2.9 National Learner Attendance Policy (2011)
- 2.10 Integrated School Health Policy (ISHP) (2012)
- 2.11 National Contraception Policy Guidelines (2012)
- 2.12 The HIV, STI and TB Policy (2015)
- 2.13 The National Development Plan (2030)

3 POLICY GOALS

The goal of the Policy on the Prevention and Management of Learner Pregnancy is to reduce the incidence of learner pregnancy through the provision of quality comprehensive sexuality education and access to adolescent and youth-friendly sexual and reproductive health services. It should promote the Constitutional Rights of girls to education by ensuring they are not excluded from school as a result of pregnancy and birth and to provide a supportive environment for the continuation of learning. The means to achieve these goals will be detailed in the DBE's accompanying Implementation Plan and includes the following:

- 3.1 Provide comprehensive sexual and reproductive health (SRH) services including access to effective contraceptive technologies in association with social sector partners, to empower learners to make informed choices and avoid unintended conception or seek termination.
- 3.2 Ensure the return and retention of learners, post-delivery, in an appropriate grade in the basic education system.
- 3.3 Facilitate access or referral to ante-natal care during learner pregnancy at the school-level in conjunction with other social sector partners and NGOs.
- 3.4 Ensure schools provide a stigma-free, non-discriminatory and non-judgemental environment for pregnant learners, pre- and post-delivery, to support their physical and psychological health and dignity.

4 SCOPE OF APPLICATION

The Department of Basic Education's Policy on Prevention and Management of Learner Pregnancy applies directly and indirectly to all:

- Learners
- Educators
- Principals
- School management teams
- School governing bodies
- School support staff
- Officials and
- Other co-curricular service providers and non-government organisations in the basic education sector at all public and independent primary and secondary schools in the Republic of South Africa

5 GUIDING PRINCIPLES

These principles are informed by a number of local, regional and international obligations, commitments and targets, including the rights inherent in the Constitution of South Africa (Act 108 of 1996) and Sustainable Development Goals (SDGs), which commit South Africa to several education and health targets for 2030 and beyond. This Policy is consistent with these and other instruments, including those related to the right to education; gender equality; sexual and reproductive health and rights; labour rights; and the rights of persons with special needs and disabilities. The Principles of this Policy may be revised from time to time where necessary through the issuance of a Concession Document but remain cross-cutting and should serve as absolute points of reference in terms of its interpretation and application, including:

- 5.1 **Access to Education:** Every female 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 gender-based violence and abuse.
- 5.3 **Access to Comprehensive Pregnancy Prevention:** Every learner over the age of 12 years in the basic education sector has the Constitutional right to access the means to protect themselves from unintended pregnancy, before or after their pregnancy.
- 5.4 **Access to Comprehensive Sexuality Education:** Every learner in the basic education system from the end of its primary phase has the right to quality CSE

appropriate to their age, gender, culture, faith, language and context, in order to make informed choices about their sexual health and safety.

- 5.5 Access to Sexual and Reproductive Health Services:** Every learner in the basic education system has the right to access services as may be required for comprehensive sexual and reproductive health.
- 5.6 Counselling, Care and Support:** All pregnant learners, pre- and post-delivery, in the basic education sector have the right to access health and social services available in either in schools or through referral by the DBE and the Integrated School Health Policy (ISHP) to its social sector partners. This will include access to appropriate counseling, care and support and/or active referral to providers of these services. This right of access and associated referrals are detailed in the Implementation Plan.
- 5.7 Stigma and Discrimination:** Every pregnant learner in the basic education sector has equal rights including the right to protection from stigma and discrimination. Every learner, whether pregnant or vulnerable in any other way, will be dealt with fairly and impartially and will be protected from all forms of, stigma and discrimination, based on their gender, pregnancy or motherhood.
- 5.8 Dignity, Privacy and Confidentiality:** The rights of every pregnant learner in the basic education sector to protection of their dignity, privacy and confidentiality regarding their pregnancy and related health is assured, at least to the point where pregnancy is physically evident. 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 the written consent of their parents or guardians if they are under the age of 12 years.
- 5.9 Reasonable Accommodation:** Schools in the basic education system will ensure the retention of pregnant learners during the course of their pregnancy and make provision for their short-, medium- and long-term absences during the term of their pregnancies. After giving birth the learner may return to school, to the appropriate grade, and will continue to have the right to basic education. The school and its principal and staff will take all reasonable steps to accommodate the learner's learning, health and maternal needs.
- 5.10 Critical Partnerships:** The DBE will operationalize and ensure partnerships with key social sector stakeholders to 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 Department of Social Development (DSD); teacher unions; schools and school management teams (SMTs); school governing bodies (SGBs) as well as parent communities at large; learner organisations; non-governmental organisations including community-based and faith-based organisations; development partners; and academic and research institutions.

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 equal education during their pregnancy and re-entry into basic education post-delivery.

6.1.2 *Advocacy and Leadership*

Officials, principals, SMTs, SGBs and educators at every level of the basic education system will publicly commit to support for pregnant learners and advocate this Policy at every level. They will act supportively at all times and facilitate and ensure a non-discriminatory environment in which the pregnant learner can access education until birth requires her to leave school and ensure her earliest return to resume her education and complete her basic education.

6.1.3 *Policy Implementation and Review*

This Policy will be implemented across the national, provincial, district and institutional levels of the basic education system and progress against its stated goals and objectives will be reviewed every five years or as deemed necessary for the life of the Policy to ensure it remains relevant to sectoral and national needs.

6.1.4 *Management and Coordination*

The DBE will establish a policy monitoring Sub-Committee on Learner Pregnancy to guide and coordinate progress and reporting on the implementation of this Policy and the achievement of its goals. This policy monitoring Sub-Committee should 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.

6.1.5 *Roles and Responsibilities*

The DBE will recognise the roles, responsibilities and contributions of its staff at every level as well as its SGB, social sector and development partners, confirming their specific contributions to the aims of this Policy. These relationships will involve direct partnerships in the 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. The SGB role is important as the governance of every public school is vested in this body but these may perform only such functions and obligations and exercise only such rights as prescribed by the Act. Implementation of the Prevention and Management of Learner Pregnancy Policy does not fall within the governance function of the governing body. An SGB is however responsible for the formulation of

certain policies and regulations in order to guide the daily management of the school and ensure an appropriate environment for the realisation of the right to education. Its function in this regard should be facilitative and not hinder or obstruct the implementation of this Policy. Although not governed by the Scope of Application the role of parents and communities is also important but will be actioned through their SGBs.

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 right to education, equality 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 Policy commitment of the DBE and its social sector partners, and open the way for effective coordination in which the DBE itself should act as the lead agency.

6.2 PREVENTION

6.2.1 *Policy Objective*

Learners in the basic education system have access to sexual and reproductive health 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 protect them from unintended pregnancy.

6.2.2 *Prevention of Learner Pregnancy*

The incidence of pregnancy amongst learners in the basic education system constitutes a major challenge for learners, educators at the local level and the DBE at a systemic management level. Response will be governed by appropriate prevention measures and not by punishment of pregnant learners or their partners (if they too are learners). Accordingly, prevention is embedded throughout this Policy given its potential to reduce the incidence of unintended pregnancy amongst learners.

Learners should receive age-appropriate SRHR information that is rights-based, which explicitly addresses issues of gender and power and facilitates critical thinking around these topics. Life Orientation 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 Sexual and Reproductive Health Rights (SRHR) information in schools and available youth-friendly Sexual and Reproductive Health Services in the surrounding catchment area needs to be provided through a close working relationship between the DBE and DOH. Referral and linkage mechanisms for learners must also be put in place. Schools must ensure that CSE is part of the curriculum and initiated as early as possible as recommended in the Life Orientation curriculum.

6.2.3 Information and Access

6.2.3.1 Scientifically accurate, age-appropriate and comprehensive information and materials on SRHR, delayed sexual debut, abstinence, contraception and termination of pregnancy services will be made available or accessible to *all* learners in the basic education sector, provided or referred by the DBE through the Integrated School Health Policy (ISHP) and its social sector partners.

6.2.3.2 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 12 years 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 and requisite support services quickly and easily in a youth-friendly environment. This will be detailed in the Implementation Plan and an age-appropriate introduction to the issue will be available to learners in primary schools.

6.2.3.3 Where condoms and information on their use cannot be provided in schools, referral to the DBE HIV, STI and TB Policy and Integrated School Health Policy (ISHP) nurses should ensure access to condoms and requisite information and support services.

6.2.4 Educator Development and Training

The effective involvement of educators in the basic education system will be supported by 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. This will be undertaken in association with the DHET and will be supplemented by recurrent Continuing Professional Teacher Development (CPTD). The DBE through its relevant directorates will ensure the revision of appropriate curricula on life skills, sexual health and contraception. Educators will also be guided by the curriculum in which CSE is taught through Life Orientation (LO). Educators may refer pregnant learners to health clinics or school nurses for information on pregnancy termination. All educators and non-teaching school staff will ensure a climate of understanding, non-discrimination and respect in connection with learner pregnancies. For their part, schools will ensure comprehensive response and disciplinary measures where necessary to

complaints about discrimination, hate speech or harassment in respect of pregnancy or parenthood.

6.2.5 *Sexual and Reproductive Health Services*

Schools will provide learners with information on access to adolescent and youth-friendly sexual and reproductive health services in a facilitative environment. If this cannot be delivered in the school the DBE will refer and/or collaborate with the DOH (through the ISHP) to provide learners with access to these services without their education being interrupted where possible. The DOH will also endeavor to provide access to contraceptive services through direct linkages with the ISHP and/or local clinics. The DOH will also provide information on access to emergency contraception, the choice of termination of pregnancy and access to these services. Both the DBE and DOH should approach their roles in a professional and supportive manner to provide assurance and support to learners who find themselves confronting unintended pregnancy.

6.2.6 *Supportive Educational Environment*

The basic education system is a social environment in which learners may become pregnant or acquire the information and skills to protect themselves. It is the role of the DBE 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 their partners will collaborate to provide a supportive education environment and supplement the sometimes insufficient role of the parents or parent.

6.3 CARE, COUNSELLING AND SUPPORT

6.3.1 *Policy Objective*

Schools in the basic education system 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, Counseling 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 Integrated School Health Policy (ISHP) which provides a comprehensive range of services, including referrals for pregnant learners whose needs cannot be accommodated within the school. Educators and other designated school personnel will be trained to provide comprehensive sexuality education, information on pregnancy and maternity and offer a supportive environment providing care, counselling and support for pregnant learners.

6.3.3 Gender

The Policy on Learner Pregnancy 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 strategies will also recognise that female learners, whether pregnant or not, are particularly vulnerable and often exposed to sexual and gender-based violence, sometimes leading to coercion and assault, including rape. Detailed guidance and protocols on gender-based sexual and other violence are provided in the DBE's Protocol for the Management and Reporting of Sexual Violence in Schools. Through the provisions of the curriculum, trained educators and counselors, schools will teach learners about gender roles and orientations, the influence of power in sexual relationships and the need for responsible and protective behaviour. In short, gender issues will constitute a central part of education on gender rights, sexual and reproductive health, and contraception empowering female learners in particular to fulfill their role as full and equal partners in education, society and national development.

6.3.4 Procedures for Handling Incidence of Learner Pregnancy

Central to the success of this Policy are clear guidelines to address procedures for handling the incidence of learner pregnancy and the responsibilities of the key role players involved. When learners become pregnant the school will manage the situation by upholding the right of the learner to education and provide access to care, counselling and support through the Integrated School Health Policy (ISHP). These procedures are necessarily complex and must be consistent with all other DBE policies and regulations and regularly reviewed. For this reason the specific measures envisaged under this heading are contained and detailed in the DBE's Prevention and Management of Learner Pregnancy Implementation Plan.

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. These circumstances may be complex and have legal implications for the learner and her partner, and therefore require the utmost sensitivity and guidance. The DBE's Protocol for the Management and Reporting of Sexual Violence in Schools and Sections 110 and 150 of the Children's Act (38 of 2005) refer and require that such information is reported to a designated child protection organization, the provincial head of the Department of Social Development (DSD) or SAPS. Detailed guidance on these issues is provided in the Prevention and Management of Pregnant Learners Implementation Plan.

6.3.5 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 assure pregnant learners of a support system 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:

- Information on sexual and reproductive health (SRH), pregnancy and maternity.
- Information on access to and use of contraception including delayed sexual debut and/or advocacy of abstinence.
- Management of abuse, discrimination, coercion and sexual harassment, including sexual and/or other violence inside or outside the school.
- Care, counselling and support.
- Healthcare, medical treatment and choice of termination of pregnancy.
- Potential links between unprotected sex and pregnancy, STIs and HIV.
- Reporting of sexual offences and cases of abuse or neglect.

6.4 IMPACT MITIGATION

6.4.1 *Policy Objective*

The impact of pregnancy on the basic education system not otherwise envisaged by this Policy 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 South African Constitution and guided by the African Charter on the Rights 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. This reintegration process and its timing is detailed in the Policy Implementation Plan and guided by other relevant DBE policies and protocols. 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 NCS Grade R-12 and Circular E22 of 2016 on progression in Grades 10-12.

In this context however the Policy on the Prevention and Management of Learner Pregnancy 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 teacher or school principal certifying that it is safe for her to continue with her schooling if she wishes to stay in school beyond 30 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 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. The goal is to assure the retention of pregnant learners in the system before and after giving birth. Retention of these learners in the basic education system will be managed in accordance with other DBE Policies which may be reviewed to align them with this Policy on the Prevention and Management of Learner Pregnancy.

In order to achieve this goal principals will encourage learners to continue with their education before and after delivery 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 her parents, guardians or caregivers to agree a leave of absence. At all times the school, its principal and educators will be supportive and sympathetic to 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 plan and implement the provisions of this Policy and 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 scale on the basic education system exacerbates existing systemic problems and impacts strategic responses which must be mainstreamed into routine education management at every level. The role of the DBE will be to create an enabling environment for the implementation of a sustainable response to reduce the incidence of unintended learner pregnancy. Strategies to achieve this have been outlined above and will rely on a structured Implementation Plan for success. Also proposed is a representative Sub-Committee on the Prevention and Management of Learner Pregnancy designed to lead and oversee the process of reducing the incidence of unintended pregnancy. Apart from this management role the Sub-Committee will be responsible for coordinating the multi-sectoral response and ensuring that every partner meets its obligations and mandate down to the district and institutional level.

6.5.3 *Structural Arrangements*

The emphasis on implementation with the goal of reducing the incidence of unintended pregnancy makes structural arrangements particularly important. These arrangements include and centre on the establishment of a representative Sub-Committee on Learner Pregnancy in the DBE with an explicit mandate to 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 on Learner Pregnancy will also be responsible for overseeing the alignment, delivery and coordination of Policy, operational activities, budgetary priorities, 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 on Learner Pregnancy in particular will be responsible for facilitating the resourcing of the Basic Education Sector 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 departments and organisations, it is likely that additional funds will be required over the life of the Policy. Thus responsibility for the sustained resourcing of these activities lies with the DBE Sub-Committee on Learner Pregnancy. 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 response. 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, educator unions, academic and research institutions, SGBs and SGB Associations, parent bodies and learner, 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 *Educator 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 health promotion staff, reinforcing this training progressively at least once per phase.

6.5.7 *Monitoring, Evaluation and Reporting*

The key to effective policy implementation is the ability to monitor and evaluate implementation and report this regularly and accurately. This Policy depends for its effectiveness of this process and the ability of the multi-sectoral network involved to interpret its progress and outcomes, as well as their role in this. It is therefore imperative that the monitoring and evaluation of implementation is both accurate and scientifically defensible. The DBE and its Sub-Committee on Learner Pregnancy will mobilise adequate resources to support the monitoring, evaluation 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 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 outcomes will be reported to all the parties involved to inform their annual reports and to the wider public on a regular basis. Where appropriate the DBE Sub-Committee on Learner Pregnancy may engage the services of independent researchers and demographers to track and report progress. 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.

7 INDEX OF KEY POLICY ISSUES