



# **Report on Desktop Research on Reintegration of Pregnant Girls into the Education System in Lesotho**

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**By**

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## Acronyms

AL	Artificial Intelligence
AIDS	Acquire Immune Deficiency Syndrome
CAMFED	Campaign for Female Education
CAP	Curriculum and Assessment Policy
CEDAW	Convention to Eliminate all forms of Discrimination Against Women
COVID-19	Corona Virus
CRC	Convention on the Rights of the Child
EMIS	Education Management Information System
EOL	Education Out Loud
ESP	Education Sector Policy
FDC	Folk Development College
FPE	Free Primary Education
GECS	Global Education
GPE	Global Partnership for Education
HIV	Human Immune Virus
HRW	Human Rights Watch
LCN	Lesotho Council of Non-Governmental Organizations
LDHS	Lesotho Demographic and Health Survey
LIEP	Lesotho Inclusive Education Policy
LSEN	Learners with Special Needs
MDGs	Millennium Development Goals

MICS	Multiple Indicator Cluster Survey
MOET	Ministry of Education and Training
M&E	Monitoring and Evaluation
NGOs	Non-Governmental Organization
PMTCT	Prevention of Mother-to-Child Transmission
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SRHE	Sexual and Reproductive Health Education
SRHR	Sexual and Reproductive Health Rights
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN	United Nations
USA	United States of America
WHO	World Health Organization

## Executive Summary

Teenage pregnancy continues to be a pressing issue in Lesotho, forcing many adolescent girls out of school. Despite existing policies that protect their right to education, reintegration of young mothers remains inconsistent, informal, and poorly supported. These girls often face stigma, lack of institutional support, and limited opportunities to return to school—perpetuating cycles of poverty, inequality, and gender-based exclusion.

This research examines the extent to which pregnant girls and adolescent mothers in Lesotho are reintegrated into the education system after childbirth. It explores the number that are reintegrated in formal education, the legal and policy environment, implementation practices, challenges faced by young mothers, and the support systems available. The study aims to assess the current state of reintegration efforts, identify key barriers, draw lessons from successful initiatives in other African countries, and offer context-specific recommendations.

A mixed-methods approach was used, combining qualitative and quantitative data. Qualitative insights were drawn from national policies, legislation, academic and NGO reports, international frameworks, and interviews with key stakeholders—including educators, parents, learners, and officials. Quantitative data was sourced from education statistics, the Demographic and Health Survey (DHS), and international databases such as the World Bank and WHO. A simple mathematical model using adolescent birth rates and school enrollment data was also applied.

Findings show that while Lesotho has legal and policy frameworks in place, they offer limited and inconsistent guidance on re-entry for pregnant girls and young mothers. Reintegration programs, where they exist, are fragmented and lack

implementation frameworks. Key barriers include social stigma, cultural norms, economic hardship, infrastructure limitations, and policy enforcement gaps. Additionally, monitoring and evaluation mechanisms within the education sector remain weak.

However, the study also identifies success stories and best practices from countries such as Sierra Leone and Kenya, highlighting adaptable strategies for Lesotho.

**Conclusion:** Strengthening reintegration systems is essential for advancing gender equality in education and achieving Sustainable Development Goals 4 (Quality Education) and 5 (Gender Equality). Empowering adolescent mothers to return to school can improve their life outcomes, support national development, and help break intergenerational cycles of poverty.

# **1. Introduction & Background**

## **1.1. Introduction**

This report presents the process and findings of the desktop research on reintegration of pregnant and adolescent mothers into education system in Lesotho. The research is conducted by Mr. Khobotle, an independent consultant recruited by Lesotho Council of Non-Governmental Organizations (LCN). The research aims to assess current situation of reintegration of pregnant and parenting girls into education system, explore current efforts for reintegration, identify barriers and propose recommendations based on local context. This research is crucial for understanding the unique challenges faced by pregnant girls and young mothers in the country regarding access to education, and use findings to formulate advocacy and implementation strategies that will promote reintegration of pregnant and parenting girls into education system, improve their learning outcomes and enhance their future development prospects.

The report is organized as follow: following this introduction, the background section provides an overview of adolescent pregnancy and education system both at global and local levels. The next sections present literature review highlighting what is already known and some gaps that the research will attempt to address, review of legal and policy framework identifying gaps in relation to reintegration of pregnant girls into education system, the state of and barriers to reintegration followed by best practices and successful models from other countries in African continent. Finally, the study concludes with summary of findings and policy recommendations.

## 1.2 Background

Education is a critical driver of sustainable development, social equity, and economic growth. Ensuring access to quality education for all is crucial for fostering sustainable development and improving the well-being of individuals and societies. As stated by Imed Bouchrika (2025), access to education is recognized as a fundamental right, as such, both government and non-governmental organizations have been striving to provide access to education for everyone, no matter where they are or their backgrounds. Therefore, these efforts led to notable achievements in improving access to quality education, and these include:

- increased enrolment of children and youth in schools,
- increased in young people completing secondary education,
- adoption of technology including use of Artificial Intelligence (AI), which enhances education efficiency and effectiveness,
- collaborations between educational institutions and community organizations providing holistic support to students,
- social emotional learning to equip students with life skills,
- educational curricula are increasingly incorporating global perspectives to prepare students for interconnected societies, and
- fostering cultural awareness and critical thinking.

The other commendable achievement made is development of Global Education Cluster's Strategy (GECS) 2022-2025 that aimed at improving coordination of humanitarian response, ensuring quality education for crisis-affected children and youth.

Despite efforts to improve access to education, the number of children and youth out of school still remains a concern. UNESCO (2019) conducted a study, and found

out that approximately 260 million children worldwide do not still have the rights and access to education. UNESCO Global Education Monitoring Report 2024, indicated that for the past decade the figure decline by 1% bringing the children and youth out of school to 251 million. Children out-of-school are those who are not attending school and who dropped out of their studies without completing their basic or compulsory education.

There are significant inequalities between regions, with 33% of school-age children and youth in low-income countries out of school, compared to just 3% in high-income nations, and more than half of all out-of-school children and adolescents are in sub-Saharan Africa. Enrollment and education outcomes were also affected by COVID-19 pandemic, where many schools around the world faced a total closure.

Many school-age children and youth remain out of school due to various social, economic and institutional barriers. According to UNESCO (2021), at the global stage, factors influencing children and young people to be out of school include:

- Poverty and economic barriers which include high costs of education, child labour and lack of financial support
- Armed conflicts and displacement which include war and political instability, refugee crisis, and recruitment into armed groups
- Gender inequality and discrimination where societies prefer boys' education over girls' education
- Issues of early marriage and teenage pregnancy, as well as gender-based violence in schools
- Lack of school infrastructure and resources which include inaccessible schools, poor learning conditions, and lack of sanitation facilities

- Health and disabilities covering poor health affects concentration and school attendance leading to dropouts, and lack of inclusive education
- Weak educational policies and governance

Among leading factors influencing school-age children and youth, especially girls, to be out-of-school are early marriage and teen pregnancy. Globally, adolescent pregnancy significantly disrupts girls' education, leading to high dropout rates and posing challenges for reintegration into formal schooling. Globally, there is no single precise figure for the total number of teenage girls who drop out of school annually due to pregnancy, but available data from various regions provide important insights. In sub-Saharan Africa, millions of girls face this issue. For example, Kenya alone reports about 13,000 school dropouts annually due to pregnancy. Zimbabwe reported 4,557 girls dropping out for the same reason in 2023, mostly from rural schools.

Based on these data points and regional reports, it is estimated that globally several million teenage girls—likely in the range of 4 to 6 million annually—drop out of school due to pregnancy each year, with the highest burdens in sub-Saharan Africa, Latin America, and parts of Asia. As indicated by Nkwemu et al. (2019) citing UNICEF report on Sexuality education approaches: what would be applicable to North of Africa and Middle East 2010, each year 101 million girls drop out of school due to pregnancy, and 88% of these cases occurred in Africa and Asia. Each year, an estimated 2 to 4 million teenage girls in sub-Saharan Africa alone drop out of school due to unintended pregnancy, according to data from MSI, a global reproductive health organization.

It is also stated that only 34% of these young mothers, manage to return to school after giving birth. The issue of adolescent mothers not returning to school after child birth is said to be high among low-middle income countries, and this limit their

educational attainment and future opportunities. School-dropout of adolescent girls is said to have wider impacts not only on individuals but also on society in general.

Lesotho made significant progress in improving access to education, and this is due to introduction of free and compulsory primary policy, leading to increased enrollment rates. The evolving policy landscape reflects Lesotho's commitment to transforming its education system to better meet national development goals and the needs of all learners. The evolution of education policy in Lesotho has profound effects on the country's social, economic and political landscape (increased participation of girls in education, legal framework promoting re-entry of adolescent mothers, shift towards practical and learner-centered teaching methods, recognition of learners' rights). The expansion of secondary and vocational training institutions has improved access to education beyond primary education. The education reforms coupled with adult education programs have led to higher literacy rates among young and older generations (UNESCO 2024).

Despite these positive effects, the country faces numerous challenges, and they include:

- Shortage of infrastructure and teachers, especially in rural areas
- Many students face economic hardships making it difficult to focus on education
- High rate of HIV/AIDS leading to teacher shortages and high number of orphans
- Increased gender-based violence remain a concern
- Girls still face higher dropout rates due to marriage and pregnancy coupled with cultural and economic factors

Among factors contributing to school dropout, and is of interest to the study, is adolescent pregnancy. Adolescent pregnancy is a significant issue in Lesotho with notable implications for adolescent girls' health, education and economic prospects. Early and unintended pregnancies among adolescent girls result from a variety of interrelated factors, which include: social and cultural practices, economic status, limited access to sexual and reproductive health education and services, inadequate parental guidance, peer pressure and individuals' circumstances.

It should be noted that during this growth period, adolescents are going through developmental changes that expose them to significant risks. Adolescents are usually engaged in risky behaviour with limited cognitive capabilities making them more vulnerable to negative health outcomes, HIV/AIDS infection, gender-based violence and, early and unplanned pregnancy leading to high rate of school dropout and other negative socio-cultural impacts. The effects of these outcomes on adolescent girls decrease their likelihood to remain in school, and therefore shatter their development prospects.

Challenges faced by pregnant girls and young mothers who drop out of school and do not return, have far-reaching consequences both in the short- and long term. It affects not only their families, and communities they live in but also the society as a whole. Pregnant girls are faced with numerous challenges including:

- Disruption of education: pregnant girls drop out of school due to demand of pregnancy, childbirth and childcare and missing schools for medical appointments
- If they return to school, pregnant girls struggle academically due to difficulties in balancing studies with childcare responsibilities and perform poorly academically due to stress

- Limited career opportunities: teen mothers are not likely to pursue higher education, and their career prospects may be hindered
- Teen mothers often face unfavorable economic consequences such as increased poverty risk and financial strain
- Health complication: teen pregnancies are associated with higher health risks for both the mother and the child (WHO Report 2019)
- Social stigma: teenage mothers often face societal stigma and discrimination which can lead to isolation and decreased support from peers and families
- Limited support from schools and communities

In an effort to address some of these challenges and realize the desired outcomes, LCN is implementing worldwide Education Out Loud (EOL) Program funded by Global Partnership for Education (GPE). The goal of the program is to strengthen civil society advocacy and influencing work in education policy processes, to better meet the needs of communities, especially vulnerable and marginalized population. The program focuses on promoting inclusion and learning, enhance accountability and transparency in education policy and create an enabling global and transnational environment for civil society engagement. In Lesotho the program focuses on improving access to quality education, with a focus on promoting equity for marginalized groups, inclusive education, enhanced learning outcomes and addressing key challenges in education sector.

***Program specific objectives:***

- Strengthen national civil society engagement in gender responsive education planning, policy development and monitoring
- Strengthen civil society roles in promoting the transparency and accountability of national education sector policy and implementation

- Create a stronger global and transnational enabling environment for national civil society advocacy and transparency efforts

As part of the EOL program, LCN commissioned research to examine the current status, challenges and efforts concerning the reintegration of pregnant girls into the education system in Lesotho. The results of the research will be used as inputs to design advocacy strategies that will promote reintegration of pregnant girls in education system and improve their learning outcomes.

### **1.3 Background and Context**

Globally, the reintegration of pregnant girls and adolescent mothers into the education system remains a critical but challenging issue, with varied progress across countries and regions.

Teenage pregnancy poses significant barriers to education, disproportionately affecting girls' access, retention, and completion rates. Once pregnant, many girls are forced to drop out of school due to stigma, family rejection, economic hardship, or policies that do not support their continued learning. These disruptions can have lifelong consequences, limiting their opportunities for economic independence and perpetuating cycles of poverty and gender inequality.

According to WHO (2019) the global adolescent birth rate for girls aged 15-19 decreased from 64.5 births per 1,000 women in 2000 to 41.3 births per 1,000 women in 2023, and the decline is at an uneven pace, with some areas experiencing stagnation and others experiencing increases in rates. For instance, in 2023 teenage pregnancy rates are recorded to have declined sharply in the Southern Asia and slower in Latin America at 51.4 births per 1,000 women and increased in Sub-Saharan Africa at 97.9 births per 1,000 women. It is estimated that approximately 21 million girls aged 15-19 years in low- and middle- income countries become

pregnant annually, of which 50% were unintended. More than 50% of the global teenage pregnancies occur in Sub-Saharan Africa, with countries like Niger 48%, Chad 44% and Equatorial Guinea 43% reporting higher rates. In the Eastern and Southern Africa, the prevalence of teenage pregnancy is around 25%, while West and Central Africa report the rate of 27%. In the Southern African Development Community (SADC) the overall pregnancy rate among adolescent aged 10-24 is reported at 25% with specific countries showing high rates: Mozambique 38%, Malawi 30%, and Zambia 28% for those aged 10-19. The Sub-Saharan Africa experiences some of the highest adolescent pregnancy rates globally with a huge disparity between urban and rural, and socioeconomic status.

For instance, in Uganda, girls from the poorest households with limited education have 60% pregnancy rate compared to 18.9% among their wealthier better educated peers. In sub-Saharan Africa, around 25% of adolescent girls and young women become mothers before the age of 18.

In Lesotho, like many countries within the region, adolescent birth rate is notably high, with 94 births per 1,000 girls aged 15-19 reported between 2003 and 2018. The rate show signs of decline in subsequent years: report from the World Population Review, indicated that teen birth rate for girls aged 15-19 from 2013 to 2021 was estimated at 84.5 per 1,000 girls, in 2021 was recorded at 90 girls per 1,000, in 2022 it was estimated at 89 (71.78) per 1,000 girls and in 2023 it was 70.64. Though, there has been a decline in the teenage birth rates over the past years, this statistics places Lesotho among the countries with the highest rates of teenage pregnancies in the East and Southern African regions.

The Lesotho Demographic and Health Survey (LDHS 2014) indicated that 19% of women aged 15-19 had begun childbearing, and the proportion of teenagers who had begun childbearing increased with age, from 3% at age 15 to 40% at age 19.

Approximately 55% of all pregnancies in the country occur among adolescent girls and young women, of this figure 20.7% are girls aged 15-19 and 34.7% are women aged 20-24.

Some districts have higher rates than others: for instance, districts such as Botha-Bothe and Thaba-Tseka have as high as 25% and 21% respectively which are the highest pregnancy rates among the districts in the country. Teenage pregnancies are more prevalent among girls from low-income households estimated at 28% compared to their wealthier counterpart at 6%.

The LDHS 2024, indicated that 17 % of adolescent women aged 15 to 19 have ever been pregnant. Teen pregnancy is said to ranges from 12% of young women in Leribe to 32% of young women in Thaba-Tseka. Young women in the lowest, second and middle wealth quintiles account for 71% of those who have ever been pregnant. The data shows that there are disparities among socioeconomic status and rural and urban areas.

In 2017, United Nations Education, Scientific and Cultural Organization (UNESCO) listed Lesotho among the leading countries on early and unintended pregnancies, and it is estimated that 60% of girls aged 15 to 19 are mothers or pregnant with their first child, often due to unintended pregnancy.

## **1.4 Adolescent Pregnancy and Education**

Adolescent pregnancy remains a major barrier to education for millions of girls worldwide. According to UNESCO (2023), around 4 million girls drop out of school each year due to pregnancy-related reasons, with the highest rates in sub-Saharan Africa. In this region, nearly one in five girls becomes pregnant before turning 18, drastically reducing their chances of completing secondary school. Although some countries have made strides by adopting progressive policies—such as re-entry laws

and flexible learning options—many still uphold punitive or exclusionary practices. As a result, return-to-school rates remain alarmingly low, with many young mothers facing stigma, unsupportive environments, and rigid school policies that make reintegration difficult or impossible.

The problem of school dropout among girls in secondary schools in Lesotho is significant and multifaceted, influenced by poverty, teenage pregnancy, early marriage, long distance to school, lack of parental involvement and socio-economic challenges. In 2023 approximately 74.7% of female adolescent of lower secondary school age attended school, and by the end of the year the completion rate for girls in lower secondary education was reported at 50.1%.

Teenage pregnancy is one of the leading causes of school dropout among teenage girls, with an estimated 17.8% of girls aged 15-19 nationally being pregnant, and this rate is even higher (around 25%) among girls from poor families. Pregnancy often forces girls to leave school due to stigma, childcare responsibilities, or lack of support to continue education

In 2015 an analysis of data from Education Management Information System (EMIS) revealed that pregnancy was the fourth leading cause of girls dropping out of secondary school, and the proportion of girls who dropped out due to pregnancy and marriage account for 37.31% of total female dropouts.

Although there is no statistics on the number of pregnant and young mothers who return to school after child birth, studies and reports have indicated that many pregnant girls are forced to drop out of school, and many of them do not return to complete their education, and this perpetuating a cycle of poverty and limited opportunities.

## **1.5 Justification**

Research on the reintegration of pregnant girls into the education system in the country is highly significant because it explores critical issues of gender equality, cultural dynamics, access to education, socio-economic development and policy framework that impact the reintegration of pregnant girls. The research findings will inform policies and programs that uphold girls' right to education, helping to create an equitable society where both genders have equal opportunities to succeed. It can guide the development of supportive laws, such as re-admission policies and programs to help schools accommodate pregnant girls and young mothers. Understanding the challenges faced by pregnant girls can help create targeted multisectoral interventions to prevent dropout and improve retention rates. This is crucial in Lesotho, where access to education is vital for achieving national development goals.

## **1.6 Research questions**

The research questions define the scope and the direction of the research by indicating what to explore, understand and solve. For this research the following are research questions to guide the research intervention:

- What is the number of pregnant girls and young mothers who dropped out of school are reintegrated in education system in Lesotho?
- What are the current education policies and programs in Lesotho supporting the reintegration of pregnant girls and teenage mothers into schools?
- What cultural and societal attitudes exist in Lesotho regarding pregnant girls and their return to school?

- What are the main barriers—social, economic, and institutional (school administration, teachers) that prevent pregnant girls or teenage mothers from returning to school?
- How does Lesotho's reintegration strategy compare to that of other countries in the region or globally with similar challenges?
- Are there any best practices or success stories from other countries that Lesotho can adopt or adapt?

## 1.7 Objectives

The purpose of this desk research is to provide comprehensive insights into the current status of the reintegration of pregnant girls into the education system in Lesotho. The specific objectives:

- To determine the number of pregnant girls in Lesotho who return to school after giving birth
- To identify barriers for and attitudes of girls towards returning to school after falling pregnant
- To assess the existing policies and programs in place to support pregnant girls' reintegration into the education system
- To provide recommendations for improving the reintegration of pregnant girls into the education system in Lesotho

## **2. Scope of Work**

The research investigates the situation and factors influencing reintegration of pregnant girls and young mothers into education. The aim is to come up with findings to inform interventions that will effectively address problems associated with the reintegration of pregnant girls.

The research focuses on various areas that will provide viable information. The research focuses on pregnant girls and young mothers who are both in and out of lower and upper secondary school and are of age 10 to 24 years. For the purpose of the research, learners who are at primary school level will be excluded as the occurrence of pregnancy at this level is very low, and most of learners are still young.

Information will be gathered from Education Management Information System (EMIS) of the Ministry of Education and Training, sectoral and program reports and literature on reintegration of pregnant girls and young mothers in education system. In situation where data is not available the study will apply a mathematical model to estimate prevalence of pregnancy and the number or proportion who are reintegrates. The model will adopt prevalences of reintegration from neighboring countries.

The study will review specific education legislations and policies applicable to lower and higher secondary school, and programs that focus on reintegration of pregnant girls and young mothers into education system. The study will further investigate teachers' and learners' knowledge of relevant education legal frameworks and policies. The research will investigate socioeconomic, cultural, institutional barriers to reintegration of pregnant girls and young mothers in schools, and perception and attitudes of pregnant girls and young mothers towards reintegration.

The research will cover cases studies and best practices of reintegration in Lesotho and other neighboring countries especially developing countries in Sub-Saharan African region.

Stakeholder consultation- engage with key stakeholders, including educators, policy makers and community leaders and pregnant girls who have dropped out of school and those who are enrolled to gather the insights of reintegration of pregnant girls and young others into education system.

The study will cover the whole country and case studies from Sub-Saharan African Countries. The study is planned to take 27 working days.

### **3. Methodology**

The methodology adopted for this research involves the systematic review of existing literature and synthesis of secondary data to examine the reintegration of pregnant girls and young mothers into education system in Lesotho.

The study employs a mixed method approach, where both qualitative and quantitative methods will be used to complement each other. The methodology will encompass several key components to ensure a thorough analysis. Components include:

#### **3.1 Literature review**

A critical review of existing literature, reports and studies related to the reintegration of pregnant girls into education system will be conducted. This will include:

- Analysis of academic articles, policy documents and case studies relevant to the Lesotho and developing countries
- Identify best practices from other countries that could inform local strategies

#### **3.2 Data analysis**

Research involves analyzing available statistical data regarding:

- The number of pregnant girls who return to school after childbirth
- Trends and patterns in school re-entry rates among different demographics within Lesotho using triangulation of data from health and education reports.

- Since there is no data for reintegration of pregnant girls and young mothers in education system in Lesotho, the study used estimates from literature focusing on African countries
- Apply a model the will use data from other studies such as LDHS, EMIS database and other report such as WHO, UNESCO and World Bank

### **3.3 Policy review**

A thorough examination of legislative framework, existing policies and programs aimed at supporting pregnant girls will be undertaken. This includes:

- Assessing the effectiveness of current legislative frameworks that protect the rights of pregnant girls to continue their education
- Identify gaps in policy and programs implementation and areas needing reform

### **3.4 Stakeholder consultations**

The study engaged with key stakeholders for understanding the broader context. This involves:

- Interviews with key informants: educators, learners and parents, policy makers, planners, community leaders, and representatives from NGOs working with pregnant adolescents
- Focus group with educators, learners and community members
- Gather qualitative insights into the barriers faced by these young mothers in accessing education

### **3.5 Comparative Analysis**

The research also includes a comparative analysis of models from other countries that have successfully reintegrated pregnant girls into their education systems. The analysis will focus on:

- Evaluating the merits and demerits of these models
- Drawing lessons learned that can be adapted to Lesotho's unique socio-cultural landscape

### **3.6 Recommendations Development**

Based on the findings from the literature review, data analysis, policy review, stakeholder consultations, and comparative analysis, actionable recommendations were formulated. The recommendation aims to:

- Enhance support systems for pregnant girls and teen mothers
- Advocate for policy changes that facilitate their reintegration into schools
- Review policies for education of pregnant and parenting girls

### **3.7 Dissemination of Findings**

Finally, the results of this research will be synthesized into a comprehensive report that will be disseminated to relevant stakeholders, including government agencies, education institutions, and NGOs. This dissemination will aim to foster informed discussions and actions towards improving educational access for pregnant girls in Lesotho.

## 4. Theoretical Framework and Literature Review

### 4.1 Theoretical Framework

The reintegration of pregnant girls and adolescent mothers into formal education is a complex issue shaped by a mix of individual, social, cultural, and institutional factors. The theoretical framework and literature review for this study aim to ground the research in existing knowledge while providing a structured lens through which to understand the challenges and possible responses to this issue.

#### **Singh and Mukherjee Model**

This study draws on and adapts the conceptual model developed by Singh and Mukherjee (2021), which views school return among adolescent mothers as a dynamic and multi-layered process. Rather than treating reintegration as a single event or personal decision, the model emphasizes that it unfolds over time and is influenced by a web of interrelated factors.

At the core of the model is the recognition that the decision to return to school—whether during pregnancy or after childbirth—is shaped by a girl’s broader educational trajectory, and interactions with multiple actors and systems in her life. These include her family, household, partner, school, community, service providers, and broader policy environment.

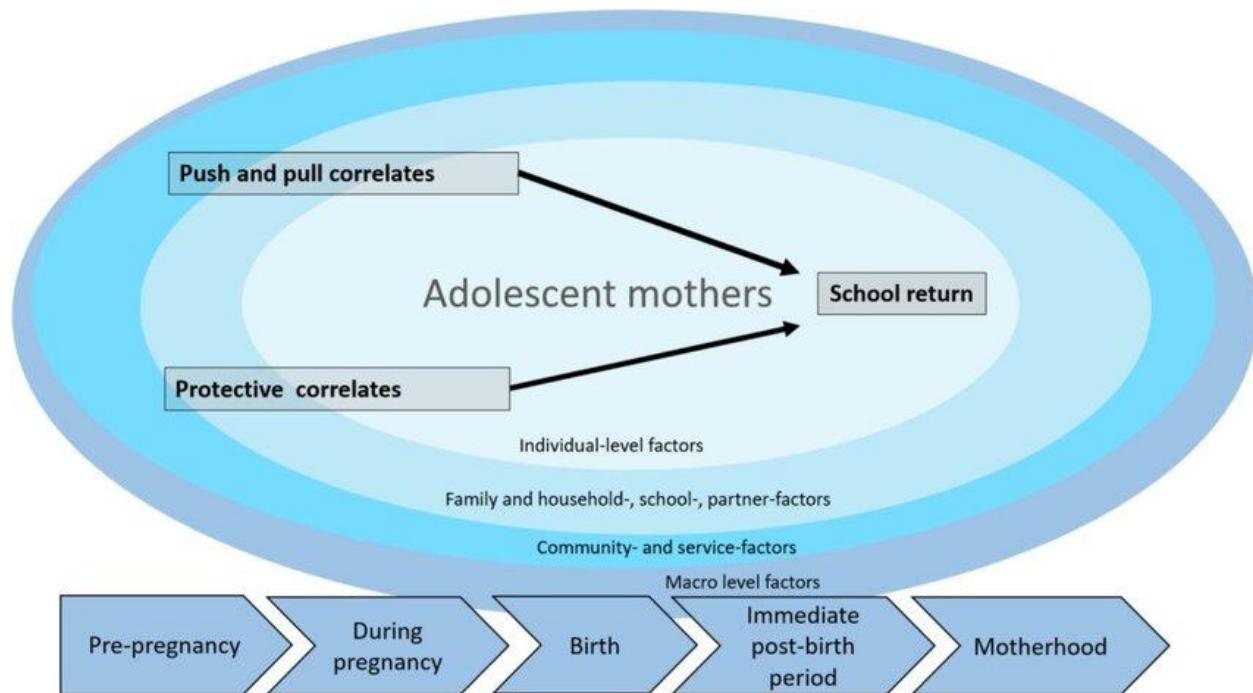
Below is a graphic presentation of Singh and Mukherjee Model

The framework organizes influencing factors into two key categories:

1. **Push and Pull Correlates** – factors that make school return less likely (push) or more likely (pull) (i.e. being the primary caregiver of the child, any birth complications, and grade delay preceding the pregnancy).

2. **Protective Correlates** – factors that influence the enabling environment, such as family and community support, school climate, and existing policies or guidelines (i.e. continued schooling during pregnancy, government child support grant receipt, maintenance payments, lower household poverty, living with a caregiver, household size, familial childcare support, and daycare/creche use)

**Figure 1.**



*Source: Singh and Mukherjee (2021)*

This conceptualization allows for a more realistic understanding of school return, reflecting the competing pressures and supports that pregnant and parenting girls navigate.

## Integration of Broader Theoretical Perspectives

To strengthen the analysis and address the issue holistically, the study also draws on a range of theoretical perspectives that complement Singh and Mukherjee's model:

- **Phenomenological Theory:** Recognizes the importance of understanding the lived experiences of adolescent mothers. This approach helps capture the personal meanings and subjective realities behind their schooling decisions.
- **Resilience Theory:** Focuses on the individual strengths and support systems that enable some girls to overcome adversity and return to school. This perspective helps identify key protective factors and coping mechanisms.
- **Socio-Ecological Theory:** Emphasizes the layered influence of individual, relational, institutional, and societal factors. It is particularly useful for analyzing how school environments, community norms, and social networks interact with individual choices.
- **Feminist Theory:** Highlights gendered power relations and gives priority to the voices and experiences of girls. This approach supports the development of policies that are grounded in the realities of those most affected.
- **Human Rights-Based Approach:** Frames education as a fundamental right and focuses on states' obligations to respect, protect, and fulfil this right for all learners, including pregnant and parenting adolescents.
- **Policy Implementation Framework:** Helps identify where and why reintegration policies fail or succeed in practice. It supports the translation of insights from the field into practical recommendations for more effective and accountable policy responses.

Together, these frameworks provide a comprehensive foundation for understanding the multifaceted barriers and opportunities that shape the return to education for

pregnant girls and young mothers. They also offer practical pathways for designing policies and interventions that are both effective and grounded in the lived realities of the intended beneficiaries.

## **4.2 Literature Review**

Early and unintended pregnancy remains one of the leading causes of school dropout among adolescent girls globally. Reintegration of pregnant and parenting girls into the education system has evolved significantly over time, driven by a growing recognition of their right to education and the need to address the barriers. Despite international commitments to education for all, pregnant and parenting girls continue to face significant barriers to re-entering and remaining in school. Reintegration into the education system is essential not only for the individual wellbeing and future prospects of these girls but also for broader social and economic development. This paper reviews the global, regional, and national literature on the reintegration of pregnant and parenting girls into education systems, examining policy developments, implementation challenges, and influencing factors.

### **Global Context**

Historically, education systems around the world were designed and implemented with a strong gender bias, often excluding girls from full participation. In many societies, girls' education was undervalued, with cultural norms, poverty, and early marriage acting as major barriers. Over time, global advocacy, policy reform, and shifts in societal attitudes have contributed to significant progress in ensuring that girls – including pregnant girls and adolescent mothers – have the right to access, remain in, and complete their education.

Pre- 20<sup>th</sup> Century, in many societies pregnancy outside of marriage was highly stigmatized, and education systems often excluded pregnant girls entirely. Formal schooling opportunities for girls in general were limited, with societal expectations focusing on domestic roles. Education was not widely accessible, and the exclusion of pregnant girls was often unquestioned due to patriarchal values that prioritized boys' education.

In mid- 20<sup>th</sup> century in Africa and Asia, missionary schools introduced limited education for girls, often focus on domestic skills and religious instruction. At the same time, during the wave of independence, many newly independent states included education for all in national development plans, but girls still lagged behind boys in access and completion. Expulsion policies for pregnant girls were often justified on the basis of "protecting" school environments, maintaining moral standards, or discouraging early pregnancy. These exclusions were rarely challenged, as early motherhood was seen as incompatible with schooling.

In an effort to address issues of exclusion and discrimination of pregnant girls in education, in 1960s the United States of America (USA) established schools exclusive for pregnant girls. In Late 20<sup>th</sup> century there was a shift towards inclusivity, in 1970s and 1980s feminist movements and global organizations such as UNESCO, began advocating education for all children, including pregnant girls. The shift began with the rise of international human rights instruments. The 1948 Universal Declaration of Human Rights established education as a fundamental right for all. Later, conventions such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979) and the Convention on the Rights of the Child (CRC, 1989) pushed states to eliminate gender disparities in education and protect the rights of pregnant adolescents. These international legal frameworks

laid the foundation for national reforms aimed at inclusive education. In 1990 the Jomtien World Conference on Education for All emphasized gender equity in education. In 1995 A Beijing Platform for Action highlighted girl's education as a global priority

Many countries as they respond to these international legal framework, experienced improvements in enrolment rates, especially at the primary level, but girls still faced barriers in secondary education. During this period, countries including African countries such as Kenya and South Africa, started recognizing the importance of addressing teenage pregnancy in schools, and others introduce laws ensuring the right of pregnant girls to return to school after childbirth, though societal barriers persisted.

By the late 1990s and early 2000s, global initiatives such as the Millennium Development Goals (MDGs) and Education for All (EFA) brought new attention to gender disparities in education. Countries such as Malawi, Mexico and Colombia began to adopt policies that not only promoted access for girls but also addressed retention and re-entry for those who dropped out due to pregnancy. The issue of teenage pregnancy became more openly discussed in education and public policy spaces.

With the adoption of the Sustainable Development Goals (SDGs) in 2015, particularly SDG 4 (quality education) and SDG 5 (gender equality), there has been renewed attention on addressing structural barriers—including early pregnancy—that hinder girls' education. International agencies, including UNESCO and UNFPA, began actively promoting reintegration policies as part of broader gender-transformative education agendas. Many countries in sub-Saharan Africa, Latin America, and the Caribbean developed re-entry policies, allowing pregnant girls and

adolescent mothers to return to school after childbirth. Some states introduced guidelines for school support, flexible learning options, and childcare services

While there is significant progress, challenges still persist. According to UNESCO monitoring tool [HerAtlas](#) 2023, worldwide, 2% of countries still restricted the right to education of married, pregnant and parenting girls and women. Adolescent pregnancy and child birth resulted in serious health, social and economic consequences to individuals, families and communities. Teenage pregnancy is one of the main factors which inhibits continued education for girls, (Initiative for Social and Economic Rights 2023) leading to vicious cycle of poverty.

Pregnant girls and young mothers often face discrimination from peers, teachers and communities. Studies have shown that in many countries, especially those with laws and policies supporting reintegration of pregnant girls, gaps between policy and implementation remain due to lack of clear guidance on the execution of the policy, lack of monitoring implementation of the policy, inadequate resources and lack of knowledge and awareness of existence of such policies. The other challenge is that comprehensive support systems, including childcare, healthcare and psychological counseling are still limited in many regions.

## **4.2 Policy Development in African Countries**

### **Comparative Analysis of Reintegration Policies for Pregnant and Parenting Girls**

The reintegration of pregnant and parenting girls into formal education has gained global momentum in recent decades, with various regions adopting policies that aim to support adolescent mothers and provide pathways for them to continue their education. The development of these policies varies significantly across regions,

with some countries introducing comprehensive frameworks while others focus on providing targeted services.

## **Africa**

The African Charter on the Rights and Welfare of the Child, along with frameworks such as the AU's Continental Education Strategy (CESA 2016–2025), obliges member states to safeguard girls' right to education during and after pregnancy.

Over the past three decades, several countries have made significant strides in developing policies to reintegrate pregnant and adolescent mothers into the education system (Initiative for Social and Economic Rights 2023). **Kenya**, a pioneer in this area, adopted its **return-to-school policy** for teenage mothers in **1994**, followed by the introduction of **national re-entry guidelines** in **2020**, allowing pregnant students to remain in school until delivery and return at least six months postpartum (UNESCO, 2021). Other countries, such as **Zambia** (1997), **Seychelles** (2005), and **Namibia** (2012), have also developed national policies supporting the re-entry of pregnant girls. However, local uptake and implementation often remain uneven, as seen in **Zambia** and **Zimbabwe**, where re-entry policies face barriers such as societal stigma and insufficient infrastructure (UNICEF Zimbabwe, 2020). More recently, countries like **South Africa** (2021) and **Uganda** (2020) have enhanced their policies by offering more robust support systems for adolescent mothers, though challenges such as mandatory maternity leave and conditional re-entry persist (Department of Basic Education South Africa, 2021; UNESCO, 2021).

In **Lesotho**, **2024** marked the initiation of a new policy development on the *Prevention and Management of Learner Pregnancy*, aiming to address gaps in the country's approach to pregnant girls' education. This aligns with the regional trend

of progressive policy shifts, though the policy is still in its early stages (Lesotho Ministry of Education and Training, 2024).

## Caribbean

Caribbean countries have also adopted policies supporting the reintegration of pregnant and adolescent mothers into education. **Guyana**, in 2018, established a *National Policy for the Reintegration of Adolescent Mothers into the Formal School System*, emphasizing the right to education for all girls, including those who become pregnant. This policy provides a structured approach to their return to schooling and includes support services such as counseling and academic assistance (UNESCO, 2019). In **Jamaica**, the **Women Centre of Jamaica Foundation (WCJF)** has been at the forefront of providing support to school-age mothers since its establishment. Through its outreach and skills training programs, WCJF helps adolescent mothers to stay engaged in education, offering mentorship and life skills training that are critical for their reintegration (Bailey, 2003; WCJF, 2021).

## Global Trends

Globally, there is growing recognition of the importance of education for adolescent mothers, with many countries increasingly adopting inclusive policies. For example, in **Seychelles**, the re-entry policy (since 2005) allows pregnant learners to continue their education during pregnancy. In **Mozambique**, the 2018 revocation of a decree mandating pregnant students to attend night classes was a positive step toward inclusivity, although a full reintegration policy is still lacking (Human Rights Watch, 2018). Similarly, **Tanzania** and **Sierra Leone** lifted bans on pregnant girls attending school in 2021, with both nations now working on formal reintegration frameworks (Human Rights Watch, 2021).

While these policies have led to greater inclusivity, challenges persist in many regions, particularly regarding local implementation, societal attitudes, and infrastructure. Policies are most successful when they are accompanied by dedicated support systems, such as those seen in **South Africa** and **Jamaica**, where adolescent mothers are not only allowed to return to school but are given the tools to succeed in their academic journey.

#### **4.4 Eastern and Southern Africa Literature Review**

In response to international commitments and the growing challenges faced by girls in the education sector, many countries have adopted legal and policy frameworks aimed at protecting children and upholding the right to education for pregnant and parenting girls. While laws promoting education for all and prohibiting discrimination exist in many countries, studies show that implementation of reintegration efforts is often uneven, vague, and ineffective. Inconsistent enforcement, negative attitudes from teachers and communities, and a lack of resources frequently prevent pregnant learners from returning to school (Human Rights Watch, 2018; AU, 2021). In countries without specific re-entry policies, the reintegration process is often informal, ad hoc, and poorly supported (CARE START4Girls Project Learning Brief 2023; Letsie 2023).

Recognizing gaps in existing policies and interventions, some countries started developing formal re-entry policies to ensure pregnant and parenting girls can return to school without discrimination. In countries such as Sierra Leone and Tanzania, policy development followed intense public debate around the issue, framed largely around the principle that education is a basic human right. These debates led to the banning of expulsion practices and the introduction of re-entry policies. Research shows that such policies have the potential to improve retention of pregnant and

parenting girls, and may even contribute to a reduction in adolescent pregnancies (Evan K.D. et al., 2020; Imbosa L.L. et al., 2022).

However, in countries where re-entry policies have been adopted, questions persist around their effectiveness. These concerns stem from the limited impact observed in increasing return rates of young mothers to school (Commission for Gender Equality, 2023). A number of challenges hinder policy implementation. These include limited government commitment and lack of funding to support schools, as well as social norms, economic hardship, institutional limitations, and negative attitudes at both community and school levels (Azuma C. et al., 2020).

In some cases, conditions embedded within re-entry policies have created additional barriers. In Mozambique, for example, pregnant and parenting girls are allowed only to attend night classes, which isolates them and contributes to stigma. Zambia requires a six-month waiting period post-birth before a mother can return to school, while in Uganda, girls must leave school in the third month of pregnancy and can only return a year later—well after childbirth (ISER, 2023; Sinkala Namakau Kakanda, 2021). These policies, while technically permitting re-entry, make reintegration more difficult in practice.

Even where unconditional re-entry policies exist, other gaps remain. Many policies fail to address the practical barriers that prevent girls from returning to school, such as childcare, stigma, and financial constraints. Additionally, stakeholder responsibilities are often not clearly defined, and the views of school-level implementers and affected girls are rarely included in policy design. In many contexts, schools lack guidance on how to apply the policy, leaving implementation to the discretion of administrators (Sinkala N. Kakanda, 2021; Baafi S.A., 2020; Azuma C. et al., 2020).

Countries like Kenya and Uganda have developed implementation guidelines, but challenges still exist. Research highlights several issues: 1) school administrators often find the guidelines unclear, 2) no budgets are allocated for implementation, 3) implementation frameworks are missing or incomplete, 4) many schools, learners, and communities are unaware of the guidelines, and 5) there are no monitoring systems in place to track progress or impact. Additionally, there is a lack of data on teenage pregnancy and school reintegration, making it difficult to guide interventions or measure results (Mbithi S.N., 2024; Moonga M. Gibson, 2014; Opok S., 2023).

Stakeholder awareness is a critical missing link. Many teachers, parents, and community members are unaware that re-entry policies even exist, and as a result, no action is taken. Some evidence suggests that targeted interventions—such as the “Read to Succeed” (RTS) program—can increase awareness and improve implementation outcomes (Mwiinga E. et al., 2016).

Recommendations from various studies emphasize the need for:

- Comprehensive policy reviews to ensure protection of pregnant and parenting girls
- Clear and detailed implementation frameworks
- National-level funding and resource commitments
- Development of robust monitoring and evaluation systems
- Stronger efforts to raise awareness and engage stakeholders at all levels

## **Factors Influencing Reintegration**

The reintegration of pregnant and parenting girls into school is shaped by a mix of personal, social, economic, cultural, and institutional factors. Research across

African countries highlights numerous barriers that these girls face when trying to return to education.

### **Personal and Practical Barriers**

Young mothers often struggle to balance schoolwork with the demands of childcare. Most do not have access to affordable, reliable childcare, and without this support, returning to school is difficult (Govender et al., 2020; Baafi, 2020; Azuma C. et al., 2020; Letsie P., 2021; Jochim et al., 2023; Opok S., 2023; HRW, 2024; Mtoi, 2024). In rural areas, the long distance between home and school and lack of transport create further challenges (HRW, 2024).

### **Economic Barriers**

Many pregnant and parenting girls come from low-income households and cannot afford school-related costs such as fees, uniforms, books, or transport. The additional financial strain of having a child often forces girls to drop out permanently, especially when families expect them to work instead of continuing their education. There is also limited access to scholarships or financial aid for young mothers (Mwanza M.N., 2018; Mufalo M.S. et al., 2019; Baafi S.A., 2020; Opok S., 2023; CARE START4Girls, 2023).

### **Socio-Cultural Barriers**

Socio-cultural factors play a significant role in preventing pregnant and parenting girls from returning to school, and these factors are deeply rooted in societal norms, cultural beliefs and community attitudes.

Stigma and discrimination are widespread. Pregnant and parenting girls often face judgment from peers, teachers, and community members. Cultural beliefs may frame

teenage pregnancy as immoral, leading to shame and blame. In some cases, school authorities fear that allowing young mothers to return will encourage others to become pregnant. Some religious groups also stigmatize unmarried mothers, which can lead to further exclusion (Banda M. et al., 2017; Kurevakwesu W. et al., 2023; Nyakato V.N., 2022; Baafi S.A., 2020; CARE START4Girls, 2023). Family support is also critical. Without emotional or financial support, many girls remain out of school. Families may also feel too ashamed to allow the girl to return, fearing reputational damage (Azuma C. et al., 2020).

### **Institutional Barriers**

School policies can also pose obstacles. Some schools still expel pregnant students or refuse re-admission. Strict attendance requirements and lack of flexibility often work against parenting students. Most schools do not offer maternity leave or the flexibility needed to accommodate young mothers' schedules. The lack of childcare facilities on-site adds further pressure (Baafi S.A., 2020; Azuma C. et al., 2022). Additionally, there is a lack of psychosocial support, reintegration programs, and alternative learning options such as flexible hours or remote education. Without these, young mothers face an uphill battle to re-enter and succeed in school.

### **4.5 Local Context**

Lesotho, like other countries in Eastern and Southern African region, has taken steps to address the needs of pregnant and parenting adolescents. These include development of evidence-based legal and policy frameworks that aim to tackle early and unintended pregnancies among learners and address issues of school drop out and keep adolescent girls in school (Letsie, 2023).

Research has shown that despite of these policy efforts, implementation challenges persist. Cultural and societal norms often hinder the effective application of laws designed to protect the rights of pregnant and parenting adolescents. For example, the customary Laws of Lerotholi can contradict statutory laws, leading to inconsistencies in upholding girls' rights to education.

In 2024, George Odwe and Maimouna Bah noted that despite the existence of legal and policy frameworks meant to protect pregnant girls' right to education, exclusion remains common. Pregnant and parenting learners are often pushed out of school due to poor awareness of policies, weak implementation at school level, and the stigma they face both in school and the wider community.

A 2024 study by Khumalo V. and Hadebe L. on teenage pregnancy and school re-entry policies highlighted conflicting perceptions among education stakeholders. While many acknowledged the importance and potential benefits of the re-entry policy, these views were often overshadowed by concerns that such policies encourage promiscuity and delinquent behaviour. The study also found that communities generally lacked knowledge about the policy, and pregnant girls and young mothers received little to no support from families, peers, or the wider community.

Societal attitudes play a significant role in the reintegration of pregnant and parenting girls into the education system. Stigma and discrimination from teachers, peers, and the broader community often discourage young mothers from returning to school. Studies (Mosaase.M. 2004, revealed that both boys and girls held prejudiced views against pregnant schoolgirls, reinforcing gender stereotypes and marginalization.

Letsie P. (2023) explored the challenges of implementing school re-entry policies for pregnant and parenting adolescents in Lesotho. The findings aligned with regional trends, showing that although policies supporting reintegration exist, implementation remains weak. The key challenges are largely cultural and socioeconomic, including deep-rooted stigma, poverty, and inadequate institutional support

An earlier study by Molapo C.M., Adams J.D., Zulu S.P., and Mabusa M.S. (2014) investigated the experiences of school-going mothers in the Leribe district of Lesotho. It revealed that these learners often face humiliation, neglect, hostility, and even threats of expulsion from teachers. The study also noted a lack of encouragement and emotional support from school staff, making the school environment particularly discouraging for young mothers.

In a 2023 study, Majoro-Teke P.R. examined the perceptions of principals in selected high schools in Qacha's Nek district. The study found that some teachers isolate and reject pregnant learners, partly due to a lack of training on how to support them. There was also concern among school staff about the school's reputation being damaged by students' pregnancies. These attitudes contribute to poor learner performance and limited school participation. The study further identified key drivers of teenage pregnancy, such as poverty, peer pressure, limited parental guidance, lack of sexual health knowledge, media exposure, and low contraceptive use. The consequences include school dropout, poor academic performance, irregular attendance, and ongoing discrimination and stigma.

## **Conclusion**

There is a limited body of rigorous research focused on the reintegration of pregnant and parenting girls within the Lesotho context. Much of the available literature

draws on experiences from other countries, which differ in cultural, social, and economic dimensions, and many of the studies lack robust methodological foundations. Despite this, the available evidence points to consistent patterns. Across different countries, socio-cultural barriers remain one of the most significant challenges to reintegrating pregnant and parenting girls into the education system. Although teenage pregnancy has been widely studied—particularly in South Africa—there is still a gap in quantitative data specifically on the factors that prevent girls from returning to school after childbirth, as highlighted by Jochim et al.

## 5. Legal and Policy Framework

Lesotho has demonstrated a growing commitment to advancing gender equality and inclusive education through the adoption of legal and policy instruments at the **international, regional, and national** levels. These frameworks aim to safeguard the rights of pregnant girls and young mothers—particularly their right to continue and complete their education.

### 5.1 International Conventions

At the **international level**, Lesotho is a signatory to key treaties such as the **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)** and the **Convention on the Rights of the Child (CRC)**, both of which emphasize girls' right to education and protection from discrimination based on pregnancy or motherhood (UN, 1979; UN, 1989). At the **regional level**, Lesotho has ratified the **African Charter on the Rights and Welfare of the Child**, which mandates state parties to ensure that girls who become pregnant have the opportunity to return to school and complete their education (African Union, 1990).

Lesotho, like many other countries, has aligned its national development priorities with the **Sustainable Development Goals (SDGs)**, particularly **SDG 4** (Quality Education) and **SDG 5** (Gender Equality). These global goals, adopted by the United Nations in 2015, emphasize the importance of **inclusive, equitable, and quality education** for all and the **elimination of gender disparities** at all levels of education.

## 5.2 National Legal and Policy Framework

At the national level, Lesotho has enacted laws and policies that outline the right to education. However, implementation gaps have limited their effectiveness in addressing the specific needs of pregnant and parenting learners.

### 5.2.1 The Constitution of Lesotho

Section 28 of the Constitution guarantees the right to education for all citizens, forming the legal foundation for inclusive education. However, it does not specifically address the situation of pregnant girls or young mothers.

### 5.2.2 Education Act of 1995

This Act consolidates educational legislation and emphasizes access to education for all. It promotes the protection of learners from discrimination, but it falls short in addressing the realities faced by pregnant and parenting girls. In practice, schools often respond inconsistently, with some enforcing suspension or expulsion due to societal stigma.

#### Key Gaps:

- No provisions directly addressing reintegration of pregnant girls.
- Inconsistent school-level practices due to lack of guidance.
- Societal attitudes and stigma hinder effective reintegration.

### 5.2.3 The Education Act of 2010: A Critical Review

The **Education Act of 2010** serves as a foundational legal framework guiding Lesotho's education system. It promotes **inclusive, equitable, and quality**

**education** and mandates **free and compulsory primary education for all children**. Central to the Act are principles of **non-discrimination, child protection, community participation, and inclusive learning environments** (Government of Lesotho, 2010). These provisions align broadly with international commitments such as the **Convention on the Rights of the Child** and the **Sustainable Development Goals** (UN, 1989; UN, 2015).

### **Strengths of the Act:**

- **Affirms every child's right to education**, regardless of background.
- Promotes **community engagement** and the **protection of children** from abuse, neglect, and discrimination.
- Encourages the development of **inclusive learning environments**, supportive of learners with diverse needs.

### **Gaps in Addressing Adolescent Pregnancy and Reintegration:**

Despite its progressive framework, the Act **fails to explicitly address the needs of pregnant and parenting learners**. There is no mention of:

- **Re-entry provisions** or guarantees for young mothers returning to school.
- **Support mechanisms**, such as school-based counseling, childcare, or flexible learning options.
- **Strategies to combat stigma and discrimination**, which remain significant barriers.
- **Monitoring systems** to track reintegration outcomes or ensure enforcement.
- **Collaboration between education and other sectors** like health and social welfare to provide comprehensive support.

These gaps have led to growing criticism regarding the Act's **effectiveness in supporting the reintegration of adolescent mothers**, particularly in rural and underserved areas where early pregnancies are more prevalent and resources are limited.

### **Policy Recommendations:**

To strengthen the legal and institutional support for pregnant and parenting girls, it is recommended that Lesotho:

1. **Amend the Education Act** to explicitly protect the educational rights of pregnant and parenting learners, ensuring that motherhood is not a barrier to education.
2. **Introduce a formal re-entry policy** that includes:
  - **Guaranteed readmission after childbirth.**
  - **Flexible learning options** (e.g., part-time, distance learning).
  - **Clear timelines** for reintegration and school re-entry procedures.
3. **Establish in-school support services**, including:
  - **Psychosocial counseling** and academic support.
  - **Childcare solutions** or partnerships with local community-based organizations and NGOs.
  - **Mentorship programs** for adolescent mothers.
4. **Strengthen anti-discrimination protections**, with clear penalties for schools or individuals that deny pregnant girls their right to education.
5. **Develop a national monitoring and reporting framework**, requiring schools to collect and submit data on pregnancies, re-admissions, and dropout patterns.

**6. Promote multisectoral collaboration**, integrating the efforts of health, education, and social service providers to deliver holistic support for pregnant learners.

By updating its legislation and policy framework, Lesotho can close the gap between its **aspirational education goals** and the **realities faced by adolescent mothers**, ensuring no girl is left behind.

#### **5.2.4 Free Primary Education (FPE) Initiative in Lesotho**

Lesotho's **Free Primary Education (FPE)** initiative, introduced in phases between **2000 and 2006**, marked a significant milestone in expanding access to basic education. Backed by the **Education Act of 2010**, the policy guaranteed **tuition-free primary education** and led to a notable increase in enrollment—particularly among girls and children from disadvantaged backgrounds (UNESCO, 2021). The initiative has contributed to improved literacy rates and broader access to foundational learning, aligning with **SDG 4** on inclusive and equitable quality education (UN, 2015).

Although the FPE implicitly allows **pregnant and parenting learners to re-enroll**, it **lacks explicit provisions or structured support mechanisms** tailored to the unique needs of adolescent mothers.

#### *Key Gaps in Supporting Pregnant and Parenting Girls*

Despite its overall success in expanding access, the FPE initiative falls short in supporting the **reintegration of pregnant girls and young mothers**. Critical challenges include:

- **No formal re-entry guidelines**, leaving schools to make inconsistent, and often discriminatory, decisions.
- **Rigid school schedules** that do not accommodate the realities of parenting learners.
- **Hidden costs**—such as school uniforms, transport, or childcare—that continue to exclude economically vulnerable mothers.
- **Stigma and cultural attitudes** that discourage girls from returning after childbirth.
- **Limited community and parental engagement** to support adolescent mothers' re-entry.
- **Lack of a monitoring system** to track the re-enrollment, progression, and outcomes of pregnant and parenting learners.

*Policy Recommendations to Enhance Inclusivity within FPE*

To make the FPE initiative more inclusive and responsive to the needs of adolescent mothers, the following reforms are recommended:

1. **Establish a clear national re-entry policy**, mandating that all pregnant and parenting girls be allowed to return to school post-childbirth without discrimination.
2. **Introduce flexible learning modalities** such as part-time, remote, or catch-up programs to accommodate childcare responsibilities.
3. **Provide targeted financial support**, covering uniforms, sanitary products, and access to local childcare services.
4. **Offer school-based psychosocial support**, including counseling and academic mentoring tailored for young mothers.

5. **Build teacher capacity** through gender-sensitive training focused on reducing stigma and fostering inclusive classroom environments.
6. **Strengthen parental and community involvement**, using outreach and sensitization campaigns to reshape attitudes toward young mothers in education.
7. **Develop a national monitoring and accountability mechanism** to collect data on school pregnancies, re-entry rates, and educational outcomes.

By reinforcing the FPE initiative with targeted support for adolescent mothers, Lesotho can further its commitment to **leaving no girl behind** and promoting **gender-equitable education for all**.

#### ***5.2.5 Curriculum and Assessment Policy (CAP)***

The CAP was introduced to modernize education in Lesotho by improving the quality, relevance, and assessment of learning at the primary and secondary levels. It seeks to align teaching with real-life challenges and global demands.

#### **Gaps**

While progressive, the CAP does not directly address the needs of pregnant and parenting learners. Specific challenges include:

- **Lack of targeted content or guidance** for reintegrating young mothers.
- **Rigid curriculum and assessment schedules** that do not accommodate irregular attendance due to parenting responsibilities.
- **Insufficient psychosocial and academic support** such as counseling or mentorship.

- **Unprepared teachers** lacking training on how to support pregnant learners.
- **Disconnect between legal rights and practice**, especially in implementation.
- **Limited school-community collaboration** in supporting affected learners.

## Recommendations

To make the CAP more inclusive and responsive:

- **Integrate life skills, reproductive health, and parenting modules** into the curriculum.
- **Provide flexible assessment methods** (e.g., take-home work, project-based evaluations).
- Train teachers to support and respond effectively to the needs of young mothers.
- Align CAP with national legal protections, ensuring schools implement supportive measures.
- Embed psychosocial services like counseling and peer groups in school settings.
- Foster partnerships with health, community, and social services to create a supportive ecosystem for pregnant and parenting learners.

### 5.2.6 Lesotho Inclusive Education Policy (LIEP)

The Lesotho Inclusive Education Policy (LIEP), introduced in 2018, aims to ensure that all learners, especially those with special education needs (LSEN), are supported within the mainstream school system. The policy promotes inclusive, child-friendly, and non-discriminatory learning environments aligned with global education standards.

## **Key Objectives:**

- Remove barriers that exclude marginalized learners from accessing education.
- Promote inclusive, child-friendly schools that embrace diversity.
- Provide a clear framework for integrating LSEN through curriculum changes, teacher training, and resource provision.
- Strengthen stakeholder engagement and community support for inclusive education.
- Build the capacity of educators and administrators to implement inclusive practices.

## **Gaps:**

Despite its inclusive intent, the policy falls short in addressing the specific needs of pregnant and parenting girls:

- It lacks explicit recognition of pregnant and parenting learners as a marginalized group.
- Schools lack clear, standardized re-entry procedures for these learners.
- Teachers are often unprepared to meet the academic and emotional needs of young mothers.
- Weak collaboration between schools, families, and communities reduces support systems.
- Stigma and social exclusion persist due to limited awareness and cultural attitudes.
- There are no tracking mechanisms to monitor reintegration or progress of these learners.

## **Recommendations:**

To make the LIEP more inclusive of pregnant and parenting learners:

- Explicitly recognize these girls as part of the inclusive education mandate.
- Establish clear re-entry guidelines, including flexible learning schedules and school-based support services.
- Train educators to support the psychosocial and academic needs of young mothers.
- Foster community partnerships to reduce stigma and improve support structures.
- Introduce monitoring systems to track reintegration outcomes and inform continuous improvement.

### **5.2.7 School Health and Nutrition Policy of Lesotho**

Revised in 2023, the School Health and Nutrition (SHN) Policy aims to promote the physical, mental, and social well-being of learners. It focuses on health education, access to services, and safe school environments to improve educational outcomes.

## **Key Objectives:**

- Provide skills-based health and nutrition education across formal and non-formal settings.
- Improve learner health through school-based health and nutrition interventions.
- Strengthen collaboration among stakeholders and ensure effective program delivery.
- Build monitoring and evaluation systems to track health-related education outcomes.

## **Gaps:**

The policy does not sufficiently address the unique needs of pregnant and parenting girls:

- Lacks clear re-entry protocols for young mothers returning to school.
- Focuses on pregnancy prevention, but not on supporting learners post-pregnancy.
- Omits the specific nutritional needs of pregnant and breastfeeding learners.
- Neglects the mental health challenges and stigma faced by young mothers.
- Fails to encourage strong family and community support systems.
- Lacks tools to track reintegration and support outcomes.

## **Recommendations:**

To better support reintegration of pregnant and parenting girls:

- Develop standardized re-entry procedures, ensuring flexibility and appropriate support services.
- Strengthen partnerships with health facilities to provide prenatal, postnatal, and parenting support.
- Introduce targeted nutritional programs for pregnant and lactating learners.
- Provide school-based counseling services and peer support systems.
- Engage families and communities through awareness campaigns and local collaboration.
- Create monitoring tools to track reintegration success and inform policy updates.

## **5.2.8 Prevention and Management of Learner Pregnancy Policy**

Currently under development, the **Prevention and Management of Learner Pregnancy Policy** aims to reduce early and unintended pregnancies among learners and to ensure that affected students are supported in continuing and completing their education. The policy seeks to shift the focus from punishment to protection, reintegration, and inclusive learning.

### **Core Objectives:**

- **Prevent learner pregnancy** by delivering comprehensive sexuality education and improving access to adolescent-friendly health services.
- **Manage pregnancy cases** through clear, school-based guidelines that support the continued education of pregnant learners.
- **Ensure reintegration** by establishing mechanisms that facilitate the return of young mothers to school post-delivery.

### **Focus Areas:**

- **Comprehensive Sexuality Education (CSE):** Emphasizes equipping adolescents with accurate information on sexual and reproductive health and rights.
- **Health Service Access:** Promotes the availability of youth-friendly health services, including contraception and reproductive healthcare.
- **Community Engagement:** Advocates for involvement of parents, teachers, and local leaders in preventing teenage pregnancy and supporting learners who are affected.

## Strategies for Effective Implementation

Although the policy is not yet operational, evidence from literature and stakeholder engagement highlights the following key strategies to enhance its effectiveness:

- **Standardize re-entry protocols** for young mothers, detailing the roles and responsibilities of schools in supporting their return. This includes providing flexible academic arrangements, counseling, and learning accommodations.
- **Allocate resources** to support schools in implementing reintegration efforts effectively, including teaching materials, health resources, and support staff.
- **Strengthen school-health facility partnerships** to offer integrated services such as prenatal and postnatal care, parenting education, and reproductive health counseling.
- **Train educators** to handle learner pregnancy cases with sensitivity and professionalism, including how to support students academically and emotionally.
- **Develop a robust monitoring and evaluation (M&E) system** to assess the policy's implementation, track reintegration outcomes, and identify areas for improvement.
- **Provide targeted nutritional support** for pregnant and lactating learners to improve maternal and child health, which is critical for learning and retention.
- **Establish school-based psychosocial support services**, including counseling, mental health care, and peer support groups, to help young mothers manage stress and build resilience as they pursue their education.

## **5.3 Programs in Lesotho**

Lesotho has implemented several programs to support the reintegration of pregnant and parenting girls into the education system. These initiatives aim to address the multifaceted challenges such learners face, ranging from social stigma to lack of institutional support.

### **Education Sector Plan (ESP) 2016–2026**

The Ministry of Education and Training developed the ESP 2016–2026 with a vision for a literate and ethically grounded society. While the plan acknowledges the challenges faced by pregnant and parenting girls—such as school dropout, stigma, and lack of support—it lacks explicit strategies for their reintegration into schools.

#### **Key Gaps Identified:**

- No explicit reintegration strategy for young mothers.
- Lack of childcare facilities, making school attendance of pregnant and parenting girls difficult.
- Inadequate psychosocial support and mental health services.
- Persistent stigma and discrimination, unaddressed by community engagement efforts.
- No economic support to cover education-related costs.
- Absence of alternative education pathways, such as vocational or flexible learning.
- Weak data systems for monitoring pregnant and parenting students.
- No mandated evaluations targeting reintegration effectiveness.

## **Recommendations:**

To be inclusive, the ESP should incorporate:

- Legal frameworks that enforce reintegration.
- Support services like childcare and counseling.
- Community engagement to reduce stigma.
- Financial aid for young mothers.
- Flexible education models.
- Regular data collection and evaluation mechanisms.

## **Support Programs for Pregnant and Parenting Girls in Lesotho**

Despite policy gaps in formal education reintegration, several non-governmental organizations (NGOs) in Lesotho have taken important steps to support pregnant girls and adolescent mothers. These programs, though impactful, often lack structured pathways for educational reintegration and long-term support. The following section highlights three notable initiatives, their strengths, gaps, and recommendations for improvement.

### **1. Help Lesotho's Young Mothers Support Program**

#### **Overview**

Help Lesotho runs a psychosocial and health education support initiative targeting young mothers and pregnant girls. Weekly support groups provide life-skills education covering parenting, hygiene, nutrition, HIV prevention, and emotional resilience.

#### **Positive Impacts**

- Encourages **healthy decision-making** and builds self-confidence.

- Enhances access to **local health and social services**.
- Provides **emotional support**, improving participants' sense of worth and hope for the future.

## Gaps Identified

- No formal linkage to the school system, **limiting educational reintegration**.
- Childcare support is absent, **making return to school challenging**.
- Limited economic empowerment, **with few pathways to vocational training or income-generating opportunities**.
- Stigma remains, **despite community dialogue efforts**.
- No tracking or monitoring **of educational or life outcomes**.

## Recommendations

- Establish school re-entry pathways aligned with national policy.
- Introduce affordable childcare solutions.
- Expand to include financial and vocational support programs linked to education.
- Deepen community engagement to challenge stigmas.
- Develop a monitoring system to assess reintegration success.

## 2. Good Shepherd Sisters' Initiative

### Overview

The Good Shepherd Centre offers a **two-year residential program** for adolescent mothers, combining life skills, early childhood care, psychosocial support, and vocational training. It mainly serves impoverished and HIV-affected communities.

### Key Services

- Academic basics: **English, Math, Sesotho.**
- Vocational training: **Sewing, catering, agriculture.**
- On-site **healthcare and counseling** for both mothers and children.

## Gaps Identified

- Focus is heavily on vocational skills, with minimal integration with formal schooling.
- No financial aid for those wishing to resume traditional education.
- External childcare support is lacking, affecting school continuity.
- Community reintegration and stigma reduction strategies are weak.
- No long-term tracking of participants' outcomes.

## Recommendations

- Integrate **formal education re-entry options** alongside vocational training.
- Offer **childcare and transport support** for mothers attending school.
- Provide **scholarships or education grants**.
- Build **community-based reintegration strategies**.
- Introduce **follow-up mechanisms** to assess education and socio-economic progress.

## 3. World Vision Lesotho Programs

### Overview

World Vision supports girls' education, adolescent health, and community empowerment through several key interventions:

- Peer educator training on sexual and reproductive health (SRH).
- Child-Friendly Spaces for learning and psychosocial support.

- Community awareness campaigns, including observance of International Day of the Girl Child.

## Gaps Identified

- No structured re-entry support for school-going young mothers.
- Lack of childcare provision, hindering regular attendance.
- No scholarships or economic support for school re-entry.
- Persistent stigma due to limited community behavior changes programming.
- Absence of monitoring systems to track educational progress.

## Recommendations

- Develop clear **reintegration frameworks** aligned with national policy.
- Provide **financial and childcare support**.
- Scale up **community education** on girls' right to education.
- Implement **monitoring systems** for tracking school return and retention rates.

## Conclusion

Lesotho's civil society plays a vital role in supporting pregnant and parenting girls. However, most interventions stop short of **fully reintegrating adolescent mothers into formal education**. Strengthening these programs with **clear reintegration pathways, childcare, financial assistance, and monitoring systems**—while tackling stigma through community engagement—is essential. These improvements would align with Lesotho's obligations under the **Education Act (2010)**, **Sustainable Development Goals**, and broader human rights frameworks on the **right to education without discrimination**.

## 6. Current Status, Barriers and Challenges to Reintegration

Despite the presence of legal and policy protections in Lesotho, pregnant girls and adolescent mothers continue to face considerable challenges in returning to school. These obstacles are rooted in deep-seated cultural norms, widespread social stigma, institutional weaknesses, and persistent economic hardship. This section outlines the current state of reintegration efforts, the barriers faced, and the systemic gaps that hinder progress.

### 6.1 Current Status

Data on the reintegration of pregnant and adolescent mothers into the education system in Lesotho is scarce, fragmented, and often inconsistent. National education statistics do not disaggregate data by pregnancy or parenting status, making it difficult to track trends or evaluate reintegration efforts effectively. Nevertheless, available indicators paint a troubling picture.

According to 2016 census, adolescent girls (ages 15–19) make up about 10.3% of female population in Lesotho. Adolescent girls in Lesotho navigate a complex landscape of health risks, educational interruptions, economic deprivation, and social stigma.

Teenage pregnancy remains a pressing issue among adolescent girls aged 15–19, with a birth rate of 94 per 1,000 girls aged 15–19. It is estimated that around 60% of girls aged 15–19 are mothers or pregnant with their first child (UNESCO 2017 report). According to the Demographic and Health Survey (DHS 2024) 17.8% of girls aged 15–19 is pregnant—a statistic that cuts across all social and geographic areas.

In terms of education, adolescent female secondary school enrollment was around 68.4 in 2023, an improvement from 59.8% in 2017. It is estimated that 31.7% of

lower-secondary school-aged girls were not enrolled in 2023—an increase from 20.5% in 2016. Completion and dropout rates of adolescent females are also concerning: only 41.9% of girls completed lower secondary in 2023, and dropout rates are disproportionately high in rural areas (87%) compared to urban ones (13%).

Looking at the lower secondary school level, where most of the adolescent girls aged 15-19 are enrolled (about 83% in 2023), the gross enrolment was 79% in 2020, with girls at 55% and boys at 37%, indicating girls enroll at much higher rates than boys in secondary education.

While specific number of the dropout rates of girls in lower and upper secondary schools are not readily available, it has been indicated (2021 MICS-EAGLE Lesotho Education Fact Sheets) that girls make up a significant portion of those who do not complete secondary education, with 45% of girls not completing lower secondary and 49% not completing upper secondary.

The observed, completion rates indicate that there are challenges in retaining girls in secondary education, and there is a significant disparity in dropout rates between rural and urban, where in rural the dropout rate is estimated at 87% compared to 13% in urban areas. This disparity affects both boys and girls, but girls from rural areas may face additional challenges due to cultural and economic factors. According to Ministry of Education and Training in 2021 about 21% of adolescent girls drop out of school due to pregnancy- a statement by the Minister of Education and Training Mrs. Mamookho Phiri issued by PC FM Radio station.

Key reasons for girls dropping out school in Lesotho include: poverty, teenage pregnancy and early marriage. Given that teenage pregnancy is particularly high in Lesotho at 17.8%; this implies that pregnancy is one of the major factors contributing to school dropout for adolescent girls.

Due to absence of data on pregnant and parenting adolescent girl and those who returned to school, it is not easy to adequately reflect on the prevalence and rates of reintegration of pregnant and parenting girls into education system in Lesotho. Therefore, the study- in order to paint a picture close to reality- gathered data and information from various sources

In 2015, analysis of data from Education Management Information System (EMIS) reveled that pregnancy was the fourth leading cause of girls dropping out of secondary school, and the proportion of girls who dropped out due to pregnancy and marriage account for 37.31% of total female dropouts.

Data from 2023 EMIS show a total of 451 girls drop out of school due to pregnancy, of which 28 are primary learners and 423 are secondary learners. The data show that there are fewer primary learners who dropped out of school due to pregnancy compared to secondary learners. According to Education report of 2023, the number of adolescent girls (girl  $\geq 10$  years) enrolled in primary school level was 78,973, and as per EMIS 2023 only 28 of them dropped out of school due to pregnancy which is 0.04% of adolescent girls in primary school.

As per Education Report of 2023, the number of girls enrolled in secondary school was 64,224, and EMIS 2023 reported that 5,377 dropped out of school which makes 8.2% of the total female enrolled in secondary school. The proportion of girls who dropped out of school due to marriage and pregnancy is 1%, and pregnancy alone makes 0.7% of the total adolescent female enrolment. Of the total girls dropped out of school in 2023, 53% were due to pregnancy, making pregnancy the leading cause of school dropout.

In Lesotho, data on reintegration is not available and where is available the quality is not desirable. For instance, about the quality of data, the information from the

education report of 2023 is not compatible with data from EMIS, therefore, it is not easy to calculate the number of pregnant and parenting girls reintegrated into education system.

Then the study uses broader pattern in Sub-Saharan Africa where re-entry rates for adolescent mothers into school were estimated between 10% to 30% (UNESCO, 2020). The lower rate of 10 % is usually in areas where there no re-entry policy and between 10% and 30% is where re-entry policies exist but they are ineffective.

Since Lesotho has developed policies that protect children, and ensures they have access to quality education with no discrimination, it cannot be categorized as having no re-entry policy. Therefore, the study will apply the proportions where re-entry policies are ineffective.

There are 451 secondary school levels female learners who got pregnant in 2023. Applying the lower limit of 10%, it is estimated that 45 pregnant and parenting girls returned to school. Using the upper limit of 30% it is estimated that 135 will return to school to complete school program. Based on this simple analysis, it can be seen that re-entry policy has positive effects on adolescent mothers to return to school.

In one of the schools where the study conducted an in-depth interview with teachers and pregnant and parenting girls, we found out that the school is implementing the re-entry policy and pregnant and adolescent mothers are allowed and encouraged to return to school. In 2024 academic year, 10 girls got pregnant, then the school conducted consultations with families to allow these girls to return to school. It was reported by the school management that 8 out of a total of 10 adolescent female learners have returned to school.

For the two adolescent mothers who did not return there were various reasons for not returning. Reasons for not returning to school include:

marriage with family responsibilities

lack of money

take care of the baby

long distance to school.

Using national figures from various sources the study estimated the number of pregnant girls who return to school. The total number of girls enrolled in secondary school is recorded to be 40,686, assuming homogeneous behavior of adolescent in the society, the study applies the 18% pregnancy rate from DHS 2024, therefore it is estimated that the total number of adolescent girls ages 15-19 who were pregnant in 2023 is 7,324. Applying the lower limit of 10% it is estimated that pregnant and parenting girls who return to school is 732, while applying upper limit of 30% the number is 2,197.2.

To estimate teenage pregnancy **in schools** using the **adolescent birth rate (ABR)**, there is a need for application of a statistical model that bridges population-level fertility data with school-level enrolment data.

### ***Simple Statistical Estimation Model***

The model is carried out in four interrelated steps.

#### ***Step 1: Estimate Total Births Among Adolescents***

$$B_{\text{total}} = ABR \times (P_{15-19} / 1000)$$

*where*

$B_{\text{total}}$  = Estimated number of births among in-school girls (optional, if applicable)

ABR= Adolescent birth rate (per 1,000girls aged 15-19)

$P_{15-19}$ = Total number of girls aged 15-19 in the population

### ***Step 2: Estimate Share of Adolescents in School***

$$S = E_{15-19} / P_{15-19}$$

Where

$S (S_{15-19})$  = Share of adolescent girls (15-19) in school

$E_{15-19}$  = Number of gils aged 15-19 enrolled in school

### ***Step 3: Estimate Births Among In-School Adolescents***

Assuming equal risk of pregnancy (simplistic model):

$$B_{\text{school}} = B_{\text{total}} \times S$$

$B_{\text{school}}$  = Estimated number of births among in-school adolescent girls

$R$  = Risk ratio of pregnancy among in-school vs out-o-school girls (optional if available)

If you suspect in-school girls have lower risk, use:

$$B_{\text{school}} = B_{\text{total}} \times S \times R$$

Where  $R < 1$  if in-school girls are at lower risk (e.g.,  $R=0.5$ ).

### ***Step 4: Estimate School-Based Pregnancy Rate***

$$\text{Pregnancy\_rate\_school} = (B_{\text{school}}) / (E_{15-19}) \times 1000$$

This gives an estimate of births per 1,000 **in-school** girls aged 15–19.

The table below shows the estimated number of pregnant adolescent girls in school over years using ABR and applying the return rate of 10%, 20% and 30%.

Years	Estimated number of births among in-school adolescent girls	10% return to school	20% return to school	30%return to school
2017	3,274	327	655	982
2018	4,865	487	973	1,460
2019	4,708	471	942	1,412
2020	N/A	N/A	N/A	N/A
2021	4,545	455	910	1,364
2022	4,196	420	840	1,259
2023	3,824	382	764	1,147

The table above show the number of pregnant adolescent girls ages 15-19 in school from 2017 to 2023. It shows the estimated number of adolescent girls who got pregnant increases from 3274 in 2017 to 4865min 2018. Then the number followed a declining trend since 2019 till 2023. This pattern clearly reflects on ineffectiveness of existing policies and programs intended to retain and bring girls back to school.

The numbers show that there are still many pregnant and parenting girls who do not return to school. There are factors that hinder pregnant and parenting girls to return to schools, and are categorized into physical barriers, socio-cultural, institutional and economic factors.

## 6.2 Physical Barriers

The physical barriers mentioned by some of the girls, especially those who are from rural settings, include distance to schools, which makes it difficult for pregnant girls and young mothers to attend. One of the pregnant learners who is currently attending school said she is worried that when her pregnancy “matures”, she will face challenges of attending her classes because the school is far from her home and do not think her parents will afford rental house near school and support required. These

girls who live far from schools their class attendance becomes irregular. In one of the schools where pregnant and parenting girls are allowed to return to school, teachers indicated that girls do not regularly attend schools due to the distance, and in some areas, there is no transport services and where it exists it is irregular.

Absence of child care and health facilities at schools making adolescent mothers to quit school and stay at their homes to take care of their children.

### **6.3 Socio-cultural factors**

The study finds out that cultural and social barriers significantly hinder the reintegration of pregnant girls and young mothers into education system. These barriers stem from deeply rooted societal norms, stigma and punitive practices that affect the lives of adolescent girls.

Culturally, pregnancy outside marriage is viewed negatively, leading to sever social repercussions for young mothers. Girls who become pregnant before marriage are often labeled as promiscuous “Matekatse” and may face exclusion from families and communities. From stakeholder consultations it was found out that some pregnant girls were chased out of their homes so as to protect the image of families. The stigma posed on pregnant girls and young mothers creates an environment where many pregnant girls feel they cannot return to school due to fear of being ridiculed and ostracism from their peers and teachers. One of the study participants indicated that she will be ashamed to go back to school because her peers will tease and discriminate her, and therefore she will not return to school. Some teacher indicated that some parents are uncomfortable about the interaction between their children “who are seemingly well behaved” and pregnant and adolescent mothers who will influence them and increase the likelihood of their children to being pregnant.

Therefore, they are against the idea of pregnant girls and young mothers attending and returning to school.

There are also parents who will not allow their pregnant girls to attend schools, to limit the exposed to witchcraft. Parents believe that their pregnant girls will be at the risk of being bewitched if they continue going to school and being exposed to family enemies.

In Lesotho, the culture of early marriage still exists regardless of the laws prohibiting child marriage. Some pregnant girls are forced into marrying the males who have impregnated them and in many cases are not allowed to return to school as they are considered to have an additional responsibility of raising a family. In one of the schools where re-entry is allowed, a pregnant girl was forced to marry the man who impregnated her, and when the school facilitated her return, the husband refused and said she has to take care of their new family and carryout some rituals.

Some stakeholders indicated that in addition to stigma and discriminatory practices, some of the pregnant girls and young mothers do not like their children because they view them as hinderances to their development. This attitude makes them to have no personal aspirations and damage their resilience, leading to no desire to continue their education.

#### **6.4 Institutional Challenges**

The institutional challenges affecting reintegration of pregnant and parenting girls into the education are multifaceted and deeply intertwined with broader systemic issues within the educational framework.

The adoption and implementation of policies that support reintegration of pregnant girls into education system are not universal among schools in the country. It was found out that some schools banish pregnant girls once they are discovered to be

pregnant and other schools put initiatives to retain and bring back pregnant girls and young mothers into classrooms.

Schools that allow pregnant girls and young mothers to continue schooling are mostly non-church owned schools. Many schools that allow pregnant girls and young mothers to continue attending schools are usually doing it to meet the quota required by the ministry of education and training, not necessarily to address the challenges faced by pregnant girls and young mothers.

Schools that allow pregnant girls and young mothers to return to school, frequently lack supportive policies and capable staff to assist pregnant students. Due to absence of guidelines for school re-entry there is uncertainty and inconsistency in how schools handle such cases, and this is likely to make pregnant girls and young mothers feel discriminated leading to discouragement in going back to school. Many educators are not equipped to handle the specific needs of these girls, resulting in hostility and insensitivity towards pregnant girls and young mothers. Stakeholders have indicated that negative attitude of teachers towards pregnant girls and young mothers coupled with the fact that some of these girls were impregnated by the same teachers, discourage pregnant girls and young mothers to go back to schools.

Many schools face shortage of essential learning material and infrastructure to cater for the needs of pregnant girls and young mothers, this create an environment that is not conducive to learning for pregnant girls and young mothers. Pregnant girls and young mothers may feel particularly discouraged when they realize that their needs are not prioritized. In one of the schools which allow pregnant and parenting girls to return to school, teacher indicated that they do not have facilities to cater for pregnant and parenting girls and this is one of the reasons girls do not attend classes during and after child birth.

Lack of collaboration between schools and the neighboring health facilities makes it difficult to cater for pregnant and parenting girls in school. In one of schools, teachers detailed their experience when a pregnant girl suddenly entered delivery stage. They had to carry the girl and walk a long distance to reach the health facilities, with no transportation, and when they arrive, the health facility did not immediately attend and this put the pregnant girls at risk. This experience is one of the factors that prevent girls to attend school as parents are concerned about the risk associated with their schooling during pregnancy.

## **6.5 Economic Factors**

Pregnant girls and young mothers face significant economic barriers that hinder their reintegration into the education system. Despite legislative protections and policies intended to support their right to education various socio-economic challenges persist.

A large proportion of pregnant girls and young mothers, as it has been indicated in many studies, come from households in the lowest wealth quintile. These families struggle to afford indirect costs associated with schooling, such as transport, uniform, food and school supplies. In one of the schools that implement re-entry, one pregnant girl did not return to school due to economic situation of the household. The girl was living with the grandmother, and the household did not have financial resources to cover school related costs even though the school allow pregnant girls and young mothers to return. In other areas pregnant girls do not return to school because they are looking for employment to support their children and families.

Schools were given instruction to implement re-entry initiative without being provided with clear policy guidelines and resources. This led to inconsistency in the implementation of re-entry and some schools do not allow these girls to return.

## 7. Success Stories and Best Practices

### Case studies and Best Practices of Reintegration of Pregnant girls and Teen Mothers into Education System in Africa

Across the African continent, several countries have implemented progressive and impactful strategies to ensure that pregnant girls and young mothers are not excluded from education. These experiences offer valuable insights and adaptable lessons for Lesotho, as it strives to improve the reintegration of this vulnerable group. The initiatives reflect efforts to eliminate stigma, provide supportive policies, and create inclusive educational environments. Below are selected examples that demonstrate success and highlight best practices with strong relevance to the Lesotho context.

#### Tanzania: Policy Framework and Community Engagement

**Program Overview:** Tanzania's national policy allows pregnant girls to return to school after childbirth, and the government has developed a comprehensive strategy to address challenges faced by pregnant and parenting students. This includes providing financial support and resources for girls to continue their education, as well as engaging communities in changing societal perceptions.

In some regions through non-governmental partnerships, **alternative education pathways** have emerged. These programs offer flexible, non-formal learning for adolescent mothers, with the option to rejoin the formal system later.

**Success Story:** The Tanzanian government's approach, which integrates community involvement and policy support, has seen positive outcomes in terms of the number of girls returning to school after childbirth. For example, a program in Zanzibar has shown a reduction in stigma, with a marked increase in the number of girls enrolling in secondary schools, post-pregnancy.

## Challenges

Despite the advancements, issues such as social stigmatization and a need for continuous support from schools remain critical barriers that must be addressed for effective reintegration

**Relevance to Lesotho:** For young mothers unable to return to mainstream schools due to stigma or practical challenges, community-based or alternative education programs (like part-time or open learning) could serve as vital bridges. Lesotho's education system can integrate such flexible pathways, especially in remote or conservative areas.

## **Uganda's Approach to Supporting Pregnant Girls and Adolescent Mothers: Comprehensive Sexuality Education and School-Based Support Systems**

In recent years, **Uganda** has adopted a more progressive and preventive approach to addressing **adolescent pregnancy and school dropout** through the integration of **Comprehensive Sexuality Education (CSE)** and the establishment of **school-based support systems**. While implementation is still evolving, these efforts are laying the foundation for better reintegration outcomes for young mothers.

### **1. Comprehensive Sexuality Education (CSE)**

Uganda launched the **National Sexuality Education Framework (2018)** to guide the integration of sexuality education into schools in a culturally respectful and age-appropriate manner. The goal is to equip learners with the knowledge and skills they need to make informed decisions about their sexual and reproductive health.

#### ***Key Features:***

Covers themes such as **human development, relationships, personal values, sexual behavior, and sexual and reproductive health**.

Delivered through existing subjects like **Life Skills, Biology, and Religious Education.**

Aims to **prevent early pregnancy, HIV infections, and gender-based violence.**

Though CSE has faced opposition from some conservative groups, it remains a cornerstone of Uganda's national response to adolescent pregnancy.

## **2. School-Based Support Systems**

Uganda has also focused on making schools safer and more supportive for pregnant and parenting learners by:

**Strengthening guidance and counseling services** within schools.

Establishing **peer support clubs** and **mentorship programs**, such as the *Girls Empowering Girls* initiative supported by UNICEF.

Linking schools with **healthcare services** to provide sexual and reproductive health information, antenatal care, and referrals.

Encouraging schools to support young mothers to **return and stay in school** after childbirth, with options for **flexible learning** where possible.

These interventions aim to reduce stigma, boost self-esteem, and create a school culture that supports rather than punishes adolescent mothers.

### **Relevance to Lesotho**

Uganda's model offers **valuable lessons for Lesotho**, where adolescent pregnancy remains a leading cause of school dropout, yet formal reintegration mechanisms are limited.

***Key Lessons for Lesotho:***

Uganda's Strategy	Potential Application in Lesotho
<b>CSE integrated into school curriculum</b>	Lesotho can strengthen and expand its Life Skills Education curriculum to provide more comprehensive, rights-based CSE to both girls and boys.
<b>School counseling and mentorship</b>	Schools in Lesotho could institutionalize guidance services and introduce peer-led clubs to provide psychosocial support and reduce stigma.
<b>Health and education collaboration</b>	Linking schools with local clinics can improve access to reproductive health services and reduce repeat pregnancies.
<b>Flexible return-to-school arrangements</b>	Formal policies can be developed to allow young mothers to return to school after childbirth, without discrimination.
<b>Community engagement</b>	Like Uganda, Lesotho can involve chiefs, churches, and parents in advocacy campaigns to support the reintegration of adolescent mothers.

## Kenya Re-entry Policy Framework

Kenya's **“Return to School Policy”** has been in place since the early 1990s. It mandates the readmission of girls who leave school due to pregnancy, without discrimination. What sets Kenya apart is its emphasis on community sensitization. Government efforts are complemented by school boards, parent associations, and local leaders who are trained to support returning learners. In some areas, mentorship programs and mother support groups have emerged as strong pillars of psychosocial support. Kenya also developed and implemented guidelines for re-entry of pregnant and parenting girls to school and provide

## Results

Significant increase in re-enrollment rates of young mothers

Shift in cultural attitudes towards teenage pregnancy and education

### Challenges

Despite these frameworks, implementation remains inconsistent across different regions. Some headteachers express reluctance to re-admit pregnant students due to concerns about school reputation and potential stigma among peers.

While Kenya has made significant strides in developing a supportive framework for pregnant girls and young mothers, ongoing challenges in implementation highlight the need for continuous advocacy, training and resources to ensure that these policies translate into practice effectively

### Recent Developments

Kenya government is currently drafting updated national Re-Entry Guidelines aimed at enhancing support for pregnant girls and young mothers. These guidelines are expected to provide more detailed steps for schools and ensure that all stakeholders understand their roles in facilitating re-entry into education.

**Relevance to Lesotho:** The Kenyan model demonstrates how policy implementation must go hand in hand with community ownership. Lesotho could enhance reintegration efforts by actively involving chiefs, church leaders, and school governing bodies in creating stigma-free environments for young mothers

### Malawi: Reintegration of Pregnant Girls and Young Mothers into Education System

The Government of Malawi, in collaboration with civil society organizations and development partners, has implemented a range of policies and programs aimed at supporting the re-entry of pregnant girls and young mothers into the education system.

## ***Policy and Programmatic Interventions***

Malawi's approach to reintegration has centered around both policy reform and practical support mechanisms:

**Re-admission Policy Reform:** In 2018, the Ministry of Education revised its re-admission policy to guarantee the right of girls to return to school after childbirth. The policy explicitly prohibits the permanent expulsion of pregnant students and promotes their reintegration in a stigma-free environment.

**Community Sensitization and Advocacy:** Community engagement has played a vital role in changing societal attitudes. Through partnerships with traditional and religious leaders, awareness campaigns have challenged norms around early marriage and reinforced the importance of girls' education, even after pregnancy.

**Support Services for Young Mothers:** Some schools have introduced practical support such as peer mentoring groups, school-based childcare facilities, and financial assistance through scholarships or school kits. These initiatives help reduce the socio-economic and logistical barriers that young mothers face when returning to school.

**Sexual and Reproductive Health Education (SRHE):** The integration of comprehensive SRHE into the curriculum aims to empower students with knowledge on reproductive health, prevent early pregnancies, and support informed decision-making.

## ***Key Achievements***

Malawi's reintegration efforts have yielded several positive outcomes:

**Improved Re-enrollment Rates:** an increasing number of girls are returning to school after childbirth, indicating growing community acceptance and awareness of their right to education.

**Enhanced Community Involvement:** Traditional authorities and parent groups have become more active in supporting young mothers, helping to break down stigma and provide moral support.

**Strong Partnerships:** Organizations such as CAMFED and UNICEF have provided essential resources, including mentoring programs, school supplies, and life skills training, contributing to the resilience and academic success of re-entering students.

Malawi's **Readmission Policy** ensures girls can return to school post-pregnancy, and it includes follow-up by school committees to track learners who drop out. In some schools, peer clubs have been created where girls can share experiences and receive guidance from teachers and role models.

### ***Challenges and Gaps***

Despite notable progress, several challenges persist:

**Stigma and Discrimination:** Negative attitudes from teachers, peers, and communities continue to hinder full reintegration. Young mothers often experience emotional and social isolation upon returning to school.

**Limited Support Infrastructure:** Many schools lack the resources to provide childcare, counseling, or financial support, which are critical to sustaining re-enrollment.

**Economic and Social Pressures:** Poverty, lack of family support, and childcare responsibilities can push some girls to drop out again after re-enrollment.

**Inconsistent Implementation:** While the policy exists, enforcement varies across districts, and many educators remain unaware of or untrained in applying it appropriately.

### ***Recommendations***

To strengthen and sustain reintegration efforts in Malawi, the following strategies are recommended:

**Ensure consistent policy enforcement and oversight** at all school levels, with clear guidance and accountability mechanisms.

**Expand access to comprehensive support services** including on-site childcare, psychosocial counseling, and financial aid for vulnerable families.

**Intensify community education and advocacy efforts** to reduce stigma and foster family and community support for young mothers.

**Invest in teacher training** on gender-responsive pedagogy, child protection, and inclusive education practices.

**Enhance data systems** to monitor re-enrollment, retention, and learning outcomes for pregnant girls and adolescent mothers.

### ***Conclusion***

Malawi's efforts to reintegrate pregnant girls and young mothers into education demonstrate a firm commitment to gender equity and inclusive education. With continued investment, stronger coordination, and deeper community engagement, the country is well-positioned to ensure that all girls—regardless of their circumstances—have the opportunity to complete their education and reach their full potential.

**Relevance to Lesotho:** The emphasis on peer support and school-level tracking in Malawi can be particularly useful for rural areas in Lesotho. Creating school clubs and empowering teachers as counsellors could significantly ease the reintegration process. Malawi intervention demonstrates the value of community-based structures and economic support in reducing barriers to re-entry.

### **South Africa: Supporting the Education of Girls Affected by Teenage Pregnancy**

South Africa has long recognized **teenage pregnancy as both a public health and education challenge**, affecting thousands of schoolgirls every year. In response, the government has implemented policies and support mechanisms to ensure that pregnant learners and young mothers can **remain in or return to school**, emphasizing the principles of **inclusion, non-discrimination, and dignity**.

#### **1. Legal and Policy Framework**

South Africa's response is anchored in a **rights-based approach**, ensuring that education remains accessible to all learners, regardless of pregnancy status.

Key Policy:

The **Measures for the Prevention and Management of Learner Pregnancy in Schools Policy (2021)** developed by the **Department of Basic Education (DBE)** provides detailed guidelines to:

Prevent unintended teenage pregnancies through **comprehensive sexuality education (CSE)**.

Ensure **continuation of education** for pregnant girls and adolescent mothers.

Promote a **supportive and stigma-free school environment**.

**The policy prohibits the expulsion or exclusion of pregnant learners** and calls for individualized support plans in consultation with the learner and their family.

## **2. Comprehensive Sexuality Education (CSE)**

South Africa integrates CSE through the **Life Orientation curriculum**, which covers:

Sexual and reproductive health,

Rights and responsibilities,

Consent and healthy relationships,

Gender norms and HIV prevention.

This aims to **empower learners with knowledge**, promote responsible behavior, and reduce teenage pregnancies.

## **3. Supportive School Environment and Flexible Learning**

The South African model promotes:

**Continued attendance** during pregnancy where medically safe.

**Temporary leave of absence** around childbirth, with an expectation of re-entry.

**School-based counseling** and referral to health services.

Training of teachers on how to handle cases of learner pregnancy **sensitively and confidentially**.

Emphasis on **collaboration between schools, families, and health workers**.

## **4. Community Engagement and Social Support**

The policy underscores the importance of **parental involvement, community sensitization, and addressing stigma**. Schools are encouraged to:

Engage **community leaders and caregivers**.

Conduct **awareness campaigns** to foster understanding and reduce discrimination against pregnant learners.

Relevance to Lesotho

South Africa's approach provides important lessons for Lesotho, where the **lack of a formal reintegration framework** and persistent social stigma continue to exclude adolescent mothers from education.

### **Key Takeaways for Lesotho:**

South African Strategy	Application for Lesotho
<b>Clear policy framework protecting pregnant learners</b>	Lesotho can develop and adopt a similar national policy that guarantees the right to education for adolescent mothers.
<b>Integration of CSE through curriculum</b>	Lesotho can expand its Life Skills curriculum to include comprehensive, age-appropriate CSE.
<b>Teacher training and school-based counseling</b>	Teacher capacity-building and counseling services are critical to managing re-entry support effectively.
<b>Community and parental engagement</b>	Mobilizing families, chiefs, and faith leaders can help break the stigma and create a more supportive environment.

### **Conclusion**

South Africa's model demonstrates a **holistic and compassionate approach** to addressing teenage pregnancy in schools—one that **balances prevention, support, and inclusion**. For Lesotho, embracing a similar framework could help more girls **stay in school, return after childbirth, and complete their education** with dignity.

### **Zambia: Reintegration of Pregnant Girls and Adolescent Mothers into Education – A Success Story with Lessons for Lesotho**

Zambia has emerged as one of the leading African countries implementing a structured, rights-based policy to reintegrate pregnant girls and adolescent mothers into the education system. The country's **Re-Entry Policy**, launched in 1997 and revised in 2016, has played a vital role in **ensuring that girls who become pregnant can return to school and complete their education**—a commitment to breaking cycles of poverty, early marriage, and gender inequality.

#### **1. The Re-Entry Policy: A Pioneering Step**

Zambia's **Re-Entry Policy** allows girls who become pregnant to:

**Take a mandatory break** from school during pregnancy and childbirth.

**Return to school** after delivery—usually within six months—at the same grade level or to a different school if needed.

Continue learning without **penalization, stigma, or forced expulsion**.

Schools are required to keep records, support returning learners, and **sensitize teachers and students** to create an enabling environment.

*Between 2002 and 2018, over 25,000 girls returned to school through this program.*  
(UNFPA Zambia, 2019)

#### **2. Community and School Support Systems**

The policy's success is strengthened by multi-level collaboration:

**Community sensitization campaigns** encourage families and chiefs to support girls' return to school.

Teachers are trained to handle reintegration with empathy and confidentiality.

Schools engage with **health services** and **social welfare** officers to support adolescent mothers with health care and psychosocial services.

Zambia also promotes **preventive education** through Life Skills Education and **peer clubs** focused on sexual and reproductive health.

### **3. Impact and Success Factors**

The Zambian model has been successful due to:

**Strong political will** and policy continuity.

**Clear reintegration guidelines** for schools, parents, and learners.

National efforts to **reduce stigma** and normalize the return of adolescent mothers to school.

Integration with **gender equality and girls' empowerment programs**.

In some districts, **traditional leaders** have passed community by-laws encouraging education after pregnancy and penalizing parents who refuse to send their daughters back to school.

### **Relevance to Lesotho**

Lesotho, which continues to face challenges with the reintegration of adolescent mothers—such as stigma, lack of policy, and limited support structures—can learn much from Zambia's experience.

Zambian Practice	How It Applies to Lesotho
<b>Re-Entry Policy guaranteeing return to school</b>	Lesotho could develop a similar formal national policy that protects the right of adolescent mothers to return to school.
<b>Community sensitization and traditional leader involvement</b>	Chiefs and village councils in Lesotho could be mobilized to support girls' education and reduce social stigma.
<b>School-based tracking and teacher training</b>	Equipping Lesotho's schools with tools and training for reintegration can improve support for young mothers.
<b>Partnership with health services</b>	Linking schools to clinics can provide comprehensive support—prenatal, postnatal, and psychosocial—for reintegrated learners.

## Conclusion

Zambia's reintegration model shows that **education systems can be inclusive without compromising standards**. By combining **policy reform, school-based support, and community engagement**, Zambia offers a practical and successful blueprint that Lesotho can adapt. Investing in girls' return to school after pregnancy not only upholds their rights but also contributes to **gender equality, poverty reduction, and national development**.

## Guyana: Reintegration of Pregnant Girls and Adolescent Mothers – A Pathway to Inclusion and Empowerment

### Background

Guyana, like many countries in the Caribbean and sub-Saharan Africa, has grappled with the challenge of **adolescent pregnancy contributing to school dropout**. For

years, early motherhood was seen as the end of a girl's educational journey. But Guyana has gradually shifted towards a **progressive, inclusive model** that gives adolescent mothers a **second chance at education**—a model increasingly viewed as a **best practice in gender-transformative education**.

## **Key Strategies and Successes**

### **1. Re-entry and Alternative Learning Pathways**

Guyana does not exclude pregnant girls from school. Instead, it allows:

**Temporary leave from school during pregnancy,**

**Return to the same school post-delivery**, or transfer to another school for a fresh start,

Access to **alternative education programs** (such as evening classes, community learning centers, or technical and vocational education and training (TVET)) for those unable to return to regular schooling.

This **flexible approach** helps ensure that motherhood does not permanently derail a girl's future.

### **2. Community and Family Support Initiatives**

Recognizing the importance of social acceptance, Guyana:

**Engages families, teachers, and community leaders** to support reintegration,

Promotes **non-discrimination campaigns** in schools and local media,

Encourages **community-based support groups** for young mothers to share experiences and build resilience.

This has been key in **reducing stigma** and ensuring that girls are welcomed back into school environments.

### **3. Life Skills and Comprehensive Sexuality Education (CSE)**

Guyana integrates **sexual and reproductive health education** into its national curriculum to:

Promote **informed decision-making** among youth,

Prevent repeat pregnancies,

Equip girls and boys with **knowledge about their rights and responsibilities**.

This proactive education also includes topics such as gender equality, respectful relationships, and assertive communication.

### **4. Psychosocial and Health Support**

Reintegrated adolescent mothers often face **emotional, financial, and health-related challenges**. Guyana's approach includes:

**School-based counseling services**, where available,

**Referral systems** to health clinics and social workers,

Coordination between the education and health sectors to ensure **holistic support** for young mothers.

### **Impact**

More girls are **returning to school post-pregnancy** and **completing secondary education**.

Young mothers accessing **alternative education pathways** are gaining vocational and entrepreneurial skills, increasing their independence.

Public discourse in Guyana has increasingly shifted towards **support rather than punishment** for adolescent mothers.

### **Relevance to Lesotho**

Lesotho, where adolescent pregnancy remains a major contributor to school dropout, can adapt key lessons from Guyana's reintegration model:

Guyana's Best Practice	What Lesotho Can Adopt
<b>Policy of re-entry and alternative pathways</b>	Develop a national reintegration policy ensuring girls can return to school or access flexible learning options.
<b>Community sensitization and anti-stigma campaigns</b>	Involve chiefs, faith leaders, and caregivers in breaking stigma around adolescent motherhood.
<b>CSE integrated into the curriculum</b>	Strengthen life skills education with comprehensive sexual and reproductive health content.
<b>School-based and referral support services</b>	Establish links between schools, clinics, and social workers to support returning mothers.

### ***Conclusion***

Guyana's experience proves that **reintegration is possible when approached with empathy, flexibility, and a commitment to gender equality**. For Lesotho, where adolescent mothers often face isolation and exclusion, adopting similar strategies could transform educational and life outcomes for thousands of girls. Education must not end with pregnancy—it must adapt and continue.

### **Sierra Leone: A Transformative Journey from Exclusion to Radical Inclusion**

#### **Background**

For years, Sierra Leone enforced a **ban on pregnant schoolgirls**, effectively ending the education journey of thousands of adolescent girls who became pregnant. This

discriminatory policy sparked national and global outcry. In a historic shift, Sierra Leone made bold reforms that are now considered **a model for gender-equitable education policy** in Africa.

## **Key Milestones and Best Practices**

### **1. Lifting the Ban on Pregnant Girls (2020)**

Following sustained advocacy by girls' rights organizations, civil society, and international bodies, Sierra Leone **officially lifted the ban on pregnant girls attending school** in 2020. This was a monumental step towards restoring the right to education for thousands of girls affected by early pregnancy.

The government publicly acknowledged the ban's harm and committed to **non-discrimination in education access**.

Girls who were previously forced out were encouraged to **return to school after childbirth**, without shame or penalty.

### **2. Radical Inclusion Policy (2021)**

In 2021, Sierra Leone introduced its "**Radical Inclusion Policy in Schools**", a progressive framework that:

Guarantees the **right of all children—especially girls, pregnant learners, young mothers, and children from marginalized communities—to access and remain in school**.

Provides clear guidance for schools to **support, not exclude**, pregnant and parenting girls.

Ensures that girls can **continue schooling during pregnancy** or return immediately after childbirth.

Discourages stigma and promotes **positive school environments**.

“We are saying to every girl: your dreams are valid, your education is your right.” – David Moinina Sengeh, Minister of Basic and Senior Secondary Education, Sierra Leone.

### **3. Holistic School and Community Support**

The success of reintegration in Sierra Leone is grounded in strong **community and institutional partnerships**:

**School counseling services**, where available, offer emotional support to young mothers.

**Teacher training** promotes sensitivity and confidentiality in dealing with adolescent pregnancy cases.

**Community sensitization campaigns** challenge harmful stereotypes and encourage parental and societal support.

In some regions, **childcare support** is provided at community learning hubs, making it easier for mothers to stay in school.

### **4. Legal and Protective Frameworks**

Sierra Leone has strengthened laws to protect girls from exploitation and early pregnancy:

**The Sexual Offences Act (2019)** enforces stricter penalties for child sexual abuse.

Ongoing advocacy has linked **education policy reform with legal accountability**, addressing both access and prevention.

### **Impact**

Since 2020, **thousands of girls have re-enrolled in schools**, breaking cycles of exclusion.

Girls now **openly attend classes while pregnant or after childbirth**—a once-taboo concept.

The Radical Inclusion Policy is being hailed internationally as a **blueprint for equitable education policy** in Africa.

### **Relevance to Lesotho**

Sierra Leone's transformation offers **concrete and culturally relevant lessons** for Lesotho, which continues to struggle with the **lack of a formal reintegration policy** and persistent stigma against pregnant and parenting learners.

Sierra Leone's Practice	How Lesotho Can Apply It
<b>Radical Inclusion Policy</b>	Lesotho can adopt a rights-based national policy guaranteeing pregnant girls the right to remain in or return to school.
<b>Elimination of punitive practices</b>	Policies that expel or discriminate against pregnant girls must be abolished in Lesotho.
<b>Teacher and school training</b>	Sensitize teachers to respond compassionately and confidentially to adolescent pregnancy.
<b>Community engagement</b>	Use community gatherings, local radio, and traditional leaders to challenge stigma and promote acceptance.
<b>Childcare and psychosocial support</b>	Introduce school-linked childcare and partner with clinics for counseling and health services.

### **Conclusion**

Sierra Leone's story is one of courage, policy reform, and national healing. By putting **girls' dignity, rights, and futures at the center**, the country moved from punishment to **compassion and empowerment**. Lesotho, with similar social and cultural dynamics, can draw powerful inspiration from Sierra Leone to **develop inclusive policies** that leave no girl behind—pregnant or parenting.

## **8. Stakeholder Roles and Involvement**

In this section the study present key stakeholders, their roles and the dynamics influencing educational outcomes in the country.

Ministry of Education and Training (MOET): the primary governmental body responsible for education policy and implementation. It initiates most education sector analysis and, develop and implement a M&E system.

### **International Donors and Agencies**

Organizations such as the World Bank, UNICEF, UNFPA, UNESCO and the Global Partnership for Education (GPE) significantly influence educational strategies through funding and technical assistance. They often set agendas that may not align with local needs, impacting the relevance of studies conducted.

### **Educational Institutions**

Schools and Universities: Institutions such as the National University of Lesotho and the Lesotho College of Education are crucial for teacher training and curriculum development. Their involvement is essential for improving educational quality.

### **Community Stakeholders**

Parents and local communities: Historically underrepresented in decision-making processes, their involvement is critical for identifying local educational needs and ensuring accountability. Religious Organizations: Many schools in Lesotho are church-owned, influencing educational delivery and governance

### **Non-Governmental Organizations (NGOs)**

NGOs often fill gaps in services delivery and advocate for policies that enhance access to education, particularly for marginalized groups.

## **9. Recommendations**

Based on the findings of research and best practices the study highlights several key areas for exploration and interventions. The following recommendations are proposed:

### **Policy Development and Implementation**

Enforce existing policies: strengthen the enforcement of laws and policies that protect the right to education for pregnant girls and young mothers. It is recommended that the Education Act 2010 should be amended and some of the policies such as inclusion policy, curriculum and assessment policy and others should be reviewed to include reintegration of pregnant girls and young mothers into education. This includes ensuring that schools cannot expel and suspend students due to pregnancy as punitive practices often deter re-entry.

Create clear guidelines: develop clear, actionable guidelines for schools on how to support pregnant students and facilitate their return after childbirth. This involves training for educators on inclusive practices and sensitivity towards the challenges faced by pregnant girls and young mothers.

### **Develop a Robust M&E system and Research**

Develop and implement a comprehensive and robust M&E system to track the implementation of these policies and asses their effects on reintegration of pregnant girls and young mothers into schools.

Conduct research adopting both quantitative and qualitative approaches that will provide insights in issues related to reintegration of pregnant and parenting girls

### **Support Programs**

Implement support services: introduce comprehensive support services within schools, such as counseling, childcare facilities and academic tutoring specifically tailored for young mothers. This would help address both academic and emotional needs.

Foster peer support groups that allow young mothers to share experience and provide mutual support. Programs like help Lesotho's Young Mother Program can serve as models for building resilience among participants.

Community engagement: engage community leaders, including religious and cultural figures, to advocate for the acceptance of pregnant girls and young mothers in schools. Their involvement can help shift societal attitudes towards teenage pregnancy and education.

### **Education curriculum**

Revise school curricula to include comprehensive sexual health education that address issues related to pregnancy, reproductive health and parenting skills, empowering girls with knowledge to make informed decisions

Training of teachers on maternal health care and management

Flexible learning options: offer flexible learning options such as online classes or evening sessions for young mothers who may have difficulties attending traditional classes due to childcare responsibilities. For those who are far from schools online teaching should be considered.

### **Financial Assistance**

Advocate for improved resource allocation that will enable schools to implement the reintegration policy. Financial support schemes: establish scholars or financial aid

programs specifically for pregnant girls and young mothers to alleviate economic barriers that may prevent them from continuing their education

Incentives for schools: provide incentives for schools that successfully reintegrate pregnant girls and support their educational journey, encouraging a more inclusive environment across educational institutions.

### **Awareness Campaigns**

Public awareness initiatives: launch awareness campaign aimed at changing societal perceptions of pregnant girls in education, highlighting success stories of young mothers who have successfully return to school after childbirth

Engage stakeholders: involve various stakeholders- including government agencies, NGOs, and community organizations in collaborative efforts to promote the rights of pregnant girls and ensure their access to education

### **Establish partnership with various stakeholders including NGOs**

The Ministry of Education and Training should establish partnership with NGO especially in the area of M&E and with academic institutions in the area of research.

## **10. Conclusion**

The reintegration of pregnant girls and young mothers into education system in Lesotho is critical not only for the personal development but also for the broader societal benefit. Addressing the existing barriers through comprehensive policies, community engagement, peer support and awareness campaigns can create an inclusive educational environment that support these young women in achieving their educational goals. By fostering resilience and providing necessary resources, Lesotho can empower a generation of young mothers to thrive both as students and as parents.

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