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The Need for Quality Sexual and Reproductive Health Education to Address Barriers to Girls' Educational Outcomes in South Africa

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OVERVIEW

South Africa has made significant strides in enrolling girls in school, particularly at the basic education level, with high gender parity indexes (GPI) at the primary school level. However, the high attrition rate at the secondary level and the poor quality of educational experiences and learning opportunities, for girls in particular, remain areas of concern. Studies have found that of the children who enroll in grade 1, only 50 percent make it to grade 12 with the majority of these children dropping out at the secondary school level (Gustaffson 2011; Spaull 2013).

Research and policy discourses in South Africa often explain the high rates of dropout among high school youth as a function of poverty and poor quality of teaching. These explanations often fail to consider sexual and reproductive health (SRH) as another important factor in adolescent girls dropping out. SRH is commonly defined as the ability to enjoy a satisfying and safe sex life and the capability to bear children and the freedom to decide if, when and how often to do so. The dominant explanations often fail to consider the ways in which socio-cultural norms that subordinate girls negatively affect their SRH and, in turn, influence their persistence in and completion of secondary education.

This paper examines the complex socio-cultural conditions in which girls and women live and learn (including unequal gender norms, gender-based violence and sexual and reproductive health) and the associated impact on girls' education, using unplanned teenage pregnancy as an example of a gendered reason for girls dropping out of school. The paper seeks to explore

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whether an approach to SRH education that takes the socio-political environment into consideration could better give girls the skills and resources they need to make informed decisions about their bodies, including whether, how and when to have sex and/or children. Most importantly, could such an approach to SRH education help improve girls' persistence in school and their educational success?

The paper is informed largely by a desktop review that examined the nature of SRH education in South African secondary schools and whether and how it addresses the unequal gender norms in and around schools. It also analyzes existing curriculum policies and implementation by teachers. In addition, this report includes an exploratory study involving retrospective interviews with groups of first and second-year female students at two universities in South Africa. The interviews examined their experiences with SRH education in secondary school. Finally, the report presents findings from various systematic reviews of literature on the features of programs that have effectively dealt with the various socio-cultural factors that subordinate (oppress) girls and negatively impact on their access to and success in education.

The paper identifies unequal gender norms, gender-based violence, poor SRH and the lack of knowledge about SRH rights as negatively impacting girls' access to schooling and educational outcomes in South Africa. Furthermore, this study is premised on the understanding that failure to address the root problem at the secondary school level may undermine any attempts at empowering schoolgirls and women at tertiary institutions.

The findings suggest that:

- Unplanned pregnancies are a major reason for girls leaving school;

- High rates of pregnancy among early university-level students suggests poor and inadequate SRH education in secondary schools;

- Factors contributing to students' poor knowledge of SRH and SRH rights include: the cultural context in the home and community, the church and religious teachings about sex and sexuality, as well as the school and teachers' perspectives and values;

- Teachers tend to focus on biological aspects of sex and reproduction, thereby neglecting sexuality and the gendered socio-cultural context in which adolescents negotiate their schooling and life in communities; and

- Contradictory and ambiguous policies tend to create space for schools to continue to exclude girls.

The paper identifies three major recommendations:

1. **Get a better picture of adolescent girls SRH needs**: In order to better inform programming and policy, more nuanced data is required. This will enable a better understanding of the complexity of unplanned pregnancies among South African schoolgirls. Moreover, girls' perspectives on these issues would inform more responsive content, pedagogy and resources for future programs.

2. **Revisit the policy framework**: Policy revisions are needed to address current ambiguity and contradictions that lead to varied interpretations at the school level. Such revisions and/or new policies need to not only reflect a human rights framework and principles of gender equality, but to also respond to adolescents actual SRH needs in the context of a complex and unequal socio-cultural school and community environment.

3. **Develop better quality gendered SRH programs**: SRH programming must be informed by three broad principles: curricular relevance, pedagogical relevance and cultural relevance. Programs must aim to:

   a. Change schools into institutions that respect gender equality, acknowledge adolescents SRH needs and develop programs that support girls to succeed;

   b. Change gender norms and eliminate gendered violence in and around schools by teaching girls and boys (and men and women) the necessary critical thinking skills to challenge the subordination of women and girls in families, communities and schools.

   c. Target individuals for change by developing critical understanding and reflection among students and teachers on gender relations, sexuality and SRH issues.

Evidence reviewed in this paper suggests that gender inequality drives unplanned teenage pregnancies among South African schoolgirls. In turn, such pregnancies and the demands of motherhood, often impact negatively on girls' ability to learn, and for many, result in their dropping out of school. Thus, this paper recommends SRH programming that integrates gender equality and aims to change the unequal gender norms that inform relationships in communities and schools. Failure to integrate gender into SRH will have negative consequences for girls' education in the country. Specifically, it will undermine any attempts at empowering schoolgirls to persist and complete their high school education, and it will prevent young women from making the decisions that ensure their sustained enrolment and success in educational institutions.

EDUCATING GIRLS IN SOUTH AFRICA

I had a friend in high school who got pregnant. It affected her studies. If you are pregnant obviously sometimes it's hard. You can't come to class or when you are in class you are tired. She didn't listen nicely [sic]. She didn't do her work. She was tired most of the time. Sometimes people looked at her very weird. Teachers were ganging up against her. She couldn't […] she would maybe just come once a week to school because she just had to come to school. I mean people judge you. Teachers judge you. Kids judge you. You end up having those things in your mind you can't control. You just can't focus. That affected her a lot. She changed very much. She was a bubbly soul. You know, she was up all there and then after she got pregnant it was like she got self-conscious. She didn't interact with us anymore, like maybe she was embarrassed. She used to sit alone. She just changed and became a whole other person.

(Focus Group Interview, 09/30/14)

As the vignette illustrates, unplanned or early pregnancies among South African schoolgirls tend to negatively impact their health and educational outcomes. The stigma of getting pregnant, plus the pressure of juggling the competing demands of being a mother and a student, further impacts their mental health (see also Morrell, Bhana and Shefer, 2012). Most importantly, the above vignette foreshadows the fate of many South African schoolgirls who fall pregnant each year: they fail and must repeat the grade and/or drop out of school, temporarily or permanently. This paper focuses on South Africa as a case study of what schools can do differently in SRH education. It views unplanned teenage pregnancy as a function of the broader gender inequality that subordinates girls and women and makes their pathway to educational success uncertain. Other negative manifestations of gender inequality include, among others, early forced marriages, female cutting or female genital mutilation and HIV infections.

South Africa is an important case study to use in this analysis. It is a beacon of hope among its neighbors both in terms of democracy in the region and gender equity in its legislation. The country, which is home to about 53 million people, peacefully transitioned from a violent and racially segregated society in 1994. Armed with a constitution informed by the bill of rights, and legislation aimed at realizing the ideals of equity and human rights, the country set out to address the many inequalities created by the apartheid regime, including inequalities based on race, gender, and social class. In particular, after the first national elections in 1994 and also in response to international treaties, South Africa developed a gender-sensitive policy framework targeting all sectors of government, including education. Signaling its strong commitment to gender equality in all spheres of life, South Africa is signatory to various global treaties and policy frameworks, such as the Millennium Development Goals (MDGs), the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Beijing Plat-

form for Action (BPFA). The country has also endorsed several regional agreements such as the Southern African Development Community (SADC) Protocol on Gender and Development and the African Union (AU) Second Decade of Action of Education. As a result, the country has a strong policy framework for gender equality in education, particularly in terms of access (see Moletsane, Mitchell and Lewin, in press).

As this paper will illustrate, using South Africa as a case study demonstrates how good policies targeting gender inequality in and around schools are not necessarily enough. Despite these policies, gender inequality will likely remain rampant in South Africa and girls' educational outcomes will continue to be compromised unless sufficient attention is dedicated to programming that targets the unequal gender norms that prevail in homes, communities and institutions. This paper makes the case for interventions aimed at changing and supporting institutions like schools to implement gender-sensitive SRH programs in the education of girls in South Africa.

Girls Enroll, but Many Drop Out

While serious challenges remain, South Africa has made significant progress in various spheres of education equality. It has made significant progress towards universal access since the onset of democracy 1994 and in response to the imperatives of the 2000 Millennium Development Goals. In 2012, for example, according to the General Household Survey 2012 (GHS), 98.8 percent of 7 to 15-year-old children were attending basic education institutions. Girls made particular progress in enrollment, specifically at the basic education level, with high gender parity indexes at the primary school level with

a GPI of 1.00 among the 7 to 13-year-olds (Statistics South Africa, 2013). Broadening the age group beyond 15, the GHS 2013 found that the country enrolled 88.2 percent of people aged 15 years and older in school (Statistics South Africa, 2014).

Of the children who enroll in grade 1, only 50 percent make it to grade 12

However, the high attrition rate at the secondary level and the poor quality of educational experiences and learning opportunities, for girls in particular, remain areas of concern. Studies have found that of the children who enroll in grade 1, only 50 percent make it to grade 12 (Gustaffson, 2011; Spaull, 2013). The GHS found that in 2012 alone, while only 1.2 percent (or 1.5 percent of boys and 0.9 percent of girls) of 7 to 15-year-olds (basic education level) were not in school, 14 percent of 16 to 18-year-olds (secondary school level) had dropped out, suggesting that most of the dropouts tend to occur at the upper secondary school level. Of these dropouts, 15.4 percent were girls and 12.8 percent were boys (Statistics South Africa, 2013). While this is comparable with average enrollments in other middle-income countries like Colombia, Peru, Morocco, Turkey, Indonesia, Egypt, South Africa performs below average in relation to successful completion of secondary education at 40 percent. For example, in Chile, 71 percent complete secondary education, while completion rates in Brazil and Peru are 66 and 60 percent respectively (Gustaffson, 2011).

In spite of the high dropout rates at the secondary school level, the number of South African girls who successfully complete secondary education and go on to transition into higher education has been increasing overall. For example,

a 2011 percentage headcount of enrollments in the country's public higher education institutions suggests that 55 percent of the students enrolled were women (Department of Higher Education and Training, 2013). However, among a larger trend of growing higher education enrollments in general (Council for Higher Education, 2013), high attrition rates as well as low graduation rates across the 23 public universities in the country are a cause for concern. To illustrate, the 2006-7 Human Sciences Research Council's Student Pathways study of 34,000 students conducted at seven universities found that 40 percent of South African students drop out of university in their first year (Letseka et al., 2009). In addition, recent studies cited by the Council for Higher Education found that only 45 percent of the undergraduate students who enter higher education institutions graduate, and only 27 percent do so within the stipulated time

of three or four years (Council for Higher Education, 2013). Again, this is not unique to South Africa. In his analysis, Gustaffson (2011) found that among middle-income countries studied, fewer than 10 percent of young people in South Africa successfully complete 15 years of education (equivalent to completing a three-year degree course in South Africa), while in countries such as Columbia and Peru the rate of completion is 15 percent, and in the Philippines and Egypt the rate is 24 percent (Gustaffson, 2011:14).

An exploratory analysis of enrollment and academic performance data from the University of KwaZulu-Natal (UKZN) points to a similarly alarming trend. Data in Table 2 illustrates the enrollment and performance of female students in their first year of the Bachelor of Education (BEd) from 2012 to first semester 2014. On the one hand, the analysis of data suggests that they are performing well on average.[1]

TABLE 1: WOMEN'S ENROLLMENT AND PERFORMANCE IN FIRST YEAR OF BED

Year	Enrollment	Writing Examinations Completed (excluding dropouts & Exclusions)	Writing Examinations Passed	Percent of Complete Examinations that Passed
2012	1,383	1,342	1,194	89.0
2013	1,882	1,784	1,655	92.7
2014	1,383	697	653	93.7

On the other hand, the data suggests high dropout rates in the first year. While those who sit for examinations perform well overall, the number of those who never take examinations and the reasons for it raise concern. Specifically, of those who enrolled in 2012 and 2013, 97 percent and 95 percent respectively, completed the first semester examinations. Of these, only 48 percent of female students sat for examinations in 2014. This suggests that 52 percent either dropped out or were excluded because of poor perfor-

mance.[2] While the study is limited to the School of Education, where pass rates tend to be higher than in other fields, it nevertheless illustrates that even when they do manage to access higher education, female students might face barriers to educational persistence and success.

What produces these high dropout rates at secondary school and in the first year of university? This paper turns to this question in the next section.

Sexual and Reproductive Health is an Important Factor Holding Girls Back

While attrition is a problem for both male and female students, the reasons for dropping out tend to be gendered, with poverty affecting both boys and girls, and unplanned pregnancies impacting girls only (Morrell, Bhana and Shefer, 2012). Yet dominant explanations of the phenomenon are often limited to such factors as poverty, high cost of schooling, poor academic preparedness and grade repetition. Arguably, focusing on poverty and academic preparedness alone neglects a significant part of the explanation.

This paper explores the extent to and ways in which, for girls, in addition to the frequently debated factors, access to and persistence in education is often a function of the complex interaction among many factors. Poverty, in addition to gender inequality and gender-based violence, particularly sexual violence, interact together to create contextual realities that intersect with the effects of poor quality of schooling and poor SRH education. Together these factors subordinate girls and women and render them unable to make decisions affecting their lives, including whether, when and how to have sex and/or children. This produces negative health outcomes, including unplanned pregnancies and high rates of sexually transmitted infections like HIV and the herpes simplex virus-2 (HSV-2) (Skevington, Sovetkina, and Gillison, 2013; Abdool Karrim et al., 2014). Thus, as Figure 1 illustrates, the dropout rate of girls needs to be understood in the context of the complex interaction among many factors.

Figure 1. An Improved Understanding of What Drives Dropout Rates Among Adolescent Girls and Young Women
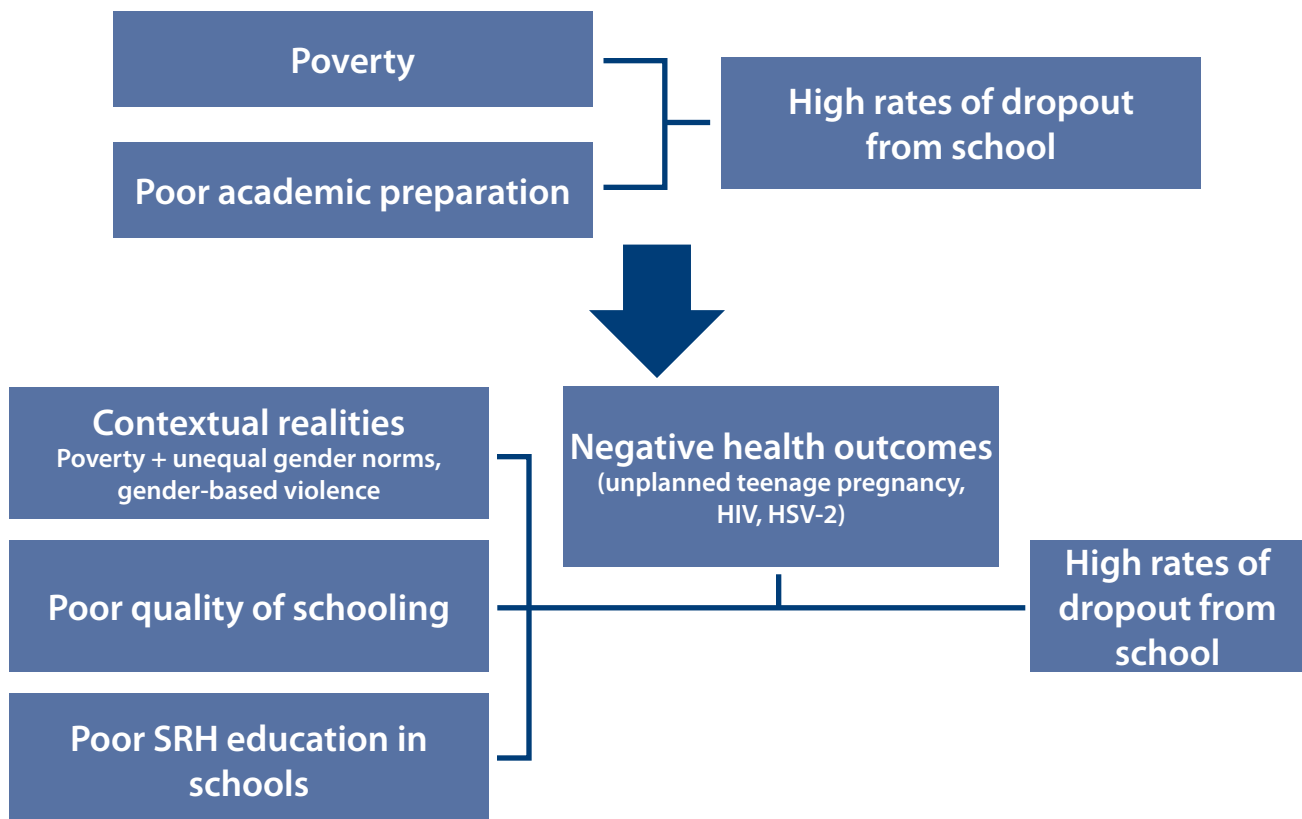
Available research suggests that due to unequal gender relations in communities and schools, there are high levels of gender-based violence, including sexual violence, largely against girls and women. Reflective of the situation in the larger society, such violence affects schools in significant ways. The rates of violence generally, and sexual violence specifically, in and around South African schools are high (Human Rights Watch 2001; Mncube and Harber 2013). Within this context, girls often lack the skills and confidence to negotiate healthy relationships, particularly sexual relations with boys and men. This leads to negative health outcomes, such as unplanned pregnancies and sexually transmitted infections (STIs), including HIV (Abdool Karrim et al. 2014; Bhana 2009).

While researchers have noted the absence of accurate data on pregnancy rates in South Africa (see Panday et al. 2009), available data suggests

that the rates have declined over the years and that compared to most middle-income countries the rates of pregnancy in the country are relatively low. For example, the General Household Survey 2013 (Statistics South Africa 2014, 30) suggests that "5.4 percent of females in the age group 14–19 years were pregnant during the 12 months before they were surveyed. The prevalence of pregnancy increased with age, rising from 0.7 percent for females aged 14 years, to 12.1 percent for females aged 19 years."

In the global context, according the World Health Organization (WHO) as of 2014, about 16 million girls—11 percent of girls worldwide—aged 15 to 19 give birth every year (2010). Among these, 95 percent are in low and middle-income countries, and 1 million of them are under 15. Among sub-Saharan countries, South Africa compares favorably:

TABLE 2: GIRLS' ADOLESCENT FERTILITY RATE BY COUNTRY, 2014

Country	Adolescent Fertility Rate (per 1,000 girls aged 15-19)
Botswana	51
Ghana	74
Namibia	74
Nigeria	126
South Africa	54
Zimbabwe	101

Source: WHO (2010).

Some researchers (e.g., Panday, et al. 2009; Willan 2013) however, put the figures higher—for example, at about 30 percent per year among 15 to 19-year-old South Africans. Willan (2013) cites statistics from the South African National Strategic Plan for HIV, TB and STIs (2012-2016), noting higher rates of pregnancy (39 percent) among 15 to 19-year-olds. In her review of lit-

erature, she suggests that intersections among geographic location, social class and race tend to determine the rates of pregnancy among schoolgirls. Citing the work of Ngabaza (2011) and others, she notes that while rates have declined nationally, the more rural provinces (such as KwaZulu-Natal, Limpopo, Eastern Cape and Mpumalanga) where mostly poor, black Af-

ricans reside still experience a high number of pregnancies.

Reflecting on what the situation means for adolescents, Masinga (2013, 2) recently described the challenges that many adolescents face as they negotiate life in various institutions and communities: "…issues of sexuality for most young people extend beyond deciding whether, when and how to have sex. Instead, they are engaged in an often perplexing process of coming to terms with what it means to be a sexual being and with the complex emotional and relational aspects of sexuality."

On top of this, a significant challenge involves the fact that educational institutions generally do a poor job of providing adequate knowledge about SRH and rights, as well as the skills and confidence needed to negotiate healthy relationships, particularly with boys and men. Instead, educational institutions tend to focus on academic development and preparing students for various institutional, national and international assessments. The 1994 International Conference on Population and Development (ICPD) Program of Action defines reproductive health as:

> A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective,

affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate healthcare services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. (U.N. 1994, 7.2 as quoted in Tellier and Lund 2013, 7).

SRH is aligned to Millennium Development Goal 5, which aims to improve maternal health and achieve universal access to sexual and reproductive health services. However, Epstein (2014) has suggested that the authors of the MDGs "completely overlooked sexual and reproductive health and rights (SRHR), a mistake that, if repeated, would cripple the dreams of millions of young girls and women for years and generations to come." Explaining the imperative, Epstein continues: "Access to SRHR enables individuals to choose whether, when and with whom to engage in sexual activity; to choose whether and when to have children; and to access the information and means to do so. To some, these rights may be considered an everyday reality. However, that is not the case for millions of young people in the world—particularly girls and women."

In a similar vein, Harberland and Rogow (2009) explain the need for SRH:

> Sexuality and reproduction can be sources of deep satisfaction, pleasure, and fulfillment in people's lives. Sex may also lead to health problems, however, if both partners do not ensure that they protect themselves, and each other, from unintended pregnancy and infection, including HIV. One key step to improving people's sexual and reproductive

> well-being is ensuring that they have access to information and services. Another step is to create more just social conditions—including gender equality and respect for people's rights—that enable all people to control the circumstances under which they have sex (p.182).

Without the requisite SRH knowledge, including knowledge of their rights and the resources available to them, girls' agency is compromised and they are not adequately prepared for life transitions that place them in environments, like universities, that are characterized by unequal gender norms, gender-based violence, and sexual violence. While South Africa has made significant progress in creating equal access to education for both boys and girls at the primary school level, the neglect of SRH education in secondary schools threatens to upend progress made by the time girls reach upper secondary school and university. Thus, this paper explores the extent and ways in which failure to address this root problem (poor SRH education at the secondary school level), may undermine any attempt at empowering schoolgirls and women at tertiary institutions to make decisions that ensure their sustained enrolment and success in educational institutions.

What Can Schools Do Differently on SRH?

Research evidence reviewed in this study suggests that poor health outcomes, particularly unplanned pregnancies, impact negatively on girls' persistence in and completion of secondary school education. What is lacking is research into whether SRH education—especially one that takes into consideration the socio-cultural norms that subordinate girls—would improve their persistence and completion of secondary education and transition into tertiary educa-

tion and employment. In this regard, the over-arching question this paper asks is: What could schools do differently to effectively educate adolescents about SRH (including SRH knowledge, rights, and services) and to develop girls' ability to effectively negotiate the socio-cultural environment in which they learn and live?

To address this question, this paper explores three aspects of the issue. First, little is known about the nature of SRH education in secondary schools and whether and how it addresses the unequal gender norms in which girls learn and live. In order to shed light on current SRH education in South Africa, the report analyzes existing curriculum policies in terms of content and pedagogy, as well as the extent to which teachers are implementing the curriculum in schools.

Second, even though some girls do manage to access higher education, the quality of their educational experiences and outcomes is compromised due to their poor SRH knowledge acquired during secondary school. To illustrate this, I examine young women's academic performance in the first year of university. Linked to this, I investigate the schooling experiences of first year university women in relation to SRH education. I particularly examine views of: 1) the extent to and ways in which girls' secondary schooling prepared them for life in higher education environments characterized by unequal gender relations and gender-based violence; and 2) the extent to which girls feel knowledgeable, skilled and empowered to access SRH services (including information and health services), to use such knowledge to prevent unplanned pregnancies and STIs, and ultimately to improve their educational outcomes.

Third, I examine the characteristics of SRH projects that have worked both in South Africa and internationally. I specifically analyze the ways in which they deal with the cultural nuances of context that often prevent girls from acting on SRH knowledge (gender-based violence, conservative socio-cultural gender norms, etc.).

To address the overarching question in this study, the report explores three sub-questions:

1. How do South African girls experience SRH programming in schools?

2. What is the curriculum policy on SRH education in South African schools in terms of content and pedagogy?

3. What are the features of effective SRH programs that focus on reducing unplanned pregnancies among adolescent girls?

Based on the above analyses, the report will draw some implications for SRH education policy and programming at the secondary school level.

Methodology

A combination of data collection and analysis methods were used to address the overarching question in this study: What could schools do differently to effectively educate adolescents about SRH (including SRH knowledge, rights, and services) and to develop girls' ability to effectively negotiate the socio-cultural environment in which they learn and live. To address the first sub-question in the study—How do South African girls experience SRH programming in schools?—available literature focusing on unplanned teenage pregnancy and early childbearing is reviewed. This is supplemented by an analysis of retrospective focus group interviews conducted in September and October 2014 with groups of women in their first and second-year teacher education programs in two higher education institutions in the Eastern Cape and KwaZulu-Natal provinces of South Africa. In the Eastern Cape institution, three focus groups including between four to six people were conducted; in the KwaZulu-Natal institution, three groups of 5, 13 and 12 were interviewed (the first two focus groups were located on one campus, and the third on the second campus). The interviews focused on the women's experiences of SRH education in their high schools, and the extent to which they felt their high school education had adequately prepared them for social and academic life at their university (see Appendix A). In addition, to explore the extent to which women persist and succeed during their first year of study, data from one campus reflecting female student enrollment, dropout and performance in examinations in the first year of a teacher education program are also analyzed.

The second sub-question in the study is: What is the curriculum policy on SRH education in South African schools in terms of content and pedagogy? To address this, I analyze existing curriculum policies in terms of content and pedagogy, specifically the *Life Orientation National Curriculum Statement (NCS) Curriculum and Assessment Policy Statement (CAPS) for Further Education and Training Phase Grades 10-12* (Department of Basic Education 2011). In addition, a number of educational policies and laws that target gender equality and particularly those aimed at assisting schools in the management of teenage pregnancies are reviewed.

The third sub-question in the study is: What are the features of effective SRH programs that focus on reducing unplanned pregnancies among adolescent girls? To address this, this paper analyses evidence from systematic reviews of literature, as well as program evaluations that highlight the characteristics of programs that have effectively addressed SRH education and rights for girls in schools. In particular, the paper focuses on reviews of programs that effectively integrate into their curricula the socio-cultural norms that produce unequal gender relations, gendered violence and the negative health outcomes, such as unplanned teenage pregnancies and HIV among schoolgirls internationally.

To get a better sense of the policy context in which adolescent girls and young women's bodies and educational futures are entangled, the next section reviews national curriculum policy on the prevention and management of unplanned teenage pregnancies in schools. It also provides an overview of the policy framework for the teaching of SRH and related issues in schools in order to help contextualize why youth are lacking in SRH knowledge and skills.

Strong Policy Framework for Gender Equality and Girls' Education

Emerging from the constitution and the bill of rights, the South African Schools Act, 1996 (Act No. 84, 1996) stipulates that no learner should be excluded from school regardless of pregnancy or motherhood status. In addition, the South African government has implemented various programs in schools to support national policy on gender equality in schools. Areas of intervention have included water and sanitation, safety, teacher training and support materials to enable teachers and education officials to

identify and respond to gender issues (Department of Basic Education, 2010). In particular, to ensure that girls remain in school during pregnancy and that they return after giving birth, the Department of Education (2007) published the Measures for the Prevention and Management of Teenage Pregnancy. The measures aim to "[…] provide an environment in which learners are fully informed about reproductive matters and have the information that assists them in making responsible decisions…inform affected learners about their rights to education and support teachers in managing the effects of learner pregnancy in schools (Department of Education 2007, 1).

However, the existence of a strong policy framework has not translated into effective programming at the institutional level or into individuals becoming gender sensitive in their relationships with others in schools and communities.

Problems in Policy Implementation

The *Measures for the Prevention and Management of Teenage Pregnancy* contains a number of contradictory and ambiguous messages about the prevention and management of teenage pregnancies in schools. On the one hand, taking a proactive stance, the guidelines are "anchored within a prevention context—the prevention and reduction of pregnancy, as well as HIV and other sexually transmitted infections—in order to promote learning, development and healthy lifestyles for all learners… the importance of sexuality education…" (Department of Education 2007, 1). On the other hand, taking a gender-blind and moralistic stance that views children as innocent and asexual, the document stipulates that: "In the first instance, and above any other measure, a clear and consistent mes-

sage should be communicated that children should abstain from engaging in sexual intercourse…Educators, parents, guardians and the public should therefore strongly advise learners to avoid early sexual encounter."

Not surprisingly, the document has created a lot of confusion about government's policy on teenage pregnancy. For example, as some scholars (e.g., Morrell et al. 2012) have observed, the guidelines may have actually facilitated gender discrimination and the exclusion of girls from schools (Moletsane, Mitchell and Lewin, in press). To illustrate, another controversial clause in the guideline document outlining procedures to be followed states that a pregnant learner may "…request or be required to take, a leave of absence from school…and that a period of absence of up to two years *may* be necessary… No learner should be re-admitted in the same year that they left school due to a pregnancy" (Department of Education, 2007: 5).

This clause and others have enabled some school principals to exclude girls who are pregnant or mothers for up to two years after giving birth. Obviously, this negatively influences those girls' chances of returning to school. As international research suggests, the longer a girl stays out of school after giving birth, the less likely she is to return to school (Panday et al. 2009).

In spite of some laudable policy initiatives by the Ministry of Education, some of the policies themselves, and the interpretation and implementation thereof at school level, have done little to advance gender equality in schools, and particularly to address unplanned pregnancies and other SRH issues as barriers to girls' educa-

tion in South Africa (Moletsane, Mitchell and Lewin, in press). For example, both at school and tertiary level, the emphasis has been on increasing the number of girls and women who enroll,

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with little or no attention paid to ensuring that the environment in which learning occurs is free of the various socio-cultural norms that subordinate girls and women.

As is evident in the *Measures for the Prevention and Management of Teenage Pregnancy* (Department of Education 2007), and in the various responses to teenage pregnancy at the official and school level, the issue tends to be framed as a moral problem that requires solutions to be grounded in morality and ethics. This privileges such interventions as "the Abstain," and to a lesser extent, the "Be faithful and Condomize" aspects of the so-called ABC approach (Jewkes et al 2009). This moralistic perspective informs the re-emergence of and support for virginity testing in schools and communities. This is a process that involves a gynecological examination of girls and unmarried young women between the ages of 7 and 26 to establish whether or not their hymen is intact (Law 2005; Panday et al. 2009). The proponents of this practice claim that the "aim is to uphold female chas-

tity, protect girls against child abuse and sexually transmitted infections, including HIV and teenage pregnancies" (Moletsane, Mitchell and Lewin, in press, 298). Such interventions tend to stigmatize girls who are pregnant or mothers (Sathiparsad and Taylor 2006), rendering difficult any efforts towards supporting them to stay in school.

In an effort to respond to and address the effects of structural inequality on girls' education, the Department of Social Development, as stipulated in the Act No. 13.2004 Social Assistance Act (2004), provides a Child Social Grant.[3] This intervention attempts to mitigate the impacts of poverty so that young mothers may stay or return to school. However, informed by the moralistic stance on teenage sexuality, officials, teachers and the public often hold the view that the grant provides a financial incentive for young people to choose to "fall pregnant" early. These views persist in spite of available research showing that the rates of pregnancy and teenage fertility have been declining since the introduction of the grant (see for example, Makiwane, Desmond, Richter, and Udjo 2006).

As Moletsane, Mitchell and Lewin (in press, 300) have argued, the contradictory and ambiguous policies aimed at addressing unplanned teenage pregnancies in schools tend to neglect the complex socio-cultural context in which girls' and boys' sexual behavior occurs (see also Morrell, Bhana and Shefer 2012). As a result, moralistic attitudes that blame girls for pregnancy tend to inform responses at the school level. Obviously, such responses counter the intent of the rights-based policy framework that aims to ensure girls continue to participate in education.

The South African Curriculum Framework on the Teaching of SRH in Schools

Curriculum policies for the South African schooling sector also recognize gender equality as a worthwhile goal to pursue through education. For example, as the policy statement for teaching and learning in South African schools, the *National Curriculum Statement* for (NCS) Grades R-12 outlines the knowledge, skills and values to be learned in the country's schools. In particular, its aims include, among others, "equipping learners, irrespective of their socio-economic background, race, gender, physical ability or intellectual ability, with the knowledge, skills and values necessary for self-fulfillment, and meaningful participation in society as citizens of a free country" (Department of Basic Education 2011, 4). In the pursuit of these aims, the NCS is based on such principles as social transformation and human rights and is "sensitive to issues of diversity such as poverty, inequality, race, gender, language, age, disability and other factors" (p.4). Of particular relevance to this discussion are two of the aims of the NCS focusing on producing learners who are able to (1) identify and solve problems and make decisions using critical and creative thinking; and (2) use science and technology effectively and critically showing responsibility towards the environment and the health of others (p. 5). Arguably, these aims could be used to inform the teaching of an SRH curriculum that critically views adolescents as sexual beings living and learning in unequally gendered school and community environments.

Responding to scholarly and public criticism about the challenges of implementing the NCS, in 2012, the Department of Basic Education introduced a single Curriculum and Assessment

Policy document for each grade and learning area, or subject. Within the NCS, Life Orientation (LO) is designated as the learning area for the teaching of knowledge, skills and values related to socio-cultural issues such as gender equality and health, including SRH. The Curriculum and Assessment Policy Statement (CAPS) for Grades 10-12 Life Orientation (Department of Basic Education 2011) outlines what learners ought to learn and identifies pedagogical strategies that might be used to teach the various topics. Defining LO, the documents states: "Life Orientation is the study of the self in relation to others and to society. It addresses skills, knowledge, and values about the self, the environment, responsible citizenship, a healthy and productive life, social engagement, recreation and physical activity, careers and career choices" (Department of Basic Education 2011, 9).

It is divided into six topics: 1) Development of the self in society; 2) Social and environmental responsibility; 3) Democracy and human rights; 4) Careers and career choices; 5) Study skills; and 6) Physical Education. The NCS allocates two hours per week to the teaching of LO, compared to 4.5 hours for Mathematics and Home Language for example. This amounts to 66 hours in Grades 10 and 11, and 56 hours in Grade 12.

Some of the aims of LO that can be used to inform the teaching of SRH and related issues include 1) guiding and preparing learners to respond appropriately to life's responsibilities and opportunities; 2) equipping learners to interact optimally on a personal, psychological, cognitive, motor, physical, moral, spiritual, cultural and socio-economic level; 3) guiding learners to make informed and responsible decisions about their own health and well-being and the health

and well-being of others; and 4) exposing learners to their constitutional rights and responsibilities, to the rights of others and to issues of diversity.

An analysis of the detailed teaching plan presented in the CAPS Grades 10-12 for Life Orientation document suggests that SRH and related issues are indeed included in the LO content across the three grades (10-12). In other words, the lack of SRH knowledge among girls and adolescent women cannot be attributed to the absence of SRH curriculum. To illustrate, the topic "Development of the self in society," which is allocated a time of three hours in Grade 10, aims to teach: strategies to enhance self-awareness, self-esteem and self-development; acknowledgment and respect for the uniqueness of self and others and in differences race, gender and ability; understanding of concepts such as power, power relations, masculinity, femininity and gender and the influence of gender inequality on relationships and general well-being. This last concept covers the areas of sexual abuse, teenage pregnancy, violence, STIs including HIV and AIDS.

Poor Implementation of Policy Results in Inadequate SRH Teaching

Young people and particularly schoolgirls continue to leave school without sufficient SRH knowledge, and are continually beset with negative health outcomes, including unplanned pregnancies and HIV. This is in spite of a curriculum framework that seemingly mandates the teaching of SRH and related issues, albeit from a conservative and moralistic stance. This situation suggests that the teaching of SRH content is ineffective. As several scholars have noted, teachers are simply not adequately trained, and

"in many South African schools, there is a habit of silence where particular issues are off-limits and many teachers concede that they find it difficult to tackle sexuality-related topics" (Masinga 2013, ii). After all, issues that deal with sex and sexuality are generally taboo in most communities and schools, particularly as areas of discussion between adults (including teachers) and children. Evidence also suggests that the subject is often allocated to teachers who are not trained to teach it and that there is a lack of appropriate continuing professional development and support for teachers (Francis 2009; Masinga 2013).

Moreover, the fact that Life Orientation is not externally assessed or examined—the only subject in the NCS with this status—further limits its potential to adequately develop the knowledge, skills and values young people need both to succeed in school and to negotiate their lives in communities, including their SRH and gendered relationships. While learners are required to pass the subject based on assessment tasks graded by teachers in order to graduate from high school, because the subject is not externally examined, the time allocated to LO is often

> **The fact that Life Orientation is not externally assessed or examined—the only subject in the NCS with this status—further limits its potential to adequately develop the knowledge, skills and values young people need both to succeed in school and to negotiate their lives in communities.**

"sacrificed" to make more room for high-stakes subjects like Mathematics and Science that are subject to examination.

On the one hand, the LO curriculum theoretically provides a space for school to address SRH issues. On the other, the status of the subject and poor training for teachers limit the extent to which the curriculum might adequately provide the knowledge, skills and confidence girls need to avoid the negative health outcomes that adversely impact on their schooling.

SRH Education in South African Schools Is Woefully Inadequate

Retrospective focus group interviews were conducted between September 22 and October 9, 2014. Six groups of first and second year teacher education university students explored the extent to and ways in which their secondary schooling prepared them for life in higher education environments.[4] The focus group interviews explored girls' experiences and views regarding the extent to which their high school curricula adequately prepared in terms of SRH knowledge, skills and confidence they need to negotiate their social relationships and prevent unplanned pregnancies and STIs. I was particularly interested in whether they felt knowledgeable, skilled and empowered to access SRH services, and to use such knowledge to prevent unplanned pregnancies and STIs, and ultimately to improve their educational outcomes. For this exploratory study, my assumption was that, as future teachers, these students had studied the various policies governing schools, including those discussed in the above sections. In addition, their perspectives would be informed both by hindsight and foresight. From the interviews, three pertinent themes emerged (illustrated by the squares in Figure 2): 1) silence and stigma around SRH issues, 2) biological and moralistic approaches to SRH education, and 3) negative consequences of the silence on SRH issues in

the high school curriculum. Based on these and the literature review conducted in this report, a clear picture of inadequate SRH programming in schools emerged, suggesting a need for more effective SRH programming targeting adolescent girls.

Continuing Silence and Stigma Around SRH Issues in the High School Curriculum

This paper identifies SRH education as one of the major reasons for female student dropout in university. Yet SRH, and in particular unplanned teenage pregnancies, remain largely ignored by researchers and policymakers attempting to understand female academic outcomes in South Africa. In particular, there has been little attention paid to the ways in which first year students' lack of SRH knowledge, skills and con-

FIGURE 2. STUDENTS' PERSPECTIVES ON THE LIMITS OF SRH EDUCATION IN SCHOOLS

Subordination of girls and women at school and in the community

Silence and stigma around SRH issues

Biological and moralistic approaches to SRH education

Absence of SRH education in school

Ad hoc SRH education in schools

Absence of discussion about relationships and sexuality

Perpetuation of stigma and shame around SRH issues

Negative health and educational outcomes for girls and women

Highest rates of pregnancy

Unjust punishment from school administration

Complications from unsafe abortion

Poor educational outcomes (failure, grade repetition, drop out)

fidence compromises girls' agency and renders them ill-prepared to successfully negotiate university environments that are characterized by unequal gender norms, gender-based violence and sexual violence.

The lack of SRH knowledge among South African youth is largely due to the fact that the teaching of sexual and reproductive health issues in schools remains inadequate and largely ineffective (see Masinga 2013; Motalingoane-Khau 2010; Bhana 2009; Morrell et al. 2009). For a variety of reasons, including their own socialization, gender bias and gender oppression, teachers are either reluctant or unwilling to teach these issues. Consequently, many young people leave school without adequate SRH knowledge, including in regards to the reproductive system and fertility; safe, effective, affordable and acceptable methods of family planning and how and where to access them; and their right to appropriate health-care services. They also leave school without developing the critical thinking and communication skills needed to access available services and to avoid negative health outcomes such as unplanned pregnancies and STIs. Exacerbated by their patriarchal upbringing, and the gender-based violence that characterizes schools and other social institutions, girls lack the confidence and autonomy needed to make choices about their sexuality, leaving them vulnerable to unsafe sexual practices and the negative health outcomes associated with them, including unplanned pregnancies.

As expected, with very few exceptions, the overwhelming response among the students in the six focus groups conducted was that their high schools had not adequately addressed SRH issues in the formal curriculum. Rather, the little

they learned had been through extracurricular programs in their schools, churches and communities. For example, while a few teachers were said to have talked about life at university and what students should guard against, these talks were not part of any formal programs, but were ad hoc initiatives by individual teachers. As one student explained: "My teacher used to tell us that in life you must choose what you want because life is also about choices…and the choices you make can lead to terrible effects" (Focus Group Interview 09/23/2014).

In particular, the students found their teachers, particularly LO teachers, not to be effective in teaching SRH. For some, "the same teachers who were meant to be our role models impregnated some of the girls." For others, the teachers were too embarrassed to talk openly and instead told the girls to abstain from sex.

The reasons the silence on SRH issues in the curriculum included the general stigma around adolescent sexuality in schools and communities. The women identified factors such as teacher embarrassment about talking about sex and sexuality, and the stigma attached to unplanned pregnancies among unmarried girls. They linked this embarrassment to Christian religious teachings that forbid dating and sex outside marriage and cultural beliefs that make it taboo for adults to talk to adolescents about sex and sexuality. To illustrate, one student related how she could never get pregnant because she belonged to the Student Christian Organization (SCO) in her school where they were "told that it is not good to have boyfriends." However, she also conceded that this did not teach them any critical thinking or decision-making skills:

> In preparing me to make decisions about my own life, it didn't quite prepare me. In a way I feel like we were all so indoctrinated…we never had that time to question, to express yourself, that time to find your own way of doing things and follow your heart. I guess it helped because I learned [not to have boyfriends]. But then [this is not because of] having my own backbone… [but only] because I'm afraid to disappoint someone else" (Focus Group Interview 09/22/2014).

Surprisingly, primary schools were remembered for being more open about the issues and for teaching the Life Orientation curriculum and SRH issues, including contraceptives. For example, several students in one focus group agreed with one stating: "My primary school…they prepared us more than the high school teachers. Our [high] school is like 5-10 minutes from the clinic, but they didn't invite the nurses to come and talk to us. Not even a single day! Our school gate is opposite the hospital." (Focus Group Interview, 09/22/14).

In addition, for some, it was often in extra-curricular activities where some SRH education took place. For example, for one student, it was in the Peer Education program where SRH issues were discussed more openly. She elaborates: "I think it's one platform where I got to understand what it is, sexuality and all, because even at home it's a taboo topic to talk about…so I felt the program helped because it's where I got to learn everything and then from there on I could draw my own conclusions as to what I want to do or what I want to achieve in life." (Focus Group Interview, 09/22/2014).

For others, space to explore SRH issues was found in the school choir, a sports team, a de-

bating club or other extra-curricular activities. However, these were not targeted programs on SRH issues, but were ad hoc activities that responded to issues that emerged within the groups.

The Biological and Moralistic Approaches to SRH Education

According to the women in this study, two approaches to SRH education dominated in their secondary schools. First, for most, Life Sciences (particularly Biology) was the one subject where secondary school teachers were more open about discussing the sexual and reproductive system, albeit from a biological perspective. According to them, in this subject, teachers were able to "tell us everything" and not to "hide anything that the Life Orientation teachers usually did." While the students found this useful, they also commented on how this approach avoided talking about relationships and about positive sexuality in particular. One participant observed: "The only form of sex education or sex health education we received was in our Biology class. Even then it was just textbook content. Like this is your reproductive system. This is how it works and all that. They don't relate it to you personally." (Focus Group Interview, 09/25/2014).

Another remembered a class from her primary school, where the teacher took the biological approach:

> [The teacher] had found out that some of the girls were pregnant and some were experiencing period pains and then we asked her, 'What are period pains? What is the cause?' She was able to draw on the board the vagina, the fallopian tubes, explaining to us that when these things, weeders [sic] or something, when the blood comes out its

more painful. She explained sperm and how a baby is formed." (Focus Group Interview 09/22/2014).

Other initiatives involved individual teachers taking an interest in educating girls, albeit from a biological perspective, or just motivating girls to perform well. In one school, due to high rates of pregnancy in the institution, the teachers called in nurses to address the students about the myths around contraceptives that were circulating among the girls and boys, including the myth that contraceptives make girls fat or that they change your face in negative ways.

Second, linked to the above, the women in the focus groups reported that when SRH education was provided, their high schools often approached the issues from a moralistic stance. The strategies used ranged from silence from the adults in the school and at home to surveillance and punishment for those who were dating and those who were pregnant or were mothers. For example, in one school, taking a moralistic stance, the principal and teachers would often "name and shame" and even expel girls who were found to have transgressed the rules to abstain from sex and not "fall pregnant." According to one student, the silence toward SRH issues in her school was only broken when a girl was pregnant, and then she was often blamed, stigmatized and punished. "There was never a time where [we had] a discussion about positive sexuality and sexual health and everything like that. They would just talk when you are pregnant. 'You are pregnant! Why did you go and get yourself pregnant? Now you're going to drop out of school!'" (Focus Group Interview 09/22/2014).

In another school, one principal would reportedly "find out which girl is pregnant and then she would send you home…in the beginning of the year or toward the end of the year, she would send you home…she would give you a year to bond with your child. So that made you left behind and left you with a huge load of work." (Focus Group Interview, 09/23/14).

These actions by principals align themselves with the clause in the guidelines for schools discussed above, suggesting that girls may spend up to two years out of school after giving birth. This confirms the conclusion in this paper that the contradictory and ambiguous policies aimed at addressing teenage pregnancy tend to create space for schools to continue to exclude girls.

Negative Consequences of the Silence on SRH Issues in High School Curricula

For adolescent girls, the consequences of inadequate SRH programming include unplanned pregnancies and STIs like HIV. These consequences are dire and ultimately compromise girls' access to and success in education.

High Rates of Unplanned Teenage Pregnancy

The focus groups and other evidence driving this paper suggest that the neglect of SRH education in secondary schools threatens to overturn progress made at the primary school level in relation to access. As Epstein notes, overlooking SRHR is a significant mistake that stands in the way of South Africa truly achieving gender equity in education. The high attrition rates at the secondary school level and in the first year of university, and unplanned pregnancies as a major reason for girls' and young women's dropping out, indicates that poor SRH is a barrier to

girls' education in South Africa. To illustrate, the GHS 2012 found that while poverty was the main reason for dropping out (25 percent), unplanned pregnancy (4.2 percent) and family commitment, including child care (9 percent), were also cited as reasons (Statistics South Africa 2013). Studies emerging from academic institutions however, have found higher numbers citing pregnancy and related factors as reasons for dropping out. For example, Branson, Hofmeyr and Lam's 2013 study also identified large increases in school dropout in late secondary school after grade 9.[5] They found that 24 percent of the girls in the study cited pregnancy or motherhood as the main reason for dropping out, while 23 percent of the boys cited lack of money. Gustaffson's (2011) examination of patterns of school dropout, grade repetition, and academic performance in South African secondary schools found that 42 percent of girls had dropped out due to pregnancy. At the tertiary level, pregnancy and the challenges related to being a mother and a student often force many young women to drop out of university in the first year (Letseka et.al. 2009). In addition, noting the high levels of fertility among young women in South Africa, Maharaj and Rogan (2011) observe that "one in five women will have given birth by the age of 18, and that more than 30 percent of women nationally have their first child before they are 20 years old...and more importantly, that many births to mothers aged less than 20 years are unplanned and/or unwanted" (p.89). Whatever the actual numbers are, these studies indicate that unplanned pregnancies among schoolgirls curtail their access to schooling and threaten to inhibit true progress towards gender equality in education.

In the interviews, the women confirmed the high rates of pregnancies in their own high schools.

According to the students in this study, the silence and lack of education about SRH led to high rates of unplanned pregnancies in their schools. One focus group students said, "In my Grade 9 class, 10 [of 35] girls were pregnant and our class was called the 'pregnancy factory.' Ten is too much, way too much!"

Another focus group participant observed:

> At my school most of the girls fell pregnant because we were not taught how to be safe. I personally feel like our parents and everyone who is an adult, they still use the old ways in dealing with today's problems. They have to use today's solutions to solve today's problems...at least if we were told that you can use a condom...contraceptives...but it's only 'abstain.' (Focus Group Interview 09/23/2014).

As the students observed, the lack of knowledge about SRH, combined with the subordination of girls in communities and schools, puts them at risk of unplanned pregnancies. To illustrate the point, a second year student commented:

> Because you are not empowered to know that you have the choice to decide for yourself...because so often, girls, they lack confidence. I've been one of those girls who lack confidence...when I started dating in my first year, when I went this relationship, I was like, I know nothing about relationships, so obviously, the guy, you know, knows everything. I would just have to do what he says...I ended up not making my own decisions. He made all the decisions because I did not want to be labeled or ...be boring. (Focus Group Interview 09/22/2014).

High Rates of HIV Infections among Adolescent Girls

Research has also found worrying levels of sexually transmitted infections—particularly HIV—among girls and women between 13-24 years, an age group that straddles both schooling and university education. For example, the 2012 South African National HIV Prevalence, Incidence and Behavior Survey (Shisana et al., 2014) found that among females 15 to 19-years-old the HIV prevalence was estimated to be eight times that of their male counterparts. Similarly, Abdool Karrim (2014) found high prevalence of HIV, the herpes simplex virus-2 (HSV-2) and pregnancy among high school students in rural South Africa. The authors conclude that these are indicators of high-risk sexual behavior among these students. They note that "…nearly a third of all new HIV infections [in South Africa] occur in 15 to 24-year-olds, with young women in this age group being five to six times more likely to be infected than their male peers, underscoring the importance of adolescents—particularly adolescent girls—as a priority group for evidence-based …interventions." (p.1).

For the female students interviewed, "the worst thing is that we the girls are the ones suffering!" On top of this, "the fathers are nowhere to be seen!" as the girl bears the negative consequences of an unplanned pregnancy. Agreeing with this sentiment, one girl lamented: "My brother is 24 and he's going to have his fourth child this year and he is living his life. Some of the girls that he got pregnant had to stop school and he didn't stop. Yes, he is supporting his children but he's moved on with his life. The girls had to drop out…It's not fair!" (Focus Group Interview, 22/10/2014).

Unsafe Abortions

Due to the stigma and silence around sex and sexuality and the fear of punishment by school authorities, girls would often resort to hiding a pregnancy for as long as possible. As one student commented on keeping pregnancies secret: "So many girls got pregnant to such an extent that two girls gave birth at school." Another in the same group remembered: "The girls that got pregnant…they…they…gosh, it was actually sad. They would actually tie their tummy to hide it from the teachers and then put the skirt up…when the teachers asked us to take off our jerseys, [they] never took off their jersey…they were scared." (Focus Group Interview 09/22/2014).

Other pregnant students resorted to abortion, and even though abortion is legal and available without parental consent from the age of 12 onwards, the methods and services are sometimes unsafe with dire consequences for maternal health. According to one student, a girl decided to abort at eight months. "But then it ended up affecting her because she became disabled… she ended up dropping out of school."

Such unplanned pregnancies often negatively influenced the girls' health and education. Explaining the impact of pregnancy and motherhood on girls, the student continued:

> I feel like it does contribute to what your life will become in the end because I think it stops your life because now you have to deal with someone else…you have to be like, no more education for a while. Your child has to grow up. Your parents will be like: you made the decision [to have a child] on your own, you have to deal with it on your own. (Focus Group Interview, 09/22/14).

Thus a focus on SRH means recognizing the consequences that a lack of SRH knowledge has both on girls' health and on their educational outcomes. It also means recognizing the significance of SRH-related issues as a persisting source of vulnerability for adolescent girls and women. For those who do successfully complete high school and transition to tertiary education, academic programming in universities does very little, if anything, to make up for the poor SRH education they received in secondary school. Instead, universities focus only on teaching academic content and preparing students for graduation. Further, with a few exceptions, external programs targeting adolescents and young women are either severely under-resourced or informed by a moralistic framework that stigmatizes girls' sexuality.

Alternatives to Current Programming

As future teachers, the students in the focus groups identified the ways in which they would be different teachers (from their own high school teachers). One example is a comment by one of the participants:

> When I [become a teacher] I want to form this initiative called 'True Sisters' where I will get the girls and be their mentor. I want to teach them the power of girls, the power of being together and the power of supporting each other because I believe, as much as we have parents at home, but you need that second person that you can count on, that second person that you know that you can be able to talk about anything, and they won't judge you.

The literature review and the women's views from the exploratory focus group interviews suggest that schools in South Africa do a poor job of educating adolescents about SRH. They also do a poor job developing adolescents' skills and confidence to navigate life in a gendered and violent environment in schools and beyond. The impacts of this gap in education tend to be negatively skewed against girls. These include unplanned pregnancies, unsafe abortions from such pregnancies, and negative health consequences linked to early motherhood.

Internationally, a variety of SRH programs that integrate gender equality have been implemented. This paper reviews select literature that assesses the effectiveness of SRH programs and identifies key features that enhance their effectiveness. The following section summarizes this literature and addresses the third question in this paper—what are the features of SRH programs that have been successful in developing girls' knowledge of SRH, as well as the skills and personal agency necessary for preventing unwanted pregnancies.

Preventing Unplanned Teenage Pregnancy: A Review of the Literature

What approaches have worked to address unplanned pregnancies among teenage girls internationally? How do effective programs mitigate the impacts of contextual realities, including gender-based violence, so as to develop girls' SRH knowledge and skills, as well as build their confidence to negotiate personal and social relationships and access services? To address these questions, this section examines evidence from systematic reviews of literature, as well as program evaluations that highlight the characteristics of programs that have effectively addressed SRH education and rights for girls in schools. In particular, this analysis includes a review of international programs that have effectively in-

tegrated the socio-cultural norms that produce unequal gender relations, gendered violence and the negative health outcomes such as unplanned teenage pregnancies and HIV among schoolgirls into their curricula. The analysis is not meant to be exhaustive, but rather to be illustrative of some of the approaches that have worked to address girls' SRH, reduce unplanned pregnancies and improve girls' access and success in education.

This analysis is largely informed by a theory of change developed by Unterhalter, et al. (2014). This theory of change (ToC) views the improvement of girls' education as influenced by factors in and around schools. Such factors include support for girls' education, existence of appropriate legal and regulatory frameworks, and government capacity to implement policy and the involvement of the wider community. Informed by this view, the ToC identifies three kinds of interventions: those that focus on changing: 1)

institutions, 2) resources and infrastructure, and 3) norms, especially by improving the participation of the most marginalized in education decision-making (Unterhalter et al. 2014, 1).

To analyze evidence of programs that have addressed girls' SRH education and rights, and in particular, unplanned teenage pregnancies, this projects adapts the above ToC to focus on:

- Programs that focus on changing the institution;

- Programs that target the individual; and

- Programs that focus on changing gender norms in and around schools.

Figure 3 uses these categories to summarize the characteristics of selected programs that have worked to improve gender equality, contribute to girls' empowerment, enhance their SRH and rights, and improve their attendance in school.

FIGURE 3. FEATURES OF EFFECTIVE PROGRAMS

1. Changing the Institution:
Creating conducive school environments

Context

- Gender mainstreaming across the educational system (Unterhalter et al, 2014)
- Close attention to community expectations for girls; community support and parental involvement (Hertz &Sperling, 2004)

Curriculum Content

- Attention to quality education, relevant curriculum, and relevant resources (Hertz & Sperling, 2004)
- Explicit concern with gender equality in curriculum planning, development, and implementation (Unterhalter et al, 2014)
- Interdisciplinary teams design the curriculum (Kirby, 2007)
- Content reflects the local context, the practical and cultural needs of girls, community values, and available resources (Hertz & Sperling, 2004; Kirby, 2007; Unterhalter et al, 2014)
- Clear goals that address unplanned teenage pregnancy and STIs (Kirby, 2007)
- Safe environment for girls to participate (Kirby, 2007)
- Activities aligned with culture, developmental age, and sexual experience of the participants (Kirby, 2007)

Resourcing

- Adequate numbers of appropriately trained teachers (Hertz & Sperling, 2004; Kirby, 2007)
- Continuous professional development on gender-sensitive teaching (Kirby, 2007; Unterhalter et al, 2014)
- Affordable schools: no-fee schools, subsidies for indirect costs (uniforms, transportation, etc.) (Herz and Sperling, 2004)
- Provision of girl-friendly facilities and services (e.g., water and sanitation, gender-sensitive teaching strategies, employing female teachers) (Herz and Sperling, 2004)
- Proving formal and non-formal secondary school options (Lloyd, 2009)

Implementation (Anderson et al., 2013)

- Delivery of in-school and out-of school extra-curricular programming
- Community-based delivery in health facilities or through the media

FIGURE 3. FEATURES OF EFFECTIVE PROGRAMS (CONTINUED)

2. Targeting the Individual:
Enhancing girls' empowerment, SRH knowledge and rights, skills building, and addressing unplanned pregnancies

Comprehensive, Multidimensional SRH Programming

- Covers diverse issues and uses a variety of approaches (Haberland &Rogow, 2009)
- Multi-dimensional programming targeting a typology of competencies: basic educational, social, personal, and economic competencies (Lloyd, 2013)

Multi-pronged and Multi-level SRH Programming

- Multi-pronged approach: combination of school-based curricula and community-based interventions (Parsons & McCleary-Sills, 2014; Skevington, Sovetkina & Gillison, 2013)
- Targeted at the policy, service, and community levels (Rodriguez et al, 2013)
- Formal and informal interventions (e.g., extracurricular "safe spaces" for girls) (Lloyd, 2013)
- Program delivery over several weeks, with follow-up for more than 12 months (Hallman et al, 2013; Skevington, Sovetkina & Gillison, 2013)

Age-appropriate and Context-relevant Programming

- Interactive, particaptory learning approaches, including critical reflection, role play, drama (Ngum, 2012; Skevington, Sovetkina & Gillison, 2013; Taylor et al, 2012)
- Gender-sensitive (Haberland & Rogow, 2009)
- Promotes academic growth and critical thinking (Haberland & Rogow, 2009)
- Fosters civic engagement (Haberland & Rogow, 2009)
- Includes a rights training element (Hallman et al, 2013)
- Peer-led education with a concern for contextual realities of young people (Advocates for Youth, 2007; Haberland & Rogow, 2009; Kim & Free, 2009; Parsons & McCleary-Sills, 2014; Rabieipoor, Taskin & Mikaili, 2011; Rodriguez et al., 2013)
- Age-appropriate, "youth friendly" SRH services, like youth-based condom promotion (Warner, Malhotra & McGonagle, 2012)
- Age or grade-specific targeting and content (Hallman et al, 2013)
- Content that is culturally appropriate and based on core values and human rights (Haberland & Rogow, 2009)
- Single-sex, girl-only interventions (Hallman et al, 2013)
- nvolvement of girls younger than 14 years of age (Hallman et al, 2013)
- Provides cash incentives, "safe spaces," vocational training, financial education, savings training, and mentoring (Hallman et al, 2013; Parsons &McCleary-Sills, 2014)
- Facilitation by project staff of the same sex and of slightly older age than participants (Skevington, Sovetkina & Gillison, 2013)

Figure 3. Features of effective programs (continued)

3. Changing Gender Norms:
Attending to the "gendered features of sexuality and the terms and conditions under which [girls] have sex" (Jewkes, Morrell, and Christofades, 2009)

"Undoing Gender" (Murphy-Graham, 2009)

- Gender mainstream the curriculum: link gender to justice
- Engage participatins in critical reflection, dialogue and debate
- Provide teachers with opportunities and space to critically reflect on their understandings of gender and gender equality
- Emphasize the need for change among both individuals and social structures
- Provide teachers with opportunities and space to critically reflect on their understandings of gender and gender equality
- Emphasize the need for change among both individuals and social structures

Engaging Men and Boys (Greene & Levack, 2010)

- Engage men and boys to take action to end domestic and sexual violence and to promote healthy, equitable relationships
- Participatory approaches
- Group educational workshops for men, creative arts, media campaigns, and advocacy for progressive gender-equitable policies

Working with Girls and Boys, Women and Men (Greene & Levack, 2010)

- Design programs from inception to engage both sexes
- Identify constructive ways to engage men in efforts to address the needs and vulnerabilities of women and girls
- Promote programs that start with men and boys to deconstruct harmful gender norms; then expand this work to engage both sexes

WHAT CAN WE LEARN FROM THE PRECEDING ANALYSIS?

RECOMMENDATIONS

The exploratory study reported here sought to address the question: What could schools do differently to effectively educate adolescents about SRH (including SRH knowledge, rights, and services)? In particular, what could schools do differently to develop girls' ability to effectively negotiate the socio-cultural environment in which they learn and live?

This paper examined programs that effectively mitigate the impacts of gender-biased contextual realities on girls' sexual and reproductive health. To do this, the study used a combination of desktop analysis and retrospective interviews with first and second-year female university students on their experiences of high school in relation to SRH and rights education.

Findings from the study confirm that there are high dropout rates at the secondary school level and that unplanned pregnancies are a major reason for girls leaving school. Similarly, a preliminary analysis of enrollment trends in the first year BEd students at UKZN suggests that a high number of women (and men) drop out in the first year. While the study did not examine reasons for dropout, high rates of pregnancy among this university group also suggests poor SRH and poor knowledge about SRH rights negatively impacts girls' educational outcomes.

Second, analysis of the policies that govern schools and the curriculum framework for SRH education, as well as interviews with recent students, suggests that the provision of SRH and rights education in South African schools is inadequate. The few teachers who venture into the topic at all tend to focus on biological aspects of sex and reproduction. This neglects the socio-cultural context, characterized by gender inequality and gendered violence in which adolescents learn and live. This has dire consequences for girls' health and educational outcomes, including high rates of unplanned pregnancies and related health issues.

Third, in the focus group interviews, university students suggested that to address this gap in SRH education, programming must be targeted at three levels: 1) the home and cultural context; 2) the church and religious teachings about sex and sexuality and 3) the school and teachers' perspectives and values, as well as the curriculum. Figure 4 shows this.

FIGURE 4. THREE DIMENSIONS OF SEXUAL AND REPRODUCTIVE HEALTH EDUCATION
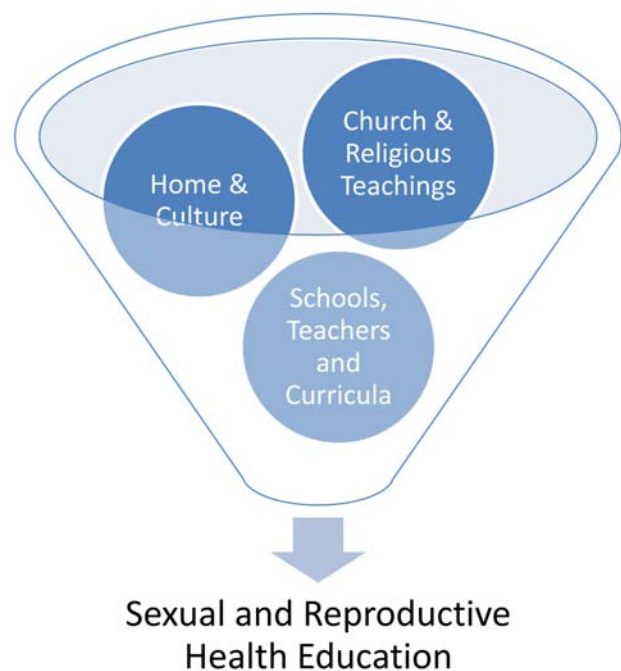
Similarly, a review of existing literature on international programs that have effectively addressed the SRH needs of girls and young women suggests particular features that need to be taken into account in developing programs for girls. While exploratory in scope, the study has yielded some useful insights. These have implications for further research, policy and programming.

Get a Better Picture

To better inform programming and policy, it is important to collect and analyze more nuanced data in order to better understand the complexity of unplanned pregnancies among South African schoolgirls. For example, the rates of pregnancies among the high school population are not fully known. Quantitative analysis of data from a sample of district clinics in the various provinces might help provide a better picture of pregnancies among, for example, the 13-19 year age group than estimates from national surveys and population census. In addition, qualitative research is needed to investigate girls' experiences of schooling, especially of the gendered violence and gender inequality in and around schools, and of unplanned pregnancies and their impact on girls' lives.

More qualitative studies that investigate the resilience of girls in similar contexts might also be useful in informing programming. Such studies could focus on girls who make it through school without experiencing unplanned pregnancies and other negative health outcomes, as well as those who do become pregnant or experience negative health but still manage to persist and complete their education and transition to higher education. Questions informing such in-

vestigation could include, among others: How do such girls (and others in their communities) understand and experience unplanned teenage pregnancy? What are the local beliefs/meanings and understandings associated with pregnancy generally, and unplanned teenage pregnancy and schooling in particular? What are stakeholder perspectives regarding the factors that contribute to unplanned teenage pregnancy in rural communities and possible strategies/interventions that might work to address teenage pregnancy? What factors influence girls' resilience in avoiding unplanned pregnancies, or for those who become pregnant and/or bear children, in persisting and completing their education? In addition, what strategies would facilitate re-entry for those who dropout? Understanding the reasons for and factors that facilitate or, for those who drop out, inhibit such resilience would lead to more informed policy and programming that could more effectively address adolescent girls' SRH and educational needs. Obtaining girls' perspectives on these issues would not only provide a better understanding of the concerns themselves, but would also provide material for the content, pedagogy and necessary resources for programs.

Revisit Policy

The findings from this and other studies suggest that current policies are not implemented fully or effectively for a variety of reasons. These include the fact that some tend to be either ambiguous or contradictory, opening up opportunities for varied understandings and sometimes discriminatory implementation against girls at the school and community level. To address this, new policies are needed to either revise or replace existing legislation and guidelines governing the management of unplanned teen-

age pregnancies in schools. Informed by a human rights framework and principles of gender equality, the revised or new policies must take into account and address the complex socio-cultural environment in which adolescents learn and live, and be premised on an understanding of girls as sexual beings.

### Develop Better Quality Gendered SRH Education

Findings from this study suggest that young people in South Africa tend to have a generally poor knowledge of SRH (including rights and services). In particular, the pervasive gender inequality and subordination of girls and women, including sexual violence, renders them unable to negotiate sex or to make decisions about their own fertility. This has resulted in their inability to access information about SRH and related services. For this reason, they tend to bear the brunt of poor SRH education. This leads to poor health outcomes, including sexually transmitted infections such as HIV and unwanted pregnancies. In turn, these poor health outcomes often result in dropping out of school and poor learning outcomes for girls.

Arising from these findings are questions related to programming. So, what could schools do differently to effectively educate adolescents about SRH (including SRH knowledge, rights, and services)? And, what could schools do differently to develop girls' ability to effectively negotiate the socio-cultural environment in which they learn and live? What strategies might work to transform the socio-cultural environments that perpetuate unequal gender relations and make it difficult for girls to access and use SRH information to achieve better health and educational outcomes? To what extent and in what ways can such programming work with men and boys, both as allies for gender transformation and as partners in SRH issues?

Adapted from Unterhalter et al.'s (2014) theory of change described above, this report develops a ToC (Figure 5) for the development and implementation of effective SRH programming target adolescents.

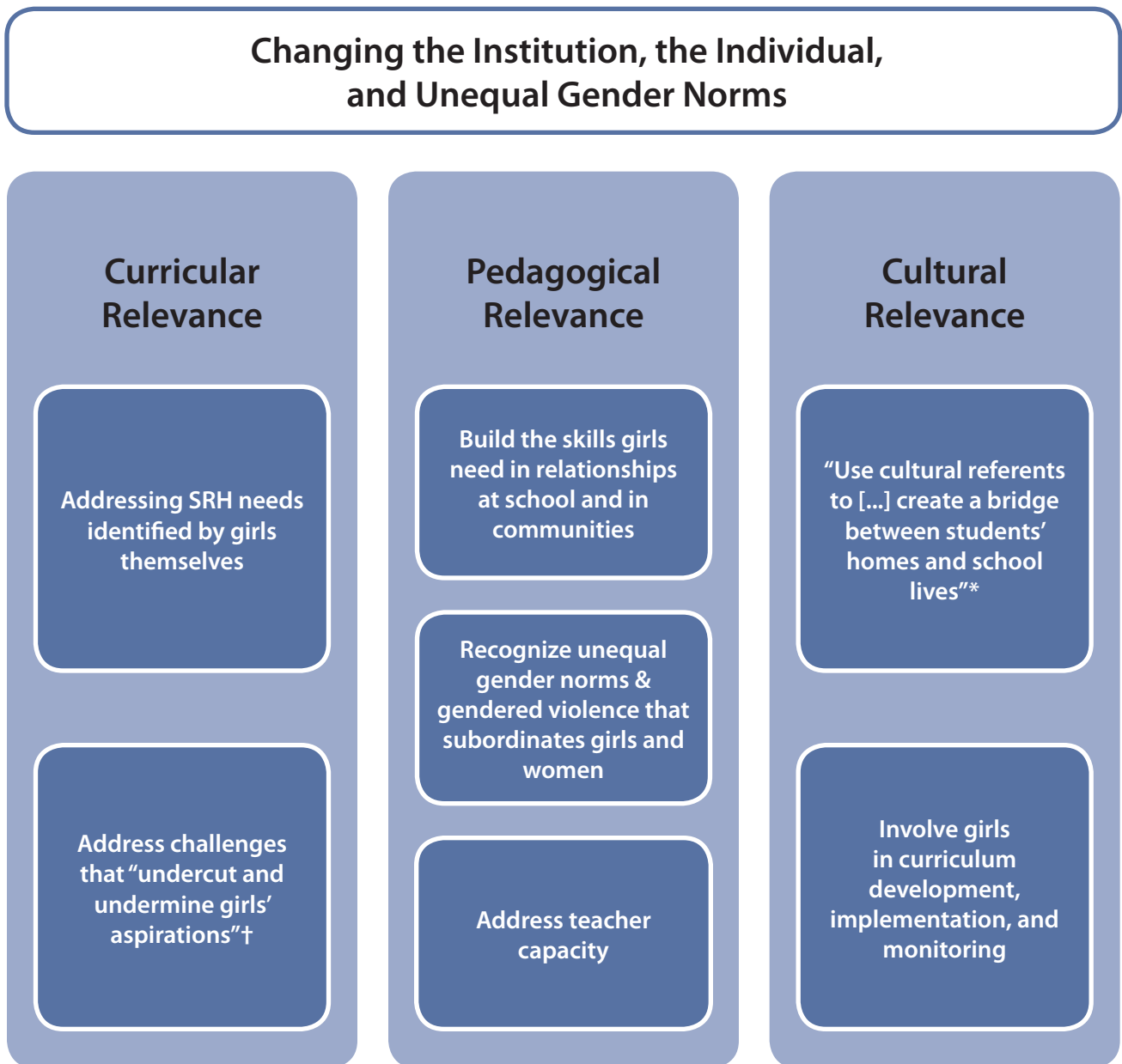Figure 5. Catalyzing gender equality through sexual and reproductive health education – Theory of change
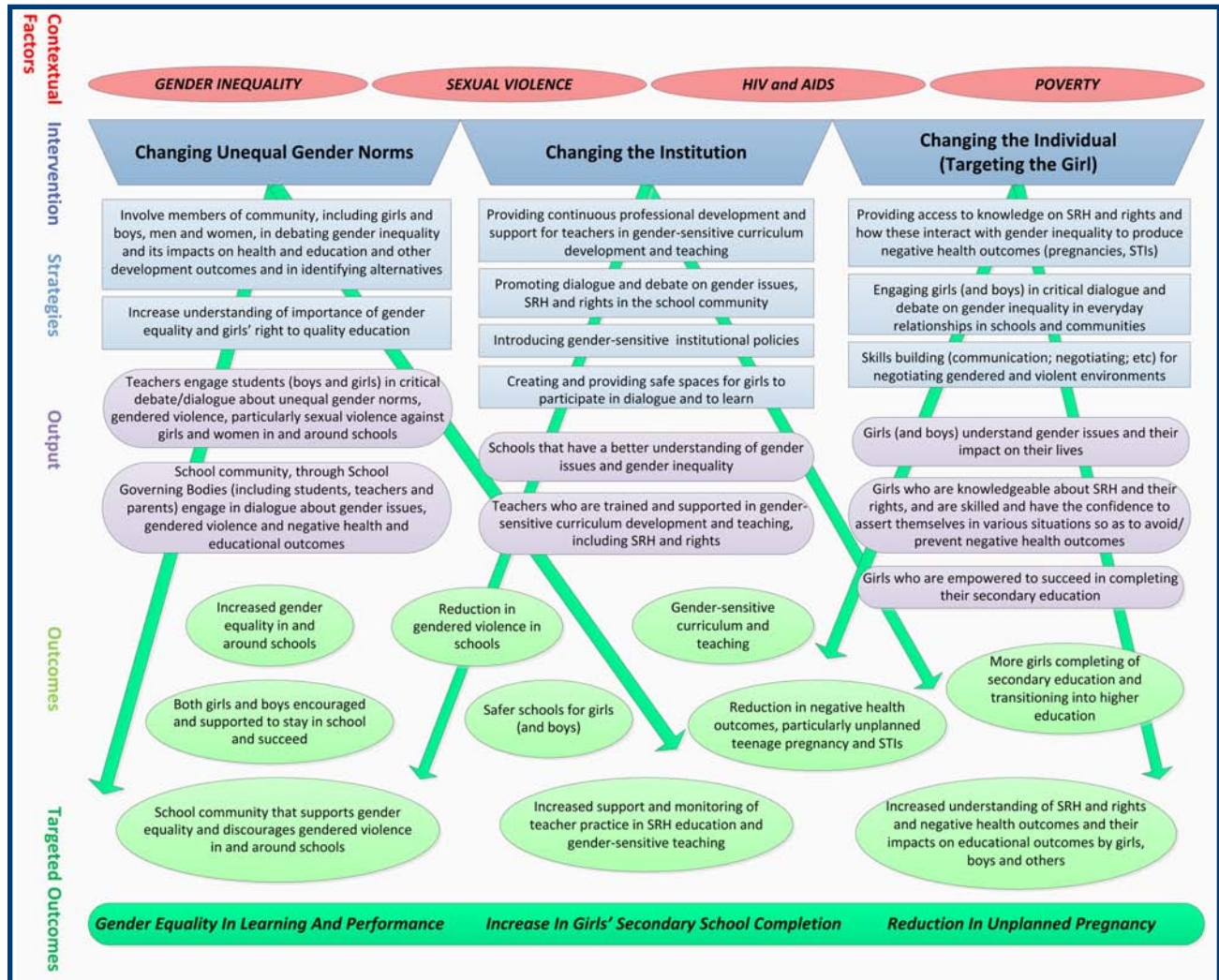
The ToC suggests that programming must address the complex socio-cultural conditions under which girls live and learn in order to reduce unplanned pregnancies among schoolgirls and to improve their educational outcomes. As captured in Figure 6, programming must focus on three aspects to be effective: 1) Change the schools through training and continuous professional development and support for teachers in SRH and gender sensitive curriculum development and pedagogy; 2) Change gender norms in and around schools by addressing gender inequality and the gendered violence that exists in and around schools; and 3) Target girls (and boys) for change. Informed by a review of the characteristics of programs that have worked internationally, such programs must be informed by three broad principles: curricular relevance, pedagogical relevance and cultural relevance.

Changing the Institution, the Individual, and Unequal Gender Norms

Curricular Relevance

Addressing SRH needs identified by girls themselves

Address challenges that "undercut and undermine girls' aspirations"†

Pedagogical Relevance

Build the skills girls need in relationships at school and in communities

Recognize unequal gender norms & gendered violence that subordinates girls and women

Address teacher capacity

Cultural Relevance

"Use cultural referents to [...] create a bridge between students' homes and school lives"*

Involve girls in curriculum development, implementation, and monitoring

†Russell, 2014; see also Willan, 2013.
*Ladson-Billings, 1994: 17.

CONCLUSION

This paper sought to more fully explain the high attrition rates in South African secondary schools. While dominant explanations tend to identify poverty and the poor quality of teaching in schools as the primary reasons, this report explored poor and inadequate SRH education as a third barrier to girls' educational success. From a desktop analysis of literature on effective SRH programming, supplemented by exploratory focus group interviews with first and second year university students, this paper discusses adolescent girls' school dropout rates within a socio-cultural context characterized by unequal gender norms and gender based violence, including sexual violence.

The paper has argued that quality SRH programming, particularly programming that integrates gender equality, is needed. However, informed by a moralistic framework and gender norms that stigmatize girls' sexuality, SRH curricula currently provided in South African schools are largely inadequate. This often leads to negative health outcomes for girls, including unplanned pregnancies and STIs that in turn negatively impact on girls' persistence and success in school.

This paper then addressed the question: What can schools do differently to provide effective SRH programming (including SRH knowledge, rights, and services) for adolescent girls so as to prevent unplanned pregnancies? The paper concludes that to address unplanned teenage pregnancy as a barrier to girls' education, programming must take gender equality and human rights seriously and teach girls and boys (and men and women) the critical thinking skills needed to challenge and change the unequal gender norms that subordinate women and girls in families, communities and schools (Haberland and Rogow 2009). Such SRH programs must provide continuous professional development and support for teachers to enable them to acknowledge and respond to adolescents' needs for SRH education and services and to develop appropriate gender-sensitive curricula to address these. Unless an effective response to the SRH needs of adolescent girls at the secondary school level is developed and implemented, the advances made in relation to access at the primary school level will be reversed, and gender equality in South African education will remain elusive.

ENDNOTES

1   Data was provided by the Information and Communication Services (ICS) at the University of KwaZulu-Natal (UKZN).

2   This study did not investigate the reasons for dropping out among those who did not write examinations.

3   This is a monthly grant of R310 (about US$30) per month given to family and/or care-givers of children who are deemed to be in need of financial support.

4   The interviews were only exploratory and the experiences articulated by these groups of students do not represent those of all first year university students in the country. Further studies are needed across a larger sample.

5   This study analyzed data from Wave 1 and Wave 2 National Income Dynamics Study (NIDS), which was implemented by the Southern Africa Labor and Development Research Unit (SALDRU) at the University of Cape Town's School of Economics. NIDS is the first national household panel study in South Africa. It aims to track and understand the shifting face of poverty.

REFERENCES

Abdool Karim, Q., Kharsany, ABM, Leask, K., Ntombela, F., Humphries, H., Frohlich, JA., Samsunder, N., Grobler, A., Dellar, R., Abdool Karim, SS (2014). Prevalence of HIV, HSV-2 and pregnancy among high school students in rural KwaZulu-Natal,South Africa: a bio-behavioural cross-sectional survey. *Sexually Transmitted Infections*, 90 (3). doi:10.1136/sextrans-2014-051548

Advocates for Youth. Peer Programs: Looking at the Evidence of Effectiveness: A Literature Review. Retrieved October 21, 2014 from http://www.advocatesforyouth.org/publications/publications-a-z/1856-peer-programs-looking-at-the-evidence-of-effectiveness-a-literaturereview

Anderson, R.; Panchaud, C.; Singh, S.; and Watson, K. (2013). *Demystifying data: A guide to using evidence to improve young people's sexual health and rights*. New York: Guttmacher Institute.

Bhana, D., 2009. Violence in education—a gendered perspective. *Agenda* 80, 2–5.

Branson, N., Hofmeyr, C., Lam, D., (2013). *Progress through school and the determinants of school dropout in South Africa*. A Southern Africa Labour and Development Research Unit Working Paper Number 100. Cape Town: SALDRU, University of Cape Town.

Council on Higher Education, 2013a, *A Proposal for Undergraduate Curriculum Reform in South Africa: The Case for a Flexible Curriculum Structure*. Report of the Task Team on Undergraduate Curriculum Structure, Pretoria: CHE

Department of Basic Education (2011). *Life Orientation National Curriculum Statement (NCS) Curriculum and Assessment Policy Statement (CAPS) for Further Education and Training Phase Grades 10-12*. Pretoria: Department of Basic Education.

Department of Education (2007). *Measures for the Prevention and management of Learner pregnancy* (Retrieved May 17, 2013 from www.education.gov.za) Pretoria.

Epstein, E. (2014). We can't have a post-2015 agenda without SRHR! Retrieved October 15, 2014 from http://girlsglobe.org/2014/09/25/we-cant-have-a-post-2015-agenda-without-srhr/.

Department of Higher Education and Training (2013). *Statistics on Post-School Education and Training in South Africa: 2011*. Pretoria: DHET.

Grant and Hallman (2006). Pregnancy-related School Dropout and Prior School Performance in South Africa. No. 212. New York: The Population Council, Inc.

Francis, D. A. (2009). 'Sex is not something we talk about; it's something we do: testing the limits of drama and sexuality. Critical Arts, 24(2), 228-244. Greene and Levack (2010)

Greene, ME and Levack, A. (2010). Synchronizing Gender Strategies: A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations. Population Reference Bureau.

Gresh, A., & Maharaj, P. (2014). Termination of pregnancy: Perspectives of female students in Durban, South Africa. Suppl on Population Issues in South Africa, 28(1), 681-690. Retrieved November 3, 2014.

Gustaffson, M (2011). The when and how of leaving school: The policy implications of new evidence on secondary schooling in South Africa. Stellenbosch Economic Working Papers: 09/11.

Hallman, K., Stoner, M. Chau, M., and Melnikas, AJ. (2013). A Review of Control-Comparison: Interventions on Girls and Health in Low and Middle-Income Countries. Paper Commissioned by Girl Hub: A strategic partnership between Nike Foundation and the UK Department for International Development.

Haberland, N. and Rogow D. (eds). 2009. It's all one curriculum: Guidelines and activities *for a unified approach to sexuality, gender, HIV, and human rights education*. Washington, D.C.: Population Council.

Herz, Barbara and Gene Sperling. 2004. What works in Girls" Education: Evidence and Policies from the Developing World. New York: Council on Foreign Relations.

Hoque, ME (2011). Reported risky sexual practices amongst female undergraduate students in KwaZulu-Natal, South Africa. *African Journal of Primary Health Care & Family Medicine*, 3 (1), 119.

Human Rights Watch. (2001). *Scared at school: Sexual violence in South African schools*. New York: Human Rights Watch.

Jewkes, R., Morrell, R and Christofides, N. (2009). Empowering Teenagers To Prevent Pregnancy: Lessons From South Africa. *Culture, Health & Sexuality*, 11 (7), 675-688.

Jewkes, R., Nduna, M., Levin, J., Jama, N., Dunkle, K., Puren, A. and Duwury, N. (2008) Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. British Medical Journal. 337:a506

Jewkes, R (n.d.). *Transforming theory into practice: the Stepping Stones experience*. Unpublished Presentation.

Kim, C.R. and Free, C. (2008). Recent evaluations of the peer-led approach in adolescent sexual health education: A systematic review. *International Family Planning Perspectives*, 34(2): 89-96.

Kirby, D. (2007). Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy

Ladson-Billings, G. (1994). *The Dreamkeepers: Successful teaching for African-American students*. San Francisco: Jossey-Bass, pp. 17–18.

Law, L. (2005). 'Virginity testing: In the best interest of the child?' (BriefingPaper 145). Retrieved March 20, 2013 from http://www.cplo.co.za

Letseka, M, Cosser, C, Breier, M & Visser, M, (2009). *Student Retention and Graduate Destination: Higher Education and Labour Market Access and Success*. Cape Town: HSRC Press.

Lewin, T. and Mawoyo, M. (2013). Student Access and Success: Issues and Interventions in South African Universities. Cape Town: Inyathelo: The South African Institute for Advancement

Llloyd, C.B. (2013). Education for girls: Alternative pathways to girls' empowerment. Paper commissioned by Girl Hub, a strategic partnership between Nike Foundation and the UK Department for International Development.

Llloyd, C.B. (2009). *New lessons: the power of educating adolescent girls*. A Girls Count Report On Adolescent Girls. The Population Council.

Maharaj, P. and Rogan, M. (2011). Missing opportunities for preventing unwanted pregnancy: a qualitative study of emergency contraception. *Journal of Family Planning Reproductive Health Care*, 37, 89–96.

Makiwane, M., Desmond, C., Richter, L. and Udjo, E. (2006) Is the Child Support Grant associated with an increase in teenage fertility in South Africa? Evidence from national surveys and administrative data, Human Sciences Research Council, Pretoria

Masinga, L (2013). *Journeys to Self-Knowledge: A Participatory Study of Teachers as Sexuality Educators*. Unpublished PhD Thesis, University of KwaZulu-Natal.

Moletsane, R., Mitchell, C., and Lewin, T. (in press). Gender violence, teenage pregnancy and gender equity policy in South Africa: privileging the voices of women and girls through participatory visual methods. In Parkes, J. (Ed), *Gender Violence in Poverty Contexts: the Educational Challenge*, pp. 290-314. London: Routledge.

Moletsane, R. (2011). (2011). 'Culture, Nostalgia, and Sexuality Education in the Age of AIDS in South Africa'. In C. Mitchell, T. Strong-Wilson, K. Pithouse and S. Allnutt (Eds.), *Memory and Pedagogy*, pp. 193-208. London: Routledge.

Moletsane, R. (2010). *Gender review in South African basic education*. Pretoria: UNICEF and Department of Basic Education.

Morrell, R., Bhana, D and Shefer, T. (2012). Pregnancy and Parenthood in South African Schools. In Morrell, R., Bhana, D and Shefer, T. (eds). *Books and Babies: Pregnancy and Young Parents in Schools*, pp. 1-30. Cape Town: HSRC Press.

Motalingaone-Khau, MS (2010). Women teachers talk sex: A gendered analysis of women teachers' experiences of teaching sexuality education in rural schools in the age of HIV and AIDS. Unpublished PhD Thesis. University of KwaZulu-Natal.

Mkhwanazi, N (2010). 'Understanding teenage pregnancy in a post-apartheid South African township'. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 12 (4), 347-358.

Mncube,V. and Harber, C. (2013). *The Dynamics of Violence in South African schools: Report*. Pretoria: University of South Africa.

Murphy-Graham, E. (2012). *Opening Minds, Improving Lives*. Nashville: Vanderbilt University Press.

Murphy-Graham, E. (2009). Constructing a new vision: Undoing gender through secondary education in Honduras. International Review of Education, 55 (5/6), Special Issue: Undoing Gender. 503-521.

Ngum, Y. (2012). Engaging adolescents on teenage pregnancy prevention using process drama : a case study of grade 11 pupils at Supreme Educational College in Johannesburg, South Africa. Unpublished MA Dissertation. Johannesburg: University of the Witwatersrand.

Oakley, A. (1994). Women and children first and last. Parallels and differences between children's and women's studies. In B. Mayall (Ed.), *Children's childhoods observed and experienced*. London: Falmer Press.

Panday, S., Makiwane, M., Ranchod, C., & Letsoalo, T. (2009). Teenage Pregnancy in South Africa – With A Specific Focus On School-Going Learners. Child, Youth, Family and Social Development, Human Sciences Research Council. Pretoria: Department of Basic Education

Parsons, J and McCleary-Sills, J. (2014). Advancing Women's Sexual and Reproductive Health: Lessons from World Bank Group Gender Impact Evaluations. engender Impact, World Bank Group's Gender Impact Evaluation Database.

Rabieipoor, S., Taskin, L., Mikaili, P. (2011). Empowering of oromieh university female students in related to their sexual and reproductive health by peer education method. *Annals of Biological Research*, 2 (5), 149-156. (Retrieved October 17, 2014 from http://scholarsresearchlibrary.com/archive.html)

Rodriguez, M., S. Harris, K. Willson, and K. Hardee. 2013. *Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights: A Systematic Review of Evidence*. Washington, DC: Futures Group.

Russell, C. (2014). The next global agenda for girls' education. Keynote address presented at the Celebrating Progress, Remaining Steadfast and asking What's Next for Girls' Education. June 17, 2014. The Brookings Institution, Washington DC.

Shefer, T. (2013). Theorising gender, heterosex and power in student life in South African higher education. Paper presented at the *Universities, Gender and Development International Colloquium*, University of the Free State, 14 May 2014.

Shisana, O, Rehle, T, Simbayi LC, Zuma, K, Jooste, S, Zungu N, Labadarios, D, Onoya, D et al. (2014) South African National HIV Prevalence, Incidence and Behaviour Survey, 2012. Cape Town, HSRC Press.

Skevington, SM, Sovetkina, EC and Gillison, FB (2013). A Systematic Review to Quantitatively Evaluate 'Stepping Stones': A Participatory Community-based HIV/AIDS Prevention Intervention. *AIDS Behaviour*. 17, 1025–1039. DOI 10.1007/s10461-012-0327-6

Spaull, N. (2013). South Africa's Education Crisis. Report for the Centre for Development and Enterprise (CDE). Johannesburg.

Statistics South Africa (2013). *General Household Survey 2012*. Pretoria: Statistics South Africa.

Taylor, M., Dlamini, N., Khanyile, Z., and Mpanza, L. (2012). Exploring the use of role play in a school-based programme to reduce teenage pregnancy *South African Journal of Education*, 32 (4), 441-448.

Tellier, S and S. Lund (ed.) (2013). *Sexual and reproductive health and rights: Agreements and Disagreements. A background document of the evidence* (3rd edition). Copenhagen: Building Stronger Universities, Working Group on Sexual and Reproductive Health.

Unterhalter E, North A, Arnot M, Lloyd C, Moletsane L, Murphy-Graham E, Parkes J, Saito, M (2014) Interventions to enhance girls' education and gender equality. Education Rigorous Literature Review. Department for International Development

Warner, S. Malhotra, S. and McGonagle, A. (2012). Girls' education, empowerment, and transitions to adulthood: The Case for the Shared Agenda. International Center for Research on Women [ICRW].

World Health Organization (2010). *World health statistics 2010*. Geneva: WHO

Willan, S. (2013). Teenage mothers who had support from their mothers were the most likely to return to, and remain at, school. Report commissioned by: Partners in Sexual Health (PSH).

APPENDIX A: INTERVIEW GUIDE SOUTH AFRICAN GIRLS' EXPERIENCES OF SRH EDUCATION IN HIGH SCHOOLS

Note: Interviewer to remind participants of informed consent.

Questions to include the following:

- How well do you feel your high schools prepared you academically for university? How adequately do you feel your high school education prepared you for the social aspect of life at university?

- To what extent do you feel your high school adequately taught you about sexual and reproductive health issues, particularly in relation to sex, sexuality and unplanned pregnancies? What did your teachers do to prepare you for this?

- Besides the Life Orientation classes, which other classes dealt with SRH issues? How well did they address these issues?

- Did any of the girls in your high schools ever become pregnant or have babies during their schooling? What impact do you think that had on their lives? How did that influence their education? Please give me some examples.

- Since your arrival at university, have any of your classmates in the first year or second year become pregnant or had babies? How is that impacting on their academic lives? How about their social lives? Please give some examples.

- Is there anything else you would like to tell me about the issue of planned pregnancy among students in high school or here at university?

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