

## Exploring intervention strategies to minimise girl-child pregnancies in senior secondary schools in the Ohangwena region, Namibia

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### Abstract

*This study explored the intervention strategies to minimise girl-child pregnancies in senior secondary schools in the Ohangwena region, Namibia. The study focused on the causes of girl-child pregnancies in the study area and explored the strategies that can be implemented to curb the phenomenon. To achieve the objectives, the study used a phenomenology qualitative research design. Furthermore, the study participants were selected using the purposive sampling method. Purposive sampling means that participants are selected because of some defining characteristics that make them the holders of the data needed for the study. For this study, participants comprised three Life Skill teachers, and three principals, from three senior secondary schools in the Ohangwena region, Namibia. The data were collected through interviews. The findings of the study revealed that factors that caused girl-child pregnancies in the region included poverty, peer pressure, lack of sex education, lack of parental guidance, cultural and traditional practices, and ignorance on the part of learners. Strategies used to curb girl-child pregnancies were the effective implementation of sex education, counselling and the provision of condoms. Suggested mitigation measures to minimise girl-child pregnancies were more parental involvement, more sex education and more schools with hostels for girls. The study recommended girls need more education about the danger of peer pressure. Schools should intensify campaigns on sexual abuse. Girls should be encouraged to report any sexual abuse. More sex education to reduce girl-child pregnancies in the region. Parents should be encouraged to be open and talk freely about adult life and sex lives. The government should employ qualified counsellors or psychologists in schools not just life skills teachers and build more schools with hostels to accommodate more girl-children.*

**Keywords:** *intervention, strategies, girl-child, teenage pregnancies, senior secondary schools, Ohangwena region*

### Introduction

Teenage pregnancies are posing a serious challenge in today's society. The challenges are numerous and these include exposure to HIV and AIDS risks as well as school dropout. Teenage pregnancy affects the girl child negatively, economically, socially and psychologically (UNICEF, 2019). Furthermore, teenage pregnancy poses a high risk to the girl child because the body is overburdened when it is still growing (Eyasu, 2016). This study sought to gather more information which is not yet known and discovered by other researchers within the Ohangwena region about the factors and strategies to minimise the girl-child pregnancy rate in Senior Secondary Schools in the Ohangwena region. According to WHO (2019), teenage pregnancies have been increasing across the world in the past decade. Odimegwu and Mkwanzani (2016) assert that sub-Saharan Africa has the highest number of teenage pregnancies as compared to other regions. In Namibia, 21% of teenage girls are

pregnant and close to 40% of the pregnancies are unplanned (WHO, 2019). Several learners engage in unprotected sex and as a result, fall pregnant and become young mothers.

Learner pregnancy is fuelled by, among others, peer pressure, and lack of knowledge in teenagers on how to protect themselves. Both boys and girls may be pressured by their peers to be involved in premarital sexual activities, but girls are the ones most affected (Barmao-Kiptanui et al., 2015). Learners' pregnancy is considered a health risk and has therefore negative effects such as social, health, physical and educational problems (Yazdkhast et al., 2015; WHO, 2019). Principals and teachers are complaining that pregnant learners give them tough work as they tend to be absent as they have to attend antenatal care and learner mothers take their children to hospitals or clinics for immunization and when they are sick. This forces teachers to give them another task to do. Sometimes pregnant and learner mothers tend to be absent because they tend to

visit their boyfriends during the weekdays and as a result, they do not come to school (Barmao-Kiptanui et al., 2015). Therefore, this study's main objective was to explore intervention strategies to minimise the girl-child pregnancies in senior secondary schools in the Ohangwena region, Namibia.

### **Statement of the problem**

There is a high prevalence of girl-child pregnancies in high schools in Ohangwena region of Namibia. Sub-Saharan Africa is said to have the highest prevalence of teenage pregnancies in the World. According to UNFPA (2020), Namibia has a young population with two-thirds below the age of 35 years. The national teenage pregnancy rate stands at 19% which means that about every fifth woman aged 15 to 19 has begun childbearing. Mullins et al. (2021) note that teenage pregnancies have remained a major concern in Namibia where in 2020, the country recorded about 3625 pregnancies in all regions. Furthermore, Ohangwena region was the fifth highest among all the country's regions with 443 teenage pregnancies in the same year. Due to the high number of teenage pregnancies in the country, the Executive Director of the Ministry of Education, Arts and Culture, appealed to communities to support teenage girls to curb the problem (Mullins et al., 2021). Furayi (2017) posits that in the Ohangwena region, teenagers are allegedly impregnated by older men, taxi drivers and teachers who have the means to provide the necessary items to the pupils.

There is no study carried out recently on intervention strategies that can be adopted to minimise teenage pregnancies in the region. Therefore, this study explored intervention strategies that could be adopted to minimise this phenomenon and to reduce the girl-child drop-out rates in schools. The study is of great significance to different categories of people like curriculum planners who may use the information from the findings to design appropriate educational programs that may help reduce the high rate of teenage pregnancies. The study is useful to the Ministry of Education, Arts and Culture because the findings of the study might assist in making appropriate amendments, especially in learners' pregnancy policy. Education stakeholders might use the information to design strategies for mitigating the effects of teenage pregnancies.

### **Theoretical framework**

The theoretical framework for this study was adapted from Maslow (1968). Maslow places love before esteem in his hierarchy of needs. Maslow (1968) stated that individuals mature and achieve a level of self-actualisation only if environmental conditions enable certain basic needs to be met first. Maslow (1968) stressed that individuals strive to first meet their physiological survival needs, then their need for love and belonging, self-esteem needs, and finally their desire to obtain knowledge to know and understand. Self-actualisation is the quest to become the best you can be. It involves deciding what you want from life and then doing what is necessary to get what you want. Self-actualisation is a term invented by psychologist Abraham Maslow to describe the on-going process of fully developing your potential. The first thing to note about self-actualisation is that it is a process not a goal. In other words, self-actualisation is not something that you aim for, it is something that you do. Secondly, self-actualisation is not restricted to high-profile, high-achieving individuals; you do not have to be famous to self-actualise (Maslow, 1970). Survival needs such as food, water, sleep, and shelter from the elements are among the needs at the bottom of the pyramid.

Teenagers who are denied these basic needs may become physically weak and develop illnesses. Many men in society take girl children for granted which makes girls fall into traps of men who are working or those who can provide their basic needs for them in exchange for sex. This happens to girls from poor families and those who are in Secondary Schools which do not have hostels to accommodate learners. However, food, clean water, and shelter are not easily obtainable for many people. For example, social issues such as homelessness and poverty can be related to, and affect the health and physical needs of teenagers. Satisfying the need for safety includes more than just safeguarding themselves against physical harm. The safety needs that are essential to a girl-child's personality can also be psychological in nature. Most of the girl-children who are in grade 10 and 11 moved from their houses to go where there is grade 10 and 11. The situation drove girl-children into difficult situations because they found themselves renting a shack in the suburbs where there is lack of proper accommodation for them and no one to take good care of them. This forces some girls to cohabit with their boyfriends like taxi drivers,

police officers, and security guards just to mention a few. The girl-child becomes a victim of rape by friends, boyfriends and by strangers.

### **Literature review**

According to Lowen (2018), teenage pregnancy is the pregnancy of adolescents under the age of 20. Teenage pregnancy includes live births, still births, abortions and ectopic pregnancies of women under the age of twenty. Rates of teenage pregnancy are usually calculated for females aged 15-19 due to the small number of events in females aged 10-14 (Martens et al., 2010). Odimegwu and Mkwanzani (2016) explained that teenage pregnancy is when a woman under 20 gets pregnant. It usually refers to teens between the ages of 15-19. But it can include girls as young as 10. It is also called teen pregnancy or adolescent pregnancy.

According to Edin and Kefalas (2011), poverty is a cause as well as a consequence of early childbearing, and some impoverished young mothers may end up coping poorly no matter when their children are born. According to Costa (2000), if the problems of teenagers are not always addressed at home, they search for the answers to many of their problems outside the home, by chatting with their friends, who may give misleading information. The data from Harris (2017) revealed that hundreds of girls in the 10-14 age group in France, Germany, Bulgaria and Romania become mothers each year. Furthermore, in Bulgaria and Romania, almost 1,000 births in 2015 were to girls between the ages of 10 and 14 (Harris, 2017). The Gutt Macher Institute (2021) says that among 35 developed countries for which adolescent pregnancy rates could be calculated, Romania has the highest rate, 61 per 1,000 women aged 15-19 in 2011. In Europe excluding the former Soviet Bloc, the highest adolescent pregnancy rates were found in England and Wales 47 per 1000 in 2011 and Scotland 46 per 1000 (Sedgh et al., 2015). However, the United States has one of the highest known rates of adolescent pregnancy and births in developed regions (Gutt Macher Institute, 2021). Of these adolescent pregnancies, 82% are said to be unintended (Sedgh et al., 2015). The adolescent pregnancy rate in the United States has declined considerably by 51%, from a peak of 117 per 1,000 women aged 15-19 in 1990 to a 30-year low of 57 in 2010.

In 2018, the estimated adolescent birth rate globally was 44 births per 1,000 girls aged 15 to 19; in West and Central Africa, this figure stood at 115 births, the highest regional rate in the world. Countries such as Central African Republic, Niger, Chad, Angola and Mali top the list of countries with highest adolescent birth rate above 178. In the 2010-2015 period, over 45 per cent of women 20-24 reported having given birth for the first time by age 18 (UNICEF, 2019). The World Health Organisation (2019) says that the majority of adolescent births occur in low and middle-income countries. According to Yah et al. (2020), Namibia recorded 3500 teenage pregnancies between 2017 and 2018. A report compiled by the Parliamentary Standing Committee on Human Resources and Community Development revealed that 1440 teenage girls fell pregnant in 2018 while about 2000 teenagers fell pregnant in 2017 (Yah et al., 2020). According to Mullins et al. (2021), the number of teenage pregnancies increased in 2020 with the country recording 3625 pregnancies. Ohangwena region was recorded as the fifth highest amongst the country's fourteen regions with 443 teenagers falling pregnant in 2020. According to UNFPA (2020), Namibia has a young population with two-thirds below the age of 35 years. The national teenage pregnancy rate stands at 19% which means that about every fifth woman aged 15 to 19 has begun childbearing.

According to WHO (2020), poverty is one of the factors that put girls in Latin America at a high risk of teenage pregnancy and early motherhood. Wado et al. (2019) posit that learners who have a poor background can be easily lured by friends into smoking, drinking, using drugs, getting involved in fights or engaging in other risky behaviours and are also more likely to become pregnant or impregnate a sexual partner. Different societies are shaped by different traditional and cultural practices that have a significant bearing on a society's values and norms. These different beliefs influence how individuals conduct themselves. Marriage and pregnancy are some of those phenomena that are directly influenced by a society's culture and traditions. Teenage pregnancies have a direct relationship to a society's cultural and social frameworks (Aparicio et al., 2014; Wado et al., 2019). A report by Negesa (2018) about adolescent pregnancy showed that learners influence each other to indulge in sexual activity. In a study conducted by Thobejane (2015) about factors

contributing to teenage pregnancy in South Africa focusing on Matjitjileng village, the study established that learners want to copy things they see on television and other social media. In Namibia, Phillips and Mbizvo (2016) reported that girl-child pregnancies are the result of rape; girls are being raped by their family members like cousins, uncles, and fathers and also by the cattle herders. However, most of the cases are not reported on time, before the girl-child falls pregnant and some cases are not reported, remaining a family secret. Rabbitte and Enriquez (2019) revealed that the learner pregnancy policy stated that schools shall strive to ensure that learners, both boys and girls, are educated about the benefits of abstinence, the risks of engaging in sexual activity at a young age, appropriate use of contraception and the right of both male and female learners to free and informed choices in respect of sexual matters. Thobejane (2015) thinks that teens who received comprehensive sex education were 60 per cent less likely to report becoming pregnant or impregnating someone than those who received no sex education. According to Paton et al. (2020), developed countries have experienced a decrease in teenage pregnancies since around 2007 and this decrease is attributed to public policy interventions in the area of sex education and related sexual health services.

The Forum for African Women Educationalists (FAWE) is a non-governmental organisation to increase access, improve retention and enhance the quality of education for girls and women in Africa. FAWE Namibia (FAWENA) national chapter opened its office in 1999 with the support of the Ministry of Education. In 2010 the Ministry of Education indicated that there were more girls than boys enrolled in schools, however, the dropout rate of girls was higher compared to that of boys (Yakubu & Salisu, 2018). In this organisation girls discuss the challenges which they face and hinder their education like poverty, teenage pregnancies and how to prevent themselves from teenage pregnancy.

## **Methodology**

### ***Research design***

Creswell (2014) defines research design as a type of inquiry within qualitative, quantitative and mixed methods approaches that provide specific directions for procedures in a research design. The study adopted a phenomenological

qualitative research design to explore intervention strategies to minimise girl-child pregnancies in senior secondary schools in the Ohangwena region, Namibia. Qualitative research is concerned with gathering data on a phenomenon that cannot be measured but can be observed (McLeod, 2019).

### ***Population of the study***

Creswell and Creswell (2018) cited by Haufiku et al. (2022) define population as the total number of people, organisations, subjects or occurrences with well-defined characteristics from which a sample is drawn. Additionally, Creswell (2014), Creswell and Plan-Clark (2018) define population as the pool of subjects upon which participants are selected in a given research. The population in this particular research comprised three (3) Life Skills teachers, and three (3) principals from three selected Senior Secondary Schools (SSS) in Ohangwena region, Namibia. The study only focus on Life Skill teachers and principal who are directly dealing with girls-child pregnancies and each selected Secondary School is only comprises of one life teacher and as well as a principal.

### ***Sample and sampling***

The study sample consists of six (6) participants (three Life Skills teachers and three principals) and this was selected using the purposive sampling technique. All participated in the interview. Given that there are different types of purposive sampling, the study used expert purposive sampling to select three Life Skills teachers and three principals from three different Senior Secondary Schools in Ohangwena region to participate in the study. Amongst the three SSS, two were those with the highest prevalence of girl-child pregnancy in the region while one was with very low prevalence. This amalgamation of the Senior Secondary Schools was meant to enable the validity of data gathered since it truly and fully represented the selected population.

### ***Research instruments and data collection***

Creswell and Creswell (2018) highlight that research instruments are tools used to collect data related to one's subject of investigation. The study used interviews as instruments for collecting the data. Interviews enabled the study to gather more in-depth data from the participants. Before collecting data, the researchers sought permission from the Ohangwena Director of Education to allow the

researchers to collect data. Furthermore, permission from the school principals was sought and participants were booked telephonically in advance and informed of their right to participate.

### **Data analysis**

Data analysis is the process of evaluating data using analytical tools to discover useful information (Creswell & Creswell, 2018). The data was analysed using thematic analysis in analysing qualitative data that was drawn from the participants. This involves transcribing the interview as well as scanning and arranging the data based on emerging themes.

### **Ethical considerations**

Permissions were sought and obtained from the Director of Education, Ohangwena region, and the principals of the schools where the participants were teaching. To ensure the autonomy of the study participants, they were provided with a complete information sheet detailing the aims of the study and the rights of the participants to enable them to agree on their own whether to enrol as voluntary participants. The participants were informed that there were no potential risks associated with the study and were assured of their rights to withdraw from the study at any point they felt uncomfortable to continue without any consequences. Furthermore, the participants remained anonymous by using pseudo (code) names to identify them and their schools throughout the study. Finally, permission was sought and obtained from the participants to record the interview proceedings using an audio recorder.

### **Results**

The findings of this study were discussed according to the research objective. Factors that contribute to a high rate of girl-child pregnancies in senior secondary schools in Ohangwena region.

#### **Poverty**

All participants (principals and Life Skills teachers) from the interviews commended that poverty is contributing to a high rate of girl-child pregnancies in senior secondary schools in Ohangwena region. The participants gave the following responses presented below:

*“Poverty in the region is pushing some of the girls into sexual activity as a means of*

*survival. The girls get easily attracted to material things because at home they have nothing.” (Participant A)*

*“Girls become easily attracted to money and other things if due to poverty.” (Participant B)*

*“Poverty pushes girls into early marriages and teenage pregnancies. Men will use money and other things to sleep with girls leading to teenage pregnancies.” (Participant C)*

*“Girls can be easily lured girls into sexual activities if the girls lack material things at home.” (Participant D)*

*“Some girls are coming from very poor backgrounds that a small amount of money can easily lure them into sexual activity.” (Participant E)*

*“Poverty makes it difficult for girls to talk about safe sex with the boys or men they are sexually engaged with.” (Participant F)*

#### **Peer pressure**

All six participants from the interviews also commented that peer pressure was contributing to a high rate of girl-child pregnancies in senior secondary schools in Ohangwena region. The participants gave the following comments presented below:

*“These learners are influencing each other to indulge in sexual activity. The peer pressure from friends is too much. When they see their friends talking about sexual encounters, they also want to experiment on what they hear from friends.” (Participant A)*

*“The learners want to copy things they see on televisions and other social media. It puts them under necessary pressure to practice sex life.” (Participant B)*

*“I think that learners influence each other. When they see their friends are now dating, they also want to get into dating life. When one of the friends in the group starts dating life, most likely some of them will follow what they hear.” (Participant C)*

*“I always see these learners moving in groups. If one friend within the group starts dating, others feel the pressure to get into dating.” (Participant D)*

*“The fact that they see others who have fallen pregnant at school and nothing being done to them, I think they see it as right.” (Participant E)*

*“Most of these learners follow what their friends are doing. If the friends are sexually active, most are likely that they will see it as ok to engage in sexual activities.”*

(Participant F)

### **Sexual abuse**

During interviews, participants were asked to comment on how sexual abuse contributed to a high rate of girl-child pregnancies in Senior Secondary Schools in Ohangwena region. The participants gave the following comments presented below.

*“During holidays some hostel learners spend a lot of time at home, and some learners are being sexually abused at home by their relatives.”* (Participant A).

*“Some of these girl-children are being sexually abused at home by the people who are supposed to protect them.”* (Participant B)

*“Our learners have spent the greater part of the time at home where they can be sexually abused by relatives and friends.”* (Participant D)

*“Some learners are coming from families that have social issues and these learners are subject to sexual abuse.”* (Participant E)

*“Other girls are staying in broken social homes where they are staying with uncles and other relatives who can abuse them.”* (Participant F)

### **Strategies being used to reduce girl child pregnancies in high schools in Ohangwena region**

During data collection, participants were also asked about strategies being used to reduce girl child pregnancies in high schools in Ohangwena region and three themes emerged. These themes were sex education, counselling and the provision of condoms and other contraceptives at school. These themes are presented below:

#### **Sex education**

Participants during the interviews commented about sex education being provided in schools as a strategy being used to reduce girl-child pregnancies in high schools in Ohangwena region. The participants gave the following comments:

*“Our learners receive Life Skills Education where they are taught about abstinence from sex as well as how to practice safe sex if they are already engaging in sex.”* (Participant F)

*“The school tries to educate learners about safe sex and the dangers of teenage pregnancy.”* (Participant C)

*“The Life Skills teacher always engages*

*learners on the side effects of being sexually active during high school life.”* (Participant B)

*“Our learners are educated about the disadvantages of engaging in teenage sex as a way of reducing girl child pregnancies.”* (Participant E).

#### **Counselling**

During interviews, the participants also commented about counselling as a strategy being used to reduce girl-child pregnancies in high schools in Ohangwena region. The participants gave the following comments:

*“In our school, learners attend counselling sessions with the Life Skills teachers. Both male and female learners are attending counselling sessions. One period per week is allocated to the life skills teacher to counsel children about teenage pregnancy. Our school offers counselling, especially to pregnant teenagers. Counselling sessions are provided in the afternoon.”* (All Participants).

#### **Provision of condoms and female contraceptives at school**

During interviews, participants also indicated that their schools through the Ministry of Health and Social Services provided condoms and females contraceptives as a strategy to reduce girl-child pregnancies in high schools in Ohangwena region. The participants gave the following comments:

*“The school encourages learners to use condoms if the learners are sexually active. Learners are given the option to carry around condoms and they are readily available.”* (Participant A)

*“The school put condoms in the bathrooms and toilets such that learners can easily access them.”* (Participant B)

*“The condoms and other contraceptives are readily available at our school and through the life skills teacher assists the school and the learners on how to safely use them. Both the science teacher and the Life Skills teacher educate the learners on how to safely use the condoms which are available at the school.”* (Participant C)

*“The strategy of giving condoms is used although some parents and other people are against such practices.”* (Participant F)

#### **Suggested mitigation measures to minimise girl-child pregnancies in senior secondary**

### **schools in the Ohangwena region**

About suggestions from participants, three themes emerged from the interview. These themes were more parental involvement in teenage lives, more sex education and hostel schools for girls. These themes are presented below:

#### ***More parental involvement in teenage lives***

Two participants (one teacher and a principal) during interviews suggested that parents should be more involved in their teenage children's lives by talking freely about adult life and sex life as well as educating their children about abstinence from sex until they are done with high school. The participants gave the following views:

*“Parents should be free to talk and educate their teenage children about the danger of teenage sex as well as the consequences of teenage pregnancy. More parental education can help to reduce teenage pregnancy.”* (Participant C)

*“Parents should take a leading role in their children's lives. Some of these children misbehave and engage in sexual activities because of lack of guidance at home.”* (Participant E)

#### ***More sex education***

During interviews, the participants suggested that the school should devote more time to educating children about teenage pregnancy as well as in engaging in sexual activities as a child. The views of the participants are presented below:

*“Our schools should intensify education on things like sex and teenage pregnancy as well as the importance of abstinence from sex until they have completed their high school. I feel like the current lessons are not enough.”* (Participant F)

*“Life Skills teachers should be given more lesson periods to educate children on issues related to pregnancy and teenage sex. They should focus more on education about abstinence.”* (Participant D)

#### ***Schools with hostels for girls***

Two Life Skills teachers also suggested hostel schools for girls. They gave the following comments presented below.

*“I think if the girls stay in the hostel they will be safer because they are not exposed to such*

*environment in the community where they can engage in sexual activities.”* (Participant A)

*“A girl child is safer at school than at home, therefore, hostel schools are a safe ‘haven’ for these children. At home, they are exposed to bad friends as well as relatives who can abuse them.”* (Participant F)

### **Discussion of findings**

The discussion of the study findings is done under each objective. The discussion is presented below:

#### ***Factors that contribute to a high rate of girl-child pregnancies***

Three major themes emerged concerning the factors that contribute to a high rate of girl-child pregnancies in Senior Secondary Schools in the Ohangwena region.

##### ***Poverty***

All six participants from the interviews highlighted that poverty was contributing to a high rate of girl-child pregnancies in Senior Secondary Schools in the Ohangwena region. A report by the WHO (2014) about factors that contribute to teenage pregnancies in South Sudan showed that poverty was found to be one of the main factors that led to girl-child pregnancies. Similarly, UNICEF (2019) points out that poverty is one of the factors that put girls in Latin America at a high risk of teenage pregnancy and early motherhood.

##### ***Peer pressure***

All participants from the interviews also commented that peer pressure was contributing to a high rate of girl-child pregnancies in Senior Secondary Schools in the Ohangwena region. A report by UNICEF (2019) about adolescent pregnancy showed that learners influence each other to indulge in sexual activity. In a study conducted by Thobejane (2015) about factors contributing to teenage pregnancy in South Africa focusing on Matjitjileng village, the study established that learners want to copy things they see on television and other social media. When learners see that their friends are now dating, they also want to get into dating as they are influenced by their friends.

##### ***Sexual abuse***

Participants from the interviews highlighted that sexual abuse contributed to a high rate of girl-child pregnancies in Senior Secondary Schools in Ohangwena region. A study

conducted by Phillips and Mbizvo (2016) at Mpolokang High School in the North West province of South Africa about factors contributing to teenage pregnancy as reported by learners, the study established that sexual abuse was one of the major factors contributing to teenage pregnancy.

### ***Strategies used to reduce girl child pregnancies in high schools in Ohangwena region***

The findings from the data collected showed that three themes emerged to reduce teenage pregnancy. These themes were sex education, counselling and the provision of condoms and other contraceptives at school. A discussion of these themes is presented below:

#### ***Sex education***

All six participants from the interviews highlighted that sex education was being provided in schools as a strategy being used to reduce girl-child pregnancies in high schools in the Ohangwena region. Mohr and Austin (2019) also indicated that learners in Nepal receive sex education as a strategy being used to reduce girl-child pregnancies. Learners received sex education in life skills education where they were taught about abstinence from sex as well as how to practice safe sex if they were already engaging in sex.

#### ***Counselling***

Almost all participants from the interviews commented that high schools in the Ohangwena region used counselling as a strategy to reduce girl-child pregnancies. Mohr and Austin (2019) noted that in some schools, learners attend counselling sessions with Life Skill teachers as a strategy to reduce girl-child pregnancies. Both male and female learners attend counselling sessions as they all need to be counselled. According to Muribwathoho (2015) counselling and information are available for both female and male learners where the principal designates at least two specific teacher-counsellors to provide counselling services for children and adolescents on request, including counselling on reproductive health, sexual abuse and relationship issues, or to refer learners to Regional School Counsellors or appropriate agencies for counselling as needed. Life Skill teachers are also made available in schools to ensure that learners receive relevant sex and sexuality education.

#### ***Provision of condoms and other contraceptives at school***

All participants interviewed noted that their schools provided condoms and other contraceptives as a strategy to reduce girl-child pregnancies in high schools in Ohangwena region. Mohr and Austin (2019) indicated that schools are encouraged to give learners condoms and contraceptives. The condoms can be placed in convenient places such as bathrooms and toilets.

### ***Suggested mitigation measures to minimise girl-child pregnancies in senior secondary schools in the Ohangwena region***

Three themes emerged from the interview with participants on the mitigation measures to minimise girl-child pregnancy and these were: More parental involvement in teenage lives, more education on sex and schools with hostel facilities for girls. These themes are discussed below:

#### ***More parental involvement in teenage lives***

Two participants during interviews recommended that parents should be more involved in their teenage children's lives through talking freely about adult life and sex life as well as educating their children about abstinence from sex until they are done with high school. In a study by Barmao-Kiptanuj (2015), they explained that when parents talk freely about sex and educate their children, the children tend to listen and abstain from sex. A UNICEF (2019) report suggests that parents should take a central role in their children's lives as well as social life education. Parental guidance can play a significant role in preventing these pregnancies and children are known to benefit from positive, warm, responsive, communicative, and authoritative parenting (Aparicio et al., 2018; Silk & Romero, 2013). According to Ajala (2014), teenagers from poor families have few opportunities and have no reasons to avoid or delay childbearing due to family and peer pressure.

#### ***More sex education***

Four participants suggested that the school should devote more time to educating children about teenage pregnancy as well as the negative impact of engagement in sexual activities as a child. Thobejane (2015) also recommended that schools should intensify education on things like sex and teenage pregnancy. Odimegwu et al. (2016) also



suggested that lessons on Life Skills should focus on teenage pregnancy. Life Skills teachers should be given more lesson periods to educate children on issues related to pregnancy and teenage sex. The results are consistent with the findings of Osadolor et al. (2022) who noted that teens who received comprehensive sex education were 60 per cent less likely to report becoming pregnant or impregnating someone than those who received no sex education. Life Skills teachers are some of the professionals who play a major role in the sex and sexuality education of learners hence their shortage implies less education for the learners.

#### *Schools with hostels for girls*

Four participants suggested creation of schools with hostels for girls. They suggested that girls should stay in the hostel where they will be safe because they are not exposed to such an environment in the community where they can engage in sexual activities. Tabane and Peu (2015) observed that some girls come from homes where it is not stable and they are subjected to sexual abuse. A hostel will be safer for girls than when staying at home where the environment is not stable.

#### **Conclusion**

A high rate of girl-child pregnancies in Senior Secondary Schools in the Ohangwena region is due to poverty. Furthermore, peer pressure was contributing to a high rate of girl-child pregnancies in Senior Secondary Schools in Ohangwena region. The study concluded that sexual abuse was another factor contributing to a high rate of girl-child pregnancies in the study area. High schools in the Ohangwena region use sex education as a strategy to reduce girl-child pregnancies in Senior Secondary Schools in the Ohangwena region. Schools provide condoms and females contraceptive as a strategy to reduce the girl child pregnancies in high schools in Ohangwena region, Namibia. These condoms are readily available to learners in the study area.

#### **Recommendations**

The study made the following recommendations, girls need to be given more education about the danger of peer pressure and to be aware not to be put under pressure by friends to engage in sexual relationships. Schools should intensify campaigns on sexual abuse to school children as well as to the

community during parental meetings. Girls should be encouraged to report any sexual abuse activity that they might experience at home. High schools in the Ohangwena region should focus more on sex education to reduce girl child pregnancies in the region. Parents should be encouraged to be open and talk freely about adult life and sex life as well as educate their children about abstinence from sex until they are done with high school. The governments should employ qualified counsellors or psychologists in schools not just Life Skills teachers. Expand more hostel schools to accommodate more girl-child for safety from boy child.

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