

Assessing the Education Sector Policy for Prevention and Management of Learner Pregnancy and the Life Skills curriculum on prevention of learners' pregnancies in Ohangwena region, Namibia

¹Paulus N. Nghuushi; ²Comfort A. Oyedokun and ³Rachel N. Shanyanana-Amaambo

¹Omhanda Combined School, Ohangwena region; ²International University of Management, Main Campus and ³University of Namibia, Main Campus

¹ndatiheeno@gmail.com; ²o.oyedokun@ium.edu.na and ³namaambo17@gmail.com

Abstract

The education sector policy for the prevention and management of learner pregnancy (ESPPMLP) and Life Skills curriculum are being implemented in schools as pregnancy prevention intervention tools, but still pregnancies are increasing in the Ohangwena region. This study assessed the implementation of the ESPPMLP and the Life Skills curriculum on the prevention of learners' pregnancies in the Ohangwena region of Namibia. There is a concern that the Ohangwena region has experienced an increasing number of learner pregnancies in five consecutive years, surpassing the other fourteen regions in Namibia. The objective of this research was to develop a framework for implementing the ESPPMLP and the Life Skills curriculum to keep learners from getting pregnant in the Ohangwena region, Namibia. This is a qualitative case study carried out in ten schools of the Ohangwena region. The population for the study was the schools with grades 8 and up, head girls, Life Skills teachers, heads of departments, and senior education officers. A purposive sampling method was used to select ten schools, ten head girls, ten Life Skills teachers, ten heads of departments, and two senior education officers in the Ohangwena region and documents for analysis. Data were collected by interviews, observations, and document analysis methods and analysed by thematic and content analysis methods. The study found that the ESPPMLP and the Life Skills curriculum were not successfully implemented in some schools. Teachers had various experiences and challenges in the implementation of the ESPPMLP and the Life Skills curriculum. Schools and Life Skills teachers had no full capacity to implement the ESPPMLP and the Life Skills curriculum to keep learners from getting pregnant. The study also found that there was insufficient engagement by parents and communities in matters relating to the prevention of learner pregnancy. Finally, the study proposed a strategic framework for implementing the ESPPMLP and the Life Skills curriculum to prevent learners' pregnancies in the Ohangwena region of Namibia.

Keywords: learner pregnancy, education sector, policy, Life Skills curriculum, implementation

Introduction

The Ministry of Education (2010) in Namibia has been striving to make sure that all the learners are taken care of and afforded equal opportunities to complete their basic education, with their wellbeing also being considered a priority. This is shown by the Education Sector Policy for Prevention and Management of Learner Pregnancy [ESPPMLP] that was introduced in 2010 as an intervention tool for the prevention and management of pregnancy in schools to make sure that all learners completed their education with no effect from pregnancies. The Ministry of Education (2015a) has also included Life Skills Education in the curriculum for basic education, starting in grade 4, and made it a compulsory subject up to grade 11. The Circular Form Ed 6/2012 commended that Life Skills should be taught by a full-time Life Skills teacher who is also a trained teacher

counsellor and should not teach other subjects. Both Life Skills and ESPPMLP are also meant to prevent pregnancy and other aspects that might hinder the progress of learners in their schooling, but schools are still experiencing a high number of drop-outs due to pregnancies in the Ohangwena region.

Statement of the problem

Despite the Ministry of Education introducing the ESPPMLP and the Life Skills subject in 2010, which is compulsory and includes Comprehensive Sexuality Education (CSE), Nekongo-Nielson and Mbukusa (2014) note that even though learners were enrolled in schools, it is evident that not all of them have completed or will complete their education. One of the hindrances is the high pregnancy rate that might cause late coming, absenteeism, poor performances and school drop-out among

learners. This was also confirmed by another study that was conducted by Kapapelo (2019) in the Kavango-West region. Nevertheless, the statistics from the Education Management Information System (2015–2019) indicate that pregnancy in schools was the main cause of school drop-out in Namibia, and girls are the ones affected.

According to Education Management Information System (2015–2019), school drop-out due to pregnancy in Namibia stands at 9591 learners, as recorded in five consecutive academic years. The statistics further indicated that Ohangwena region was among the regions with a high number of learners' pregnancies because, in those five years (2015–2019), 2056 learners dropped out of school due to pregnancy in Ohangwena region alone, thus the region topped the school drop-out due to pregnancy. Lately, the regional director of education in Ohangwena has expressed shock as far as the pregnancies among the learners are concerned in the region. As reported by Hamalwa (2022), the Oshana Director of Education, Mr Isak Hamatwi, noted that 1260 learners were reported to be pregnant in the 2021 academic year. The cause of the high pregnancy rate in the region is related to transactional sex inclination, and the most culprits are said to be the cattle headers cheaply employed from northern Angola, taxi drivers, police officers, and sugar daddies, as per the directors' report that was published in the *New Era* newspaper (Hamalwa, 2022).

Aim of the study

The study was conducted to assess ESPPMLP and Life Skills curriculum on prevention of learners' pregnancies in the Ohangwena region, Namibia and to propose a framework for implementing the ESPPMLP and Life Skills curriculum to keep learners from getting pregnant in the Ohangwena region, Namibia.

Research questions

This study sought to provide answers to the following research questions:

- How have the ESPPMLP and the Life Skills Curriculum been implemented to prevent learners' pregnancies in the Ohangwena region?
- What are the experiences of Life Skills teachers in the implementation of the ESPPMLP and the Life Skills curriculum?

- What are the capacities of schools for implementing ESPPMLP and the Life Skills curriculum as the intervention tools for preventing learners' pregnancies?
- How can an effective framework for implementing ESPPMLP and the Life Skills curriculum be made to keep learners from getting pregnant?

Theoretical framework

To develop a theoretical framework for implementing ESPPMLP and the Life Skills curriculum on the prevention of learners' pregnancies, the study analysed the Gender Responsive Model (GRM) that has been developed by the Forum for African Women Educationists (2018). The GRM model was essential to this study because it explicates equal rights to education for both boys and girls. The GRM model emphasised education access and participation, rights within education, rights through education and gender-sensitive environments (Ongega & Ombonga, 2012, p. 12).

Similarly, as stated by the Forum for African Women Educationists (2018), the GRM model emphasises that schools need transformation into gender-responsive institutions to meet the pedagogic and social demands of both boys and girls. GRM embraces the Gender Responsive Pedagogy (GRP) model, which trains and prepares teachers in holistic teaching approaches that cater for the whole child. GRP allows holistic child development, which includes intellectual, social, emotional, health, and pedagogical aspects. GRP imparts the knowledge and necessary skills to both boys and girls to withstand social, emotional, intellectual, physical, psychological, and academic challenges. The GRM model was used in this study in order to provide solutions to empower learners so that they withstand the challenges that may lead to early pregnancies, which may negatively impact their future aspirations in education.

Another theory that informed this study is the TUSEME model. According to Ongega and Ombonga (2012, p. 4), TUSEME is derived from the Kiswahili language, and it means "let us speak out". This model was developed in 1996 by the University of Dar es Salaam in the Department of Fine and Performing Arts (DFPAS) to support learners by breaking the barrier of suffering in silence and oppression in families, schools, and

communities. According to Ongega and Ombonga (2012), the TUSEME program was established to educate learners to be able to speak out publicly in matters that impact their education, social well-being, and finding solutions to problems affecting their livelihood. The model focuses on the prevention of school drop-out, poor academic performance, pregnancy and sexual harassment in schools. Therefore, the relationship between the two models and this study is to ensure that learners' education is not compromised because of teenage pregnancy. Further, the TUSEME model is supported by the power relations embedded in the school systems. The private sphere of family and friendships; the sphere of rights entitlements and the sphere of culture seems to add to the main problems learners face to quality education (Phiri & Kandondo, 2021). Each of these spheres affirms a model of practical relations to the self theoretically.

Literature review

Education sector policy for prevention and management of learner pregnancy (ESPPMLP)

According to the Legal Assistance Centre (2008), the policy was first introduced as a school policy on learner pregnancy in Namibia before it was renamed as the Education Sector Policy for Prevention and Management of Learner Pregnancy in 2010. The draft was made public in 1995 and was circulated as Form Ed Circular 5/2001. It seems that there were not many changes made to the draft by the Cabinet. Speaking to scholars, such as Iita (2021) reveals that the ESPPMLP was introduced in Namibia to prevent escalating cases of learner pregnancies. But, it is evident that learners' pregnancies are still increasing and learners are dropping out of school every year due to pregnancy. The ESPPMLP is still under criticism that it is encouraging learners to fall pregnant while in school because it also supports financial funding for those who are schooling while they are still learner-parents.

Even the statistics published by Mattys (2022) indicated that one in four learners in Namibia become pregnant before reaching the age of 20 years, and learners who make it to the tertiary institution are fewer than those who fall pregnant while in school every year. For instance, from 2018 to 2021, learners who qualified for tertiary education were 37 480, while those who fell pregnant before completing their basic education were 56 300.

Despite the policy being implemented, the situation of high pregnancy rates among learners in schools continues (Iimene, 2015). Iimene (2015), Iindongo (2020), Nande and Namupala-Shikoha (2014) suggest that the ESPPMLP still needs to be revised and amended to serve the purpose of prevention of learners' pregnancies rather than the management of pregnancies in schools because the pregnancy management part is likely to encourage learners becoming pregnant while they are still in school as they feel that they are protected by the ESPPMLP.

A Staff Reporter (2015) published the article referred to as the ESPPMLP, which indicated that pregnancy among learners is a threat to their health and social welfare. For Phiri and Machila (2019) teenage pregnancy and early marriage are some of the causes of inequalities in primary and secondary schools. Nevertheless, the Ministry of Education, Arts and Culture in Namibia is commended by its stakeholders for introducing and implementing the ESPPMLP. But, a lot still needs to be done. It was stated that the policy should be reviewed because it is likely to promote pregnancies among learners (Iimene, 2015; Iindongo, 2020). It is further stated in the study of Iindongo (2020) that the strategies proposed in the policy could be ineffective or hard to implement because there are not enough resources and facilities suggested in the policy for its implementation. For example, leisure and recreation were some of the prevention strategies suggested, but schools are not equipped with leisure facilities and equipment. Phiri and Machila (2019) state that in most educational policy reforms the arguments are that; the failure by the educational authorities to recognize the discrimination of girls at the policy formulation stage, based on power relations dispossesses their right to education. Kapapelo (2019) stated that, although the ESPPMLP seems to be a good strategy, there are so many obstacles that affect its effectiveness. The obstacles are related to cultural values in different traditions as well as the ineffectiveness of the internal school policies. Therefore, Kapapelo (2019) suggested that learners' input in the ESPPMLP is required and that parents and schools should work as partners in the prevention of learner pregnancy. It was further stated by Nande and Namupala-Shikoha (2014) that all the stakeholders in education should play a role in the prevention of learners' pregnancies. The stakeholders in

mind are the traditional authorities, religions, Non-Governmental Organisations (NGOs), parents, the Ministry of Gender Equality and Child Welfare, and the Ministry of Health and Social Services.

Life Skills curriculum

Life Skills is defined by Behrani (2016) as the teaching and learning of skills for survival and coping in society with others. It is the teaching and learning of strategies that lead to a successful life for individuals. Furthermore, Life Skills is regarded as the learning of adaptability behaviours to develop positive attitudes and positive behaviours and enable learners to overcome social challenges in daily life. Dave (2017) defined Life Skills as a behaviour-change approach designed to balance knowledge, attitudes, and skills. As a support subject in school, Life Skills deals with behavioural change and the development of learners with a focus on positive attitudes, enhancing skills, creating knowledge, self-awareness, critical and creative thinking, capacity in problem-solving, and the potential for effective communication.

The Ministry of Education (2014) outlined the purpose of Life Skills in the curriculum, which is to develop learners holistically and empower them with the required information to enable them to make right and informed decisions for their futures and lives. Life Skills teaches learners the skills to cope with daily life and provide information for everyday issues that learners may encounter at home, school, and in the community. Life Skills guides and supports learners to realize and fulfil their potential, live a healthy life, and shape themselves into good, responsible citizens. The current Life Skills syllabus, as indicated by the Ministry of Education (2015b, p. 1) is operational under three themes: career guidance, holistic wellness and civic affairs. Learners who are exposed to Life Skills can make informed decisions, have clear idea of their identity, apply knowledge in decision-making, function effectively, be socially responsible, and take responsibility for their health.

However, Hako (2016) states that Life Skills is a learning area or discipline in the curriculum that deals with prevention and capacity development, but it alone cannot do wonders to prevent pregnancy in schools in the absence of necessary preventative materials, such as condoms and other relevant contraceptives. This is further translated to

mean that Life Skills teaches the prevention of pregnancies, but it is not a pregnancy prevention media. It only provides learners with information that requires some preventative media to make it a successful pregnancy prevention intervention.

Life Skills teachers' experiences in implementing the ESPPMLP and Life Skills curriculum on preventing learners' pregnancies

Pregnant learner absenteeism, drop-out, and poor academic performance

Legal Assistance Centre (2008) stated that FAWENA indicated that the policy on learner pregnancy has never been consistently implemented because some learners are forced to vacate school once they fall pregnant. However, some pregnant learners are allowed to stay in school while others refuse to return to school after the baby is delivered. In some schools, learners are allowed to stay in school until the point of giving birth, while in other schools, pregnant learners are suspended upon giving birth. Some learners just leave school unnoticed.

According to Matlala, Nolte, and Temane (2014), some teachers are said to be cooperating in allowing pregnant learners to continue with their education, others see it as a workload added to their tasks because those learners do need more special attention than other learners. They do not come to school every day, and most of the time they appear tired and exhausted. Therefore, some teachers indirectly encourage pregnant learners to drop out of school. The high absenteeism, late coming and poor academic performance of pregnant learners experienced was also confirmed by Du Preez, Botha, Rabie, and Manyathi (2019) and Kate (2012) in their studies regarding the implementation of the learner pregnancy policy.

Iita (2021) opined that pregnant learners are faced with difficulties in schools because some of them do not cope with being both learners and parents at the same time. In some cases, those learners suffer humiliation, teasing, mocking, and bullying at the hands of other learners. One of the challenges they face is the disclosure of pregnancies to teachers. Pregnant learners and their parents sometimes conceal the pregnancies, which makes it difficult for teachers to provide any kind of service or support to the learners as early as may be required. Iita (2021) further stated that pregnant learners do not concentrate during

lessons; some of them become aggressive, develop negative attitudes, which lead them to drop out of school.

Lack of facilities, resources, knowledge and experts in handling pregnancies

Some teachers indicated that schools were not equipped enough with health facilities to care for pregnant learners, while teachers were less experienced in handling pregnancies and giving birth, which might occur suddenly on school premises. Du Preez et al. (2019) indicated that teachers' experiences in the implementation of pregnancy policies in schools include unexpected deliveries, which threaten the security of their work in the event of the death of a new-born due to a lack of midwifery skills and experience. Teachers also experience a lack of assistance to deal with deliveries. It was therefore suggested in the literature that dealing with pregnancy issues should form part of the teacher's education curriculum (Chirwa, 2014; Hako & Boujuwoye, 2019).

Matlala et al. (2014) support the claim that Life Skills teachers experience the poorest communication and timely response from parents of pregnant learners. They state that most times, parents do not cooperate with teachers' calls and consultations. This creates a heavy burden for teachers to deal with pregnant learners without communication between them and the learners' parents. Naidoo and Chirwa (2014) outline some experiences in Life Skills curriculum implementation, such as poor working conditions, a lack of training, and neglected children. It was further stated that communities do not support some aspects of the Life Skills curriculum, such as sexuality education, while some teachers are not comfortable teaching sex-related aspects and omit those topics instead.

Nonetheless, Wangchuk et al. (2019) indicate that Life Skills teachers mostly experience a lack of knowledge in Life Skills and a lack of learning resources. Therefore teachers explore alternatives that would allow successful Life Skills teaching. Stroel et al. Bloemhoff (2018) and Hako (2016) found that some Life Skills teachers had experienced a lack of facilities and resources, such as office space, classrooms and counselling rooms as well as a lack of knowledge and understanding, due to lack of teacher training that includes dealing with pregnancy-related matters. Apart from that, Hako and Boujuwoye (2019)

specified that Life Skills teachers find it difficult when teaching the subject because teaching the subject mostly about pregnancy is very sensitive, more so when there are pregnant learners among the learners.

The capacities of schools for implementing ESPPMLP and the Life Skills curriculum as intervention tools in the prevention of learners' pregnancies

Land (2000) defines capacity as the ability of an individual or an organisation to implement the developmental objectives set for society. Blagescu and Young (2006, p. 8) define capacity as the "ability to perform appropriate tasks effectively, efficiently, and sustainably." The elements of capacity essential to an organization for enhancing effectiveness, efficiency, and suitability are listed below: (a) Setting specific objectives that outline the vision, values, policies, strategies, and interests. (b) Enforcing willingness and effort to enhance concentration, maintain professional ethics, and ensure efficiency. (c) Creating the capability and applying intellectuality, skills, and knowledge as mind-sets provisions. (d) Mobilise resources such as personnel, materials, finances, and technology. (e) Provision of management and leadership in the organization that includes planning, designing, sequencing, and mobilizing. Blagescu and Young (2006) further indicated that capacity is a multidimensional aspect that operates in five levels: 1. provision of resources, 2. knowledge services, 3. fund management, 4. handling capacity challenges, and 5. capacity development.

For the Life Skills teachers to be effective in the implementation of both ESPPMLP and the Life Skills curriculum to prevent pregnancy among learners, requires various capacity developments. Viennet and Pont (2017) indicate that institutions like schools, education circuits, and regional offices are required to develop or adopt implementation frameworks that would develop the capacity of the implementers for the effective implementation of policies and curricula. Capacity building requires the focus and engagement of core implementers. Developing the capacity among the implementers, requires trainers, experts, resources, and financial provision. Therefore, implementation alone does not make a policy successful; therefore, any policy requires to follow steps of implementation such as educating stakeholders about the policy,

changing the operational system and monitoring and enforcing the policy as necessary (African Capacity Building Foundation, 2016). Ministry of Education (2015b, p. 12) informed Life Skills teachers that in case they have anything that is not clear to them, or they realize that they need any kind of support, they can consult the regional school counsellor at the regional office. The ministry also provided guidelines for teaching sensitive topics in the manual titled “*Life Skills teaching and assessment guidelines, grades 8 and 9*”.

Furthermore, teachers need to be competent and skilled in teaching sensitive topics to benefit learners. Ensuring that teachers are competent and skilled, requires collective programs set in the education system to assist every teacher in developing such crucial professional skills. The universities and other institutions of higher learning must also assist teachers and schools to develop and capacitate them to handle sensitive topics (Warner, 2017). That means that teachers need continuous capacity development for them to excel. Teaching qualifications alone cannot perform wonders. It is the reason some institutions introduced “Continuous Professional Development (CPD)”.

Strategies to make sure that the ESPMLP and the Life Skills curriculum work well to keep students from getting pregnant

To ensure the effectiveness of the implementation of the educational policies and the curriculum, it should require carefully planned strategies because implementation is not an event but a process. Ornstein and Hunkins (2014) opined that curriculum designers and supervisors should continuously and timely provide the necessary support to schools. The support should target teachers, who are the implementers, to make sure effective teaching and learning is achieved. Schools need support with new approaches, teaching materials, new skills, and learning content. In-service training and staff development are some of the recommended external supports deemed necessary for curriculum implementation. Schools need financial support to fund the materials and other activities, including mentorship and coaching. Since the world is changing, the education system is also advancing. Consequently, those in the system need support for capacity development to go hand in hand with new innovations and

implementation. Therefore, the capacity development of the stakeholder is the key element of the successful implementation of policies and curriculum. If there is no capacity among the implementers, it may derail policies and fail the curriculum objective (Land, 2000).

Van der Westhuizen (2013) emphasised that external support in education is a very important tool that improves the quality and effectiveness of teaching. Some external specialists need to be in contact with teachers and share their expertise with them to improve the quality of teaching. Specialists such as social workers, psychologists, and speech therapists, as well as the Ministry of Health and Social Services, should work in an organised manner to support teachers and learners. According to Nel, Nel, and Hugo (2013), the teaching approach for each classroom should be differentiated and diversified. The diversification of the teaching approach gives room for every learner to learn better in their own individual learning style. Learners can learn in small cooperative learning groups or teacher-directed groups, and the whole class teaching approach should be blended. The teaching approaches need to be more intense and explicit, and the teaching time should be carefully considered and aided by teaching approaches such as individual and group presentations, multisensory methods, and multimedia methods. Students also need to be corrected, supervised, and receive feedback on every task.

Furthermore, Tonda (2019) outlined some Life Skills curriculum implementation strategies, such as assisting parents in educating their children, improving the school environment, and strengthening the parent, teacher, and learner relationships in terms of education. For the Life Skills curriculum to work and help keep learners from getting pregnant at school needs carefully thought-out plans. Owhonda and Amadioha (2018) opined that the key strategies for implementing the curriculum were to comprehend organisational change and how the development and concepts fit in a real-world setting. It requires an understanding of the connection between the curriculum and the school milieu. Teachers need to understand the school's structure and traditions, how the members of the school behave, and what role they play. It also requires ethics, morals, emotion, and logic to realise the success and objective attainment of an enacted curriculum.

Kisirkoi and Mse (2016) wrote that

every curriculum or subject in school needs rethinking after implementation. It should be made sure that students have acquired all the skills outlined in the curriculum to transform themselves and the society they live in. In some cases, the implementation of a definite curriculum cannot be successful if teachers are using a teacher-centred approach, which encourages rote learning. Learners are required to be actively involved (learner-centred) in the learning process by actively participating in hands-on and minds-on learning. Curriculum implementation is more about how teachers convey the instructions, conduct assessments, and evaluate learners' progress. It is essential to avoid curriculum failures by providing enough resources and the curriculum should be implemented with fidelity.

Research methodology and methods

This research employed a constructivist research paradigm that supports a qualitative research approach. The research design was mainly a case study of some schools in the Ohangwena region, including the regional office. The population of the study was all the

schools in the region that offer grades 8 and upward, heads of departments (HoDs), senior education officers (SEOs), Life Skills teachers and learner representative council head girls. Purposive sampling was used to select the sample of ten schools, ten heads of departments, two senior education officers, ten Life Skills teachers and ten learner representative council head girls. Purposive sampling was also applied to select a sample of four documents for analysis. Documents selected were the ESPPMLP for 2010, the Life Skills Syllabus, Grades 8–9 for 2015, the Life Skills Subject Policy Guide for 2016 and the Life Skills teaching guides and assessment manual, Grades 8–9 for 2016. The study collected data through interview guides, observation and document analysis techniques. The results were analysed by thematic and content analysis methods.

Findings

Themes

The themes in this study were developed based on the main research questions and sub-questions. Some of the themes evolved in the process of thematic and content data analysis.

Table 1: Tabulation of the study themes

Number	Theme
1	Implementation of Education sector policy for prevention and management of learner pregnancy (ESPPMLP)
2	Responsibility for implementing ESPPMLP
3	Individual school policy and pregnancy prevention programs
4	Actions for pregnancy prevention in schools
5	Experiences and challenges on the implementation of ESPPMLP
6	Outcome of implementing the ESPPMLP
7	Implementation of Life Skills curriculum
8	Materials and documents for Life Skills curriculum
9	Utilisation of Life Skills curriculum document
10	Relevance of Life Skills curriculum to pregnancy prevention
11	Learners' pursuit of Life Skills lessons
12	Capacity for schools to implement ESPPMLP and the Life Skills curriculum
13	Roles of regional office and circuits office to develop schools' capacities
14	Other support services with interest in learner pregnancy prevention
15	Strategies and framework for implementing ESPPMLP and the Life Skills curriculum as intervention tools for pregnancy prevention in schools

Findings from interview guides

Theme 1: Implementation of Education Sector Policy for Prevention and Management of Learners Pregnancy (ESPPMLP) in schools

With regard to the implementation of ESPPMLP, some participants had indicated as follow. Teacher 1: *"We do not use that*

anymore, only use CSE since 2018." Teacher 9: *"The learners receive support, counselling, maternity leave and comeback to school after delivery."* HoD 4: *"The policy is fully implemented and reduced learner pregnancy in school."* The results indicated that the ESPPMLP was being implemented in some of the schools, but the implementation was not

successfully done in some of the schools while some school did not implement it at all.

Theme 2: The responsibility for implementing ESPPMLP

The responsibility of implementing ESPPMLP in schools varies from school to school. Teacher 3 and 4 said that: *“Parents, Life Skills teacher and community.”* HoD 1 and 3 stated: *“Life Skills teacher and principal.”* Whereas, HoD 4 mentioned that: *“Life Skills teacher.”* The results indicated that the participants had mixed understandings regarding the implementation of the ESPPMLP. Some of the participants understood that the implementation of the ESPPMLP should be a collective or shared responsibility, while other groups of participants felt that the implementation of the ESPPMLP remained the responsibility of either school principals or Life Skills teachers only.

Theme 3: Individual school policy and pregnancy prevention programs

Some learners who participated in the study stated the following regarding to pregnancy prevention programs. Learner 1 said that: *“Yes, in order to prevent teenage pregnancy we need to have an understanding of abstain, contraceptive and consequences of early sex.”* For Learner 6: *“Yes, indeed I have learned quite a lot of which I only value a few such as using contraceptive or surgical, but the best of them is to abstain from sexual intercourse.”* Whereas, Learner 10 mentioned that: *“I learned about condom use by Intra-Health Namibia and afternoon program.”* And Learner 9 asserted that: *I have learned about pregnancy prevention in my previous grade.”* Learner 2: *The school has no program.”* It is evident that schools were teaching learner pregnancy prevention in some grades; because most of the learners indicated that they had learned about the use of contraceptives and also were informed about abstaining from sex. It was found that some schools had programs and policies on learner pregnancy prevention. However, some schools had no programs or policies on learner pregnancy prevention. Some learners also indicated external programs that came to school to teach them about learner pregnancy prevention, but it was likely that external programs were few in schools.

Theme 4: Actions for pregnancy prevention in schools

It seems that learners knew what they needed

to prevent pregnancy. They understood that schools needed to emphasize academic support, condom distribution in schools, and education about family planning. Learner 1 and 2 stated that: *“All schools should have programs that involved academic success, support, and recreation to decrease sexual risky behaviour”* and *“Big learners must be given condoms and family planning and educated not practice unsafe sex”* respectively. It also indicated that learners required recreational facilities to help them in the prevention of learner pregnancy as well as campaigns against learner pregnancy. This is what Teacher 4 said: *“We try to prevent pregnancies by disseminating information and we follow up with those who drop due to pregnancy.”* It was indicated that sometimes schools tried to prevent learner pregnancy through teaching, counselling meetings, informing parents, and maintaining liaison with other stakeholders. To this effect, Teacher 7 asserted that: *“We try to educate learners on sexual risky behaviour, but no condoms in schools and some learners are not in the hostel.”* Whereas, SEO 1 indicated that: *“Run campaigns to stop learners from getting pregnant.”* However, results indicated that schools were living with challenges that prohibited the success of pregnancy prevention initiatives; the challenges ranged from a lack of condoms to a lack of hostel facilities to a lack of recreational facilities in schools.

Theme 5: Experiences and challenges on the implementation of ESPPMLP

From the interviews, some teachers mentioned the challenges that schools experienced with the implementation of ESPPMLP. Thus, Teacher 1 indicated that: *“Insufficient time, lack of parental involvement and resources and funds.”* Teacher 2: *“Learners are too free; they become pregnant year after year.”* Teachers 4: *“Learners fall pregnant again after giving birth.”* Teachers 6: *“Work overload.”* Teacher 8: *Some teachers and parents are against condom distribution.”* Teacher 9: *“Some learners do not come back to school after giving birth; they lack motivation and no one to care for their babies”* and Teacher 10 revealed that: *“Learners are not free to report pregnant at school.”* Results indicated that Life Skills teachers were experiencing many challenges when implementing the ESPPMLP, such as insufficient teaching time, overloaded working schedule, negative attitudes from both

colleagues and learners, learners falling pregnant for the second time, lack of parental care, parents and teachers rebellion against Comprehensive Sexuality Education (CSE) and lack of resources and funds. It was again found that learners lacked motivation, school dropout due to pregnancy and baby care and unreported learner pregnancy from home.

Theme 6: Outcomes of implementing the ESPPMLP

With regard to the outcomes of implementing the ESPPMLP in schools, the following were said by the some participants. Teacher 1 said that: *“No much effective as the number of pregnancies is always on the rise. Like in 2012 Ohangwena region has recoded 1200 learner pregnancy.”* Teacher 2: *“Pregnancy has decreased among our learners.”* Teacher 3: *“Learners continue to fall pregnant.”* Teacher 4: *“The outcomes are not satisfactory as we have recorded more pregnancy each year”.* Teacher 9: *“The pregnancy rate among learners is increasing.”* Teacher 10: *“Few pregnancy cases are recoded unlike in the past.”* And HoD 2 mentioned that: *“To me is not a tool in curbing, but for managing pregnancy.”* A few of the participants indicated that the ESPPMLP had reduced the number of learner pregnancies in schools, but most of the schools indicated that little policy outcome or nothing at all about pregnancy prevention. It was only succeeding on pregnancy management part only. Pregnancy rates were increasing in schools every time. Participants graded the ESPPMLP as a pregnancy prevention intervention tool because of its content, but they were not satisfied with its outcome or what the policy advocates.

Theme 7: Implementation of Life Skills curriculum

On the implementation of Life Skills curriculum, Teacher 1 asserted that: *“Fairly well according to the stipulated number of lessons and also through outside classroom activities and informal projects, such as the creation of songs, poems leaflets and different themes such as sexual abuse.”* Teacher 2: *“No answer”.* Teacher 3: *“Fully implemented.”* Teacher 4: *“It is not real implemented successfully, because the person responsible has a lot of promotional subjects”.* Teacher 5: *“As a non-promotional subject there are few lessons per week and the implementation is hindered by lack of resources.”* Teacher 6:

“The Life Skills curriculum is well implemented at school with almost 80%, but there is a need for resource, workshops and training.” Teacher 8: *“Very effective since there are full-time Life Skills teachers taking on the role.”* The results indicated that the Life Skills curriculum was being implemented in most of the schools, but there were hindrances due to a lack of materials, inadequate teaching time, a lack of training, and the fact that Life Skills teachers were assigned to teach other subjects. It was further indicated that Life Skills was being implemented in schools and that it was educating learners to better fit in society and make the right decisions, the concern was that some schools might not successfully implement the Life Skills curriculum because they had no full-time Life Skills teachers or Life Skills teacher are assigned to teach other subjects which is contrary to the ministerial policies (Ministry of Education, 2010).

Theme 8: Materials and documents for the Life Skills curriculum

When it comes to the relevant materials and documents for the Life Skills curriculum, Learner 1 said that: *“Not really, I might say there are few materials due to my observation.”* Learner 3: *“No, because sometimes they are not enough or available for everyone.”* Learner 6: *“No enough materials and lack of textbooks.”* Some teachers had Life Skills syllabus while other teachers do not have other documents. Teacher 1: *“National policy on HIV and AIDS for education sector and Life Skills syllabus 4-7.”* Teacher 5: *“Life Skills syllabus only.”* The results indicated that Life Skills education was lacking in teaching and learning materials in schools. Only a few of the schools had enough materials and resources. It was also found that schools were not fully supplied with all required curriculum documents and materials to teach Life Skills effectively. The only document found to be available in all schools was the syllabus. However, the need for curriculum documents in schools was varied because not the same documents were lacking or available in different schools.

Theme 9: Utilization of Life Skills curriculum documents

Teacher 1 mentioned that: *“On daily basis, through the planning of learning content and other projects and activities.”* Teacher 2: *“A syllabus is used in developing scheme of work*

and lesson plans that used in teaching while the policy documents guide the subject management and assessment.” And the HoD 2 stated that: “Life Skills teacher use the syllabus often to present lessons and to guide teaching of different topics.” It was found that documents that were available, like syllabi and assessment guides, were used to guide the curriculum’s implementation. However, it was likely that some of the areas of the subject were unguided or misguided because there were no guiding documents available in some schools.

Theme 10: Relevance of Life Skills curriculum to pregnancy prevention

From the participants, Learner 1 said that: “Yes in Life Skills we were taught about pregnancy prevention.” Learner 5: “There are some information, but not enough for us.” Learner 6: “Yes, there are topics in previous grades and programs to educate girls.” Teacher 1: “Most relevant but adjustments need to be done, by either increasing number of lessons per week.” Teacher 3: “Grade 8 and 9 have relevant content, grade 7 partly teaches and grade for 4 to 6 less directly address pregnancy prevention.” HoD 2: “Life Skills is a relevant subject that teaches learners to be careful when it comes to sexual relationships.” Results indicated that Life Skills generally were relevant to learner pregnancy prevention in some grades such as grade 8 and 9. Topics on learner pregnancy prevention were totally absent in some grades, such as grade 4, 5 and 6, and instead the topics addressed other pregnancy issues rather than pregnancy prevention. It was found that if there was no proper teaching of Life Skills in all grades that could allow the number of learner pregnancies to increase in schools. Life Skills is a platform for providing information and opening the eyes of learners not to fall into the trap of early pregnancy.

Theme 11: Learners’ pursuit of Life Skills lessons

Learners were asked whether they took Life Skills lessons serious. Learner 2 said that: “Learners must take Life Skills serious and need to get involved in all the Life Skills clubs.” Learner 4: “When it comes to lessons, learners pretend and act like they understand the lesson on how to prevent pregnancy.” Learners 7: “Learners who care for themselves always concentrate on how to protect themselves and on what the teacher is talking

about.” The results indicated that, for Life Skills to be meaningful to learners, they needed to be serious and pay attention to the subject because it was helping them and informing them about pregnancy prevention.

Theme 12: Capacity for schools to implement ESPPMLP and the Life Skills curriculum

The interview results on whether the schools had capacity to implement ESPPMLP and the Life Skills curriculum revealed that, Teacher 1: “The schools has only pregnancy policy document and there is no a permanent Life Skills classroom.” Teacher 3: “The school is not provided with materials.” HoD 1: “Not well equipped as there is no specific Life Skills teacher.” HoD 3: “The school is not capable because no Life Skills teacher, no trained teacher counsellor to aid pregnancy prevention.” HoD 4: “Life Skills teachers often attending the workshops at regional level.” The results indicated that some schools had the capacity to implement the ESPPMLP and Life Skills curriculum because teachers were appointed, trained, and provided with the necessary materials. On the other hand, the results indicated that some schools had no capacity to implement ESPPMLP and the Life Skills curriculum because there were no Life Skills teachers appointed, and in other cases, Life Skills teachers were not trained.

Theme 13: Roles of regional offices and circuit offices in schools’ capacity development

Some of the participants who were interviewed stated that, Teacher 2: “The Life Skills teacher was invited to attend workshops to ensure successful implementation of the learner pregnancy policy.” Teacher 3: “The region provides teachers with training, monitoring the implementation and support through task force established to reduce pregnancy in the region.” Teacher 4: “The offices did not really do anything apart from providing two boxes of condoms in four years.” HoD 1: “Workshops were provided sometimes, but very few.” SOE 1: “Not all the teachers were trained.” It was found that the regional office made an effort to train teachers; however, the indication is that not all the teachers had received the necessary training. That meant the regional office was likely trying to fulfil its obligation to develop capacity among Life Skills teachers but the capacity was not fully developed in schools.

Theme 14: Other support services with an interest in learner pregnancy prevention

With regard to the support services, Teacher 1 said that: “Non-governmental organisations are interested, but they are not given sufficient time as schools are more focused on academic performance.” Teacher 5: “Nothing at all from other agencies.” Teacher 7: “Yes, there are many organisations such as TCE, NAPPA and Intra-Health Namibia.” Teacher 6: “The school received no condoms.” “No awareness provided by external entities.” Teacher 2: “No one reached at us, they said the school is far and no transport. HoD 4 and 6: “No other organisations provided us with support.” It was found that some schools benefitted from other organisations and agencies such as TCE,

NAPPA and Intra-Health Namibia with an interest in learner pregnancy prevention, but some schools were left out and did not benefit from other support services. This was due to the lack of transport, geographical location of schools and poor road infrastructures that lead to rural schools. Urban schools were mostly the ones benefiting.

Findings from observation

Theme 12: Capacity for schools to implement ESPPMLP and Life Skills curriculum

Table 2 and 3 provide the statistics of how many schools found to have resources and facilities available, and whether the schools had experienced some challenges respectively.

Table 2: Available resources and facilities observed in schools

Resources and facilities	Yes	No
Schools with fully functional library	2	8
Classroom is fully furnished	0	10
Enough materials and displays	0	10
Life Skills reading corner	0	10
Conducive office space to work on	2	8

Table 3: Experiences and challenges observed in schools

Experiences and challenges	Yes	No
Learner are punctual for lesson	7	3
Learners interested in Life Skills	7	3
Learners are doing activities	3	7
Evidence of support from principal, HoD or Advisory services	1	9
Life Skills teacher overloaded	1	9

It was observed that most of the schools were not adequately resourced in terms of materials, equipment, and facilities to successfully implement the ESPPMLP and Life Skills curriculum as a pregnancy prevention tool. There were no resources in libraries, teachers had no proper working space and reading materials were rare.

Through observation, it was found that Life Skills teachers were faced with many challenges. In all ten observed schools, it was found that Life Skills teachers had no fully furnished classrooms provided for their use or lessons. In most cases, they had to walk around searching for an empty classroom with their learners when they had a lesson. Some of the Life Skills teachers did not have office space where they could freely provide counselling to the learners and carry out other related activities that required privacy and confidentiality. In all ten schools visited it emerged that all the schools lacked Life Skills

materials, such as learners’ textbooks, posters, pamphlets, and audio-visual materials. In some cases, only the teacher’s textbook was available for each grade.

It was also found in seven schools out of ten schools that were visited that learners were punctual to go to the Life Skills lessons, and they paid attention to the lessons. That is an indication that they were interested in the subject, but it was also observed in seven out of ten schools that learners were reluctant to do Life Skills activities, such as classwork, homework, projects, and other activities. It was only in three schools out of ten where it was observed that learners were committed to Life Skills work, and they did it well. That indicates that most of the learners lacked motivation in learning Life Skills, but they perhaps only attended class because they had nowhere to stay during the lessons because of school rules that prohibit them from staying anywhere other than the classroom where the

lesson for their class was being held. It was also observed that monitoring and support are lacking in Life Skills teaching and the implementation of ESPPMLP as only one school found to have the evidence of monitoring and support from principal.

Findings from document analysis

Theme 10: Relevance of Life Skills curriculum on pregnancy prevention

The Life Skills syllabus for Grades 8-9 by the Ministry of Education (2015b, pp. 9-15), has outlined the learning competencies related to learners' pregnancy prevention. The competencies clearly state what is expected from learners at the end of the learning sessions. However, no competencies specifically addressed how learners could be enabled to prevent them from becoming pregnant. Instead, competencies addressed related matters. Life Skills teaching and assessment guidelines 8 and 9 outlined how pregnancy among other sensitive topics should be taught. The ESPPMLP (2010) is clear on pregnancy prevention in schools, but it is likely that the framework is required to fully guide schools on how to apply or implement the provisions of the policy accurately. It also seemed that most of the implementers were not quite familiar with the content of the policy, thus failing to come up with relevant pregnancy prevention programs and measures as stipulated by the policy.

Theme 15: Strategies and framework for Implementing ESPPMLP and Life Skills to prevent learner pregnancies

It is important for the Ohangwena region to embrace some old and new strategies in response to the escalating number of learner pregnancies, as established by various studies (Ministry of Education, 2010). Since there are two intervention tools for pregnancy prevention (ESPPMLP and Life Skills education), concurrent implementation strategies for both two interventions is required to achieve the common goal which is learner pregnancy prevention. Strategies are outlined here:

- Provision of the necessary training to teachers and principals.
- Developing parental programs based on cultures and traditions to address learner pregnancy.
- Emphasise the implementation of extra Life Skills programs for learners in all the schools.
- The pregnancy prevention area of the ESPPMLP should be emphasised first, then pregnancy management should only follow in case the prevention has failed.
- Provision of funds for learner pregnancy prevention program.
- Corroboration with other ministries and other stakeholders.
- Reaching out to the communities.
- Disciplinary measures against culprits and enforcing child protection laws including customary laws.
- Establishing pregnancy prevention committees in schools, circuit and region.
- Contact regional annual learner pregnancy prevention panel.
- Compulsory monitoring and evaluation of the implementation of ESPPMLP in all the schools.
- Strategies for Implementing Life Skills Curriculum.
- Appointment of full-time Life Skills teachers in all the schools should be made a priority.
- Teachers' training in teaching Life Skills and implementing the ESPPMLP should be prioritised and reach every Life Skills teacher.
- Involving parents in learner pregnancy prevention programs.
- Integrate Information and Communication Technology into Life Skills.
- Carry out curriculum reform to emphasise more on learner pregnancy prevention.
- Make the Life Skills classroom a very inviting learning environment.
- Life Skills as a subject must be taught by qualified and well-trained teachers.
- Extra Life Skills programs and models for pregnancy prevention should be implemented in all schools.
- Include boys in all the pregnancy prevention programs.
- Apply the Roles Process-Desired-Outcome Model (RPDO) (See Figure 1).
- Develop and make use of a common evaluation and monitoring tool for assessing the implementation of ESPPMLP in all schools.

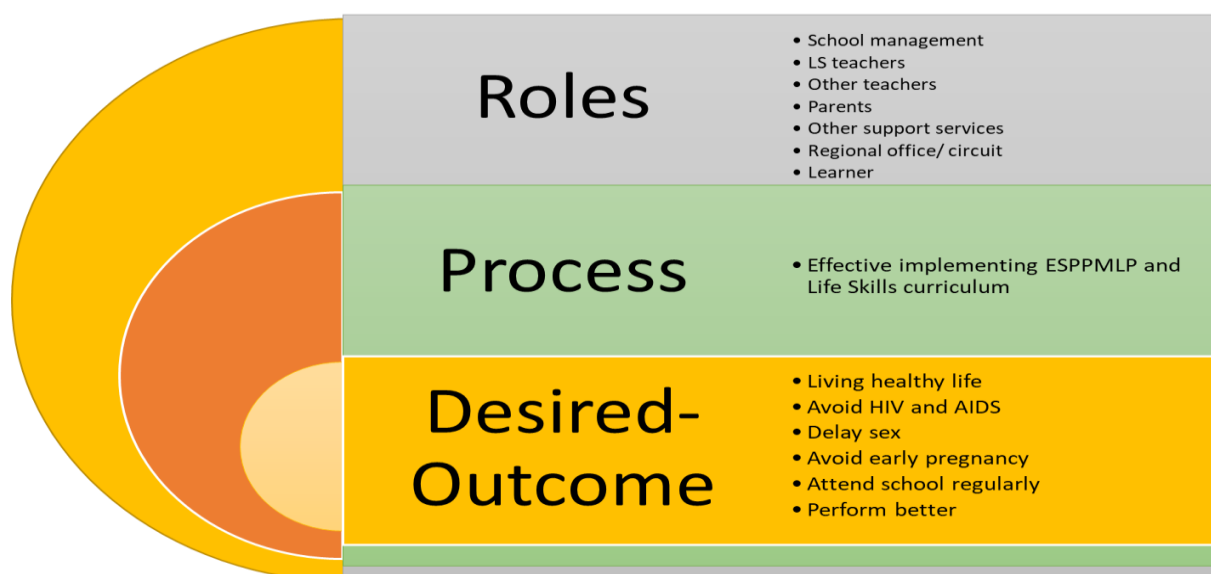


Figure 1: Illustration of the Roles Process Desired-Outcome model (RPDO)

Source: Nghuushi (2023)

This model advocates that different parts or stakeholders in education should embrace different roles in learner pregnancy prevention. Roles they play should facilitate the effective process of implementing the ESPPMLP and the Life Skills curriculum concurrently. Prevention of learner pregnancy requires collective effort from all the stakeholders who should also take part in the process of implementing the intervention policies, curriculum and other strategies that may be proposed elsewhere. It is proposed that, through different roles as played by individuals then, that could yields the desired outcome, which is mainly learner pregnancy prevention in schools, health living and increasing school attendance and better academic performance among learners.

Conclusion

Based on the research findings, it is concluded that the ESPPMLP and the Life Skills curriculum can be used as intervention tools for learner pregnancy prevention in the Ohangwena region. The two intervention tools, the ESPPMLP and Life Skills, were not successfully implemented in every school; thus, learner pregnancy in the region is still increasing. Parents and members of the communities were also found to be the ones who could assist in learner pregnancy prevention, but their involvement was not that strongly emphasized by schools and themselves. There are some Life Skills models that can be used in learner pregnancy

prevention in the Ohangwena region, but those programs do not reach most of the schools in the region due to poor road infrastructure and lack of transport.

Schools and teachers lacked the capacity to implement both ESPPMLP and the Life Skills curriculum due to the non-appointment of full-time Life Skills teachers in some schools, inadequate training, and a lack of resources, and facilities. It was also found that the monitoring and evaluation of the implementation of the ESPPMLP and Life Skills curriculum was lacking in the region.

Recommendations

The study suggested a strategic framework and developed one model so that it could be used as a guide in the Ohangwena region for the prevention of learner pregnancy. It is therefore recommended that the region should apply the strategic framework outlined and an RPDO model developed in this study to guide on how to keep learners from getting pregnant. It is also recommended that this study could also be used to assist other regions that might encounter a similar problem. Furthermore, it is recommended that the region should conduct further research to find a lasting solution that will reduce learner pregnancy in schools in the region.

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