

NATIONAL POLICY

for the Reintegration of Adolescent Mothers
into the Formal School System



GUYANA
June, 2018



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Ministry of Education, Guyana

Eliminating Illiteracy, Modernizing Education, Strengthening Tolerance



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FOREWORD

MINISTER OF EDUCATION

Adolescent pregnancy is a major concern in Guyana with the country reported to having the second highest rate in the Caribbean and South America, with 97 out of every 1,000 girls between the ages of 15 and 19 giving birth. This has resulted in the majority of girls who have become pregnant to drop out of school. The Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women, (CEDAW) to which Guyana is a signatory, states that everyone has the right to an education and this includes adolescent mothers.



Hon. Nicolette Henry

The Ministry of Education recognizing that its children are its most precious resources is pleased to support the development of a policy which would ensure that the child's right to an education is realized and to provide adolescent mothers with an opportunity to complete their secondary education.

We would be derelict in our duties if we do not ensure that girls who become pregnant are given an opportunity to continue their schooling. The Reintegration of adolescent mothers into the formal school system is necessary in order for these girls to enjoy their right to an education, which will provide them with the foundation to improve their lives and the lives of their children.

At the Ministry of Education, we did not want the reintegration of adolescent mothers to be random and ad hoc, thus we saw it very necessary to support the development and implementation of a policy which will reintegrate adolescent mothers into the formal school system. Previously, when an adolescent girl becomes pregnant, her return to school is often done at the discretion of the head teacher, however, with this policy the schools will be mandated to ensure that the child is reintegrated into the school system using one of the options which is available.

The goal of this reintegration policy is not only to manage the reintegration of adolescent mothers into the formal school system, but it is also to advance the prevention of adolescent pregnancy.

This policy outlines the process that will facilitate the reintegration of adolescent mothers into the formal school system and the conditions under which the re-entry should take place. It is the Ministry of Education's desire that each adolescent mother be given the opportunity to continue and complete her education. This is only possible with the required support systems and services shall be in place to guarantee the safety and well-being of the infant and the adolescent mother. This policy will ensure that regulations and procedures are followed to ensure that the girls return to school in order to continue their education. We expect that over time that these adolescent mothers will be able to successfully complete their primary and secondary education in an environment that is supportive, free of discrimination and conducive for learning.

The policy was developed with the participation of a wide cross section of stakeholders including state and non-state agencies, community leaders and members, parents, adolescent mothers, students and faith based organisations.

I congratulate all members of the Reintegration Policy Development Committee and our sister Ministries of Health, Social Protection, Public Health, Presidency, Indigenous Peoples' Affairs, and Child Protection Agency who contributed to the development of a Policy which we anticipate will increase the life chances of school-aged mothers and their children.

We see that the absence of an education often results in second pregnancies and the perpetuation of poverty. The policy makes it mandatory for schools to readmit or admit teenage mothers after they have given birth.

For this policy to succeed, we all must understand the greater need for reintegration and the correlation with teen mothers completing their education and girls' empowerment and poverty reduction.

The document sets out clear guidelines to ensure that teen mothers are not denied the opportunity to re-enter the formal school system, to continue their education and the implementation of the policy will require all the stakeholders to be on board to ensure its success.

Let us do this for the young people of our country.

Hon. Nicolette Henry, M.P.
Minister of Education

MESSAGE UNICEF REPRESENTATIVE



Millions of children globally, are deprived of their right to education, and more than two-thirds of them are predominantly adolescent girls. Without the required education, skills and protection, many of these girls who may have dropped out of school due to pregnancy, may never be given a second chance, or provided with alternative opportunities to complete schooling, and this makes them even more vulnerable.

Pregnancy among adolescent girls is a significant issue globally and is often considered as a major impediment in the elimination of gender disparities in education and the attainment of every child's basic human right to education.

In Guyana, the percentage of adolescent pregnancy is between 20-22 % for girls below the age of 19 years and has remained constant at 1 % for girls under 15 years, according to the most recent data from the Ministry of Health. UNICEF recognises that an abrupt end to the adolescent mother's education with no suitable alternatives or support systems, places her at further risk of further exposure to abuse and exploitation.

UNICEF recognises that when girls and women are educated, their children are more likely to survive and to be healthier because these mothers become aware of the importance of better nutrition, immunisation and health care and the importance of an education. Generally, educated mothers also tend to send their children to school which is a vital key to breaking the cycle of intergenerational poverty

We welcome the Reintegration Policy for Adolescent mothers into the formal school system since this will ensure that adolescent mothers are not denied the opportunity to re-enter the formal school system, to continue their education and along with adequate support structures at home, at school and within the community, will have a positive impact on their lives and on society in the long term.

The Policy will also allow for adolescent boys who are fathers to be engaged and to be encouraged to complete school and to take up their responsibilities.

UNICEF supports the right of every child to vital information, skills and supportive environments in which to grow up and reach their full potential is very critical.

We commend the Ministry of Education and the other stakeholders who have taken the bold step that will ensure that adolescent mothers have an opportunity to complete their education cycle.

Sylvie Fouet
UNICEF's Guyana and Suriname Representative

ACKNOWLEDGEMENT

This Policy for the Reintegration of Adolescent Mothers into the formal school system is the product of regional consultations, focus group discussions and semi-structured interviews, which included representatives from the following agencies:

1. Ministry of the Presidency
2. Ministry of Education
3. Ministry of Public Health
4. Ministry of Social Protection
5. Ministry of Indigenous Peoples' Affairs
6. Regional Democratic Councils
7. Child Protection Agency
8. United Nations Children's Fund
9. Guyana National Commission for UNESCO
10. PAHO/WHO
11. UNFPA
12. Guyana Responsible Parenthood Association
13. Women across Differences
14. SASOD /Car Flags
15. Faith-Based Organizations
16. Community-Based Organizations



Mr. Marcel Hutson

Additionally, pregnant school-age girls and adolescent mothers were involved in the consultations. Separate focus group discussions were held with male and female students from Grades 6 – 10. The draft document was revised on the basis of feedback from a stakeholders' meeting, convened with the Reintegration Committee and UNICEF. Special thanks to all of the agencies mentioned for their immeasurable contribution to the Policy for the Reintegration of Adolescent Mothers into the formal school system.

The contribution of Mrs. Jewell Crosse, Youth and Adolescent Development Officer from UNICEF Guyana, under whose auspices the consultancy process took place, and Mrs. Colleen King-Cameron, National Coordinator of the Health and Family Life Education (HFLE) programme, from the Ministry of Education is hereby acknowledged and appreciated.

The Ministry of Education also wishes to express sincere appreciation to officials from the Ministry of Education, representatives from line ministries, representatives from NGOs, FBOs and CBOs, adolescent mothers, students and teachers in Regions 1, 4, 6, 8 and 10 whose involvement was vital to the formation of this Policy.

Special thanks and appreciation is extended to the Monitoring and Evaluation Specialist from UNICEF Mr. Michael Gillis, for his technical assistance and guidance in the formulation of this policy.

The Ministry of Education is indeed grateful to UNICEF for providing the financial support for the development of this policy.

Finally, the Ministry of Education expresses profound gratitude, deep appreciation and indebtedness to Dr. Morella Joseph, Consultant, for the successful completion of this undertaking.

Marcel Hutson
Chief Education Officer

ACRONYMS

ASRH	Adolescent Sexual Reproductive Health
CARICOM	Caribbean Community
CBO	Community Based Organisation
CEDAW	Convention on the Elimination of Discrimination against Women
ICESCR	The International Covenant on Economic, Social and Cultural Rights
COHSOD	Council for Human and Social Development
CPA	Child Protection Agency
CRC	Convention on the Rights of the Child
CSEC	Caribbean Secondary Education Certification
CVQs	Caribbean Vocational Qualifications
CWJF	Women's Centre of Jamaica Foundation
ECD	Early Childhood Development
FBO	Faith Based Organisation
GRPA	Guyana Responsible Parenthood Association
HFLE	Health and Family Life Education
IEP	Individual Educational Plan
M&E	Monitoring and Evaluation
MoE	Ministry of Education
MoPH	Ministry of Public Health
NGO	Non-Government Organisation
PTA	Parent Teachers Association
REDO	Regional Education Officer
SBAs	School Based Assessments
SDGs	Sustainable Development Goals
STIs	Sexually Transmitted Infections
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WAD	Women Across Differences
WHO	World Health Organisation

GLOSSARY OF TERMS

This policy outlines the roles and responsibilities of various stakeholders that have an effect on the prevention of school-age pregnancy, the support of pregnant school-age girls and adolescent parents and their reintegration into the formal school system or alternative educational pathways. Where the role of the Principal has been specified, this role may be delegated to another teacher or staff member, depending on the situation. However, the final responsibility for the implementation of the required activities will rest with the Principal.

An *adolescent mother* refers to a female of school-age (under the age of 18 years) who has delivered a new-born infant and enters into motherhood.

The term *Adolescent parent* refers to either the natural mother or father of the new-born infant of school-age.

Expectant father refers to the adolescent student under the age of 18 years who is having a child with a school-age girl. Notwithstanding, the father of the new-born infant could also be an adult over the age of 18 years.

Individual Educational Plan (IEP) is a plan or programme developed by the pregnant adolescent with guidance from the school to help her get the most out of her education during the period before and after delivery.

Parents are defined to include “all those who provide significant and/or primary care for adolescents, over a significant period of the adolescent’s life, without being paid as an employee”¹. Thus, the term “parent” refers to the parent of the adolescent mother or expectant father, and is the grandparent of the newborn infant

The terms *pregnant adolescent*, *pregnant school-age girl* and *pregnant student* are used interchangeably and refer to a female student under the age of 18 years (in accordance with the definition of “child” in the Protection of Children Act, Chapter 46.06), who could not continue to attend primary or secondary school upon disclosure or detection of her pregnancy.

Prenatal care and *antenatal care* are used interchangeably in this policy and refer to the health services received during the time of pregnancy up to the time of delivery. During that period, the adolescent girl is educated by health care professionals, midwives or sometimes by an obstetrician on a positive pregnancy experience, which, according to the WHO should¹

¹ Quoted from a 2007 World Health Organisation publication: *Helping parents in developing countries improve Adolescents’ health*; section heading: *Dimensions of Parenting*; page 7.

“Seek to ensure not only a healthy pregnancy for mother and baby, but also an effective transition to positive labour and childbirth and ultimately to a positive experience of motherhood”².

Postnatal care begins immediately after the baby is born and continues for six to eight weeks. This period after delivery is critical to the health and survival of both the mother and her newborn baby.

For the purpose of this Policy *‘reintegration’* refers to the efforts made by the Ministry of Education and other line Ministries, schools and key stakeholders to facilitate the re-entry/re-admission of adolescent mothers to the same school or admission to an alternate school in mainstream education at least six (6) weeks after birth or as soon as circumstances permit. In assuming this definition, it is noteworthy that reintegration into mainstream education may not be acceptable to some adolescent mothers, who might decide on more specialist or alternative educational provision.

² Quoted from a WHO publication *Sexual and Reproductive Health: New guidelines on antenatal care for a positive pregnancy experience*, Geneva, 7 November, 2016

1.0 EXECUTIVE SUMMARY

*If the world is to meet its commitment under the SDGs to ‘leave no one behind’,
we have to fight the exclusion and discrimination that stop lots of
different groups of children fulfilling their potential.
Save the Children (2016)*

Policy Goal

The goal of this policy is to advance the prevention of adolescent pregnancy and the management of the reintegration of adolescent mothers into the formal school system. This will ultimately help to reduce the number of pregnancies among school-age girls and increase the number of adolescent mothers who re-enter the formal school system to complete their secondary education.

The Right to Education

Education is a human right acknowledged in several international Conventions as a “multiplier right”; essentially as it creates an avenue to realize other human rights. To achieve this right and the objectives of Guyana Vision 2030 that will positively impact the lives of adolescents and their families, it is imperative that a *policy* is put in place to address the problem of adolescent pregnancy and school-age mothers.

The right of every Guyanese child to basic quality education is both a constitutional requirement and a legal obligation as a signatory to several International Agreements. Notwithstanding that fact, in practice, pregnant girls of school-age and adolescent mothers are denied an opportunity to realize that right by being excluded from the education process upon detection of pregnancy; a decision that has a significant impact on their lives and that of their children. Even though there is no national law, school-based policy or regulation that explicitly requires the expulsion or exclusion of pregnant students or adolescent mothers from continuing their education or re-entering the formal school system the practice still exists. Hence, there is a need for this National Policy on the Reintegration of Adolescent Mothers into the Formal School System.

Policy Aim and Key Sections

The aim of the Policy is to outline the process that will facilitate the reintegration of adolescent mothers into the formal school system and the conditions under which the re-entry should take place. However, the onus will be on the adolescent girls and their families to decide if and when they will take advantage of the opportunities afforded by the Policy.

The Education Act does not address the issue of “exclusion”. When a pregnancy is detected, steps shall be taken to ensure that the pregnant student is provided with the necessary support during that

period of pregnancy. The focus after delivery is to encourage the adolescent mother to continue her education as soon as circumstances permit. The required support systems and services shall be in place to guarantee the safety and well-being of the infant and the adolescent

Key Policy Sections: 1) Policy Environment

2) Guiding Principles

3) Tracking adolescent pregnancy in the school system

4) Reintegration of Adolescent Mothers in the formal school system
or alternative educational programmes

5) Tracking and support after reintegration

6) Implementation, Dissemination and Awareness

7) Monitoring and Evaluation

8) Policy Implications

9) Policy Recommendations

The reintegration of adolescent mothers into the formal school system is deemed to be the main focus of this Policy with the expectation that over time, most of them will be able to successfully complete their primary and secondary education in an environment that is supportive, free of discrimination and conducive for learning.

Methodology

The primary data was collected during Stakeholder-Consultations, Focus Group Discussions and semi-structured interviews with students, pregnant school girls and adolescent mothers. During the group sessions, participants were given an opportunity to share their thoughts, opinions and experiences on a set of thematic areas related to the main issues of adolescent pregnancy, motherhood and the reintegration of adolescent mothers in the formal school system. The questions were selected from an Interview Schedule designed to generate discussions and to gather information to:

- determine the prevalence of adolescent pregnancy and its implications,
- identify and assess the factors that could influence the reintegration of the adolescent mothers in the formal school system in Guyana;

- determine how these anticipated challenges can be addressed
- get first-hand information on what adolescent mothers and pregnant school-age girls experience in their dual role of being an adolescent and coping with the demands of motherhood; and

determine how to proceed with the development and implementation of the Policy on the Reintegration of Adolescent Mothers in the Formal School System.

The information, organized into thematic categories, established that several socio-economic and cultural factors could hinder the reintegration process making it impossible for adolescent mothers to re-enter the school system. Also emerging from the Field Work was a recommendation to consider for inclusion in the Reintegration Policy, alternative options to accommodate the many adolescent mothers who may wish to opt out of re-entering the formal school system. It is hoped that this will address the right of every child to education and also improve gender equality in education.

A Desk Review was carried out to determine, among other issues, trends in adolescent births in the ten (10) Regions of Guyana. The Review revealed that many adolescent girls in Regions beyond the Caribbean drop out even when provisions are made for them to re-enter the school system. The Review also indicated the challenges first-time adolescent mothers have to contend with regarding the demands on their stage of adolescent development and their ability to adapt to their new role as a parent.

Tracking and Protection of Adolescents

Support for pregnant and parenting adolescents is crucial. Pregnant and adolescent parents experience a range of emotions, responsibilities and challenges that can be especially difficult for them to navigate.

In implementing this Policy, each situation shall be assessed on an individual basis with particular attention paid to the needs of the new-born child, options for child care services, access to antenatal and post-natal care, and the cultural, socio-economic, health and environmental factors impacting the life of the adolescent mother.

The Ministry of Education is committed to the care, safety and protection of all children attending schools in Guyana. This Policy will therefore introduce referral and tracking pathways to be implemented by school staff to protect and support female students in circumstances where pregnancy is detected and when allegations of culpability are made against a male student, staff or another adult in the community.

This tracking system can help adolescents to access adequate pre and post-natal care, increase their readiness for their change in status and eventual readiness for school success and participation in community life. Tracking pregnant and adolescent mothers will require a collaborative and multi-sectoral approach and shall be a major component of the Reintegration Policy in Guyana. Procedures

for reporting shall be made in accordance with the Protection of Children Act, Chapter 46.06 (7).

Protection of children is a Multi-Ministerial initiative and a shared community responsibility. This Policy acknowledges that the best interests of adolescent mothers shall be met through government and non-government stakeholder partnership, in accordance with existing procedures and best practices.

Implementation and Monitoring of Policy:

The Ministry of Education shall be the lead Ministry in the implementation process. In order to guarantee public ownership of it, the Ministry shall put measures in place to ensure that the Reintegration Policy is widely disseminated to all key and relevant stakeholders. It shall ensure that steps are taken to facilitate the effective implementation and monitoring of the Reintegration Policy. Several measures were identified to include these services and activities:

- Continuous public education and awareness programmes using the media and focus groups to target parents, community groups and adolescent boys and girls;
- Supportive environment that ensures that teachers, students and general school staff are sensitized to the needs of pregnant adolescent girls.
- An effective tracking system that will capture regular progress reports on school attendance, performance and challenges
- M&E officers for specific areas to keep track of adolescent mothers and to ensure the effective implementation of the Policy
- Counselling and psycho-social support services;
- Convening parenting sessions and family support groups
- Post-natal services and daycare systems

Conclusion

It is intended that this Policy will assist Guyana to achieve its national, regional and international commitments. By extension, the policy shall ensure that adolescent mothers are able to continue their education in the same school or another school at least six (6) weeks after delivery. This is critical as it will also enable Guyana to achieve its elusive goal regarding gender equality.

Universal acceptance and implementation of this Reintegration Policy will not be immediate, but effectively managed and promoted, its provisions will adequately respond to the problem of adolescent pregnancy and the challenges posed by adolescent mothers from different Regions. It will also have a positive impact on the well-being of pregnant school-age girls, adolescent mothers and their new-born babies.

Finally, the dominant conclusion at the most strategic level is that, to be effective, reintegration will have to be heavily reliant on an environment where a culture of inclusion, commitment to ensure that the needs of all students are met free of discrimination and that the appropriate resources (human, financial and material) are in place. Steps should also be taken to ensure that all public schools comply with the provisions of the Reintegration Policy.

2.0 INTRODUCTION

Pregnancy among adolescent girls is a significant challenge globally and is often considered as a major impediment in the elimination of gender disparities in education and the attainment of every child's basic human right to education.

The State of the World Population Report 2013 produced by the UN Population Fund noted that out of 7.3 million births, 2 million are to adolescent girls who are 14 years or younger. Many of these girls suffer “grave long-term health and social consequences from pregnancy”³. The Report also stated that an estimated 70 thousand adolescents in developing countries die each year from complications during pregnancy and child birth.

According to the UNFPA Report, *Guyana has the second highest rate of adolescent pregnancy in the Caribbean region with a birth rate of 97 per 1,000 adolescent girls mostly below the age of 18 years* and this is cause for concern.

A factor that must not be discounted is that many adolescent pregnancies may be a consequence of forced sex rather than consensual or risky sexual behavior. With a high rate of adolescent pregnancy (3814 reported cases in 2015); Guyana is committed to addressing all forms of discrimination and violence against women and girls. Guyana is a signatory to several International Conventions and Declarations which, not only prohibit such discrimination and violence, but also promote the rights of children and women including pregnant girls and adolescent mothers.

The country recognizes education of all children as a basic human right as stipulated in Article 26 of the United Nations Universal Declaration of Human Rights created especially for the youth. The country further recognises education as a fundamental right enshrined in the Convention on the Rights of the Child and guaranteed by its Constitution, the Education Act and Guyana Vision 2030.

Notwithstanding the articulation of government's position on Child Protection in the National Development Plans (2013), not much has been done with regard to putting in place practical initiatives that explicitly facilitate the re-entry of school-age mothers in the formal school system to continue their education. Besides, there are many existing factors that impede thousands of adolescent mothers from achieving this basic human right to education.

Research findings have confirmed that adolescent pregnancies are interlinked with profound negative consequences on the physical and psychological well-being of girls. The findings from focus group discussions and semi-structured interviews with adolescent mothers and pregnant school-age girls revealed that many have contemplated illegal abortion, abandoning their new-born child and

3 Data taken from “Motherhood in Children: State of the World Population: Facing the Challenge of Adolescent Pregnancy. UNFPA, 2013.

infanticide in order to overcome the stress, stigma, the loneliness and to prevent motherhood from interfering with their education and future⁴.

In the absence of a comprehensive policy to seriously address this situation which is affecting so many adolescent girls throughout the country, schools in the ten Regions have employed various approaches to address school-girl pregnancy. Unfortunately for most, adolescent female pregnancy signals the end of their formal education. The Ministry of Education has therefore taken steps to develop a policy that will ensure that adolescent mothers have an opportunity to complete their education cycle.

This Policy is designed to minimise some of the challenges that pregnant school-age girls and adolescent-parents are confronted with. The need to improve the educational rights of pregnant girls and adolescent mothers is based in part, on the premise that education is a powerful tool to break the intergenerational cycle of poverty and will also affect the destiny of their children and future generations. Children of less educated mothers are unlikely to complete school themselves, more likely to become poorly educated, and may have fewer opportunities to better their lives. According to a recent report by Save the Children, “*the children of uneducated mothers are more than twice as likely to die or be malnourished than the children of mothers who have secondary or higher education*”⁵.

4 Result of Interviews conducted with pregnant adolescent girls and adolescent mothers as part of the Field Work conducted to collect data to inform the development of this Reintegration Policy. Guyana: Interim Report 2017

5 This is according to the recent Save the Children Report: EVERY LAST GIRL - FREE TO LIVE, FREE TO LEARN, FREE FROM HARM, as part of their wider campaign on EVERY LAST CHILD.

3.0 SITUATION ANALYSIS

3.1 Regional and International Commitment

The right of pregnant school girls to an acceptable education is explicitly recognized in the United Nations Convention of the Rights of the Child (UNCRC), among other Conventions. Yet, in many instances, there is a disconnection between international law and national law, and between law and practice. Consequently, thousands of pregnant and adolescent mothers are denied access to education.

As a signatory to several International Agreements promoting the right of all children to quality education without discrimination, the government of Guyana has a legal obligation to ensure that measures are in place which will allow adolescent mothers to complete their education in the same school or another school at the same level. The government also has a responsibility under the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1976) to guarantee the safety and well-being of their children to facilitate the completion of the adolescent mothers' education cycle.

At the Regional level, Guyana is committed to the implementation of the CARICOM Integrated Strategy for the Reduction of Adolescent Pregnancy approved by the Twenty-seventh Meeting of the Council for Human and Social Development (COHSOD) on Education in 2015. The Strategy emphasized the need for adolescent boys and girls to have access to age appropriate comprehensive sexuality education. The Strategy specified six major Outcomes that all Member States must strive to achieve by 2020. Outcomes 1 and 3 are noteworthy:

Outcome 1	All adolescent boys and girls have access to responsive sexual- and reproductive health services, information and commodities.
Outcome 3	All Governments to implement social protection mechanisms for the prevention of all forms of violence against adolescent girls; especially the poorest and most marginalized.

Also, at the Regional level, Guyana is committed to the Regional Framework for Action for Children (2015-2020), which was also endorsed by the Twenty-Seventh Meeting of the COHSOD in 2015. The Framework manifests the provisions of the Universal Conventions and Declarations relating to children's rights, and the targets of the 2030 Sustainable Development Goals (SDGs), in particular Goals 3, 4 and 5.

Models for implementation have emerged in several countries to achieve the rights of adolescent mothers to education. The ‘Student Alliance for Female Education’ (SAFE) is used as a model and best practice in the United States and is similar to the “Young Mothers in Education” programme in Plumpton High School in Sydney, Australia. Correspondingly, the Women’s Centre of Jamaica Foundation (CWJF), which provides social programmes and services to support school-age mothers, is considered a best practice in Jamaica. The CWJF

“has been seen to provide a holistic, rights-centric environment to preparing a school-age mother, together with her family and baby-father, for the equally important tasks of completing her education and raising her child”⁷.

3.2 The Guyana Context

The State of the World Population Report (2013) stated that Guyana has the second highest rate of adolescent pregnancy in the Caribbean Region. School-girl pregnancy, especially among adolescents who are under 15 years of age in Guyana is becoming a problem (despite a decline in 2016) and may be much more serious than is commonly assumed. Pregnancy-related school dropouts are also of grave concern. The Primary Health Care Data indicate that between 2015 and 2016 there were 6937 adolescent pregnancies; most of these adolescents were denied an opportunity to continue their education. As a consequence, they lost their already low opportunity of becoming gainfully employed and faced stigmatization from parents, peers and communities.

Table 1 indicates the number of reported cases of adolescent pregnancy by age for 2015 and 2016 for the ten (10) Regions in Guyana. The data combines Georgetown Region 4 East Bank, East Coast, Central and Municipality for 2015 and 2016.

Table 1: Raw Primary Health Care Data from Health Care Facilities

Pregnancy by age & Region: 2015	1	2	3	4	5	6	7	8	9	10	TOTAL
Under 15 years	24	7	2	22	3	14	7	3	14	8	102
15-19	358	266	499	1212	200	351	148	92	217	261	3712
Pregnancy by age & Region: 2016	1	2	3	4	5	6	7	8	9	10	TOTAL
Under 15 years	18	12	4	13	1	6	5	3	26	8	91
15-19	257	209	416	1043	164	491	39	74	204	174	3032

Source: 2015 & 2016 Primary Health Care Data

6 The UN Sustainable Development Goals: <https://sustainabledevelopment.un.org/?menu=1300>

7 Taken from the Jamaica National Policy: Reintegration of School-Age Mothers into the Formal School System, Ministry of Education, Jamaica, 2013

Adolescent pregnancy is cited in Guyana as a “symptom of a bigger societal sickness”⁸. The result of the Stakeholder Consultations and Focus Group Discussions revealed that socio-economic and cultural factors such as poverty, incest, sexual exploitation, solicitation and abuse, gender inequality, weak criminal justice system, forced child marriages, parental and professional complicity and ineffective systems of reporting significantly contribute to adolescent pregnancy especially in the rural and interior Regions.

In 2011, the Ministry of Education, through the School Welfare Unit in collaboration with the relevant agencies, began the process of reintegrating adolescent mothers into the formal school system, using a referral and monitoring scheme. However, the number of adolescent mothers who (*formally*) re-entered the school system between 2011 and 2012 (eleven and fourteen respectively) is negligible when compared with the data received from the Ministry of Public Health in relation to patterns of adolescent pregnancy across the country in that period. (See Table 2)

Data from the Statistical Department of the Ministry of Public Health (2013) indicated that in the period 2011 – 2013, the range of adolescent pregnancy among females below the age of 19 years was 20 – 22%. From 2013 – 2016 only 34 adolescent mothers re-entered the formal school system from seven (7) Regions.

The previous reintegration effort has evidently been inadequate. It placed emphasis on the re-admission of adolescent mothers with no attention given to the health and well-being of the adolescent mothers and their new-born babies. Table 2 gives an indication of the number of adolescent mothers who re-entered the formal school system during the period 2013 – 2016.

Table 2: Re-entry Data 2013-2016

Regions	1	2	3	4	5	6	7	8	9	10
Re-entry 2013-2016	6	3	3	4	n/a	10	1	n/a	2	n/a
2015	Georgetown – 5									

Source: Ministry of Education (School Welfare Officers)

This reintegration process was done on an ad hoc basis since an official policy on reintegration does not exist in Guyana. In the absence of this policy, school administrators across the country continue to utilize different approaches to address adolescent pregnancy. In most instances, these school girls are either expelled or forced to drop out of school upon detection; a decision that brings to an immediate end their formal education. This is a huge source of discrimination against adolescent girls in education; an indication that distinctly underscores the need for a system-wide and multi-sectoral approach to the problem of adolescent pregnancy.

⁸ Quoted from feature address delivered by Minister within the Ministry of Education, Hon. Nicolette Henry at the launching of the “Still I Rise-Reintegration of Teen Mothers in Education” Project by Guyana Responsible Parenthood Association (GRPA) AND Young Women’s Christian Association (YWCA) in July 27, 2016.

Guyana has to meet its International obligation with regard to the provision of quality education for all children. The consultations conducted in preparation for the development of this Policy highlighted the lack of support for compulsory school-age mothers and concluded that many of the poor outcomes associated with adolescent pregnancy are preventable if the appropriate support systems and services are put in place. However, no specific provision is made for them in school-based policies and Education Sector Plans.

To achieve this obligation, particular attention shall be given to pregnant school-aged girls and adolescent mothers. Correspondingly, the reintegration programme in Guyana will have to be entrenched in a strongly supportive environment with appropriate legislation, policies, guidelines and implementation strategies.

Over the past few years, Guyana has made significant changes to the legislative framework for the protection of children and the rights of children. A comprehensive legislative framework on the protection of children was passed in 2009 in Parliament to complement the 2005 Criminal Law Offences Act No. 16 (Age of Consent) and the Marriage (Amendment) Act:

Childcare and Protection Agency Act No. 2 of 2009; Protection of Children Act No. 17 of 2009; The Adoption of Children Act No. 18 of 2009 and The Status of Children Act No. 19 of 2009. These laws now provide for the rights of children in consonance with the amendments to the constitution in 2003⁹.

Notwithstanding these achievements in Legislative Reform, there is still a disconnection between law and practice which will need to be addressed if the Reintegration Policy is to be successfully implemented. In addition, it is important to pay particular attention to the lives of adolescent mothers and pregnant school-age girls. In the majority of cases, the pregnancy was unintended and this can place considerable strain on them and on their families. Most of those interviewed for this Policy welcomed the opportunity to re-focus on their education and training needs beyond compulsory school-age in order to secure a better future for their children. However, they want to be assured of access to State-support quality childcare and facilities /services for ECD especially in the Hinterlands.

⁹ *Period Report to the Committee on the Rights of the Child: Second, Third and Fourth Combined Reports of States parties due February 2008. The Report was submitted by the Government of Guyana in 2010. The section under Sale, trafficking and abduction (art. 35) is noteworthy.*

4.0 POLICY ENVIRONMENT

It is of utmost importance to ensure that Guyana has an enabling policy environment that is committed to eradicating all the obstacles that stand in the way of adolescent mothers' access to school, their performance and completion of their secondary education.

4.1 National Commitments:

4.1.1 The Constitution of the Co-Operative Republic of Guyana Act 1980:

Article 27 of the Guyana Constitution states that “*Every citizen has a right to free education*”. This national commitment is recognized as a human right in many universal treaties including the International Covenant on Economic, Social and Cultural Rights (CESCR). The right to education also includes the prohibition of discrimination against students at all levels of the school system including adolescent mothers who re-entered to continue their education. As a “multiplier right”, if realized, this right shall enable adolescent mothers to access other human rights. In addition, Articles 24 and 40 (1) of the Constitution guarantee the right to health of the country's population.

4.1.2 Guyana Education Sector Plan 2014 – 2018 (Volume 1):

As part of its “Core Values and Mandates” the Ministry of Education declared its “commitment to quality and equity in education, with no barriers in access to anyone”. The Sector Plan confirms that all citizens of Guyana are assured of the “*best possible opportunity to achieve their full potential through equal access to quality education*”. On the basis of these mandates, the policy will be designed to ensure that the barriers impeding adolescent mothers' access to education be eliminated.

4.1.3 Protection of Children's Act 46.06:

This Act provides for the *protection of children at risk or in difficult circumstances* by placing them in the assistance or care of the Childcare and Protection Agency. Section 4 – Child, Youth Family Services Principles' (f) states that services of the State shall be provided in a manner that acknowledges a child's overall needs for safety, health, education and well-being.

4.1.4 The Sexual Offences Act Chapter 8.03:

The provision under the *Sexual Offences Act* at which a person can consent to sexual activity is 16 years old. Children under the age of 16 years of age are afforded protection from “Child Sex Offences” under the Sexual Offences Act Part II of the Laws of Guyana, revised in 2013. In most cases, adolescent pregnancy is unintended and is usually a result of rape, incest and solicitation.

4.1.5 The Medical Termination Act Chapter 32.05:

Abortion is no longer criminalized under the Criminal Law (Offences) Act Chapter 8:01. In 1995, Guyana passed the Medical Termination Act Chapter 32:05 to legalize the termination of pregnancy in certain circumstances. This *Medical Termination of Pregnancy Act* was enacted for three major purposes:

- a) To enhance the attainment of safe motherhood by eliminating the deaths and complications associated with unsafe abortion;
- b) To enhance the dignity and sanctity of life by reducing the incidence of induced abortion
- c) To prescribe those circumstances in which any woman who voluntarily and in good faith wishes to terminate her pregnancy may lawfully do so. Medical Termination is one of the choices available to pregnant school-age girls.

4.1.6 Policy on School Health, Nutrition and HIV&AIDS:

Mechanisms and services are in place to provide psychosocial support in schools and to work with NGOs, CBOs and FBOs to develop systems that provide emotional, educational and spiritual support. Provision is also made for schools to foster and maintain a social climate and physical environment that will promote health, well-being, non-violence and safety; free of stigma and discrimination.

4.2 International Commitments:

As a signatory to several international agreements, Guyana has a legal obligation to ensure through its Laws and Policies that the commitments identified below are achieved.

4.2.1 The United Nations Convention on the Rights of the Child (CRC) and the General Comment No. 20 (2016) on the implementation of the rights of the child during adolescence:

This Convention clearly emphasizes the child's right to an education and freedom from discrimination.

The committee of the CRC which monitors the Convention has mandated governments to provide support and guidance to adolescent mothers and fathers for their well-being and that of their children. The Committee also calls on State parties to “foster positive and supportive attitudes towards adolescent parenthood” and “develop policies that will allow adolescent mothers to continue their education”. The Committee urges governments to “ensure appropriate pre-natal and post-natal health care for mothers and that comprehensive and appropriate affirmative action measures are introduced in order to diminish or eliminate conditions that result in direct or indirect discrimination against any group of adolescents on any grounds.” One of the main objectives of Comment No. 20 is to provide

States with guidance on the legislation, policies and services needed to promote comprehensive adolescent development consistent with the realization of their rights. This Policy will help Guyana achieve these CRC mandates¹⁰.

4.2.2 The United Nations Convention on the Elimination of all Forms of Discrimination

Against Women (CEDAW): A key element in Article 12 (1) makes reference to adolescent girls who are often vulnerable to sexual abuse by older men and family members, thereby placing them at risk of physical and psychological harm and unwanted and early pregnancy. This Convention acknowledges that “*the realization of the right to education is critical for providing girls with the tools necessary to overcome entrenched discrimination and inequalities*”¹¹. As a signatory to the CEDAW, Guyana is legally bound to take appropriate measures against all forms of trafficking, violence, discrimination and exploitation of girls.

4.2.3 The International Covenant on the Economic, Social and Cultural Rights (ICESCR):

States Parties to this Covenant recognize the right of everyone to education (Art.13). The Committee on Economic, Social and Cultural Rights (CESCR) which provides oversight of the ICESCR noted that “education is the primary vehicle by which economically and socially marginalized adults and children can lift themselves out of poverty and obtain the means to participate fully in their communities.” Research has confirmed the link between adolescent pregnancy and poverty. This Reintegration Policy can serve as a tool to achieve the realization of this right and help to break the intergenerational cycle of poverty and adolescent pregnancy.

4.2.4 2030 Agenda for Sustainable Development

Governments are committed to not leaving anyone behind. The new global goals and the broader sustainability agenda address the root causes of poverty and the universal need for development that works for all people¹². The government of Guyana is committed to ending poverty, promoting health and well-being and ensuring inclusive and equitable quality education for all. The reintegration of adolescent mothers into the formal school system is a step in achieving the global agenda, in particular SDGs 1, 3 and 4.

¹⁰ Recommendation made by the Committee on the Rights of the Child in “Consideration of the reports submitted by States parties under article 44 of the Convention-Combined second to fourth periodic reports of States parties due in 2008” (January 2012)

¹¹ The CEDAW 30 Articles can be viewed at <http://www.un.org/womenwatch/daw/cedaw/> Guyana has taken steps under the Child Protection Act Chapter 46:06 Part VIII and Sexual Offences Act to provide some level of protection against prostitution and incest

¹² The 2030 Agenda for Sustainable Development can be viewed at: <http://www.un.org/sustainabledevelopment/development-agenda/>

4.3 VISION

The Policy is designed to achieve the vision which is enshrined in Sustainable Development Goal 4: *“An inclusive and equitable quality education and promote lifelong learning opportunities for all”*.

4.4 GOAL

The goal of this Policy is to ensure that all mothers are reintegrated into the formal school system to complete their education, or an alternative educational programme.

4.5 POLICY OBJECTIVES

The objectives for the attainment of the goal are as follows:

POLICY IMPLICATIONS	Legislation and legislative reform; ensuring enforcement and synergies with policy and practice.
	Budgeting: especially for the HFLE Unit where the Reintegration Programme will be anchored. Considerations shall be given to the provision of subventions for NGOs such as WAD and the GRPA that may have to expand their programmes regionally to support and help meet the needs of pregnant school girls and adolescent mothers.
	Resources: Human, financial, infrastructural
	Training of teachers and counsellors
	Alignment and synchronization of transitional and Outreach programmes
	The functioning and operations of the HFLE and Guidance and Counselling Units of the Ministry of Education
	Multi-sectoral collaboration and stakeholder partnerships

5.0 KEY POLICY DELIVERABLES

The main expected outcome of this Policy is the reintegration of adolescent mothers into the formal school system. Other outcomes are constructed to provide supporting roles to ensure the completion of primary and secondary education by adolescent mothers. They are as follows:

- 1) A reintegration programme with responsibility for coordination, advocacy and communication, implementation, monitoring and evaluation of the Policy established within the HFLE Unit of the Ministry of Education.
- 2) The Committee for the reintegration of adolescent mothers established. The Committee will work closely with the National HFLE Coordinator to provide oversight for the reintegration programme.
- 3) Multi-sectoral partnerships to support the goal and objectives of the Policy strengthened.
- 4) Transitional and outreach programmes for adolescent mothers especially in the rural and hinterland areas developed.
- 5) Consultations and focus group discussions to inform and validate the content and approach of this Policy to reintegrate adolescent mothers in the formal school system to complete their education convened.
- 6) Options for reintegrating adolescent mothers in the formal school system or alternative educational programmes identified.
- 7) Welfare support to school-age mothers and their children through government agencies or NGO interventions through partnerships strengthened.

6.0 GUIDING PRINCIPLES

This Policy for the reintegration of adolescent mothers in the formal school system is based on these guiding principles:

<i>Guiding Principles</i>	The right to education
	The right of access to good quality health care services
	The right to make their own decision
	Prevention of adolescent pregnancy
	Provision for information on ASRH
	Support for adolescent parents and their newborn babies
	Provision for a safe and supporting environment
	Reduction of obstacles to participation
	Participation of young fathers in parenting

There is an old adage “It takes a community to raise a child”. This saying is still relevant today. From early childhood to adolescence, children come into contact with many individuals from different homes, communities, institutions and their own families who can influence their behavior, values, attitudes and opportunities. In particular, parents have a significant influence on how children turn out. The decisions they make can affect their children’s personality, emotional development and behavioral habits. The society, print and electronic media also influence the values of Guyanese adolescents and youth. Therefore, it is critical for the Ministry of Education, all line ministries and key stakeholders to adhere to these guiding principles to ensure the effective implementation of the Reintegration Policy.

1) Right to education:

All children in Guyana have the right to education on the basis of equal opportunity and without discrimination. This right to education includes the right of adolescent mothers not to be discriminated against because of parenthood.

2) The right of access to good quality health care services:

All Guyanese children have a right to access quality health care and this should take into account appropriate ante-natal and post-natal health care for pregnant and adolescent mothers;

3) The right to make their own decision:

The right to express [views](#) freely and have them duly taken into account (Art. 12) is also fundamental in realizing adolescents' right to [Health](#) and [development](#)¹³. Alternative options shall be provided in the Policy for pregnant adolescents to decide on the pregnancy and adolescent parents who may wish to opt out of the reintegration in the formal school system. However, these young parents must be advised and counselled in a manner that will allow them to make their own decision in determining the most suitable option for them and their babies. Special attention shall be given to adolescent mothers in rural and interior Regions where alternative educational options and health care facilities and services are limited.

4) Preventing adolescent pregnancy:

Pregnancy is one of the main causes for school dropout amongst school girls in Guyana and should be prevented. To achieve this, schools shall provide an environment in which to implement age appropriate comprehensive sexuality education and life-skills education that will increase the ability of students to practice responsible decision-making with regard to social and sexual behavior.

5) Information on ASRH:

Many adolescent girls are forced into unwanted sex or marriage, putting them at risk of unwanted pregnancies, unsafe abortions, sexually transmitted infections (STIs) HIV, and dangerous childbirth¹⁴. Yet they encounter impediments to reproductive health information and care. Young people should be empowered to know and exercise their rights, including the right to delay marriage, the right to refuse unwanted sexual advances and to navigate the complexities of their emerging sexuality.

¹³ GENERAL COMMENT NO. 4 (2003): Adolescent [Health](#) and [Development](#) in the context of the Convention on the Rights of the [Child](#): Section dealing with Fundamental Principles and other Obligations of States Parties. Committee of the Rights of the Child: Thirty-third session 19 May-6 June 2003

¹⁴ Information taken from Chapter 1 of the "Fundamental Principles" from the "Inter-agency Field Manual on Reproductive Health in Humanitarian Settings". "Inter-agency Working Group (IAWG) on Reproductive Health in Crises": (WHO, 2010)

6) Support for adolescent parents:

Support shall be provided for adolescent parents who wish to continue their education in a manner in which special consideration shall be given to the safety, health and well-being of their babies. Particular attention shall be given to adolescent parents in hinterland Regions where access to support and child care services are limited.

7) Provision for safe and supportive environment:

The government has an obligation to provide a policy which increases educational opportunities for adolescent mothers. Schools shall therefore ensure that they provide a safe and supportive environment free from hostility, harassment and discrimination in which the adolescent mothers can continue their education.

8) Obstacles to participation:

Every effort shall be made to ensure that the obstacles to participation for adolescent mothers in the reintegration process are reduced. Notwithstanding, consideration shall be given to the cultural diversities, norms, insensitivities and values of the respective Regions to determine the manner in which adolescent parents take advantage of the opportunities offered in the Policy.

9) Participation of young fathers in parenting:

Young fathers who are students shall be included in the provisions for adolescent parents. They shall be taught to understand the responsibilities of parenting and encouraged to assume their role as parents. They should also be encouraged to remain in school until they have completed their education and also should benefit from the psycho social support which is offered to the mother.

7.0 REFERRAL AND SUPPORTING PREGNANT ADOLESCENTS

Support for pregnant and parenting adolescents is crucial. Pregnant and adolescent parents experience a range of emotions, responsibilities and challenges that can be especially difficult for them to navigate. The result of the field work indicated that to be able to provide quality support to them, it is imperative to develop and effectively implement a tracking system which must include guidelines for referrals at the school level. This system shall help adolescents to:

- 1) access adequate antenatal and postnatal care;
- 2) increase their readiness for their change in status,
- 3) eventual readiness for school success and
- 4) participation in community life.

Tracking pregnant and adolescent mothers will require a collaborative and multi-sectoral approach which shall be managed by the relevant department within the Ministry of Education.

Schools need to be aware of the original underlying risk factors associated with adolescent pregnancy. Adolescent mothers and their children are more likely to experience poorer health outcomes than older mothers and their children. Hence, in safeguarding the continued education of the mother, appropriate steps shall be taken to ensure that the relevant level of support and services are provided to them without compromising their best interests. Therefore, the school should urge for professionalism and effective coordination among service providers.

The school, in collaboration with the relevant Department in the Ministries of Social Protection and Public Health, shall assess each situation discretely, with particular attention and consideration given to the health of the school-age girl, the financial situation and level of family support, the needs of the baby and options for child care services.

This Referral Pathway shall provide guidance to school administrators and Counsellors to assist pregnant adolescents (under 18 years of age) understand the process that they have to go through once the pregnancy has been confirmed. The Pathway delineates the roles and responsibilities of schools upon detection of pregnancy and provides guidance with regards to the support services which pregnant adolescents and adolescent mothers can be referred to. The pregnant student will be given leave of absence which must not be regarded as a form of punishment.

Meanwhile, if it has been confirmed that the expectant father is a student, his role and responsibilities should be explained to him by the school. His parents/guardians shall be present when this is being done.

All cases of adolescent pregnancies should be referred to the Schools Welfare Officer.”

7.1 Disclosure of Pregnancy:

7.1.1 Promoting a Culture of Trustworthiness:

Students shall be encouraged to confide in the school Counsellor, Principal or staff member about their pregnancies. As part of the Life-Skills based Health and Family Life Education (HFLE) programme in schools, students should be informed of the risks and prevention of early adolescent pregnancy, the importance of ante-natal care and the role of the school in the provision of support and referral. Steps shall be taken in the delivery of the HFLE curriculum to build a culture of trustworthiness between students and teachers. This approach should promote support for early disclosure of pregnancies

7.1.2 Inter-Sectoral Collaboration for Referrals and Support:

In consultation with the pregnant student, the Principal shall identify a support person who the student feels comfortable with to provide support the student may require. The support person may be the school counsellor or any other staff member. However, the identified person must be willing to accept that supporting role. Alternatively, the Principal may have to identify a support person from outside the school system such as the Welfare Officer or Social Worker. In indigenous communities, the Ministry of Indigenous Peoples Affairs can also assist by providing support to the pregnant adolescent.

The designated support person shall be tasked to discuss the matter empathically and non-judgmentally with the pregnant school girl, and to either provide counselling or direct the student to someone who will be able to provide it. The pregnant girl should be encouraged to reveal the father's identity to her parents or guardian, but this must be done with extreme care and sensitivity, as the pregnancy may have resulted in a setting which may evoke painful experiences and cause distress.

7.2 The Role of the School:

The school shall assume responsibility for the following:

- A basic psycho social intervention with the pregnant student alone. The School Counsellor (or a designated support person) shall attempt to determine how the pregnancy occurred. Ensure proper recording and confidentiality.
- Contact parents or guardians as soon as possible to inform them, if they are not already aware, and to discuss the way forward. Counselling and psychosocial support are also needed at this stage for the pregnant student as well as her family/caregivers. The referral system shall be utilized where the school does not have the capacity to facilitate these sessions.

Confirmation of pregnancy shall be established. The pregnant student should be encouraged by the school counsellor or support person to inform a trusted adult outside the school system such as another family member of her situation and who

can also accompany her to the antenatal clinic or to visit the medical practitioner to confirm the pregnancy and provide the school with a copy of the result. The pregnant student should also be advised to seek guidance on the sort of support that she would need.

- In the event the pregnant adolescent is undecided about the options she has regarding the pregnancy, she should be advised to see or register with a General Practitioner or Obstetrician or an appropriate Adolescent and Maternal Child Health Clinic in order to discuss her options/choices, have access to counselling should she require it and on-going sexual health support.
- Once the pregnancy is confirmed and the student has agreed to continue with the pregnancy, the school shall have an informal role in ensuring that she is registered in a counselling programme. The school shall have an informal role in ensuring that she has access to ante-natal care and shall facilitate the referral through her parents or primary caregiver to the Adolescent and Maternal Child Health Clinic in her community.
- ***If the pregnant student is below the age of 16 years***, the Schools Welfare Officer and other relevant authorities (i.e. Child Care and Protection Agency, Law Enforcement, etc.) shall be involved. Ensure that a health certificate is obtained and the necessary judicial proceedings follow.
- ***If the pregnant student is above the age of 16 years***, then the parents as well as the School's Welfare Office should be involved to determine the way forward. Information on appropriate Clinic services should be shared with the adolescent girl.
- ***If the expectant father is a student***, his parents should be informed of the pregnancy. Counselling and the necessary support services should be recommended for all involved.
- ***If the expectant father is a teacher or an adult outside of the school***, the School's Welfare Office should be notified and further action shall be taken as necessary.

7.3 Providing Information:

The information objective of this Policy shall ensure that pregnant school girls and adolescent mothers are equipped with appropriate information that will guide them during their pregnancy and early parenthood.

In accordance with articles 3, 17 and 24 of the CRC:

'States parties should provide adolescents with [access](#) to sexual and reproductive [information](#), including on [family](#) planning and contraceptives,

*the dangers of early pregnancy, the prevention of HIV/AIDS and the prevention and treatment of sexually transmitted diseases (STDs)*¹⁵

The Ministry of Education shall develop information packages and make them available to schools for distribution to all students including pregnant school girls and expectant fathers. The school shall ensure that the pregnant students are familiar with the information in the package before they proceed on a leave of absence upon detection of the pregnancy. Information on the following topics shall be included in the package:

INFORMATION PACKAGE	
The Education Sector Policy on the Reintegration of Adolescent Mothers in the Formal School System	Information on options in the event of rape and incest where the pregnant school girl is undecided about the pregnancy. This will include information on adoption and medical termination of pregnancy.
Information on all the relevant child friendly version of Acts such as the Sexual Offence Act and the Child Protection Act.	The importance of ante-natal care and post-natal care and where they are located in each Region.
The importance of immunization of the new-born baby	Protection from sexually transmitted infections and HIV mother to child transmission.
Parental rights and responsibilities	The criteria for maintenance packages from government (Adolescent and Maternal Child Health Unit of the Ministry of the Public Health and the Ministry of Education) and how to apply for them if eligible.
The value of continuing her education	Benefits of breastfeeding
Guide to Pregnancy health to include the expectations, issues and concerns during the trimester stages.	Birth registration
Parenting	ECD stimulation packages

¹⁵ GENERAL COMMENT NO. 4 (2003): Adolescent [Health](#) and [Development](#) in the context of the Convention on the Rights of the [Child](#): Section dealing with Information, Skills [Development](#), Counselling, and [Health](#) Services. Committee of the Rights of the Child: Thirty-third session 19 May-6 June 2003.

8.0 TRACKING PREGNANT ADOLESCENTS

8.1 Database:

An Established database that is capable of tracking pregnant adolescent girls should be built. The data should include names of pregnant adolescent girls and expectant father, ages, place of residence, parents/guardian/primary caregiver, antenatal clinic attending, medical practitioner registered with, designated support person, counsellor, counselling programme, parenting classes and educational activities involved in and estimated date of delivery.

The process of data collection and tracking shall have a multi stakeholder engagement to include the MoE, MoPH, Ministry of Social Protection, WAD and GRPA. The database shall be managed by the Ministry of Education with Ministries of Public Health and Social Protection able to access it through a link identifier.

Through the establishment of a database as a consequence of the implementation of appropriate reporting mechanisms by the key stakeholders, periodic follow-up on the progress of both the expectant mother and unborn child can be affected. For those visiting private health facilities, other reporting mechanisms can be explored. Notwithstanding, to successfully track pregnant adolescent girls, the support of the community and community leaders is also critical.

8.2 Examinations:

The Ministry of Education shall facilitate the admission of pregnant adolescent girls in Grades 9 and 10 to educational institutions which prepare students for CSEC Examinations. Notwithstanding, another option is to allow the pregnant student to continue her education if the pregnancy is detected in the second term of Grade 10.

Alternatively, if the pregnant student chooses not to continue, arrangements shall be made by the school to ensure that she receives her class assignments including support for her SBAs which must be returned to the school upon completion for assessment. The student shall ensure that she has all the requisite information to successfully complete her tasks.

The school shall assist with that provision and also take steps to arrange for the student to write her CSEC Examinations if she has met the examination requirements, and if she is in a state of readiness. The school shall also arrange for her to write the examinations at the school together with her classmates or at another school after consultation with the relevant officer at the Ministry of Education. The Principal shall inform the Welfare Officer and Social Worker of her decision and they shall provide guidance to the pregnant student while out of school.

8.3 Rules for Open Communication:

The student and parents or guardians shall give an undertaking to maintain open communication with the school to provide frequent updates on her well-being and that of her unborn child, her intention to return to the same school and the tentative date for returning. This undertaking will be critical to the re-entry process. Her place at the school shall be reserved for her for a period not exceeding one calendar year after delivery.

Notwithstanding, the school is under no obligation to reserve a place, if the adolescent mother fails to inform the school of her intended date of re-entry. In this circumstance, the adolescent mother has the option to apply for readmission to the same school. Alternatively, she has the option to seek a transfer to an alternate school on condition that due procedure for transfer is followed and there is available space. The pregnant student must be informed of this rule and also the “**provisions for reintegration**” before proceeding on a leave of absence.

There is a caveat to the stipulation regarding “*reserving a place at the same school*”. A pregnant adolescent in Grade 6 who passes her Common Entrance Examinations and assigned to a secondary school for the next academic year, will not be required under this Policy to reserve a place in a different secondary school. When she is ready to continue her education, she shall report to the secondary school to which she was assigned. The rule for open communication with the receiving school under this Policy shall also apply.

8.4 Dorm Students:

If the pregnant girl is residing in a government hostel or dormitory upon disclosure of the pregnancy she will be apprised of the following options:

Option 1:

She shall be allowed to remain in the dormitory until the 24 weeks gestation, after which she will take a leave of absence. The rules of procedure for “Disclosure of Pregnancy” shall be followed. She shall be entitled to continue in the dormitory up to one year after delivery under the same conditions as would have applied before she became pregnant. However, she shall not be allowed to have the baby board with her. Therefore, the family and School Welfare Officer shall find suitable home care for the baby.

Option 2:

Find other accommodation for mother and child after delivery but with adult supervision and family support. The adolescent mother shall be allowed to continue to attend classes in the dormitory. The designated support person or School Welfare Officer shall assist the adolescent mother with any problems arising at the dormitory and alternative living arrangements.

Option 3:

The pregnant student shall be allowed to remain in the dormitory for the period of

the pregnancy. Appropriate measures shall be taken by the family and School Welfare Officer after delivery to find suitable accommodation and care for the adolescent mother and her new-born infant. Re-entry in the dormitory within one year after delivery shall be under the same conditions as would have applied before she became pregnant.

Consideration shall also be given for the establishment of on-site health and childcare services with adequate staff to support adolescent mothers and their babies.

9.0 REINTEGRATION OF ADOLESCENT MOTHERS

“Creating a positive climate in all areas of the school setting is imperative to facilitate their engagement and connectedness with the school, ensure that they feel involved and invested in achieving short- and long-term goals.”¹⁶

Emily Cambry

Reintegration allows adolescent mothers the opportunity to complete their primary and secondary education, increases their chances of pursuing tertiary level education - to enable them to make a valuable contribution to themselves, children, society and country.

9.1 Provisions for Re-Entry:

The adolescent mother may continue with her education after giving birth, provided that the following provisions are met:

- The “*rule for open communication*” instituted before the pregnant student proceeded on a leave of absence was adhered to. In the event that the rule was not observed, the adolescent mother shall apply for re-admission.
- The adolescent mother shall re-enter the formal school system at least six (6) weeks after delivery or when circumstances will allow her to continue her education. However, she has one year to make that decision, after which she will have to seek re-admission to the same school or admission to an alternate school.
- A letter of transfer shall be given to the adolescent mother who chooses to seek admission to an alternate school. The School Welfare Officer will assist her to find a place.

9.2 Special Circumstances:

In the event the infant dies or is given up for adoption or should the pregnancy be terminated, the Regional Education Officer (REDO), in consultation with the adolescent girl and her parents or guardians, may not follow the standard procedure indicated above. The REDO shall provide a timely response on the basis of the **Guiding Principles** explicated in this Policy.

¹⁶ Quoted from “Keeping Teen Moms in School – A School Social Work Challenge” by Jennifer Van Pelt: Published in “Social Work Today”: Vol. 12 No.2. P.24., (Emily Cambry is a social worker in the Chicago public schools who provides therapeutic services at Simpson Academy for Young Women; the only public school that serves parenting and pregnant teenage girls).

9.3 Educational Pathways

Pregnant and adolescent mothers need to be informed about education and training options within and outside the formal school system, and also about other support services available to them such as parental classes, ante-natal and post-natal clinics.

Before their departure from the school, pregnant students along with adolescent mothers should be advised by the School Counsellor or a designated staff member on the necessity to develop their own flexible Individual Educational Plan (IEP) and should be assisted in doing so. Therefore, they should be made aware of information regarding alternative educational and training programmes which allow for flexible pathways and programme delivery during the pre and post-natal periods. Some of them may need a Transition Plan that is definitive and progresses from school-based programmes to employment, training or tertiary education.

Education, training and employment pathways are available to pregnant school-age girls and adolescent mothers. The primary objective is to ensure that each one is registered and involved in an appropriate accredited programme of learning that best satisfies their needs and interests. In developing their IEP, each student should ensure that the plan consists of educational pathways and timelines that are realistic. This should be done in consultation with the Counsellor and or support person.

The *Educational Pathways* include:

Option 1:

Re-admission to the same school attended prior to becoming pregnant. However, adolescent mothers will have to repeat the same Grade they were in when they proceeded on a leave of absence or when they dropped out. Conversely, pursuant of alternative modalities for continuing education under the IEP during the pregnancy period and an assessment of work undertaken, adolescent mothers may be able to proceed to the next grade on the basis of academic success.

Option 2:

Transfer to an alternate school. Schools Welfare Unit and the relevant department within the Ministry of Education with responsibility for placement should deal with transfers;

- Adolescent mothers should be given the option of deciding whether a transfer is desired or not;
- If transfer is requested, information shall be obtained from the Department of Education in specific Regions to identify placement spaces in schools.
- Share with adolescent mother and her family the necessary provisions for entry/re-entry into the formal school system.
- Ensure that the school environment is supportive and enabling, free of victimization and stigmatization.

Option 3:

Technical and Vocational Education and Training (TVET) programmes. These programs are offered both in and out of the formal school system. Pregnant school-age girls and adolescent mothers, especially those who became pregnant in Grades 9 and 10, may choose to continue to prepare for CSEC or the CVQs while away from school. The Ministry of Education can help to facilitate admission to other educational institutions.

Option 4:

Guyana consists of many private secondary schools, colleges and business institutes that can be accessed by adolescent mothers. However, where subjects are not offered for CSEC examinations, the designated support person or parents shall ensure that the institution opted for is accredited and the programme or course offerings and certification are quality assured. Financial assistance shall be sought for adolescent mothers who may not be able to meet the tuition fees. This will be determined by the Welfare Officer after an assessment of her living situation and tracking record.

Option 5:

Apprenticeship or traineeship schemes already in place as a consequence of Ministry of Education/school-private sector collaboration can be explored but for an extended period. Depending on how it is structured, this option can provide a combination programme involving part-time school/training and/or part-time work, scholarships and other initiatives.

10.0 TRACKING AND SUPPORT AFTER REINTEGRATION

10.1 Tracking school-age mothers

The Ministry of Education, in collaboration with the Ministries of Public Health and Social Protection, shall ensure that a database is created to input detailed information on each adolescent school girl who took a leave of absence after disclosure of pregnancy. Through tracking, the following can be achieved:

- a) Periodic follow-up on the progress of both mother and child shall be conducted by the School Counsellor or School Welfare Officer
- b) Preparation of regular progress reports on school attendance, performance and challenges both in and out of school to include:
 - Separation anxiety between mother and child;
 - Issues with child care;
 - Financial issues;
 - Coping with studies and child care;
 - Lack of family and community support;
 - Discrimination in the family, community and school environments.
- c) Establish and maintain constant contact with adolescent's family
- d) Confidentiality shall be factored into the tracking process. (A unique identifier link to a database can also be used for tracking).
- e) Tracking must be a collaborative effort; therefore, all the relevant stakeholders including religious groups, community leaders and organisations should continue to be engaged in the process.

10.2 Support Provision:

The school should be fully aware of the Referral and Tracking of pregnant school girls and Adolescent Mothers and follow the guidelines within the Pathway to ensure that these adolescents are fully supported in making their choices regarding the pregnancy and their future.

In consultation with the School's Counsellor or designated staff member or support person, the student should discuss and agree on the next course of action:

- It is good practice to conduct an initial assessment to identify the immediate needs of adolescent parents and their children. Many adolescent mothers may have had positive experiences during their pregnancy and early motherhood and may not require much support. However, there are many who are not that fortunate and will require the appropriate support to avert the negative consequences of unsatisfied needs.

- Once the assessment is completed, a decision shall be made with regard to the types of support required and which social, child health and specific educational services, can best meet their needs. Nevertheless, all adolescent mothers shall be provided with counselling and basic psycho-social support upon entry or re-entry in the formal school system. In the absence of a counselor, a teacher will be designated to provide this service, if qualified to perform that role.
- Secondary Schools shall establish a Counselling Support Group in the absence of school-based counsellors. Community-level stakeholders, teachers who provide counselling services, life skills-based HFLE instruction, or other emotional support to students including adolescent parents shall be part of the Group. In consultation with the Regional School Counsellor, the Head of the Counselling Support Group shall be appointed and meet as necessary with its membership to oversee administrative issues related to counselling. The REDO shall ensure that counselling and support services are provided at all schools in the Regions.
- The State shall provide subsidies through the Ministries of Public Health, Social Protection and Education to assist adolescent mothers to care for themselves and their children. Bursaries should also be provided to meet school and examination fees.
- Provision of quality child care services to ensure safety of children while mothers are in schools shall be assured.
- State-owned daycare facilities, Health Posts or Health Clinics should be in place especially in the hinterland communities close to the schools so that mothers can have easy access during the lunch break to spend time with their babies to create and maintain bonds, to alleviate the separation anxiety and to breast feed their babies, as necessary.

Management shall also ensure that the Health facilities to which adolescent mothers are assigned, have trained ECD Community Health Workers on their staff. Of critical importance, therefore, is the inclusion of ECD in the Maternal and Child Health Workers (CHWs) Work Programme. This will further enhance follow-up support in homes and community spaces and should promote parent education in early stimulation, good nutrition and hygiene practices for the infant.

- Supportive environment that ensures that teachers, students and general school staff are sensitized to the adolescent girl's needs. A referral system should be established to address any challenges that may arise (e.g. this can be facilities via the schools' Welfare division and or the Ministry of Social Protection).
- Bridging system to include lessons on CSEC subjects and Adolescent and Sexual Reproductive Health classes to assist in the personal development and empowerment of young people. Alternatively, the information can be incorporated in the thematic areas of Sexuality and Sexual Health and Self and Inter-Personal Relationship in the HFLE curriculum.

11.0 IMPLEMENTATION, DISSEMINATION AND AWARENESS

In order to guarantee the effective implementation of this Reintegration Policy and that there is public ownership of it; the Ministry of Education shall put measures in place to ensure that it is widely disseminated to all key and relevant stakeholders. These measures shall include:

1. Dissemination of Policy: The Ministry shall provide all line Ministries, Regional Education Offices and School Principals with copies of the Policy. Each Principal shall share the content of the policy with their staff. The Ministry shall also produce a summary of the policy and disseminate to print media houses for publication.

2. Information Packages: In order to fulfill the information objective of this policy, the Ministry of Education shall develop information packages which will include the Reintegration Policy. These information packages will be presented to schools in all ten Regions and shall be distributed to adolescent mothers as mandated by the Policy.

3. Creating Awareness: The Reintegration Committee under the leadership of the Ministry of Education shall assume responsibility for advocating and creating public awareness of the Reintegration Policy. The Committee shall put measures in place to raise awareness and ownership of the Policy among PTAs, students, parents, community leaders and other stakeholders. The measures shall be in the form of town hall meetings, seminars, media interviews and focus group discussions.

4. Communicating the Policy at the School Level: The School shall make copies of the policy available to the School Board (where it exists), the Student Council and PTA. The school shall make copies accessible to all students and shall discuss the Policy with representatives of the Student Council and invite them to assist in its implementation. Schools shall also ensure that families are adequately informed about the Policy.

5. Partnerships: To effectively implement this Policy will require all parties working and supporting pregnant girls and adolescent parents to cooperate. Hence, the Ministry of Education shall endeavor to combine forces with line Ministries and NGOs on three critical provisions of this Policy: prevention of adolescent pregnancy, support for both pregnant girls and adolescent parents and policy implementation.

6. Regional Workshops: Special workshops shall be convened regionally by the Ministry of Education to inform Regional Education Officers, Education Officers, Heads of relevant Department, School Boards, Welfare Officers, Probation Officers and Principals of the Reintegration Policy, solicit their cooperation in the implementation process and advice on periodic sessions to discuss issues of concern, exchange information on best practices that can be replicated.

12.0 MONITORING AND EVALUATION

It is imperative to ensure the inclusion of a monitoring and evaluation mechanism to measure whether the Policy is being implemented according to plan and that the desired results are achieved. Indicators to measure will include the number of adolescent girls who become pregnant each year; the age of these students; the number who reintegrated in the same school and alternate schools; the measures for tracking their entry and re-entry into the formal school system, their performance and the completion of secondary education.

The HFLE Unit which incorporates the Reintegration Programme shall assume responsibility for monitoring and evaluation (with support from the School Welfare Unit), under the guidance of the Reintegration Committee. The Committee, which has overall responsibility for the implementation of the Reintegration Policy, shall develop the monitoring and evaluation tools which will be used to track the pregnant student and the adolescent mother upon re-entry into the formal school system and to assess that the Policy is achieving its objectives. The Policy review shall be contingent on the evaluation report.

13.0 POLICY IMPLICATIONS

Lessons learnt from research in countries where the Re-Entry Policy is implemented has shown that such a policy may not have as great an impact as it could on adolescent mothers' ability to continue their education after giving birth if the appropriate support systems are not in place to address the barriers likely to prevent many of them from returning to school. These barriers include their inability to take responsibility of caring for their children or finding qualified substitutes, new financial responsibilities and the logistics of regularly breastfeeding a baby. These responsibilities may prevent an adolescent mother from returning to school even if she is legally entitled to do so.

Additionally, upon readmission, adolescent mothers may be stigmatized and subjected to discrimination from both students and teachers. Adolescent mothers will have to contend with these realities, which may prevent many from returning to school even if they wish to. This implies that stringent measures will have to be taken to address these factors in order to ensure that adolescent mothers can successfully complete their education. The factors to be addressed were identified during numerous stakeholder consultations, focus group discussions and key informant interviews. The key factors influencing re-entry decision of adolescent mothers are listed below:

Key Factors influencing re-entry decision of adolescent mothers

KEY FACTORS

- Availability of child care services
- Support for new born babies in the form of State subsidies
- Mentoring and psycho-social support
- Socioeconomic status of the household
- Attitude of the adolescent mother's parents
- Support from school staff and Principals
- Burden of double responsibility – school and parenting
- Quality of the school environment: Supportive, enabling and free of stigmatisation and victimisation
- Availability of early parenting education classes
- Alternative options through Non-Formal Education
- Access to adolescent friendly services

Source: Field Work (Stakeholder Consultations, Focus Group Discussions and Interviews)

While the Reintegration Policy is a critical step in establishing adolescent mothers' right to return to school after giving birth, more will have to be done to actively encourage them to continue their education. Meeting the particular needs of adolescent mothers should be paramount. Steps shall be taken to implement programmes to achieve that objective.

Thus, the implementation of this Policy will have serious implications for:

POLICY IMPLICATIONS	Legislation and legislative reform; ensuring enforcement and synergies with policy and practice.
	Budgeting: especially for the HFLE Unit where the Reintegration Programme will be anchored. Considerations shall be given to the provision of subventions for NGOs such as WAD and the GRPA that may have to expand their programmes regionally to support and help meet the needs of pregnant school girls and adolescent mothers.
	Resources: Human, financial, infrastructural
	Training of teachers and counsellors
	Alignment and synchronization of transitional and Outreach programmes
	The functioning and operations of the HFLE and Guidance and Counselling Units of the Ministry of Education
	Multi-sectoral collaboration and stakeholder partnerships

14.0 POLICY RECOMMENDATIONS

RECOMMENDATIONS

<i>Resources</i>	Resources (human, financial, material) are required to effectively implement this Policy. The State shall commit to making adequate provision in the budget for the effective implementation of all aspects of this Policy.
<i>Collaboration</i>	Multi-sectoral collaboration has been identified as an important strategy in the implementation of this policy. Therefore, there is need for a highly coordinated operational partnership among the relevant government agencies (especially within the Ministry of Education, Ministry of Public Health, Ministry of Social Protection) and private sector organisations providing support services to adolescent parents and their children. Clear operational procedures for programme delivery to include social welfare programmes, referrals and tracking shall be established. This will maximize efficiency and impartiality in the delivery of programmes.
<i>Programming</i>	Teachers are already overburdened with their core curriculum CSEC subjects and therefore little attention is given to the HFLE curriculum which includes the thematic areas of Sexuality and Sexual Health and Self and Interpersonal Relationship. Besides HFLE is not an examinable subject. Notwithstanding, a strong recommendation is being made for the teaching of HFLE in schools with the inclusion of an ASRH component in the curriculum for Grades 9 and 10. To achieve this, the concern of teacher and parental resistance to addressing ASRH issues in schools needs to be addressed
<i>Training of Teachers</i>	<p>There is need to strengthen the counselling programme in the formal school system. Hence, the Ministry of Education shall ensure that annual training in counselling skills is provided for all counselling staff including the members of the Counselling Support Group. All education-sector staff, but in particular those responsible for the counselling and support of pregnant school girls and adolescent parents, should be benevolent, empathetic, accepting, competent and self-motivated. Designated teacher-counsellors should be trained to provide special guidance and support to those who are most at risk, troubled and vulnerable.</p> <p>The ASRH instruction is recommended especially for students of Grades 9 and 10. However, there is a lack of skilled teachers to disseminate appropriate information on ASRH to young adolescents. Insufficient preparation of teachers for the teaching of lessons on Sexuality and Sexual Health is also a major concern. Training is recommended to address this instructional deficiency.</p>
<i>Legislation</i>	Guyana has made significant changes to the legislative framework for the protection of children and the rights of children. Notwithstanding these achievements in Legislative Reform, there is still a disconnection between law and practice which needs to be addressed if the Reintegration Policy is to be successfully implemented.
<i>Policy Review</i>	This Policy shall be reviewed every four years to coincide with the review of the Education Strategic Plan. Key and relevant stakeholders shall participate in the review process and submit their comments and recommendations for improving the implementation and management of the Policy to the Reintegration Committee which will be chaired initially by the Ministry of Education. The review process shall be coordinated by the Reintegration Committee. The revised policy shall be disseminated to all line Ministries, schools, stakeholders in accordance with 10.1

APPENDIX A

STAKEHOLDER CONSULTATIVE PROCESS

The consultative process included Stakeholder-Consultations, Focus Group Discussions and Key Informant Interviews. These were conducted mostly during the period 6 – 24 February 2017. The purpose was to identify and assess the factors that could influence the reintegration of the adolescent mothers in the formal school system in Guyana; to determine how these anticipated challenges can be addressed and get first-hand information on what adolescent mothers and pregnant school-age girls experience in their dual role of being an adolescent and coping with the demands of motherhood.

The data, qualitative in nature, was collected from State and Non-State stakeholders (to include Education and Health officials, Probation and Welfare officers, School Administrators, Teachers, Police Officers, Toshos and Representatives of Faith-based Organisations, Community Based Organizations and Non-Governmental Organisations working with adolescent mothers and pregnant school girls); male and female students, adolescent mothers and pregnant school-age girls using semi-structured interviews and Focused Group Discussions. Table 3 indicates the Regions visited during the field work and the number of stakeholder consultations, focus group discussions and groups of adolescents for interviews convened during this period.

Table 4: Data Collection Matrix

Regions	No. of Stakeholder Consultations	No. of Groups for Key Informant Interviews	No. of Focus Group Discussions
1	1	1	2
4	3	3	0
6	1	2	2
8	1	2	2
10	1	0	0
Total	6	6	4

Source: Field Work (Stakeholder Consultations, Focus Group Discussions and Interviews)

During the group sessions, participants were given an opportunity to share their thoughts, opinions and experiences on a set of thematic areas related to the main issues of adolescent pregnancy, motherhood and the reintegration of adolescent mothers in the formal school system. The questions were selected from an Interview Schedule designed to generate discussions and elicit specific information from respondents.

The information, organized into thematic categories, established that several socio-economic and cultural factors could hinder the reintegration process making it impossible for adolescent mothers

to re-enter the formal school system. Also emerging from the consultations was a recommendation to consider for inclusion in the Reintegration Policy, alternative options to accommodate the many adolescent mothers who may wish to opt out of re-entering the school system. It was anticipated that this Policy would address the right of every child to education and also improve gender equality in education. Also collected was information from a secondary source (relevant documents, reports and other literature) to determine trends in adolescent births in the ten (10) Regions of Guyana.

All activities were convened to gather information to determine the prevalence of adolescent pregnancy and its implications, critical factors to be considered and how to proceed with the development and implementation of the Policy on the Reintegration of Adolescent Mothers in the Formal School System. The sessions were conducted in the locations from the five Regions: Region 1(Moruca); Region 4 (Georgetown and its Environs); Region 6 (Corentyne); Region 8 (Mahdia) and Region 10 (Linden).

APPENDIX B

WOMEN ACROSS DIFFERENCES AS A MODEL

Women Across Differences (WAD) is a non-government organization which was established in 1996. It is a national network of women committed to serving individuals and vulnerable groups through education, empowerment, and advocacy to promote social change. It aims to sustain this network of informed and empowered women and girls willing to and capable of bringing about change in their lives and lives of others in their communities through constant dialogue.

In 2007, UNFPA, the United Nations Population Fund as part of its mandate for Adolescent Sexual & Reproductive Health introduced the need for an intervention for Adolescent Pregnancy Reduction based on the prevailing data and anecdotal evidence. In this regard, Women Across Differences a non-governmental organization, which had a good track record of working on issues of Women's Empowerment with excellent results, was courted by UNFPA for partnership on this initiative. UNFPA and WAD commenced its dialogue on the programme titled "A Comprehensive Empowerment for the Reduction of Adolescent Pregnancies" which was designed by UNFPA in collaboration with WAD.

UNFPA and Women Across Differences commenced implementation of the Pilot Initiative in 2008 and based on the achievements continued its financial support unto 2013 after which technical assistance continued to be the major inputs. Women Across Differences also garnered support from other donors after 2013. The main objective of the Empowerment Programme is "a reduction in second and third pregnancies among the 12-19 year old mothers and adolescent girls". In addition the Programme provides a safe and enabling friendly learning environment for the girls to acquire Adolescent Sexual & Reproductive Health (ASRH) Information and Services and Life Skills to create a better life for themselves and children. The intention was also to provide the girls with a second chance given their socio- economic circumstances which hinge on sexual abuse, poverty, lack of parental support/guidance and a societal culture which does not encourage their return to school; also health care workers who are blinded by traditional socio-cultural barriers as well as national policy which restricts their access to Sexual & Reproductive Health Services.

The girls were drawn from a cross section of communities through collaboration with Municipal and Government Health Centers, the Georgetown Public Hospital Corporation (which is the main referral hospital) where all adolescent mothers are referred since they are considered high risk cases. The Child Care and Protection Agency also refers girls to the Programme. Ninety (90%) percent of the girls are from single parent families; suffer from some form of poverty, are considered low achievers and are often engaged in risky sexual behaviours. Many of them were sexually abused during childhood, were involved in abusive intimate relationships and suffer from low self-esteem.

The WAD Programme is designed to primarily address the broad areas of Personal Development/Skills for life, Functional Literacy, Sexual and Reproductive Health and Rights including HIV Prevention and Family Planning, Entrepreneurial/Income Earning Skills Training, and Psychosocial Support.

The primary beneficiaries of the psychosocial support were the Adolescent Mothers and secondary beneficiaries were their Parents and Partners.

An Evaluation of the WAD programme revealed that most of the Adolescent Mothers' capacity is enhanced. They can negotiate with their partners, relate better with their families, have set visions and goals for their lives and are encouraged to advocate changes for themselves as well as others.

As a result of the success of the Initiative it was shortlisted as a Best Practice by UNFPA Global Best Practice Competition and even though it was not selected as the 'winner' for Latin America & the Caribbean, UNFPA was invited to share the model at a Workshop held in Brazil (2013) where other Organisations also shared their models for addressing ASRH ISSUES.

The ACP Women Actors of Development (Brussels) identified the programme as a good practice in the Caribbean. (EU/ACP publication: ACP Women Actors in Development)

At a Social Work Conference on Practice and Standards held in Guyana (2016) hosted by the University of Guyana and the University of the West Indies, an award was presented to WAD for working with and advocating on behalf of adolescent mothers in Guyana.

WAD can be adapted as the model for Guyana. To achieve this goal, stringent measures will have to be in place and the Ministry of Education will have to work in close partnership with WAD. In addition to their Comprehensive Empowerment Programme, steps must be taken to ensure that these measures are taken:

- Facilitating the reintegration of adolescent mothers into the formal school system and entry into alternative educational programmes or pathways;
- In addition to the range of support services offered, academic and TVET programmes should also be included to prepare adolescent mothers for re-entry into school to complete their secondary education;
- WAD continues to operate within restrictive physical space in Georgetown and therefore can accommodate at most 40 adolescent mothers. To be truly effective and impactful in its new role as a Model, WAD will need to be accommodated in a more spacious facility. This will enable them to increase their intake;
- WAD will need to expand its programme and services to the other Regions. There will be implications for human, financial and infrastructural resources, capacity building and record keeping.
- WAD shall work in close collaboration with schools and attend to referrals made.

- The State should provide WAD with an annual subvention which shall be disbursed in accordance with national norms and procedures. The Organisation shall continue to attract private sponsorship.
- The Organisation shall report to the Minister with responsibility for Education.

WAD operates on the premise that an investment in the lives of adolescent mothers is an investment in the social and economic development of the society. Notwithstanding, the Organisation can learn from the WCJF Model implemented in Jamaica which is considered a best practice by several countries in responding to adolescent pregnancy.

APPENDIX C

GUYANA RESPONSIBLE PARENTHOOD ASSOCIATION PROGRAMME TO SUPPORT PREGNANT, PARENTING AND AT-RISK ADOLESCENT GIRLS

The Guyana Responsible Parenthood Association (GRPA) was established in 1973 and is one of the oldest Non-Government Organizations in Guyana. It is a leading provider of sexual and reproductive health services, serving the ten (10) regions of Guyana. In addition to medical services the Association also provides health and life skills education, counselling services and psychosocial support. The vision of GRPA is: *“All people in Guyana live in an environment where they are free to make healthy choices about their sexuality and wellbeing, and to access quality sexual and reproductive health services.”*

The GRPA is a Member of the International Planned Parenthood Federation (IPPF) and also works in close partnership with the Ministries of Public Health, Education and Social Protection in Guyana. It has Special Consultative Status with the UN Economic and Social Council and is a recipient of several awards, including a National Award - the Medal of Service (for service of a consistently high standard).

GRPA has a significant focus on young people, promoting healthy lifestyles and providing education, counseling and psychosocial support services. The GRPA has a vibrant Youth Arm, the Youth Advocacy Movement (YAM), with members consisting of largely high school and university students. They are trained in education, advocacy, peer-counseling and leadership development. The YAM reaches out to adolescents and youth, especially from 14 to 24 years of age and provides safe and refreshing spaces, and support, including medical services, education and counseling, tailored to meet the needs of this age group. In 2015 the YAM launched a **#bodyboss Campaign** with the tagline: **#mybody#myrights#myrules**. The campaign promotes positive reinforcement of adolescents and youth to be in control of their lives and to resist negative and evil forces which lead to risky behaviour. The key focus is to build a strong and healthy sense of self, caring their bodies, enriching their minds and making wise decisions.

In 1982 GRPA established the Olga Byrne Youth Center (OBYC), which was named after its Founder and first Executive Director and was aimed at providing for the needs of adolescents who dropped out of school and were unable to complete the regular school system for a number of reasons. Adolescents girls who dropped out of school because of their pregnancies and parenting functions benefitted from a two-year educational program which offered girls another opportunity at self-development and income earning.

In 2015 GRPA launched a project: ***Still I Rise: Support for Pregnant, Parenting and At-Risk Adolescent Girls*** to address the situation of girls who have difficulties in pursuing their education and career goals due to pregnancy, gender-based violence and related issues. The renewed focus on adolescent pregnancy arose out of the current harsh realities of the high rates of such pregnancies

in Guyana and its consequences for girls when they become pregnant or are sexually abused and often times drop out of school. Girls as young as 11 years old are giving birth with tremendous risks, especially health, economic, social, psychological and emotional difficulties.

The *Still I Rise* initiative aims to address the situation of adolescent girls who have difficulties in pursuing their education and career goals, due to pregnancy, economic problems, parenting, gender-based violence and related issues. The main aim is to equip them with education and skills to take control of their lives, to pursue their dreams of a better future and transform their lives.

A key component of the project is an Empowerment School for pregnant and parenting girls as well as at-risk girls who dropped out of the school system. The GRPA collaborates with the YWCA, the Ministries of Education, Public Health and Social Protection in the rolling out of the project. Key areas include:

- Facilitate girls' self-sufficiency – education, (life skills classes such as nutrition and money management, job skills training, resume building)
- Encourage and support the completion of secondary education and workforce preparedness
- Literacy and tutoring in core subjects
- SRH education and services
- Comprehensive Sexuality Education
- Build parenting capacity, including father involvement
- Psychosocial support for the girls, teen fathers and the families of girls
- Gender based violence, including child abuse awareness and prevention
- Human rights education

The GRPA will work closely with the Reintegration Committee, Ministry of Education and other relevant Ministries to provide additional support to pregnant school-age girls and adolescent mothers. Additional resources will be needed to facilitate its outreach programmes especially in the hinterlands.

APPENDIX D

THE REINTEGRATION COMMITTEE

- Ministry of Education
- UNICEF
- UNFPA
- Ministry of Indigenous Peoples Affairs
- Ministry of Social Protection
- Ministry of Public Health
- Ministry of Finance
- Ministry of Community
- Guyana Teachers Union
- Guyana Responsible Parenthood Association

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