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Reintegration Policy for Teenage Mothers in the Teaching-Learning Process and ASRHR: Learner Perspective

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Abstract
Adolescent pregnancy in Eswatini contributes to high school dropout rates among girls. To address this, the teenage mothers' school reintegration policy enables pregnant learners and teenage mothers to continue their education. This qualitative study explored high school learners' perspectives of the policy in the Hhohho region. Using a descriptive design, 18 participants (girls, boys, and teenage mothers aged 13–19) were purposively recruited. Data was collected through semi-structured interviews and analyzed thematically. Findings revealed mixed attitudes: while some valued the policy for offering teenage mothers a second chance, others criticized it for normalizing pregnancy among learners. Learners expressed both condemnation and empathy toward pregnant peers, with experiences ranging from emotional abuse to supportive behaviours. Self-stigmatization among teenage mothers was common, reflecting broader societal attitudes. Perspectives on the policy's effectiveness varied, particularly regarding its implications for adolescent sexual and reproductive health and rights (ASRHR). The study recommends strengthening educators' capacity and engaging parents in policy discussions to foster supportive school environments, reducing stigma, and promoting learner understanding. Such interventions could enhance the policy's impact and contribute to improved educational outcomes for adolescent mothers.

Introduction

Early and unintended pregnancies remain one of the major health concerns affecting adolescent girls and young women (UNESCO, 2018), leading to girls dropping out of school (Zuilkowski et al., 2019). Teenage pregnancy is a serious issue affecting school participation in Eswatini, constituting the most common reason for dropout among girls from grade seven (United Nations Human Rights Council, 2021). In line with United Nations Educational Scientific and Cultural Organization (UNESCO), Sustainable Development Goals (SDGs), and Adolescent Sexual Reproductive Health (ASRH), the Ministry of Education and Training (MOET) introduced the Eswatini National School Pregnancy Prevention and Management policy of 2020, which makes provisions for pregnant pupils and teenage mothers to continue with their studies and not to be excluded as has been the practice in most schools (United Nations Human Rights Council, 2021). The 2018 Education and Training Sector Policy aim to uncover and minimize barriers to learning whilst enabling education structures, systems and learning

methodologies to meet the needs of all learners (UNESCO, 2022). Studies on teacher perspectives regarding the implementation of teenage mothers' school reintegration policy indicated a lack of awareness and understanding of both the policy and its guidelines (Thwala et al., 2022), presenting mixed perspectives. This means that adolescents may not be aware of their rights and the policies in place to protect their sexual and reproductive health. Whilst positive teacher perspectives towards this policy may benefit expectant girls and teenage mothers through support (Omondi-Adeitan, 2022), the learners' perspective of what this policy means and how it would affect them remains unexplored in Eswatini.

Purpose and Research Questions

The purpose of this study was to describe the views of learners regarding the teenage mothers' school reintegration policy implementation in Eswatini. The research questions were:

(1) What are the perspectives of learners towards the implementation of teenage mother's school reintegration policy in Eswatini?

(2) What are the perspectives of teenage mothers towards the implementation of the policy?

(3) What are the implications of the policy on ASRHR?

Methods

A qualitative, descriptive design was employed to gain an in-depth understanding of learners' perceptions, experiences, and attitudes towards the policy. This approach provides a rich, straightforward description of a phenomenon from the perspective of those experiencing it (Doyle et al., 2016). The study was conducted in a public high school in the Hhohho region of Eswatini, reported to have the highest teenage pregnancy rates in the country (Dlamini, 2020). The Hhohho region has a mix of public and private high schools, with a total of 67 high schools (MOET, 2019). The Annual Education Census of 2019 record the school under study as one of the public schools in Mbabane and had an average enrolment of 688 learners a year (MOET, 2019). The target population were high school learners aged 13-19 years. A total of 18 participants from form 1-5 were recruited using purposive sampling, with sample size determined by saturation.

Data was collected through private, individual, face-to-face, audio-recorded semi-structured interviews conducted between October and November 2024, each lasting 20-30 minutes. Interview guides with open-ended questions explored participants' views on the policy, attitudes towards pregnant peers, and perceived implications for ASRHR. A modified interview guide was prepared for expecting learners and teenage mothers. A pilot test was conducted with three participants from another school in the region but with similar characteristics. Data were analyzed thematically through transcription, repeated listening, code generation, theme searching and definition.

To ensure rigor, the study adhered to Lincoln and Guba's (1985) criteria of trustworthiness, which consisted of credibility, dependability, confirmability and transferability. Credibility was ensured through member checking for validation of interpretations (Lincoln & Guba, 1985). Dependability was addressed by maintaining an audit trail of methodological decisions and documenting the research process for transparency (Lincoln & Guba, 1985). Confirmability was ensured through reflexivity, bracketing and grounding findings in participants' verbatim

accounts (Nowell et al., 2017). Transferability was ensured by providing thick descriptions of the research context, enabling readers to assess applicability to other settings (Shenton, 2004).

Ethical approval was obtained from the Eswatini Human and Health Research Review Board (FWA00026661/IRB00011253/SHR030/2024). Permission was granted by the MOET and participating schools. Participation was voluntary with informed consent from participants aged 18-19 years and the parents/guardians of minors, and written assent from participants aged 13-17 years. Confidentiality was maintained and data was securely protected. A career guidance counsellor was available for participants experiencing emotional distress.

Results and Discussion

A total of 18 high school teenagers participated, consisting of seven males and 11 females, aged 13-19 years. The latter consisted of eight girls, and three teenage mothers, The sample was distributed across forms 1-5, with the largest representation in form 5 (n=8). The table below illustrates the sociodemographic characteristics of the sample.

Table 1: Participants' sociodemographic characteristics (N=18)

	Age	Form 1	Form 2	Form 3	Form 4	Form 5	Totals
Male	13-19	1	0	2	1	3	7
Female	13-19	1	2	0	2	3	8
Teenage mothers	15-19	0	1	0	0	2	3
Totals	-	2	3	2	3	8	18

Learners' perspectives towards the policy.

Participants had mixed reactions towards the policy. Of the 18 participants, ten viewed the policy as offering a second chance, whilst others felt that it condoned and normalized teenage pregnancy. While some had empathy, concern and support towards the teenage mother, others condemned her as a bad example to other learners.

The policy as a second chance: Participants highlighted the need for educational opportunities despite circumstances. The perspective that teenage mothers deserve a second chance was evident in statements such as "the policy is good because they deserve a second chance, they made a mistake." (P1). P3 held that "they can continue schooling because everyone deserves a second chance." Participants emphasized education's significance for securing better opportunities and improving socioeconomic status for teenage mothers and their children. This view aligns with the position of Omondi-Adeitan (2022), who emphasizes that teen pregnancy impedes girls from completing school, perpetuating cycles of generational poverty, thus, reintegration policies must respond to the specific needs of teenage mothers. Similarly, Banda and Nowanga (2023) highlight multiple benefits of educating the girl child, including poverty reduction, decreased infant mortality and morbidity, improved family nutrition and health, lowered fertility rates, and increased earning potential. Furthermore, UNESCO (2024) reports that every extra year a girl stays in school increases her future income by 10%, with children of mothers who can read being 50% more likely to survive past age five. Additionally, girls completing secondary school are healthier, earn more, marry later, have fewer children, and provide better healthcare and education for subsequent generations (UNESCO, 2024).

Normalization of teenage pregnancy: Some participants feared that accepting pregnant learners in schools could send the wrong message, condoning teenage pregnancy. Concerns about potential negative influence on other learners were raised, with participants noting that "peers

might perceive pregnancy as less consequential if reintegration into school is permitted" (P8). However, this perception conflicts with evidence from the World Health Organization (2021) and Human Rights Watch (2021), which condemned this notion. WHO (2021) noted that girls who remain in school are more likely to understand consequences of sexual activity and have confidence to resist unwanted advances. Research has shown that encouraging teenage mother' re-entry into school counters the efforts to curb teenage pregnancies; instead, comprehensive sexual education has proven more effective in reducing adolescent fertility rates (Human Rights Watch, 2021).

Blame and condemnation: Many participants blamed pregnant learners and teenage mothers, suggesting that their circumstances resulted from poor behaviour or choices. Comments such as "pupils must focus on books and not rush into things when they are at a young age… such as old people stuff" (P10), reflect societal stigma associated with teenage pregnancy; wherein moral judgments are made without considering contributing factors. Vincent and Alemu (2016) identified multiple causes of teenage pregnancy including lack of school fees, inadequate parental care, poverty, peer pressure, and contraceptive non-use. Similarly, Chakole et al. (2022) found that early marriage, rape, and sexual abuse significantly influence teenage pregnancy. Participants often equated pregnancy with loss of virginity and innocence, supporting findings by Moonga (2014) that deviations from sexual norms result in stigmatization of teen mothers in schools.

Peer influence: The role of peer relationships in teenage pregnancy was acknowledged, with participants suggesting that "bad friends" lead to risky behaviours. This perspective aligns with Mutshaeni et al. (2015) who reported that girls' social networks influence pregnancy risk through effects on sexual initiation, contraceptive use, and pregnancy outcomes. Misunas et al. (2024) similarly found that adolescents are particularly sensitive to peer norms and influences. However, some participants recognized that pregnant learners might serve as negative peer influence, which relates to findings by the Commission for Gender Equality (2023) indicating that adolescents sometimes become pregnant to achieve group acceptance among parenting friends.

Empathy and support: Despite blame, many participants demonstrated empathy, advocating for continued education rather than judgment. Participants emphasized that mistakes should not define one's entire livelihood, and that it was not uncommon for adolescents to engage in sexual behaviour. This recognition is essential for fostering supportive environments, and an acknowledgement that it can happen to any of them. P1 stated that "they only made one mistake". P6 conceded that "we all make mistakes; we can't really judge them… we must support and help them." Nkala-Dlamini (2021) found that teenage mothers often viewed their pregnancy as a "mistake" and were motivated to take precautions against future pregnancy. Notable, divergent attitudes emerged between genders. Whereas this study found girls expressing both empathy and blame, Fute et al. (2022) found higher levels of empathy, responsibility, and blame attribution among females than males when examining teacher and parent perspectives.

Health and wellbeing concerns: Participants recognized physical and maternal challenges faced by teenage mothers and pregnant learners, including risks of early labour, miscarriage, and stress-related complications. Because of the unfriendly environment at school, P1 was concerned that "she could have a miscarriage because she may have a fight with another learner or due to stress from the discrimination". These concerns align with Rabin (2024) who asserted that pregnant adolescents are more likely to deliver premature and low-birth-weight infants.

Mahlangu (2024) found that younger pregnant and parenting learners experience greater health risks and poor education outcomes. Additionally, Okeke et al. (2022) reported that adolescent pregnancy complications are the leading cause of death for girls aged 15-19 years. Participants were particularly concerned about obstetric emergencies occurring during school, potentially causing trauma to other learners and harm to the unborn child. P2 mentioned that "she can go into early labour... if that can happen while she is at school, it can be shocking or traumatizing to a lot of learners".

Support and parenting: Participants emphasized that teenage mothers require additional support systems to meet motherhood demands whilst pursuing education. Concerns about childcare availability and family background emerged as critical factors. P2 expressed concern saying that "You may find that that learner has no means to look after that child, or they don't have someone to look after their child." P3 agreed that "…there are a few teenage mothers who get support from their baby daddies…teenage mothers often struggle". Similarly, Andangabe (2020) found that teenage mothers struggle balancing student and parenting roles, with attention difficulties in class due to concerns about children at home. Participants recognized that without adequate support, teenage mothers may be unable to re-enter school, perpetuating poverty cycles. Hence, P12 thought that "it would be better for us to start campaigns that would help pregnant learners". Asumini and Mwila (2024) also found that family-supported childcare enabled teenage mothers to pursue education. Chakole et al. (2022) assert that young mothers lacking work skills become financially dependent on families or government support, continuing cycles of dependence and poverty.

Dispositions towards teenage mothers and pregnant learners

Learners and teachers' negative behaviours towards the teenage mother ranged from emotional abuse including insults and discrimination to self-stigmatization and social isolation.

Emotional abuse and stigma: Participants reported that pregnant learners frequently experience gossip, name-calling, and social isolation from peers. Girls exhibited stronger discriminatory behaviours compared to boys. One participant recounted an instance of public humiliation, such as writing on noticeboards about baby showers, causing emotional harm. Another reported being called "expired" (P5). This reflects findings by Mutshaeni et al. (2015), wherein teenage mothers were labelled as parents, prostitutes, loose and immoral by educators and peers. Chiyota (2020) found that pregnant learners experienced embarrassment through open teasing, with bullying through insults, disparaging jokes, and demeaning names. Additionally, the Commission for Gender Equality (2023) found that pregnant learners felt stigmatized, leading to loneliness, isolation, and solitude.

D*iscrimination and social exclusion*: Some participants suggested that pregnant learners should have separate classrooms, reflecting social isolation. Participants noted that pregnant learners often sit alone, unable to participate freely in school life, causing emotional pain. P11 agreed that "If they can all be in the same class it would be better because they all understand and know what to expect. They must learn separately from us". P12 sympathized and said "I feel bad because they are not as free as we are at school. They often sit alone and it is painful". This aligns with Moonga (2015), who found that teenage mothers and pregnant learners face stigmatization, public ridicule, and embarrassment.

Teachers' treatment: Participants indicated that some teachers mocked and displayed discriminatory attitudes towards pregnant learners and teenage mothers, using them as

examples to amuse the class. One teenage mother reported being labelled "promiscuous" and publicly embarrassed (P16). These findings align with Okondo (2022) who studied the experiences of teenage mothers in Kenyan secondary schools, wherein teachers criticized and put down teenage mothers before the entire class. Kawala (2021) also found that school stigma involves bullying from students and teachers identifying pregnant learners as reference points for negative behaviour. However, some evidence suggests positive teacher roles. Matlala et al. (2015) found that motivating teacher attitudes created supportive environments enabling teenage mothers to remain in school and work harder. Some teachers even facilitated healthcare access outside school premises (Dlamini, 2016).

Self-stigmatization and isolation: Teenage mother participants expressed negative self-perceptions, often self-isolating to avoid negative peer reactions. P14 mentioned that 'When in school, it feels like you are being judged or gossiped about … that's how I used to feel.' P15 reported that 'others support you, at the same time, they turn away from you, so I can say they were not fully accepting ... that is why I would be alone most of the time.' Ntshayintshayi et al. (2022) reported psychosocial challenges of pregnant teenagers as being rejected by friends and partners after pregnancy disclosure, experiencing isolation and discrimination. Nkosi et al. (2019) found that pregnant student nurses lacking belonging felt isolated during lunch breaks and school gatherings, experiencing loneliness, guilt, stress, and despair. Such behaviour could not only add to their stress levels which could subsequently affect the unborn baby, but also, could affect their academic performance as adolescents are at the stage where peers' opinion and acceptance, and fitting in generally matter.

Implications for ASRH

Empowerment of Teenage Mothers: Participants viewed the policy as empowering teenage mothers, providing a second chance to improve wellbeing and break poverty cycles. One participant expressed optimism about completing school, advancing to university, and supporting her child, opportunities her mother lacked. P14 stated that "the cycle of poverty ends with me, I will complete school and learn from my mistakes … my prospects are good as I have a chance to study and go to varsity. My mother couldn't". This perspective aligns with Muriithi et al., (2024), who argue that girls leaving school experience long-term negative outcomes including poorer health and lower earnings compared to those continuing education. Research demonstrates that girls with access to education have significantly better health and economic outcomes (UNESCO, 2024).

'Condoning' pregnancy among pupils: Some participants expressed concern that the policy might increase teenage pregnancies by normalizing the condition. This perception conflicts with evidence-based practices. The Eswatini Education Sector Policy and WHO (2021) emphasize early pregnancy prevention as a pillar of ASRHR. However, Muriithi et al., (2024) argue that declining fertility rates correlate with more education, not less, with uneducated adolescents giving birth at three times the rate of educated mothers. Research demonstrates that banning teenage mothers from school is ineffective for preventing future pregnancies; instead, comprehensive sexuality education proves more effective (UNESCO, 2024).

Increased risk of Sexually Transmitted Infections (STIs) and HIV: Participants raised concerns that normalizing pregnancy might encourage unprotected sexual behaviour, increasing STI and HIV risk. This concern reflects legitimate public health issues. Adolescents and young adults in their 20s acquire approximately half of all new STIs annually (Keller, 2022). Mason-Jones et al. (2016) found that reintegration policies without facilitated health service access

exacerbate STI and HIV risks. Many adolescents face barriers to healthcare including stigma, inadequate transport, and insufficient sexual health education, leading to untreated infections and increased transmission rates.

Health risks in school settings: Participants highlighted concerns about pregnancy complications occurring during school, including premature labour and miscarriage. Opok (2023) indicates that pregnant learners face health risks associated with school's physical demands, including stress-related pregnancy complications, inadequate nutrition, and limited healthcare access. Okeke et al. (2022) found that babies born to adolescent mothers have higher risks of low birth weight, preterm delivery, and severe neonatal conditions. Girls under 14 face particular risks from underdeveloped pelvises complicating delivery. Young women under 20 experience higher rates of obstructed labour, potentially causing obstetric fistula without caesarean section access (Chakole et al., 2022). Without adequate medical support and education about these risks, particularly in school environments, pregnant learners are likely to face severe health consequences.

Recommendations

- The MOET should capacitate teachers on the causes of teenage pregnancy (poverty, abuse, peer pressure), stigma reduction, and trauma-informed pedagogy and enforce anti-discrimination policies to support teenage mothers.
- The MOET shall involve parents in policy discussions.
- Schools should provide confidential reproductive health services, establish safe spaces for pregnant learners, and ensure access to comprehensive mental health support, including counseling, depression screening, and crisis response.
- Further studies should evaluate the effectiveness of the policy, measuring educational attainment, pregnancy outcomes and psychosocial wellbeing of teenage mothers in schools.

Limitations

This study was conducted in a single urban high school in the Hhohho region, which may limit the transferability of findings to rural schools or other regions of Eswatini.

Conclusion

Learner perspectives represent a critical yet often overlooked element in successful school policy implementation for teenage mothers. This study reveals that learners in Eswatini navigate complex terrain involving empathy, judgment, support, and stigma. While the policy is valued as providing second chances at education, implementation is fraught with social challenges directly affecting adolescent health, wellbeing, and rights. These findings demonstrate that policy alone is insufficient. Effective implementation requires robust, school-wide interventions that actively combat stigma, promote support cultures, and integrate comprehensive sexuality education. Additionally, targeted educator training and parental involvement in policy discussions are essential. Creating truly inclusive environments requires concerted efforts from educators, learners, and communities to ensure all learners, regardless of circumstances, achieve educational potential in safety and dignity.

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Conflict of Interest
The authors declare no conflict of interests regarding the publication of the paper.

Authors' contributions
SL: Conception/design, development of data collection instrument, data collection, analysis, interpretation of data, manuscript draft and revision.

CP: Conception/design, development of data collection instrument, analysis, interpretation of data, manuscript draft, revision and editing.

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