

**AN INVESTIGATION INTO THE RE-ENTRY OF LEARNERS WITH
DISABILITIES IN SELECTED SCHOOLS IN LUSAKA PROVINCE,
ZAMBIA**

By

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**A dissertation submitted to the University of Zambia in Partial Fulfillment
of the Requirements for the award of the degree of Master of Education in
Special Education**

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2014

DECLARATION

I, **Fulawulu Lumbwe Lwiza**, do hereby solemnly declare that this dissertation is my own original work and that it has not been previously submitted for an award of a degree at this or any other university.

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CERTIFICATE OF APPROVAL

This dissertation, by Fulawulu Lumbwe Lwiza, is approved as a partial fulfillment of the requirements for the award of the degree of Master of Education in Special Education at the University of Zambia.

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DEDICATION

To my parents, Mr. Adolf. and Mrs. Idah Chabu Fulawulu whose love, understanding, patience and support I will always cherish. To my husband Webster Samakesa, my beloved daughters: Kabangu, Womba, Wana and Muzañalu and my wonderful grand children, Jessy, Kukeña and Luwi whom I love so much but whose love was deprived during the period of my studies. To all my brothers and sisters, together with their families, for their love, care and support.

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LIST OF ACRONYMS

AIDS – Acquired Immune Deficiency Syndrome

BESSIP – Basic Education Sub-Sector Investment Programme

CAMFED – Campaign for Female Education

CSEN – Children with Special Educational Needs

CSO – Central Statistical Office

EFA – Education For All

FAWE – Forum for African Women Educationalists

FAWEZA – Forum for African Women Educationalists in Zambia

FGD- Focus Group Discussion

GBV – Gender-Based Violence

GRZ – Government of the Republic of Zambia

HIV – Human Immuno Deficiency Virus

IDEA – Individuals with Disability Education Act

MDG – Millennium Development Goals

MESVTEE – Ministry of Education, Science, Vocational Training and Early Education

MI – Macro International Inc.

MOE – Ministry of Education

MOH – Ministry of Health

NDHBS – National Demographic Health Behaviour Survey

NGO – Non Governmental Organisation

SAFE – Student Alliance for Female Education

SPSS – Statistical Package for Social Sciences

STI – Sexually Transmitted Infection

TV – Television

UN – United Nations

UNDP – United Nations Development Programme

UNESCO – United Nations Educational, Scientific and Cultural Organisation

UNFPA – United Nations Population Fund

UNICEF – United Nations International Children’s Emergency Fund

UNMDGs – United Nations Millenium Development Goals

UPE – Universal Primary Education

VSU – Victim Support Unit

WHO – World Health Organisation

ZANEC – Zambia National Education Coalition

ZNUT – Zambia National Union of Teachers

ABSTRACT

The purpose of the study was to investigate why the learners with disabilities did not re-enter school after falling pregnant and giving birth. The study was conducted in selected schools with special education units in Lusaka Province, Zambia.

The study employed the descriptive survey research design which mainly involved qualitative methods. Sample included one MESVTEE official, ten head teachers, ten parents, thirty learners with disabilities and fifty teachers who were purposively and randomly sampled to participate in the study. Data were collected using semi structured interview guides, questionnaires and Focus Group Discussion guides. Quantitative data was analysed using Statistical Package for Social Sciences (SPSS) to generate frequencies, graphs and percentages while qualitative data were analysed thematically.

The study revealed that learners with disabilities were not asexual as perceived by some authors. They engage in sex and fell pregnant just like their ordinary peers. When granted maternity leave or left school on their own, they did not report back to school. The reasons for not re-entering school were: inconsistency in the implementation of the re-entry policy by the school authorities, lack of guidance and counseling services, stigmatization and discrimination by peers and teachers. Furthermore, threatened health and social welfare, burden of extra responsibilities of pregnancy and rearing of a baby, negative attitude by parents, teachers and peers towards learners with disabilities who fell pregnant, poor health of babies, poverty, trauma as a result of unwanted sex and inadequate information about the re-entry policy were among the reasons for learners with disabilities' failure to re-enter school after giving birth.

Based on the findings, the study recommended that MESVTEE should involve parents of children with disabilities as a way of ensuring that the children re-enter school after giving birth. Further, MESVTEE should strengthen sensitisation and monitoring of the implementation of the re-entry policy. Schools should also sensitise learners on the re-entry policy. MESVTEE should aggregate data to show specific number of learners with disabilities who fall pregnant yearly and why they do not re-enter school.

CHAPTER ONE

INTRODUCTION

1.0. Overview

This chapter presents the background of the study, the statement of the problem, purpose of the study, research objectives and research questions. In addition it presents the significance of the study, limitations and operational definitions.

1.1. Background

At the World Population day on 11th July, 2013 in New York, UNFPA executive director, under-secretary general of the United Nations, Dr Babatunde Osotimehin said there were over 600 million girls in the world; more than 500 million of them are in developing countries (Kasote, 2013). A situational analysis of Zambia's total population in the 2010 census was estimated at 13.1 million, of which about 51 percent were females. Despite the predominance of females, they still lagged behind in Zambia's socio-economic, cultural and political spheres due to low levels of education among the female. As a result, women do not effectively contribute to and benefit from the development process (Nkosha, Luchembe and Chakufyali, 2013). However, in conformity with the international instruments on education as a human right, Ministry of Education (MOE) (1996 p.2) postulates that "education is a right for each individual. It is also a means for enhancing the well-being and quality of life for the entire society." In addition, Education Act No. 23 of 2011 Part IV Section 14 (1) and (2) also alludes to the fact that learners have the right to education. To deal with the gender imbalance, education for the girls and women is needed.

Female education is particularly associated with significant reductions in infant mortality and morbidity, improvement in family nutrition and health, lowering of fertility rates, improved chances of children's education, and increased opportunities for income earning in both wage and non-wage sectors (MOE, 1996 in Kelly, 1999). The benefits of female education are not only enjoyed by the ordinary learners, they also encompass learners with disabilities. In addition, education of the learners with disabilities is an important equity indicator in the provision of educational services. This is so because in order for provision of education for learners with disabilities to be enhanced, there should be availability of

appropriate infrastructure and teaching and learning materials. In addition, community participation and awareness should also be facilitated (MESVTEE, 2011).

Article 13 of the African Charter on the Rights and Welfare of the Child (1989) states:

Every child who is mentally or physically disabled shall have the right to special measures of protection in keeping with his physical and moral needs and under conditions which ensure his dignity, promote his self-reliance and active participation in the community. (Mengo, 2013).

Despite the relevance of the girl child's education, many girl children with disabilities drop out of school due to teenage pregnancy but it is not known why they do not re-enter school after giving birth.

The incidence of teenage pregnancy has been identified as a serious and growing problem in the world, especially in the poorer nations (UNDP, 2003). Teenage pregnancies are a major challenge to the fight against illiteracy, gender equity, non- progression and dropout rates of girl children in the education system worldwide. Mutombo and Mwenda (2010) noted that every year, 14 million (3.9%) out of the 260 million women aged 15-19 years become pregnant worldwide.

Kasote, (2013) indicated that the scenario is no different in Zambia where, over 30 percent of 15-19 year-old girls have already been pregnant or have had a child, which is an alarming rate of pregnancy among adolescents. Teenage or teen or adolescent pregnancy disadvantages girls in that they leave school due to the adverse effects of teen pregnancy. The escalating school dropout rates as a result of falling pregnant contribute to the high illiteracy levels among the girls and women. According to Restless Development (2012), in Zambia, the number of teenage pregnancy has been rising. For example at primary school in 2002 was 3,663, rose to 6,528 in 2004 and 11,391 in 2007. It rose further in 2011 to 13,929. At high school in 2002 were 765 and in 2011 rose to 1,778. Furthermore MESVTEE (2013) indicate that at primary school in 2008 the number rose from 12,370 to 13,643 in 2009, then 13,769 in 2010. While at high school it rose from 1,566 in 2008 to

1,863 in 2009 and 2,096 in 2012 further to 2,428 in 2013. Table 1 shows the number of pregnancies according to the years at the basic school. Table 2 shows the prevalence of pregnancies at high school. Despite all these statistics, it is not known why girls with disabilities do not re-enter school after giving birth.

Table 1: Number of pregnancies and Re-admissions at Basic school from 2006 – 2011

Year	2006	2008	2009	2010	2011
Pregnancies	12370	12370	13634	13769	13929
Re-admissions	4470	4692	5517	5034	5106

Source: Educational Statistical Bulletins (2011) and (2013).

Table 2: Number of Pregnancies and Re-admissions at Secondary school

Year	2005	2008	2009	2012	2013
Pregnancies	1330	1566	1863	2096	2428
Re-admissions	932	1019	1162	1086	1337

Source: Educational Statistical Bulletin (2013)

The United Nations (UN) and United Nations Development Programme (UNDP) consider adolescent pregnancy as an abrupt disruption to education, and an end to childhood. As a result, keeping girls safe and in school, enforcing laws that deter early marriage and harshly punish rape, and the active promotion and access to birth control and reproductive health education is what can break this cycle (Kasote, 2013). This made cause for the government of the republic of Zambia to come up with an affirmative action to address the plight of the girl child as regards teenage pregnancy.

According to Restless Development, (2012), teenage pregnancy is caused by a number of interrelated educational, health, economical and cultural factors which highlight an unsupported administrative service delivery and unsafe environment. Culturally, some parents allow the girls to have sex with men in order to marry them off and earn something in form of dowry. This makes the vulnerability of adolescent girls to early pregnancy more prevalent, especially in rural communities.

Most girls fall pregnant due to having sex with older men or ‘sugar daddies’ for the purpose of material and financial gain. In a study conducted by Hamusonde (2003) on ‘teenage mothers and their re-admissions into schools in Lusaka’, out of the thirty (30) girls interviewed, twenty-seven (27, 90%) got pregnant by having sexual intercourse with older men and only three (3, 10%) of them had age mates responsible for their pregnancies. Most of the older men go after young girls due to misconception that the teenagers have low risks of HIV and AIDS (Hamusonde, 2003).

According to Sifuniso (2006), some girls got pregnant after having been raped and in many cases, by their fellow students, in few instances, the culprit was a teacher. In majority of the cases, the boys or teachers were not reported and so the boys continued with their education with the promise that if allowed to complete his education, would be able to take better care of his child and probably marry the mother of the child, which they rarely did.

There were a lot of barriers for girls to overcome, they included long walking distance that tired them out and exposed them to sex abuse. They live away from home and rent bed spaces in nearby villages or compounds, putting them at risk of sexual exploitation and abuse.

High poverty levels and peer pressure are also viewed as factors enhancing teenage pregnancies. The girls would like to live a better life that their parents cannot afford to give them. Thus, they have sexual relations with men who pay for their rentals, buy them food, ‘showering’ them with gifts such as cell phones and many more. Eventually, they end up giving in to their sexual demands and fall pregnant (Mutombo and Mwenda, 2010 and Restless Development, 2012).

Furthermore, teenagers, having high fertility rates with very energetic lifestyles and healthy bodies, search to discover themselves physically and sexually. It is a time when they are faced with identity crisis. They have a tendency to associate with the opposite sex and those they may look up to in society (Liche, 2010). As such they are prone to having sex and become pregnant. In rural areas, some cultural practices may contribute to teenage pregnancy. Girls are married off just after becoming of age with the hope that a husband can take care of the girl and her parents.

CSO, MOH and MI (2009) pointed to high awareness knowledge levels on general sexual and reproductive health yet low comprehensive knowledge on correct contraceptive usage and methods compounded by a lack of availability and access to wider reproductive health services. Inaccessibility of guidance and counselling services in schools has affected the learners negatively, especially the girl child. In times of sexual harassment, they do not know what to do and so they fall prey to the boys and fall pregnant. This is further highlighted by Ahikire and Madanda (2011) that the learners lack life skills. Life skills are social competencies necessary to help children to reach their full potential. These include among others: high self esteem, assertiveness, decision making, communication and generally relating with others to achieve greater success in life. Life skills are necessary especially for young girls who, due to the gendered socialization, lack essential skills to negotiate through life's challenges. It was noted that girls were normally lured with money and other material things like sweets, biscuits and many other from older men who took advantage of them. They ended up engaging in sexual activity at an early age for lack of assertiveness and many other life skills.

Girls who became pregnant were expelled from school and never to be readmitted into any school system. The implications of such a scenario are serious because most girls who fall pregnant are in school and when they drop out; the fight against illiteracy and gender equality in education is compromised. Breaking the cycle of adolescent pregnancy requires commitment from communities and individuals in both developed and developing countries to invest in adolescent girls. This calls for a strategy to address the situation, whose roots are in the Jomtien conference.

In 1990 at the World Conference held in Jomtien, Thailand, the world set the year 2000 as a year by which it would achieve Universal Primary Education (UPE) for all and equity in education. Many countries had adopted initiatives to promote girls' education. Despite this, many countries including Zambia, failed to attain the goal of the Jomtien conference. At the Education For All (EFA) World conference held in Dakar, Senegal, in 2000, the direction changed towards the achievement of EFA goal number five which states:

Eliminating gender disparities in primary and secondary education by 2005 and achieving gender equality in education by 2015, with a

focus on ensuring girls' full and equal access to and achievement in basic education of good equality (FAWEZA, 2010).

As the women movement grew in strength, one of the issues they decided to fight for was justice for girls who were thrown out of school after becoming pregnant. Before the 4th World conference on women, the Zambia Association for University Women organized a conference in June 1995 on the situation of the girl child in Zambia. It was at this conference that a number of resolutions about the education of the girl child were made. One of the issues resolved and proposed to government was that school girls who became pregnant should be re-admitted into school once care for the new born child was sourced and assured. This was the launch pad of the re-entry policy (Sifuniso, 2006). The policy was grounded in the discourse of the 1995 Beijing Conference on Women which recommended, among other things, that girls who drop out of school as a result of falling pregnancy should be re-admitted into school (Mwansa, 2011).

When the Zambian women delegation came back from the 4th World conference in China, commonly known as the Beijing conference in 1995, it drew up its own priorities and action plan. Under the education of the girl child was a call to re-admit girls who stopped school as a result of pregnancy. It was not easy for the government of Zambia to accept the proposal from the women movement. When the Forum for African Women Educationalists of Zambia (FAWEZA) got established on the 8th of March 1996, it added its voice to the call, that the exclusion policy be revisited with the seriousness it deserved. This sparked countrywide debate with most people arguing that the re-entry policy would encourage girls to be reckless with their behaviour. But FAWEZA believed that girls needed a second chance to go back to school if they were to come out of the vicious cycle of poverty. This was in agreement with the liberal feminist approach which believes that sexual inequality can largely be corrected if women are integrated into the public sphere as the equals of men (Bandarage, 2012).

It was not until 1997 when Re-entry policy was introduced in Zambia. Re-entry policy is an affirmative action, initiative launched in Zambia by the Ministry of Education, through the ministerial pronouncement made by the then Minister of Education (MOE), Mr. Syamukayumbu Syamujaye on 13th October, 1997 at Mulungushi International Conference

Centre in Lusaka during a conference on girls' education. In the ministerial pronouncement, the minister directed that school girls who fall pregnant should no longer be expelled from school. He also directed that those who had been expelled in 1997 be allowed to return to school (Ministry of Education FAWEZA and UNICEF, 2004). As it is known that education as the key to development is intended to improve the social, economic wellbeing and enhance the quality of life for individuals, the aim of the re-entry policy is to guide the implementation of measures to prevent the exclusion of young mothers from furthering their education.

Due to the relevance of the re-entry policy on education, some Non-Governmental Organizations (NGOs) like FAWEZA and the United Nations International Children's Emergency Fund (UNICEF) participated in ensuring that the policy came into being. However, the introduction of the Re-entry policy was received with mixed views (MOE, 2010a). Some churches, Zambia National Union of Teachers (ZNUT), some parents, some boys and girls opposed the policy fearing that the level of discipline would deteriorate in schools, the policy would lower standards of education, it would encourage immorality and there would be an increase in STI / HIV infections. In addition, some parents did not support the policy because they were not involved in the initial stage (Sifuniso, 2006). Some parents further argued that sex before marriage was a taboo and should not be encouraged because it is also against the Christian faith. Worse still, girls would lose respect for teachers because they would be seeing themselves as equals to the teachers (FAWEZA, 2006).

To the contrary, Ministry of Education, Science, Vocational Training and Early Education (MESVTEE) (2011), points out that since the inception of the Re-entry policy, many girls have taken advantage of the policy to return to school and continue with their education.

Tables 3 and 4 show statistics of how learners took advantage of the re-entry policy:

Table 3: Number of pregnancies and re-admissions in Grade 10-12 from 2002 - 2007

Year	2002	2003	2004	2005	2006	2007
Pregnancies	765	655	988	1330	1572	1752
Re-admissions	606	505	802	932	1082	1441
Re-admissions %	79.2	77.1	81.2	70.1	62	62

Source: MOE (2005) and MOE (2010) Educational Statistical Bulletins

Table 4: Number of Re-admissions in Basic and High schools from 2009-2011

Year	Basic School	High School
2009	5517	1033
2010	5035	1033
2011	5106	925

Source: Zambia Daily Mail, September 25, 2013.

From the tables 3 and 4 above, it is evident, as highlighted by educational statistical bulletins for 2009 to 2013, that more learners without disabilities were re-entering school after being away from school on maternity leave, especially learners from the basic school sub-sector. However, learners with disabilities seem not to re-enter school after giving birth. Documented statistics that highlight the prevalence rate of pregnancies among learners with disabilities may not explicitly be availed because they are merged with statistics for ordinary learners in the educational statistical bulletins for each year but there is an indication that learners with disabilities leave school for various reasons including pregnancies. In an interview in August, 2013, seven out of ten head teachers in schools with special education units in North-Western and Lusaka provinces, indicated that seventeen (17) out of twenty (20) learners with disabilities who fell pregnant in a period of two years, did not re-enter school after giving birth. The question is; why do girls with disabilities not re-enter school after giving birth?

The re-entry policy's relevance is that when boys and girls re-enter school, with the provision of quality teaching and learning and credible guidance and counselling services,

they are able to continue with their education, enter the world of employment and be able to lead an independent life and adequately contribute to national development socially and economically.

Studies conducted around the globe by Domenico and Jones (2007) in the U.S.A, Gofer (2012) in Ghana and Sifuniso (2006) in Zambia on why ordinary learners did not re-enter school show poverty, discrimination and shame, inadequate information on how to use knowledge on sexuality and uncoordinated manner of implementation of the re-entry policy to be the contributing factors. The researcher wondered if these reasons applied to learners with disabilities as well.

The Re-entry policy does not only cater for the ordinary learners, it does cater even for the learners with disabilities or learners with Special Educational Needs. As earlier alluded to, the learners with disabilities are also catered for under the international instruments that promote the rights of children and women because they are also human beings and can contribute to national development if provided with appropriate, adequate and quality educational services. On the other hand, the Convention on the Rights of the Child (1989) recognizes the human rights of all children, including those with disabilities under Article 23 which states, “State parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community”

One wonders whether the learners with disabilities also re-enter school after giving birth because there is no record showing such. One thing is true that enrolment for learners with disabilities takes place. The World Health Organisation data, as reported by Mengo (2013), suggests that up to 10 percent of the total population of each country may have some form of disability; by this estimate more than 600,000 children in Zambia may have a disability. Some of these learners also drop out of school for one reason or another including teenage pregnancy. Explicit statistics on teenage pregnancy for learners with disabilities may not be available because they are merged with the statistics for ordinary learners.

FAWEZA, (2010) indicates that the percentage of Children with Special Educational Needs (CSEN) or learners with disabilities increased to 5.4% of the total basic school enrolment

in 2007. It reduced to 5.1% in 2008. Statistics also indicate that generally, there are more boys with SEN progressing than girls both at basic and high school levels. In addition, MESVTEE, (2011), indicates that the population of learners with disabilities at Grade 1-9 level in 2011 was 175,361 compared to 198,398 in 2010 and of this, 48.4% was female representation. This indicates that there were 23,037 learners who dropped out of school. The enrolment at Grade 10-12 was 5,141 in 2011 compared to 4,297 in 2010. There were slightly more female than male learners. At grade 1-9 in 2011, the enrolment for girls was 84,867 lower than in 2010 which was at 96323. At high school, in 2010, the girls were 2,417 and 2,877 in 2009. The enrolment by gender and disability for 2011 is shown in tables 5 and 6 as follows:

Table 5: CSEN in Grade 1-9 by Impairment and Gender, 2011

Impairment	Male	Female	Total
Hearing	14,671	13,404	28,075
Intellectual	8,976	8,269	19,245
Other	5,576	4,931	10,507
Physical	6,522	5,154	11,676
Specific Learning Difficulties	41,655	43,196	84,851
Visual	11,094	9,913	21,007
Total	90,494	84,867	175,361

Source: 2011 MESVTEE Educational Statistical Bulletin

Table 6: CSEN in Grade 10-12 by Impairment and Gender, 2011

Impairment	Male	Female	Total
Hearing	462	408	870
Intellectual	92	102	194
Other	110	133	243
Physical	392	325	717
Specific Learning Difficulties	550	556	1,306
Visual	884	1,127	2,011
Total	2,490	2,651	5,141

Source: 2011 MESVTEE Educational Statistical Bulletin

With the above statistics at hand, there is evidence that learners with disabilities are available in schools. There is also evidence that the learners with disabilities in 2010 at grade 9 were, 198,398 but the number reduced in the following year, 2011 to 175,361 (MESVTEE, 2011). This implies that there were 23,037 learners with disabilities who dropped out of school for various reasons including teenage pregnancy. This left the researcher with the urge to find out why learners with disabilities did not re-enter school after giving birth.

A study by Jones, Domenico and Valente (2006) indicated that pregnant teens with disabilities were at risk of dropping out of school. Although parenting rates vary by disability type, the National Longitudinal Transition Study (2001) found that 41% of young women with disabilities became mothers by their early 20s, compared to 28% of young women in the general population. This placed teen girls with disabilities at especially high risk for leaving school because of pregnancy. However, most international and local studies that have been conducted on the re-entry policy are only concerned with the learners without disabilities. For example Omwancha (2012) conducted a study in Kenya on ‘The implementation of an educational re-entry policy for girls after teenage pregnancy: A case study of public secondary schools in Kuria district, Kenya’. Some of the findings were that cultural practices like marrying off the girls for dowry including refusal by school administrators to implement the policy due to lack of clarity affected the implementation of

the re-entry policy. Ngombo (2010) conducted a study on 'The implementation of the re-entry policy in selected rural schools of Western province from 2006-2008: A case of Senanga and Shangombo districts.' Another study was by Hamusonde (2003) on 'Teenage mothers and their re-admission into schools: The case of secondary schools in Lusaka urban from 1997-1999. By not including learners with disabilities, it remained unknown as to why girls with disabilities did not re-enter school after giving birth.

1.2. Statement of the problem

In an interview with ten head teachers in schools with special education units in North-Western and Lusaka provinces in August, 2013 on whether learners with disabilities who got pregnant reported back to school after giving birth, seven (7) out of ten (10) head teachers said seventeen (17) out of twenty (20) learners with disabilities who got pregnant did not re-enter school after giving birth. In addition, studies by Hamusonde (2003) on 'Teenage mothers and their re-admission into schools in Lusaka urban from 1979-1999' and Ngombo (2010) on 'The implementation of the Re-entry policy in selected rural schools of the Western province from 2006-2008 did not include why learners with disabilities did not re-enter school after giving birth. The absence of this information left a knowledge gap as to why learners with disabilities did not re-enter school after falling pregnant and giving birth.

1.3 Purpose of the study

The purpose of the study was to investigate why learners with disabilities did not re-enter school after falling pregnant and giving birth in selected schools in Lusaka Province.

1.4. Specific objectives

The study was guided by the following objectives:

1. To determine the reasons for learners with disabilities not re-entering school after giving birth.
2. To establish how learners with disabilities are sensitised on the re-entry policy in schools.

3. To examine the attitude of teachers and peers towards learners with disabilities who fall pregnant or who are found responsible for causing pregnancy.

1.5. Research questions

The study was guided by the following questions:

1. Why do learners with disabilities fail to re-enter school after giving birth?
2. How is the sensitisation of the re-entry policy conducted in schools?
3. What is the attitude of the peers and teachers towards the learners with disabilities who fall pregnant or found responsible for pregnancy?

1.6. Significance of the study

Despite the implementation of the Re-entry policy in Zambia, learners with disabilities are however, seen not re-entering school after giving birth. It is hoped that the findings of this study would contribute to the body of knowledge on why learners with disabilities do not re-enter school after falling pregnant and giving birth. Furthermore, the study may also stimulate further research interest on the subject.

1.7. Delimitations

The research was conducted in selected primary and secondary schools with special education units at Munali Girls secondary school, Munali Boys secondary school, Lusaka Secondary School (GRZ), Chainama primary school, Vera Chiluba primary school, Mumana primary school, Nangongwe primary school in Kafue, Chongwe and Ndeke primary schools in Chongwe district and Kapoche primary school in Luangwa district in the Lusaka province of Zambia.

1.8. Limitations

Since the study was descriptive in nature, during interviews, some participants did not disclose adequate information for fear of exposing themselves. Regardless of the limitation, the findings can be generalised.

1.9. Operational definitions

For the purpose of this study, key terms are used as follows:

Attitudes: include desires, convictions, feelings, opinions, views, beliefs, hopes, judgments and sentiments (Rajecki, 1982).

Disability: a permanent physical, mental, intellectual or sensory impairment that alone, or in a combination with social or environmental barriers, hinder the ability of a person to fully or effectively participate in society on an equal basis with others (Ministry of Community Development, Mother and Child Health, 2012).

Hearing Impairment: refers to loss of hearing which may be partial or total resulting from damage to the parts of the inner ear.

Impairment: an identifiable defect in the basic functions of an organ or any part of the body system.

Intellectual Disabilities: refer to significantly subnormal general intellectual functioning, existing concurrently with deficit in adaptive behavior and manifested during the developmental period (Papalia et al 1998). It is indicated by an IQ of about 70.

Learner: a person who is enrolled and receiving education or a course of study at an educational institution (MOE, 2011)

Learners with disabilities: those individuals with mental retardation; specific learning disabilities; specific emotional disturbances; speech or language impairments; visual, hearing, orthopedic, and other health impairments; autism; and traumatic brain injury that limits one or more basic life activities, including learning (IDEA, 1997).

Children with disabilities: has been used interchangeably to mean learners with disabilities.

Learning Disability - is a disorder of one or more basic psychological processes involved in understanding and using spoken and written language

Mandatory paternity leave: permission to leave school for three months, granted to a boy responsible for a pregnancy, and report back when the girl reports back to school (MESVTEE, 2012).

Maternity leave: permission granted to a girl to leave school, for falling pregnant while in school, and expected to report back to school six months after delivery.

Physical Disabilities: orthopedic impairments related primarily to disorders of the joints, skeleton and muscles (Gearheart, Weishahn and Gearheart, 1988).

Re-admission: to be allowed back into school after being away for sometime due to pregnancy or being responsible for causing a pregnancy.

Re-enter school: to go back to school after dropping out of school due to pregnancy after delivery of baby or other reasons and continue with one's education.

Re-entry policy: a policy which mandates a learner who falls pregnant or responsible for pregnancy to go on maternity or mandatory paternity leave respectively and come back to school after delivery of baby to continue with her or his education.

Teen mother: a teenager who has a baby

Teenage Pregnancy: a situation where a girl aged between 13 and 19 years old becomes pregnant.

Visual Impairments: Vision loss (of a person) either partial or total resulting from either disease, trauma, or congenital or degenerative conditions that cannot be corrected by conventional means such as refractive correction, medication or surgery or the diminishment of the ability to see (Nielsen, 2002)

1.10. Organization of the Dissertation

The dissertation is organized in six chapters. The first chapter covers the introduction in which background, statement of the problem, purpose of the study, objectives, research questions, significance of the study and limitations of the study are presented. It also includes definition of terms used in the study, organization of the study and summary of the chapter. Chapter two consists of literature review while chapter three comprises the methodology. The research findings are presented in chapter four while chapter five discusses the findings of the study and chapter six highlights the conclusion and recommendations. The report ends up with references and appendices.

1.12. Summary

This chapter has covered the introduction of the study. It includes the background of the study which is as a result of the question on why learners with disabilities do not re-enter school in selected special education units in Lusaka Province. In the background, the re-

entry policy is defined; causes and prevalence of pregnancy and history of the re-entry policy have been discussed. Furthermore, the statement of the problem, the purpose of the study, specific objectives and the research questions were covered. In addition, the chapter presented the significance of the study, delimitation, limitations of the study and the definition of terms used in the study. The chapter has brought out the need to investigate why learners with disabilities who fell pregnant did not re-enter school after giving birth.

CHAPTER TWO

LITERATURE REVIEW

2.0. Overview

This chapter provides a review of the literature related to why learners with disabilities do not re-enter school after they fall pregnant or found responsible for pregnancy and after giving birth. In presenting the literature review, the chapter is divided into themes derived from the research questions. They include: girls' education and teenage pregnancy, prevalence of teenage pregnancies globally, prevalence of pregnancies in Zambia, introduction of the re-entry policy in Zambia, general factors that may cause learners not to re-enter school, sensitisation of learners on the re-entry policy in schools and attitude of teachers and peers towards learners with disabilities who fall pregnant or found responsible for pregnancy. It ends with a summary.

2.1. Girls' education and teenage pregnancy

According to a United Nations Children's Fund report (UNICEF, 1999), tens of millions of girls are not getting basic education across the developing world and especially in the rural and poor areas of Sub Saharan Africa, the Middle East and South Asia. More than 180 nations have committed to addressing this challenge by pledging that every boy and girl will receive quality basic education by 2015. Although the above target has been established and endorsed as one of the eight United Nations Millennium Development Goals (UNMDGs), the attainment of this goal is still challenging. Subsequently, policy makers may need to make effort to address the social, economic, and cultural barriers that keep large number of girls in poor countries out of school so as to achieve the goal of universal basic education. The report highlights the challenge that the developing nations are faced with concerning the attainment of goal number 2 of the Millennium Development Goals (MDGs) which talks about attainment of universal primary education by 2015. It indicates that many girls are out of school but it does not indicate what is keeping large numbers of girls out of school.

According to UNESCO (2005), the former United Nations Secretary General Kofi Annan, in his speech at the World Education Forum in 2001 in Senegal, said “No development strategy is better than one that involves women as central players. Involving women in development has immediate benefits for nutrition, health, saving and re-investment at the family, community and ultimately country levels.” In other words, educating girls and re-entering those who may have left school for one reason or another are social development policies that would ensure sustainable development. It is a long term investment that yields an exceptionally high return.

However, Hubbard (2008) indicated that teenage pregnancy among school girls is a major concern in many countries in Africa. It has been cited as a constraint in the elimination of gender disparities in education, and in the achievement of the Millennium Development Goals of universal primary education and gender equality in education by 2015. In a continent where the adage “*when you educate a woman you educate a nation*” holds so true, the repercussions of girls dropping out of school due to pregnancy cannot be underestimated. So far, this literature does not include learners with disabilities who fail to re-enter school after falling pregnant and giving birth.

2.1.1. Prevalence of teenage pregnancies globally

According to World Health Organisation (WHO) 2010 report, regionally Latin America and the Caribbean have the highest rates of teenage pregnancy at 18% of all births. Sub-Saharan is second with 16.5% of all births while South-Central Asia and West Asia are at 12.5% and 9.7% respectively. South-East Asia has 8%. In Africa, Niger has the highest with 53% while the average rate for the whole Africa is 143 per 1000 female. In Sub-Saharan Africa teenagers represent 23% of the total population and 22% of teenage girls were married between 2002 and 2009.

Figure 1 shows a full picture of the prevalence rates of pregnancy globally.

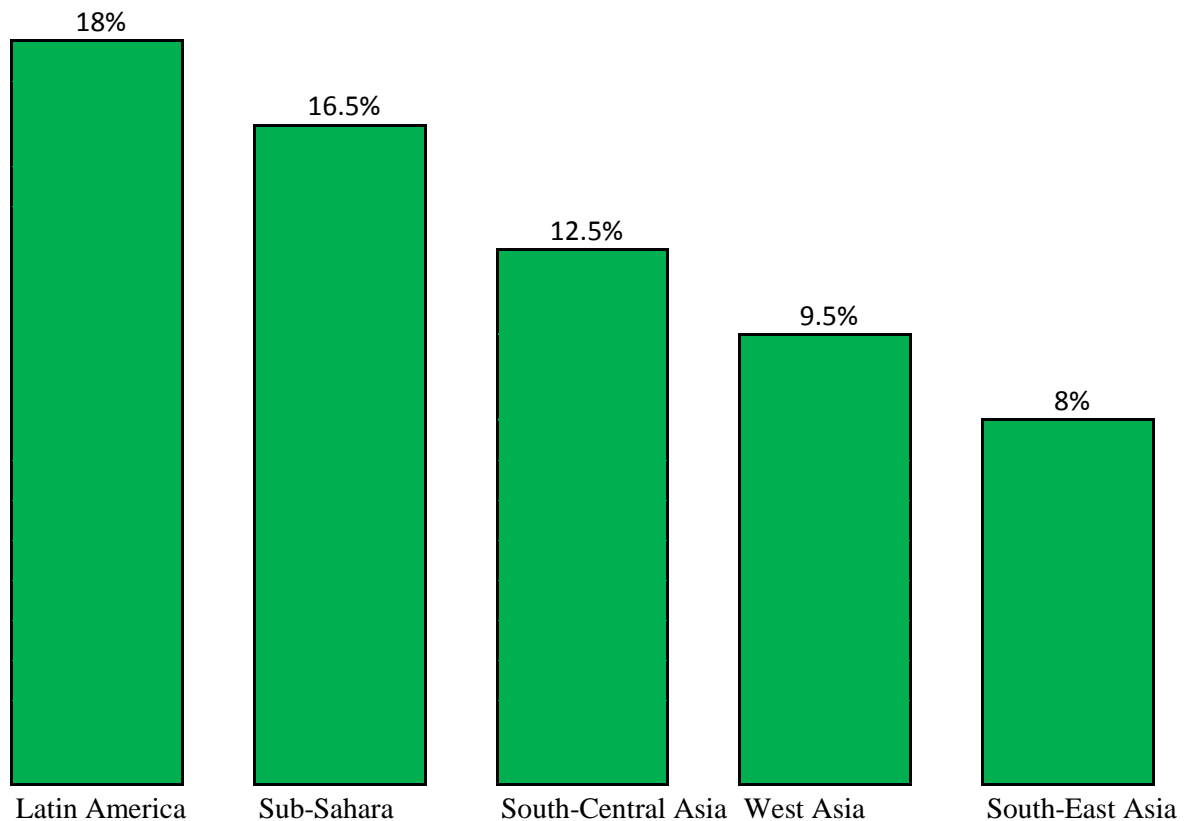


Figure 1: Global Teenage Pregnancy Prevalence Rate
Source: WHO, 2010

Unlike developed nations, the rate of pregnancy for women in developing countries has been on the increase due to poor birth control practices.

Mlama (2000) revealed that on average, 20 percent of the female adolescents in most countries in sub-Saharan Africa gave birth every year. Studies in Kenya had shown that by age 20, about 21 percent of Kenyan adolescents had had at least one child and that 8,000 to 13,000 girls dropped out of school each year due to pregnancy. In Ghana, during the period 1990–1994, out of a student population of 5,576, some 1,068 dropped out of school. Of these 638 were girls and 172 (27%) dropped out of school due to pregnancy, making pregnancy the highest cause of dropout among girls in Ghana.

A study by Ahikire and Madanda (2011) in Uganda indicated that the state of girls getting pregnant while in school had been noted across all the districts surveyed in Uganda. Although some respondents especially in schools noted that cases of girls getting pregnant were rare, respondents at the community level acknowledged that there were many cases, most of which went unseen by school administration. A number of schools also lacked periodic checkups for school girls to find out who got pregnant but only waited to see, especially when the pregnancy was in advanced stages. This meant that girls who usually discovered themselves pregnant before the school administration did were likely to have options of withdrawing from school before the school recorded the case of pregnancy or even abort and resume school without anybody noticing.

2.1.2. Prevalence of teen pregnancies in Zambia

Reviewed studies by Restless Development Zambia (2012) had further shown that teenage pregnancy was caused by a number of interrelated educational, health, economic and cultural factors, which highlighted an unsupportive administrative service delivery and unsafe environment, making the vulnerability of adolescent girls to early pregnancy particularly acute, especially in rural communities.

MOE (2010b) data showed that school girl pregnancy in Grades 5 to 9 accounted for 88% of recorded pregnancies with highest figures among Grade 9 pupils (3,909), followed by grade 7 (3,799), grade 8 (2871), grade 6 (1,761), and grade 5 (753). National demographic and sexual behaviour survey pointed to high awareness knowledge levels on general sexual and reproductive health yet low comprehensive knowledge on correct contraceptive usage and methods (including emergency contraception), compounded by a lack of availability and access to wider reproductive health services as a cause of teenage pregnancies.

In recent years, there had been an increase in the number of pregnancies among school-going girls. According to the study conducted by Namuunda and Mumbuna (2010) in Nkosha, Luchembe and Chakufyali (2013), between 2002 and 2008, there had been an increase in the number of school girls who fell pregnant; from 3,663 to 12, 370 at primary school level and from 765 to 1, 566 in 2008 at secondary school level. They (Namuunda and Mumbuna) also noted differences in the trends in re-entry rates between basic and high

schools, rural and urban areas and among provinces. For example, over the years, there were more girls at high school who returned to school after giving birth compared to girls from basic schools. Although the implementation of the re-entry policy had shown some positive impact, there were still challenges that were experienced and subsequently affected the extent to which girls were taking advantage of the re-entry policy.

The study conducted by Nkosha, Luchembe and Chakufyali (2013) indicated that the review had shown that the major causes of teenage pregnancy were poverty, limited access to family planning services, limited knowledge on the use of contraceptives, transactional sex, early marriages, child abuse and peer pressure. Although youths with disabilities were at an extremely high risk for teen pregnancy, an extensive review of the literature revealed few studies or resources that specifically addressed the learning needs of pregnant and parenting students with disabilities.

In Zambia, as MOE (2010b) postulates, pregnancies among school going children still assume an upward trend. They are more pronounced at lower levels of learning especially in primary schools. Rural provinces experience premature departure of girls due to pregnancies to a larger extent. This increases female illiteracy rates and has an adverse effect on the management of health and social welfare of both the mother and the child.

Figure 2 shows number of teenage pregnancies in 2010 in Zambia.

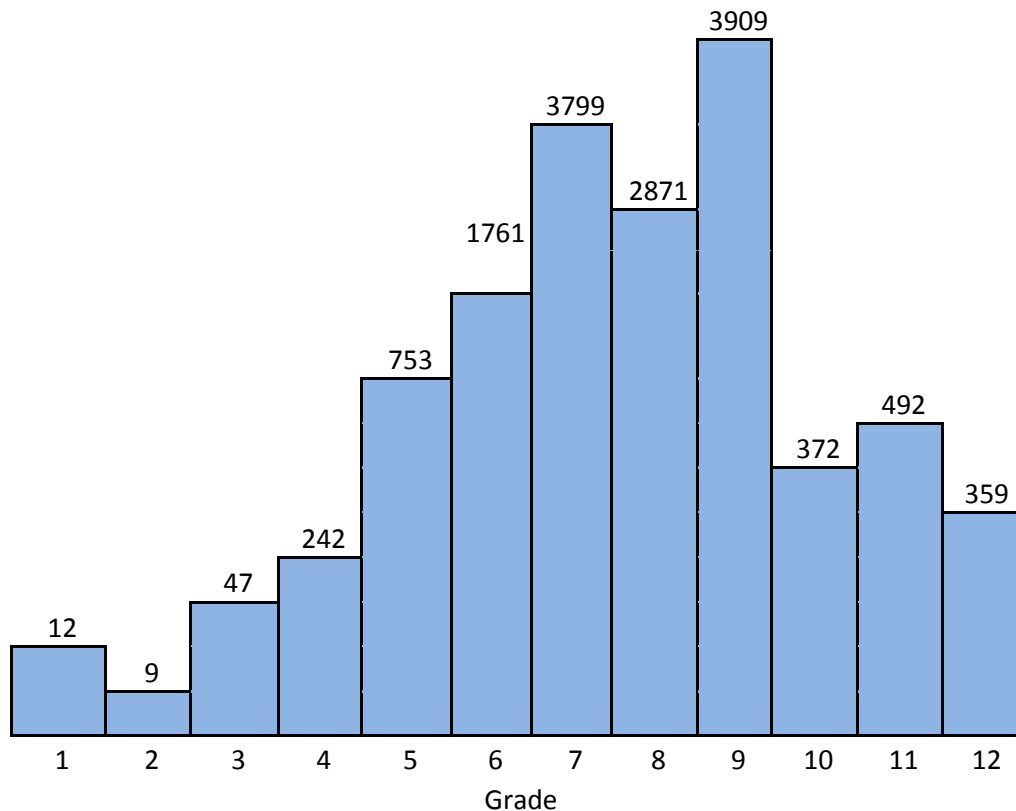


Figure 2: Teenage Pregnancies from Grade 1 to 12 in 2010

Source: Zambia Annual School Census, 2010.

In order to address the problem of too many girls falling out of the school system due to pregnancy related issues, the policy of re-admission of the girls into schools after delivery was introduced. The re-entry policy includes girls with disabilities.

Omwancha (2012) states that learners with or without disabilities have a right to education. The right to education is a fundamental human right. Every individual irrespective of race, gender, nationality, ethnic or social origin, religion or political preference, age or disability, is entitled to equitable and successful completion of education. Education has also been associated with the realization of democracy and self-emancipation among individuals, and it is for this reason that deprivation of education, especially to girls, is regarded as social injustice and infringement of a fundamental human right.

Report by UNESCO (1994), in addition to the conventions which most governments globally are a party is the Salamanca Statement and Framework for Action on the education of all learners with disabilities. At a UNESCO World Conference on special needs education held in Salamanca in June 1994, a call for inclusion of learners with disabilities was made to be the norm. Furthermore, the United Nations' Fourth World Conference on the Status of Women held from 5th to 15th September, 1995 included in it 'The First International Symposium on Issues of Women with Disabilities' held on August 29, 1995 in Beijing, China. Although the literature reported is extensive, it does not bring out prevalence of pregnancies among learners with disabilities. As a result, reasons for children with disabilities not re-entering school after giving birth are still unknown.

2.1.3. Introduction of the Re-entry Policy in Zambia

Sifuniso (2006) reported that, when the women movement in Zambia grew in their strength, they included in their agenda the fight for justice for girls who were thrown out of school after falling pregnant. In June, 1995, the Zambia Association for University Women organized a conference on the situation of a girl child in Zambia. As part of the preparation for the Fourth World Conference on Women, they proposed to government that girls who fell pregnant should be re-admitted into school once care for the child was assured. This was the launch pad for the re-entry policy. The policy was grounded in the outcomes of the Beijing conference of 1995, a conference at which the Women's Movement drew up its own priorities and action plans. Under education of the girl child was a call to re-admit girls who fell out of school as a result of falling pregnant.

With the creation of FAWEZA on 8th of March in 1996, another voice was added to the call for policy change, and FAWEZA was able to play a major role in advocating for re-entry because the first chairperson, Dr. Kabunda Kayongo, was a cabinet minister who pushed for cabinet approval. The call was finally heeded in September 1997, when, at a conference on girls' education at Mulungushi International Conference Center in Lusaka, Zambia, the Minister of Education, Dr. Syamukayumbu Syamujaye announced the re-entry policy for school girl mothers. He said that school girls who fell pregnant would no longer be expelled and those expelled in 1997 to be brought back.

MOE, FAWEZA and UNICEF (2004) alluded to the fact that, the reaction to the pronouncement was immediate and in December, 1997, the ministry issued a circular to all Provincial Education Officers (PEOs), District Education Officers (DEOs) and Head teachers to formalize the policy and implement without delay. The UNICEF, politicians and most women organizations supported the policy.

However the church, Zambia National Union of Teachers (ZNUT), teachers and some learners both boys and girls opposed the move. Their argument was based on the premise that the policy would encourage immorality; girls would have no value for education, loss of discipline in school, increase in STI/HIV infections and will lower standards of education. Furthermore, they said it was unfair for the upright learners to learn with mothers because the standards of education would be compromised and above all, parents were not consulted. In addition, sex before marriage is a taboo and should not be encouraged because it is also against the Christian faith. Worse still, girls would lose respect for teachers because they would be seeing themselves as equals to the teachers.

Amidst opposition, government went ahead with the implementation because the policy had its good side also. Everyone has a right to education. It would reduce girls' and women's illiteracy levels thereby bridging the gender gaps in education. It would empower women to look after their children and be able to contribute to national development. Furthermore, some girls were victims of rape and needed not suffer for the criminal actions of other people and that punishment would not help girls grow spiritually. Additionally, re-entered girls would serve as deterrent to other girls.

Mwansa (2011) who conducted a study on the 're-entry to school after giving birth' said before the re-entry policy was introduced in 1997, the government of Zambia through the Ministry of education practiced the exclusion policy. This meant that whenever a school girl fell pregnant, she would be excluded from the school system. This marked the end of her education in her life time. The school system never bothered about the boy responsible, he would be allowed to continue with his education while the girl languished at home. Usually society expected the boy to marry the girl after his education but this was never the case.

FAWEZA took it upon itself to educate the public about the policy. It was later realized that the circular from the ministry in December, 1997 was vague in that it did not highlight the guidelines for implementation of the re-entry policy, it was left to the discretion of the Head teachers. But in 2004, the Ministry of Education with the participation of FAWEZA and UNICEF developed the re-entry policy guidelines to enhance smooth implementation of the re-entry policy.

FAWE (2001) conducted a research to determine whether girls were taking advantage of the re-entry policy. The findings were that, despite the introduction of the re-entry policy, there was no major increase in enrolment of girls in schools. The re-entry policy should be supported because it is in line with the 2011 Education Act Cap 1 Article 25 (1) and (2) which state:

A learner who leaves or is withdrawn from an educational institution may be re-admitted at the education institution on such terms and conditions as the educational institution may determine. A learner who falls pregnant or impregnates a female learner while pursuing a course of study at an educational institution shall be re admitted to the educational institution after delivery of the baby. (GRZ, 2011).

Similarly 2012 Convention on the Rights of Persons with Disabilities, Article 28 (1) and (2a) state:

1. *States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.*
2. *States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures:*

To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care;

The government of the republic of Zambia recognized the relevance of the education of the girl child. It realized the much loss in the nation's development agenda by the multitude of girls that left the school system as a result of pregnancy. A mitigative measure was put in place in 1997, the re-entry policy. Despite the beneficial provisions of the policy guidelines, learners with disabilities continue to fail to re-enter school after delivery. Against this background, it became necessary to establish reasons why learners with disabilities did not re-enter school after giving birth, in Zambia.

2.2. General factors that may cause learners not to re-enter school after giving birth

Despite government's effort of putting in place the re-entry policy which gives girls who fall pregnant or boys who become responsible for pregnancy, second chance in school, it was realized that general factors for not re-entering school ranged from cultural to educational factors.

2.2.1 Teasing and derogatory remarks

In a study conducted by Sifuniso (2006) in Zambia which sought to identify and document the best practices of the re-entry policy, it was revealed that teasing of girls who fell pregnant by the peers and the teachers made the girls fail to continue with their education. This was more in co-education schools and boys especially were the culprits. Some learners with the means, preferred to be taken to another school so that they were not seen by their teasing peers. The situation became worse when it was time to re-enter. The re-entered girls were in a vulnerable position because male teachers and boys perceived them as having low morals. They were propositioned and insulted by the male teachers and boys when they turned down their sex advances. They verbally abused them in front of the whole class by uttering such derogatory language like "*smelling like mothers*" from curdled milk and urine. This seemed to have been a challenge because when the girls were granted maternity leave until they weaned their babies, they would forget about school. That was why the policy said re-entry into school should be not later than a year after delivery of baby. But, coming back to school, they were challenged with such remarks from the boys

and teachers. The derogatory remarks made the female learners feel intimidated and discriminated against, thus they preferred to be at home than in school.

Despite the fact that, Sifuniso (2006) found that teasing and derogatory remarks or language was one of the factors that caused learners to fail to re-enter school, nothing is mentioned about the learners with disabilities.

2.2.2. Inadequate sensitization to learners

FAWEZA (2010) indicated that the MESVTEE has not been more responsive to the educational needs of marginalized groups by applying equity in provision of opportunities and resources. This is a causal factor for learners with disabilities not re-entering school. The learners are not aware of the provisions of the re-entry policy. They do not know that they have a second chance of being in school after delivery. they do not have the opportunity to attend the Student Alliance for Female Education (SAFE) or Anti AIDS clubs so that they learn more about themselves.

2.2.3. Poor social and economic status of parents

Mutombo and Mwenda (2010) conducted a study in Zambia on the review of the re-entry policy. The study sought to examine the problem of girl pregnancies, systematically document and assess the efficacy and outcomes of the re-entry policy since 1997. The findings stipulated that the social and economic status of the parents or guardians to the affected learners predisposed the learners to situations that lead them out of school. Due to high poverty levels, there was no financial support to meet the extra cost of bringing up a child. Even if commitment form might have been filled in by the male responsible for the pregnancy, it was not always possible that the male responsible supported through out, especially that the policy guidelines of 2004 did not even indicate the stiff punitive measures against the male who failed to provide the material and financial support.

The Robin Hood Foundation (1996) in the USA viewed that teenage pregnancy was virtually a guarantee of poverty. In a US report, the US Department of Health and Human services (2000) found that a large number of teenage mothers were poor, with more than 60% of them living below the poverty line. The evidence from developed countries such as

Canada and Australia, and a developing country such as South Africa, revealed that teenage pregnancy contributed to poverty.

In the same context, Berry and Lemon (1998) added by stating that teenage mothers faced numerous challenges such as poverty, which significantly affected their ability to care for themselves and their children. In South Africa, research indicated that teenage pregnancy and disruption of schooling were causally interlinked and both could be attributed to poverty. Further, Mokgbalone, (1999) observed that poverty was seen as a contributing factor to girls falling pregnant. The need to go to work early to help support the family – learning disorders, teen pregnancy and school characteristics all affect teen drop-out rates. The effects of dropping out can negatively affect a teen's entire life. High poverty levels and peer pressure leading to transactional sex.

However, the literature reviewed only discussed the ordinary learners. It is, therefore, not known why learners with disabilities who fell pregnant did not re-enter school after giving birth.

2.2.4. Negative society's perception

Mabula and Chondoka (1996) conducted a study in Zambia to determine the effects of the cultural and legal environment on education for Zambian girls. Of the findings, they attributed reluctance to go back to school by the pregnant girl after delivery of the baby to the way society perceived sexual relations and child bearing where a girl child was considered an adult and once pregnant, as well as the stigma that went with early motherhood, it yielded reasons for refusing to re-enter school. In traditional society, some parents valued the bride price they obtained after marrying off their daughters more than school. Therefore, there was a tendency to marry them off at a very tender school going age. This was more pronounced in rural areas than in urban areas.

This could be due to the parental factors which include socio-economic support, cultural traditions and practice and also religious beliefs towards the education of female learners.

The researchers adequately attributed reluctance to go back to school to the way society perceived education of a girl child. What was not discovered was whether the education of the learner with disabilities was also perceived the same way. Furthermore, it is not highlighted whether the learners with disabilities were also married off instead of allowing them to re-enter school after giving birth.

2.2.5. Threatened health and social welfare

Studies were conducted by Yampolskaya, Brown and Greenbaum (2002) on early pregnancy among adolescents and females with serious emotional disturbance ; Rodriguez and Moore (1995) on perceptions of pregnant and parenting teens and Tapert, Aarons, Sedlar and Brown (2001) on adolescent substance abuse and sexual risk taking behavior respectively. The outcomes of the studies were that pregnancies among learners threatened their health and social welfare and the health and welfare of the children born to them. Pregnancies often caused learners to terminate their education, leaving them with very few options of establishing a good life for themselves and their children. Further, the researchers indicated that having a disability placed a teen at further risk for pregnancy, as the disability itself may lead to inadequate school performance and low cognitive and emotional development. Pregnancy for any teen involved many challenges, but for teens with disabilities, the challenges may be even greater. When the stress of two developmental stages, adolescence and young adulthood were compressed, successful completion of either set of developmental tasks was compromised. In addition, the transition to parenthood is also considered a time of crisis with physical and psychological upheaval, putting the teenage mothers more at risk of developing stress-related physical and mental disorders.

Slocum (2014) in the March of Dimes noted that pregnant teens were more likely to suffer complications during pregnancy. Their babies were more likely to experience premature birth, low birth weight or other serious health problems. These issues put babies at a greater risk of suffering newborn health problems, disability or death and keeping the mother from school.

Bodeed (2014) said patience, maturity and ability to handle stress were required by pregnant mothers of all ages. A teen pregnancy may also impact the baby. Babies born to

teens may have weaker intellectual development and lower skill set scores at kindergarten. They may also have ongoing medical issues and behavioral issues that may prevent the teen mother from reporting back to schools.

2.2.6. Shame, Stigma and Discrimination

Oyaro (2010) conducted a study in Kenya on teenage mothers' education. In her findings, she argued that stigma and discrimination were the central issues that caused teenage mothers to drop out of school. As in other parts of the world, there was little likelihood of them completing secondary education. Meanwhile, other researchers like Harrison (1990) revealed that stigmatisation not only caused teenage mothers to drop out of school but caused them to remain single parents. A study tracing one of the babies of teenage mothers found that most teen mothers dropped out of high school because of stigmatisation. The University of Illinois at Urbana Champaign's (2004) findings stated that many teenage mothers faced prejudice and stigma from their communities and schools failed to accommodate them because they were stereotyped as bad learners.

A study undertaken by FAWENA (2000) in Rundu, Namibia, found shame and stigma to be a problem. For example, a primary school girl in Kunene Region who became pregnant felt that everyone was "talking about her" and that her teachers refused to accept her after her return. The male learners and teachers teased new mothers, such as by mockingly referring to them as "mother".

Another study conducted by FAWENA (2006) in Namibia, noted that girls who had given birth became adults in the eyes of some cultures. Such a change was normally a matter of pride, but it could also be a basis for high expectation or for mockery when the young mother returned to school. Examples of comments which were made by teachers were:

A mother cannot behave like this. "How can a mother give an incorrect answer?"; "Some of you are adult people and have children. "You are not supposed to make noise"; Why should a mother allow such behavior to happen in the class?

This change in status was also perceived by some learners as meaning that teenage parents did not belong to the school environment any more, and some learners reportedly used

negative words and names when referring to young mothers. One teen mother reported that fellow students would say things such as: “*We do not want to see an old woman in our class*”. The result of such attitudes could be feelings of isolation and rejection.

Social stigmatization resulted in many young mothers being at risk of remaining as single parents. The Robin Hood Foundation (1996) revealed that many teenage mothers remained single for most of their young adult years. A study by Loignon (1996) done on teenage pregnancy in Australia also revealed that young mothers were at greater risk of being sole parents, of being involved in a series of unstable relationships, and of being victims of violence within relationships. Similarly, teenage mothers often faced consequences such as social isolation, poor life habits, stress and depression. The social challenges mentioned above could be true for the nations in which studies were conducted but little or nothing is known about stigmatization of learners with disabilities who fall pregnant in Zambia.

2.2.7. Non consideration of learning needs

Jones, Domenico and Valente (2006) conducted a study in the USA. The study sought to identify the appropriate teaching techniques to use when instructing students with disabilities about pregnancy prevention. The results were that teens with disabilities were further challenged when they were recipients of mainstream services whose providers were frequently unaware of their individual learning needs. They often received the same information in the same manner as teens without disabilities. However, their unique learning needs might have prevented them from retaining and utilizing information they obtained in ways presented by community service agencies and teachers. As a result, they shunned school. It was also important to assess individually whether a student with a disability might have had unique learning needs that prevented him/her from retaining and utilizing information as presented in general programs through community service agencies and schools.

Jones, Domenico and Valente (2006) further indicated that individuals with physical disabilities might have had very different educational needs than individuals with mental disabilities and might, therefore, need specific programs addressing sexuality and

pregnancy prevention. Decades of research had shown that teenage mothers and teens with disabilities were both at high risk for dropping out of school and experiencing a host of negative consequences, including poverty. Although parenting rates vary by disability type, the National Longitudinal Transition Study (2001) found that 41% of young women with disabilities became mothers by their early 20s, compared to 28% of young women in the general population. This placed teen girls with disabilities at especially high risk for leaving school because of pregnancy. According to Greenwood (2012) June article, 1.3 million teens dropped out of school in 2011. Teens drop out for various reasons, some of which interacted. Poverty and the need to go to work early to help support the family, learning disorders, teen pregnancy and school characteristics all affected teen drop-out rates.

Research by Heer (2008) in the United Kingdom to find out about teenage pregnancy in context of Wolverhampton city highlighted that teenagers with learning disabilities preferred to receive guidance and support in homemaking and childcare rather than employment or education. It is cardinal to learn how the learners' learning needs could be catered for but this is not mentioned.

2.2.8. Disability

National Center for Learning Disabilities (2012) article in the USA revealed that although students with emotional disabilities, intellectual disabilities and multiple disabilities were all at risk of dropping out, students who had learning disabilities were more likely to drop out than students with any other type of disability. Students with a learning disorder had a drop-out rate of 14.7 percent. These students were also more likely to display high absenteeism, low grades, problem behavior and limited parental support. Students with learning disabilities who dropped out were also more likely to have moved from school to school and from district to district multiple times during their educational course.

Ingram (2000) reported that often, teens with learning disabilities had low academic achievement, which could have a negative impact on how they felt about school and themselves. It was estimated that one million teens affected by learning disabilities dropped

out of high school each year. Within three to five years of dropping out, 50 percent of women were pregnant. Similarly studies conducted by Yampolskaya, Brown and Greenbaum (2002) on early pregnancy among adolescents and females with serious emotional disturbance indicated that having a disability placed a teen at further risk for pregnancy, as the disability itself may lead to inadequate school performance and low cognitive and emotional development thus creating a favourable environment for school dropout and failing to re-enter school after giving birth due to disability.

2.2.9. Not Counselling

MOE, FAWEZA and UNICEF (2004) assert that counseling needed to be conducted before and after the learners were taken for medical examinations. It was realized that the school counselors did not normally conduct counselling until a pregnancy was reported. This indicated partial or haphazard kind of implementation of the policy hence its challenges in learners re-entering.

An observational descriptive survey was undertaken by Irungu (2008) in Kenya on the nature of guidance and counseling services offered to learners with disabilities. The study revealed that the majority of learners with disabilities who fell in the 17-18 age range did not receive any career and further guidance and counseling. As a result, they had difficulties in discovering their self-identity, asserting independence or searching for meaningful career goals.

Indiana Secondary Transition Resource Centre (2012) further revealed that once teens with disabilities were pregnant, they required a more direct and supportive approach to healthy pregnancy and parenting. Family and consumer sciences teachers recommended a number of services to help teach and support parenting teens with disabilities, including counseling, health services, tutoring, daycare, mentor support, and work or life skills classes. Many of the schools in Zambia, however, do not offer most of the services mentioned and so learners with disabilities fail to manage themselves while pregnant and so they leave school and never to come back.

2.2.10. Burden of extra responsibilities

Jones, Woolcock and Domenico (2005) noted that children born to teen mothers often had birth weights below 5½ pounds, placing those infants in a high-risk category. It translated into a greater risk of low cognitive and emotional development, an increased probability for mortality and morbidity including mental retardation, cerebral palsy, or hyperactivity, and it doubles the risk of learning disabilities such as dyslexia. The learners with disabilities have the extra responsibility of dealing with health concerns related to their disability. Similarly, Irvine, Bradley, Cupples and Boohan (1997) postulated that in so far as social support was linked to health and well-being, and teenage mothers were often socially isolated and did not receive adequate support from the parents and all who were involved to help them cope with the extra responsibilities of and adjustment to parenthood, teenage mothers constituted a population at risk of ill-health. What is not known is whether learners with disabilities are able to cope with the extra responsibilities amidst health challenges related their disabilities and the newly born babies.

2.2.11. Inconsistency in implementation of the re-entry policy

In Botswana, Wamahiu (1995) found that more than 70% of teenage mothers did not returned to school after delivery of babies due to the lack of information about re-admittance or the lack of places for individual learners. The evidence pointed to the fact that even where there were policies in place regarding the re-admittance of these girls, the policies were interpreted differently. From the literature reviewed, there were many reasons mentioned by various authorities, which made learners with or without disabilities fail to re-enter school. However, all the literature which talked about ‘the general factors which may cause learners not to re-enter school after giving birth’, were based on the learners found in schools and communities outside Zambia in particular and Africa in general. None of the literature discussed why learners with disabilities did not re-enter school in Lusaka province in Zambia, as a result, this study became necessary.

2.3 Sensitisation of learners on the re-entry policy in schools

In Africa, there is an adage “*when you educate a woman you educate a nation*”. Based on this “adage”, the repercussions of girls dropping out of school due to pregnancy cannot be

underestimated. Hubbard (2008), in her study on school policy on learner in Namibia revealed that the social benefits of educating girls and women included improved agricultural productivity, improved health, reductions in fertility and reductions in infant and child mortality rates. Children born to educated mothers had a higher chance of enrolling and completing school. Conversely, children of less educated mothers were unlikely to complete school themselves, meaning that they had fewer opportunities to better their lives since they lacked the level of education that would allow them to compete successfully for jobs. Thus, the concern about improving the educational rights of girls who became pregnant was based in part on the knowledge that this would affect the fate of their children and future generations.

FAWE (2006) reported that one of the first steps that FAWEZA took to ensure that the re-entry policy for school girl mothers was properly implemented and that people were aware of its existence, was to sensitise learners through holding of a series of drama performances across the country to inform people about the policy. These were performed by school children themselves, primarily at school functions. FAWEZA also made effective use of print and electronic media to sensitise the general populace about the re-entry policy.

MOE, FAWEZA and UNICEF (2004) reported that in 2001, FAWEZA took an important step towards the monitoring of the policy when it convened a workshop to examine the procedures being followed by schools and to develop uniform implementation guidelines, and a tracking and monitoring system. To address the problem of school-going girls getting pregnant, the re-entry policy put in place the following measures:

- a) Each school should have a trained female Counsellor for girls and a male Counsellor for boys. Each school had counselling on sexual and gender relations and reproductive health education included on the timetable to reduce incidences of teen pregnancies.
- b) Schools should sensitize pupils on the consequences of pregnancy for both girls and boys, i.e. both would be sent on maternity/paternity leave and that the school. In addition, the Guidance and Counselling Department should contact legal bodies for information on legal action and maintenance for the girl and the child.

- c) Existing Student Alliance for Female Education (SAFE) Clubs and Child Rights Clubs were strengthened and new ones established in all the schools.

MOE (ibid) further demanded that, with the provision of the guidelines for the re-entry policy, sensitization was cardinal and that the school administration needed to ensure that the re-entry policy was disseminated at assembly on a regular basis, particularly at the beginning of the school year when the learners reported to school. The sensitization was also to bring the consequences of pregnancy for both boys and girls. In addition, it was to ensure that school guidance and counselling committees were formed. Among others, the school had to have the female counselor for girls, male counselor for boys. The committee had the mandate to conduct sexual, gender relations and reproductive health education to prevent incidences of teen pregnancies. The committee was further expected to sensitize the school's Parent Teachers Association (PTA) and Parent Community School Committee (PCSC) on the re-entry policy.

The school counseling committee was also expected to counsel girls during and after pregnancy. Before and after girls were taken for medical examinations, they were to be assured that they were free to continue with education afterwards. This was not usually done as a result some girls ran away from school as soon as pregnancy was detected.

MOE (2010a) revealed that sensitization of the traditional or community leaders on the importance of the re-entry policy and girls' education in general was vital because they were influential members of the community and could serve as catalysts in raising the awareness of community members on the value of education, particularly for girls.

The opinion poll conducted by the Zambia Association for Research and Development (ZARD) (2007) on the re-admission of the pregnant child into school indicated many issues. One of them was that a lot of people were still not aware of the re-entry policy. FAWENZA embarked on a public sensitization campaign about the re-entry policy at school functions through drama performances. It used school pupils to perform drama activities to their peers. However, what is not clear in the available literature is whether the girls and boys with disabilities were also sensitized on the re-entry policy.

Sifuniso (2006) pointed out that FAWEZA also established Student Alliance for Female Education (SAFE) clubs throughout the country. SAFE clubs, which operated under the auspices of FAWEZA, used mentoring and peer mentoring to improve the well-being of the girl child. Among other things, the club helped girls make informed choices, resist negative pressure, build self esteem, discuss issues openly and freely, and avoid risky behaviour. While the clubs sought to help girls to avoid the circumstances that would necessitate re-entry in the first place, they also helped to raise awareness about the re-entry policy, and remove the stigma against learners who re-entered school.

In a study conducted by Mutombo et al (2010) on review of the implementation of the re-entry policy in Zambia, it was revealed that with continued sensitization of the communities by the ministry of education, FAWEZA and other organizations, statistics were that, learners were re-entering though the rates were still low especially at basic school levels. Of the girls interviewed, more than a quarter (26%) of them said they had not gone back to school for various reasons. 91% stated that they wanted to concentrate on marriage and do small scale business to generate income for their families..

Wingfield et al. (1994) contended that many women with intellectual disability were passive, obedient and affectionate, and thus at risk of sexual abuse; others may have had multiple partners and were consequently at risk of unwanted pregnancies and sexually transmitted diseases. In this regard, Elkin et al. (1986) suggested that contraception alone could not address the issues, and that sexuality counselling programmes for intellectually disabled women and their caregivers by specially trained personnel enabled women to be educated about their sexual identity, acceptable social behaviour and avoidance of situations that could lead to sexual abuse or pregnancy which would hinder their education.

Coren (2003) in his study on “reproductive education and knowledge on teenagers with mental disabilities,” noted that youths with mental disabilities felt they received less sex education at school compared to their nondisabled classmates. Furthermore, Irwin (1993) said the subject of sexuality and reproductive health was often avoided when teaching

youths with disabilities, leaving them with an information void that decreased their chances of protecting themselves from unintended pregnancy and parenting.

Healthy Teen Network (2009) conducted a study in California, USA on preventing teen pregnancies among the marginalized youths. The findings were that youths with disabilities were at an increased risk for abuse and were often ignored when it came to sexuality education because of the perception that they were unlikely to engage in sexual activity. Furthermore, the study indicated that no theories were found to show new thinking around how to best serve the youths with disabilities regarding their sexual and reproductive needs. What is not known is whether the youths with disabilities could not understand the information relayed during the sensitisation campaigns held by the Healthy Teen Network (HTN).

Fritz (2003) and Sugar (1991) conducted studies in New York on sexuality education for the developmentally disabled. In their findings, it was noted that there were many misconceptions about the sexuality of youths with disabilities. One of the most common was that people often viewed students with developmental disabilities as asexual, thus ignoring their emerging sexuality issues and believing they did not need education regarding their sexuality.

A study by FAWEZA (2010) in Zambia also indicates that lack of intensification of sexual and adolescent reproductive health education in all basic and high schools in order to transform sexual behavior of learners as a strategy to reduce drop out rates due to pregnancy and prevent STI and HIV infection, caused girls to fail to re-enter school after giving birth.

These learners have no kind of education which can teach them the life skills and assertive living. Though FAWEZA had introduced Student Alliance for Female Education (SAFE) clubs, where learners learnt about life skills under the leadership of mentors in some schools, they were not accessible to learners with disabilities. When a learner lacked information, it became difficult to make informed choices.

From the literature reviewed, it is clear that there is availability of the sensitization programmes in schools and other institutions, for all learners including those with disabilities. But what is not known is why the learners with disabilities do not re-enter school.

2.4 Attitude of teachers and peers towards learners who fall pregnant or responsible for pregnancy

Davies (2004) undertook a study in Australia on teen mothers and found that negative treatment towards teen or young mothers was a global problem. He pointed out that developed countries such as Australia, Canada and others revealed that teachers and learners had negative attitudes towards teenage pregnancy which contributed to their dropping out of school. In Australia, many young mothers faced the greatest challenges in terms of the way they were treated by their peers. The study done on girls and school exclusion illustrated that one of the girls' difficulties at school was "invisibility", which had a serious consequence for their ability to get help. It just showed that girls' problems were generally not a priority in schools and this did not help the case of teenage mothers returning to school. It could be argued that girls are often overshadowed by boys being given preference in problem solving.

The study by Tjombonde (2003) in Namibia on "promotion of girls' education through the re-entry policy for adolescent mothers" revealed that there were negative attitude trends among peers to the extent that, sometimes teenage mothers were rejected by friends in schools. They also experienced pressure by teachers. One young mother in Omaheke region in the southern part of Namibia experienced rejection from her friends at school. She decided to isolate herself from others, and teachers did not provide any support. The situation in Namibia reflected some similarities to the situation in countries like Canada and Australia.

Findings from SENT report (2005) revealed that the negative treatment caused emotional problems for the teenage mothers. In addition the report indicated that unfavourable

treatment experienced by young mothers contributed to emotional barriers such as estrangement in schools as other learners and members of staff disapproved of them instead of helping them. What was noticed in the report was that teenage mothers not only faced problems with fellow learners and the school authorities in general but they also encountered problems with their teachers, many of whom not only were not supportive but might even have been actively hostile. This negative treatment contributed to poor relationships between teenage mothers and their teachers thus hated the teacher, his/ her subjects and eventually stopped school.

Rajecki (1982) found that attitudes were an important area to study because they influenced so much of people's lives. He stated that attitudes included desires, convictions, feelings, opinions, views, beliefs, hopes, judgements and sentiments. It was thus important to consider attitudes because human behaviour and actions were influenced by attitudes. Thus teachers' attitudes may affect the way they perceive, value, judge, interact with and teach children with special educational needs because it was based on one's perception and assumptions. It was from this perception, where some teachers drew the attitude of not being able to behave as parents. They instead worsened the situation by being insulting in their language. There was usually mockery of the affected learners by the peers especially the opposite peers.

MOE (2010a) contended that just the way some teachers opposed to the introduction of the re-entry policy in 2001 as reported by ZARD when it conducted an opinion poll, they had remained negative. This was evidenced by the derogatory remarks which male teachers and male learners passed over the girls who fell pregnant. The negative attitude brought feelings of isolation and rejection.

The study on "exploring experiences of pregnant and mothering secondary school students" by Maluli and Bali (2014) in Tanzania sought to gain insights into the pregnant and mothering secondary students' experiences in Tanzania to fill the apparent gap. The study revealed that some school administrators or staff members feared that the presence of teenage mothers in the school would set a bad example to other learners and give a school bad image. The findings also indicated that sexuality in Tanzanian social context was

loaded with traditional norms and values dominated by patriarchal values. Those against the policy based their arguments on perceived cultural norms and beliefs about sexual appropriateness. For them, any girl who violated traditional mores regarding sexuality deserved the burden and torture accompanying rearing her baby alone, including the difficulties faced in readmission into school after delivery. As such, they used these readmission obstacles to deter other school girls from becoming pregnant. Unfortunately, such punitive attitudes ignored realities under which some girls fell pregnant as most school girls were victims of sexual exploitation. What is not known is whether such attitudes towards girls affected those with disabilities to re-enter school after giving birth.

2.5. Summary

An extensive review of the literature revealed few studies that specifically addressed the learning needs of pregnant and parenting students with disabilities. Most of the literature on pregnancy prevention was designed primarily for regular education students; the subgroup of youths with disabilities was rarely acknowledged in literature addressing teen pregnancy. However, the literature reviewed was considered relevant to the study on the re-entry policy on learners with disabilities. It reflects on girls' education and pregnancy globally, introduction of the re-entry policy. It brings out the general factors that may cause learners not to re-enter school. Furthermore, it explains sensitisation of the re-entry policy in schools and the attitudes of teachers and peers towards learners who fall pregnant or responsible for pregnancy. So far, available literature does not bring out why learners with disabilities who fell pregnant did not re-enter school in Lusaka province, Zambia, thus leaving a knowledge gap. This study therefore, sought to fill up the knowledge gap on why learners with disabilities did not re-enter school after falling pregnant and giving birth or found responsible for pregnancy.

CHAPTER THREE

METHODOLOGY

3.0. Overview

This chapter discusses the methodology which was used in the study. It starts with the description of the research design that was employed, then the target population, the sample size, the sampling procedures and the research instruments used. Furthermore, it describes the data collection procedures and how the data was analyzed in order to answer the research questions. In addition, it explains about the ethical considerations that were made during the process of data collection. It then ends with a summary

3.1 Research Design

Research design, as defined by Thyer (1993) in De Vos (1998), is “a blueprint or detailed plan for how a research study is to be conducted – operationalising variables so they can be measured, selecting a sample of interest to study; collecting data to be used as a basis for testing hypothesis and analyzing the results.” This entails that research design is the plan or arrangement which forms the framework of the investigation used to elicit evidence to answer the research questions.

The study used a descriptive survey research design. Since the study was more of qualitative in nature, the descriptive survey research design was ideal. This design is the method of investigation which attempts to describe and interpret what exists at present in the form of conditions, practices, processes, trends, effects, attitudes, beliefs, etc. It is an organized attempt to analyse, interpret and report the present status of a social institution, group or area (Sidhu, 1984). The main purpose of using the descriptive survey research design in this study was to have a detailed description of the reasons why learners with disabilities do not re-enter school after giving birth.

The researcher used the qualitative and quantitative research methods for data collection. Since it was descriptive survey, it relied more on qualitative methods such as the Focus

Group Discussions and interviews. According to Neuman (2003), qualitative researchers borrow ideas from people that they study and place them within the context of natural settings. In addition, qualitative researchers almost always develop their own designs as they go along, using one or more of the available strategies or tools as an aid or guideline. Thus, key informants or respondents offered the information through Focus Group Discussions, interviews and open-ended questionnaires in order to elicit in-depth information on the re-entry of learners with disabilities as to why learners with disabilities do not re-enter school when they fall pregnant or responsible for pregnancy when they go home on maternity and mandatory leave respectively. This research study design helped the researcher to collect primary data on the reasons why learners with disabilities do not re-enter school after giving birth.

3.2. Reliability of instruments and validity of results

Reliability focuses on the degree to which empirical indicators or measures of a theoretical concept are stable or consistent across two or more attempts to measure the same concept (Ndhlovu, 2010). In this study, indicators or measures were the instruments that were used to collect data on why learners with disabilities do not re-enter school after giving birth. In order to ascertain reliability of the instruments used, respondent validation was done. It was done by verifying the results with respondents and by relating the findings with the evidence from the available literature.

In order to ensure that the results were valid, the researcher cross-checked the respondents' responses with those of other respondents obtained by a different instrument. For example, data collected through questionnaires from teachers and Focus Group Discussion from learners was cross-checked with data collected by interview schedules from head teachers and the MESVTEE official.

3.3. Research sites

The study was conducted at the following primary and secondary schools with special education units: Munali Girls Secondary School, Munali Boys Secondary School,

Chainama Special School , Vera Chiluba, and Mumana primary schools. Other schools included Chongwe and Ndeke primary schools in Chongwe district, Nangongwe primary school in Kafue district and Kapoche primary school in Luangwa district. The sites were chosen because they had learners with various disabilities needed for the study.

3.4. Population of the study

According to Mugenda and Mugenda (1999), population is defined as a complete set of individuals, cases or objects with some observable characteristics. Furthermore, population can refer to a set of entities for which all the measurements of interest to the practitioner or researcher are represented (Powers, Meenghan and Tooney 1985). In other words, population is the group of individuals or units where the sample for the study can be chosen or picked. The population consisted of all school head teachers, class teachers, learners with disabilities and their parents in the selected primary and secondary (both day and boarding) schools in Lusaka Province. The population further included officials from MESVTEE.

3.5. Sample size

The sample size, as postulated by Kothari (2011), refers to the number of items to be selected from the universe. Seaberg, (1988) adds that a sample is a small portion of the total set of objects, events or persons which together comprise the subject of the study. The sample size was one hundred and one (101) respondents which included 1 official from MESVTEE, 10 school head teachers, 10 parents, 30 learners with disabilities and 50 teachers. Figure 3 shows the number of learner participants by disability and gender. Among the males, the number of learners with learning disabilities was more than those with hearing impairments and visual impairments. The reason being that there were more male learners with learning disabilities in schools than those with hearing and visual impairments. Similarly, there were more female learners with learning disabilities in schools than those with hearing, visual and physical impairments.

Figure 3 shows the number of learner participants by gender and disability.

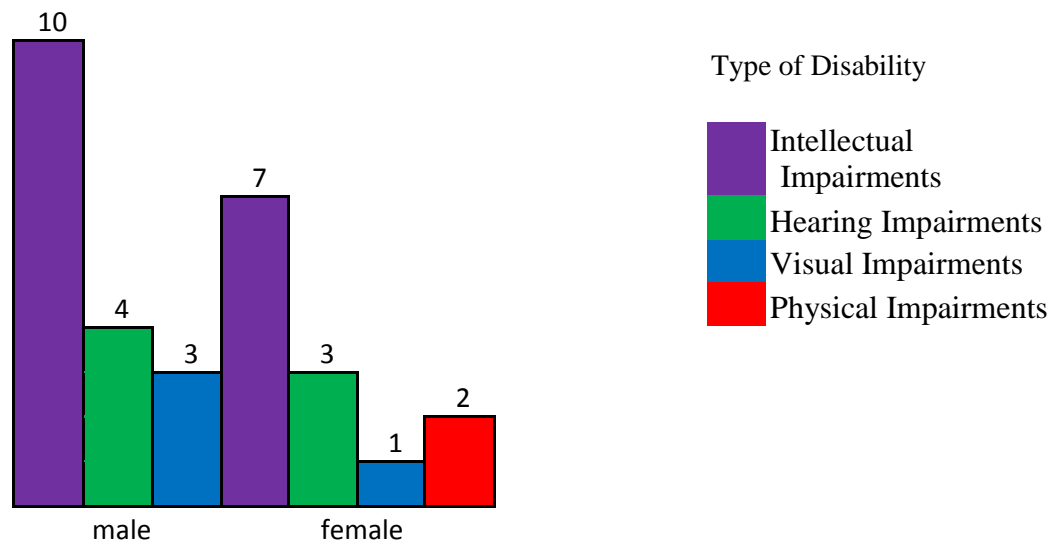


Figure 3: Learners by Disability and Gender
Source: Field Work, 2014

Table 7 shows characteristics of the whole sample. The characteristics include school or organization where the sample came from, gender and size. In total, there were seventeen male and thirteen female learners with disabilities, sixteen male and fourteen female teachers, two male and eight female parents, six male and four female head teachers and one male MESVTEE official.

Table 7: Characteristics of the sample by school/ institution and gender

School/ Institution	Learners with disabilities		Teachers		Parents		Head teachers		MESVTEE Official	
	M	F	M	F	M	F	M	F	M	F
Munali Girls Secondary	0	3	5	5	0	1	1	0	0	0
Munali Boys Secondary	2	0	1	1	0	1	1	0	0	0
Chainama Primary	4	2	1	4	1	1	0	1	0	0
Lusaka Secondary	1	1	1	3	0	0	0	1	0	0
Vera Chiluba Primary	2	1	0	4	0	2	0	1	0	0
Mumana Primary	2	1	2	4	0	1	0	1	0	0
Chongwe Primary	2	1	1	5	1	1	1	0	0	0
Nangongwe Primary	2	2	3	6	0	1	1	0	0	0
Kapoche Primary	1	1	1	1	0	0	1	0	0	0
Ndeke Primary	1	1	1	0	0	0	1	0	0	0
MESVTEE	0	0	0	0	0	0	0	0	1	0
TOTAL	17	13	16	14	2	8	6	4	1	0

Source: Field Work, 2014.

3.6. Sampling procedure

The school head teachers and the MESVTEE official were selected using purposive sampling. According to Leedey (2000), purposive sampling procedure is used when the researcher consciously decides who to include in the sample. The school head teachers and the MESVTEE official were purposively sampled because they had the characteristics needed for the sample and were the only ones available. This is consistent with Kombo et al (2006) who attest that “the power of purposive sampling lies in selecting information rich cases for in-depth analysis related to the central issues being studied.” To this effect, all the head teachers and the MESVTEE official were purposively sampled.

Stratified random sampling was used to select the teachers, parents and learners with disabilities so that equal numbers were picked. Stratified sampling as alluded to by Ghosh (1992) & Sidhu (1984) is a situation whereby, the population is divided into a number of smaller homogeneous groups or strata. In this case, the teachers who had received training in special education methodologies and those who did not have the training in special education methodologies; and parents with learners with disabilities. The strata were formed based on members’ shared characteristics. A random from each stratum was taken in a number proportional to the stratum’s size when compared to the population. The subsets then formed a random sample. This was for the purpose of providing equal chance for each respondent to be picked. Teachers were cardinal because they interact with learners on daily basis by virtue of their work.

3.7. Instruments for data collection

A research instrument is a tool or device chosen by the researcher to collect data from the respondents (Kothari, 1997). In this study, semi-structured questionnaires, interview schedules and Focus Group Discussion (FGD) guides were used to collect data from the respondents.

3.7.1. Semi-structured Questionnaires

Semi-structured questionnaires were used to collect both qualitative and quantitative data from teachers. A questionnaire, according to White (2003), is an instrument with open or closed questions or statements to which a respondent reacts. The questionnaire was selected because it allowed the researcher to use the same question items to all respondents. Additionally, it was used because results obtained could easily be objectively compared. It also enabled validity of the findings in this study. Furthermore, it helped to gather data over a larger sample. Questionnaires were administered to fifty (50) teachers. An example of a questionnaire used is found in appendix I.

3.7.2. Interview guide

A semi-structured interview guide was used in this study to solicit for in-depth qualitative information from the MESVTEE official and the 10 school head teachers. This was an ideal instrument to use in finding about issues concerning thoughts, feelings and intentions of the respondents. Kombo et al (2006) assert that a semi-structured interview guide is a written list of questions or topics that need to be covered by the interview. It was advantageous to use interview guide because it consisted of open-ended questions which gave the researcher an opportunity to probe the respondents for descriptive information thus gaining deeper and detailed understanding of why learners with disabilities did not re-enter school after giving birth. A sample of the interview guide is found in appendix II.

3.7.3. Focus Group Discussion guide

Focus Group Discussion (FGD) guide was used on learners with disabilities and the parents. The Focus Group Discussion guide was carefully planned and designed to obtain information on the participants' beliefs and perception on a defined area of interest. The FGD was ideal in that it helped to produce a lot of needed information on why learners with disabilities did not re-enter school after giving birth. A sample of the FGD guide is found in appendix IV.

3.8. Procedure for data collection

Prior to any interview or answering of the questionnaires, the researcher got permission from the head teachers of all the selected schools. Verbal consent was also sought from the participants before conducting any interview. This was followed by distribution of questionnaires to all the respondents in their various institutions. Filled in questionnaires were collected by the researcher. The researcher conducted Focus Group Discussions with learners with disabilities and some parents while other parents were subjected to an interview because it was not possible to access all of them as a group. The close-ended questions collected quantitative data while the open-ended questions collected qualitative data. A total number of 50 questionnaires were distributed to the teachers while interviews were conducted with 10 head teachers, 1 MESVTEE official and 2 parents.

3.9. Data analysis

The quantitative and qualitative methods were employed for data analysis. Qualitative data was analysed through the use of thematic analysis. Thus, responses from open-ended questions were described, grouped into themes and then coded. To analyse quantitative data, Statistical Package for Social Sciences (SPSS) was used in order to generate frequencies, tables, percentages, charts and graphs in an accurate and faster manner

3.10. Ethical considerations

Regarding issues of ethics, the researcher took cognisance of all possible and potential ethical issues. The strategies undertaken to ensure compliance with ethical issues included the upholding of the principle of confidentiality of the respondents' identity and respecting the rights, values and decisions of the respondents. All respondents' identity, in this study remained anonymous. This is consistent with Winner et al (1994) who asserted that "the principle of confidentiality and respect are the most important ethical issues requiring compliance on the part of the researcher. Informed consent was also obtained from both the respondents and the people in charge of the institutions where the study was conducted. All respondents were informed that the data collected was purely for academic purposes. They all received equal treatment in that none of the respondents was considered inferior or superior and their responses were neither interfered nor contested with by the researcher.

3.11. Summary

This chapter covered the methodology that was used in the study. The study used the qualitative and quantitative approaches to elicit data from the respondents on why learners with disabilities did not re-enter school after giving birth. Respondents were drawn from various special education units in Lusaka province. One hundred one (101) respondents were involved. They included one (1) MESVTEE and ten (10) head teachers who were purposively sampled; fifty (50) teachers, thirty (30) learners and ten (10) parents were sampled using the stratified sampling technique. The instruments used were: questionnaires for teachers, semi-structured interview schedules for the MESVTEE official and the head teachers and FGD guides were used for learners and parents. Data was analysed using the thematic analysis for qualitative data and SPSS for quantitative data. Ethical considerations were adhered to.

CHAPTER 4

PRESENTATION OF FINDINGS

4.0. Overview

This chapter presents the findings of the study on why learners with disabilities did not re-enter school after giving birth in ten selected schools in Lusaka province (Lusaka secondary, Munali Girls' secondary, Munali Boys' secondary, Vera Chiluba primary, Mumana primary, Chainama primary in Lusaka district, Nangongwe primary in Kafue district, Chongwe and Ndeke primary schools in Chongwe district and Kapoche primary in Luangwa district). The findings from the learners with disabilities are presented first followed by those of their parents, teachers, head teachers and the MESVTEE official. The findings are presented under the headings derived from the study questions. The study questions were:

1. Why did learners with disabilities fail to re-enter school after giving birth?
2. How is the sensitization of the re-entry policy conducted in schools?
3. What is the attitude of the peers and teachers towards the learners with disabilities who fall pregnant or found responsible for pregnancy?

4.1. Why learners with disabilities did not re-enter school

This section begins with the learners themselves, followed by their parents, teachers, head teachers and the MESVTEE official on why learners with disabilities did not re-enter school after giving birth.

4.1.1 Views of the learners

As to whether learners with disabilities reported back to school after being sent home to go and give birth, twenty-two (22) out of the thirty (30) learners indicated that many learners with disabilities did not report back to school after giving birth. They gave an example of ten (10) out of fifteen (10) learners with disabilities who fell pregnant and did not report back to school after giving birth. Eight (8) out of thirty (30) learners said five reported back.

When asked about why the learners with disabilities did not re-enter school after giving birth, learners said some of their colleagues could not re-enter school because their parents told them to stay home for they got concerned about their security. Furthermore, they got discouraged over the whole issue of education of their girl children. When the researcher interviewed some of the girls who were once pregnant and failed to re-enter school, one of them said:

I have not been allowed to come back to school by my parents. They are saying that I might become pregnant again. Furthermore, they are saying, they have no more money to waste on me because I might not even gain anything from school education.

Other reasons brought about by the learners with disabilities were lack of support from the boys or men responsible for the pregnancy. The boys or men either refused responsibility failed to meet the demands from the girl's side or were not identifiable by the girl. Some of the learners with disabilities failed to identify the boys or men responsible for their pregnancies and so they had no one to bear the eventual costs of the pregnancy. Their parents became angry with them. For example, they explained about a scenario where one learner with intellectual disability was impregnated by a boy she thought she knew. When it was confirmed that the girl was pregnant and the guardians thought it was an opportune time to inform the male about the pregnancy, the girl, in the company of the Aunty, elder brother, cousin and the church leader went to the boy's house. The discussion was commenced by the church leader that their mission was to discuss a very important issue concerning the pregnancy of the girl by the boy. The girl then was asked to narrate her ordeal; she told the people present that the boy present was the one who used to invite her into his house every day when she knocked off from school around late afternoon. They would make love and he would tell her not to tell anyone about what happened every time they had sex. The boy denied being responsible but the girl insisted that he was the one. When pressure from the discussants mounted, the girl looked at the boy critically and exclaimed:

Aa! This is not the man responsible for the pregnancy, it is a different one! Let me take you to the one responsible, I know where he stays!

The other boy she mentioned also refused responsibility. The learners further reported that there was another learner with intellectual disabilities who did not re-enter school but used to visit the school once in a while with her baby on her back. Everyone used to admire her baby. Her presence wholly disrupted lessons. They added that during the early days of her coming with her baby to school, she was alleged to have scared one male teacher. The incident happened when every teacher envied the healthy baby and one of them asked who the father to the healthy baby was. In response, the girl pointed at one of the male teachers and said (as she giggled) “*ni aba*” (meaning, “He is the one”). The teacher was, in fact, not the one responsible.

Seven (7) out of thirty (30) learners said they did not find who to leave their babies with. To this effect, the researcher visited the home of one learner with disability who fell pregnant and could not report back to school. When asked when she would report back for school, she said;

There is no one to remain with the baby, my Auntie said she had no time to stay at home and take care of the baby because she goes for work in the morning and knocks off late in the evening.

In addition, some learners said they could not report back to school because there was a lot of work in taking care of their babies and other responsibilities. This included: washing babies’ napkins, bathing the babies, feeding them, washing plates, sweeping the house and the yard and many other household chores. One of the girls said:

This issue of going back to school is difficult for me because there are so many household chores for me to do every day. I need to feed and bath the baby, wash plates, sweep the house and the yard and many other household chores.

Five (5) out of thirty (30) learners said that the learners who fell pregnant could not re-enter school because their academic performance in class was not good even before they became pregnant. They therefore, concluded that their colleagues failed to report back to school for

fear that their academic performance may deteriorate the more and others in class and school, in general, might laugh at them.

Four (4) out of thirty (30) learners said some learners emulated the behaviours of other girls who did not want school. They envied what other girls who were not in school had and so they also joined them in bad behaviours and eventually failed to come back to school.

Furthermore, two (2) out of thirty (30) learners could not re-enter school because they started appearing like mothers when they became pregnant. Coupled with poor performance and becoming pregnant, they reported that they were no longer interested in school. They said they would rather get married instead of returning to school. Figure 4 shows a summary of the reasons by learners with disabilities for girls not re-entering school after giving birth.

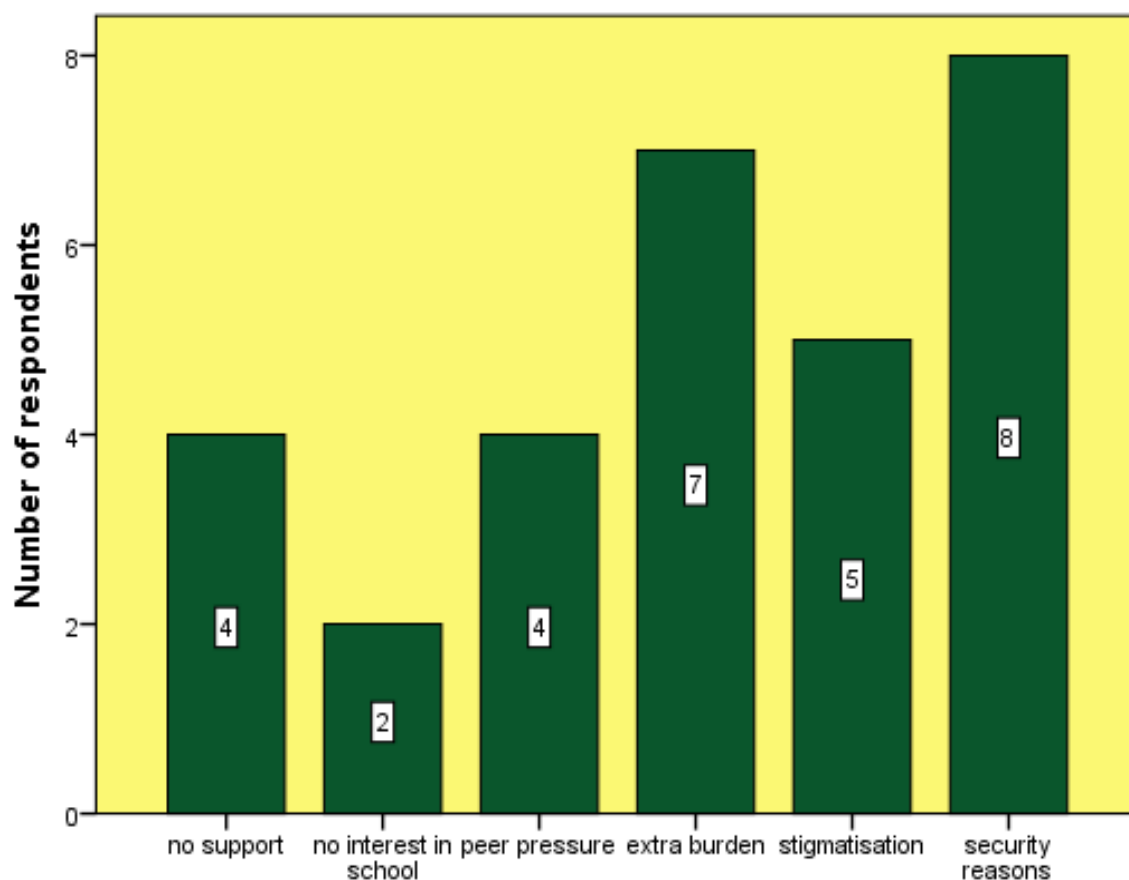


Figure 4: Why learners did not re-enter school

Source: Field Work, 2014

Concerning the causes for pregnancies, ten (10) out of thirty (30) learners with disabilities explained that some girls used to envy the gifts which their colleagues used to receive from men in exchange for sex. As such, they were enticed to start participating in sexual activities and eventually, they became pregnant.

Eleven (11) out of thirty (30) learners said some girls just liked being with boys most of the times and falling in love with what the boys gave them. They were given things like biscuits, fritters and money. That is how later the relationship became intimate and started having sex. It eventually resulted in the girls becoming pregnant. They further reported that some girls wanted favours like, having braille assignments done for them by the boys. Later the boys asked for payment in exchange with the favours in form of sex.

Nine (9) out of thirty (30) learners reported that some of them fell pregnant after being forced into having sex by unknown men. They said it happened to one of their colleagues, one day, on her way home from school.

When asked whether they were aware of their peers who fell pregnant or responsible for a pregnancy, seven (7) out of thirty (30) learners with disabilities responded that they were aware of five (5) of their peers who fell pregnant but were not aware of any boy responsible for any pregnancy. Twenty-three (23) out of thirty (30) learners with disabilities said there were times when they would just stop seeing one of their peers, they would not know really what happened to them and so they would take it that they had just stopped school as some were in the habit of stopping school for no apparent reason. It was not until they were told by their teacher that someone was pregnant and would be away from school until she gave birth. But there were some girls and boys who would stop attending classes and there would be no information concerning their absence.

Figure 5 shows a pictorial view of whether learners with disabilities were aware of their peers falling pregnant.

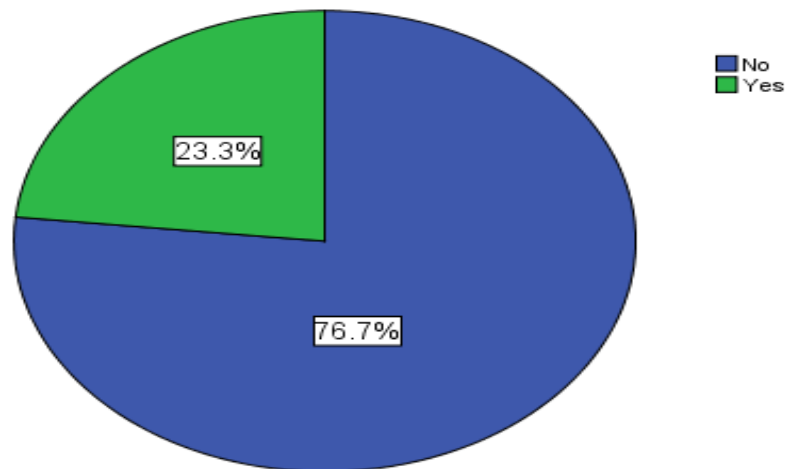
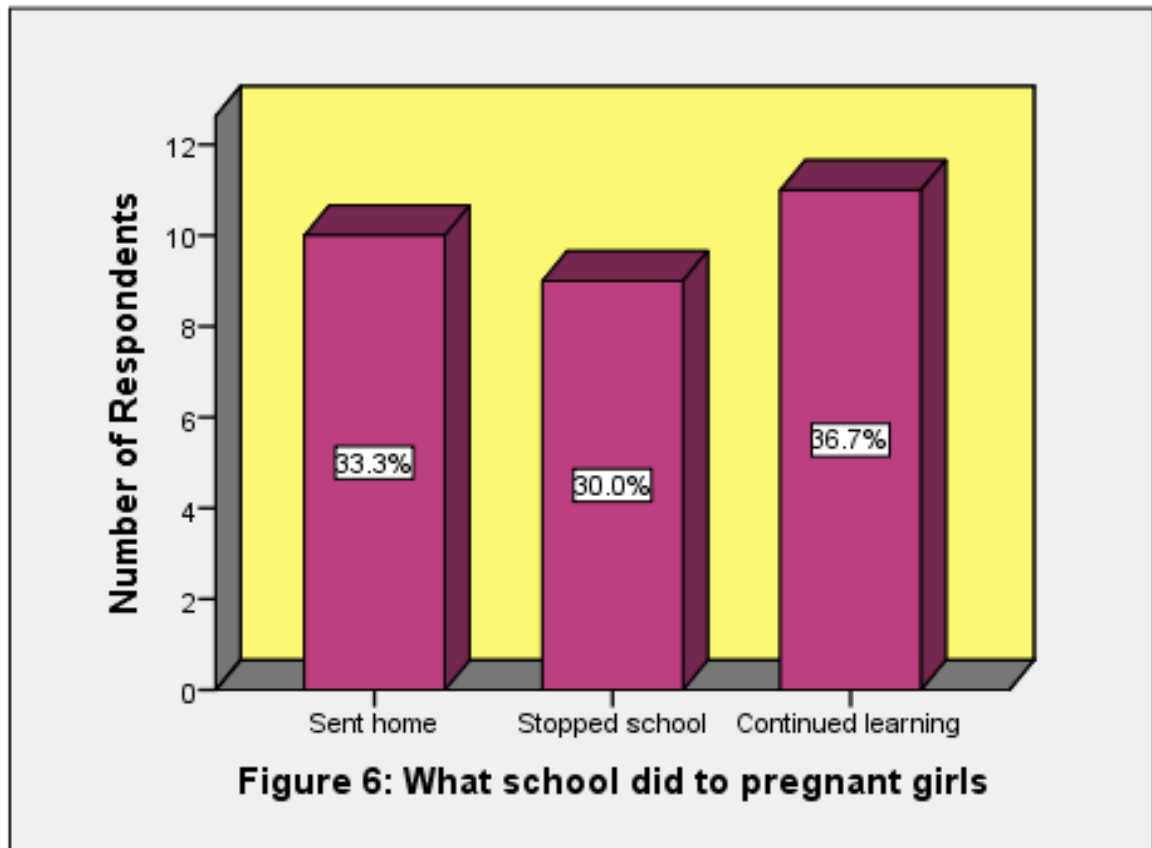


Figure 5: Whether learners were aware of peers being pregnant

Source: field Work, 2014

When the learners were asked to explain what the school did to girls with disabilities who fell pregnant and boys responsible for pregnancy, ten (10) learners said some of the girls were sent home and told to report back after giving birth. They further said no boy was sent home because no boy with disabilities had ever made a school girl pregnant. Eleven (11) out of thirty (30) learners said some girls just stopped school and no reasons were given for stopping school. Nine (9) out of thirty (30) learners said the girls who fell pregnant were allowed to continue learning until they stopped on their own.

Figure 6 shows what the school did to pregnant girls according to learners



Source: Field work 2014

Regarding the measures to employ in order for the learners with disabilities who fell pregnant to re-enter school after giving birth, eleven (11) out of thirty (30) learners indicated that the teachers needed to make follow-ups on them at their homes and talk to their parents to encourage their children to report back to school.

Ten (10) out of thirty (30) learners said, the concerned learners needed to be talked to by their class teachers and the guidance and counselling teachers. Furthermore, nine (9) out of thirty (30) learners said even the members of the class needed to be talked to because they were the ones who laughed at those who became pregnant. Due to the fact that they were

laughed at and called names like “*make*” (the mother to...), they failed to re-enter. Table 8 shows a statistical view of awareness, causes of pregnancies and whether learners with disabilities re-entered school.

Table 8: Awareness, Causes of Pregnancy and whether learners re-entered school, by Gender

Gender	Aware of pregnancy		Causes of pregnancy				Learners re-enter?	
	Yes	No	Peer pressure	Favours	Coercion	Gifts	Yes	No
Male	5	12	5	4	2	5	5	12
Female	2	11	3	3	2	6	3	10
Total	7	23	8	7	4	11	8	22
Total %	23.3	76.7	26.7	23.3	13.3	36.7	26.7	73.3

Source: field work, 2014

Table 8 indicates that more learners with disabilities were not aware of their colleagues becoming pregnant. Furthermore, learners with disabilities became through accepting gifts in exchange with sex, peer pressure, by asking for favours from boys and coercion. In addition, twenty-two (22) out of thirty (30) learners with disabilities acknowledged that ten out of fifteen learners with disabilities who fell pregnant did not re-enter school after giving birth.

4.1.2. Views of the parents on why learners with disabilities did not re-enter school

When the parents were asked whether the learners who had fallen pregnant and had been granted leave from school reported back after delivery, four (4) out of ten (10) parents responded that some learners reported back though many of them who reported back did not take long to stop school. Six (6) out of ten (10) parents said the learners with disabilities did not report back due to a number of reasons.

Asked why the girls who had fallen pregnant did not re-enter school, two (2) of the ten parents said a learner with intellectual disability, could not perform to the expected

standard because of the challenges brought about by the disability. They further said, the disability already paused a number of challenges for activities for daily living like bathing, making the bed, cooking, sweeping, personal hygiene and many other activities, so it was not possible for the learners with disabilities to make it back to school even after delivery of the baby.

They added that the presence of a new born baby entails that there would be new and extra responsibilities for the mother or the primary caregiver just the way it was for the ordinary females. One of them said:

After delivery, it is expected that the baby has to be attending under five clinics. During under-five clinics, there are immunizations which new born babies receive, and for some babies, they become sick of the immunizations. Meaning, the mother, is needed to be very close to the baby until it gets fine. There is also growth check where advice is given to the mother on how to feed the baby in case of nutrition and growth. In addition, there are also times when the baby falls sick due to malaria and other diseases, the mother needs to be closer to the child and take care of the baby. On the other hand, if the girl's disability is in the area of intellectual disabilities or learning disabilities, there would times when the disability almost worsens and so it would create a big challenge hence the need for the girl to stop school.

One (1) out of ten (10) parents said that, it was just a waste of time and other resources to allow a learner with intellectual disabilities to get back to school after delivery. It literally became big and heavy burden because some parents had either divorced or gone on indefinite separation due to the presence of a child with a disability in the family. This has robbed many families of their happiness and wealth leaving them in poverty, disease and vulnerable to a lot of vices. She said:

There is no benefit, after all, of allowing a girl with disability to continue with school. Even if it is commonly known that 'when you educate a girl you educate the whole nation'. We have seen and we have heard that the 'normal' girls are failing to re-enter school and if it so happens that they re-enter school, their performance is not good. It is common sense that when the girls with disabilities re-enter school, their performance would be below the expected standard.

The parent further reported that some people were just guardians or caregivers or single parents because the biological parents for the child with a disability had rejected the child due to disability. Other parents died or were suffering from chronic illnesses. Most of such single parents experience hardships in order to make ends meet. So, the occurrence of a pregnancy just compounded the problem, considering the cost of living which was already high and unaffordable. And so, re-entry into school was impossible.

One (1) other out of ten (10) parents said some school girls with disabilities were already grown up by the time they became pregnant. So even when parents forced them back into school, they would not accept. So they preferred getting married to re-entering school. Though in many instances, they were disappointed because the boys or men never showed up.

Two (2) out of ten (10) parents narrated that their children would not re-enter school because the peers and teachers, particularly in class and at school in general, were teasing and calling their children all sorts of names, like ‘*make*’ (mother to someone), ‘*anyina mwana*’ (mother to the child), and ‘*akalongotsi*’ (mother-in-law).

In addition, three (3) out of ten (10) parents narrated that security reasons were considered to be part of the factors that caused learners with disabilities not to re-enter school. The parents acknowledged that some girls became pregnant as a result of sexual abuse by unknown and known boys or men. They decided that the girls stop school for fear that they might be abused again given the situation where there was no one to provide security as they trekked to and from school every day.

When asked to explain what caused the learners with disabilities to become pregnant, four (4) out of ten (10) parents mentioned that some of the learners with disabilities were either raped or defiled by unknown boys and men though others were able to identify or describe the abusers, defilers or rapists. The parents revealed two cases, in a named school, how evil it happened to some girls when they were going home after classes one day.

Others three (3) out of ten (10) parents said some learners with disabilities became pregnant due to peer pressure. They got involved in sexual activities emulating what their friends, who happened to be group leaders, were doing.

Furthermore, two (2) out of ten (10) parents said some learners with disabilities became pregnant because their parents forced them into relationships with boys and men due to poverty at their homes. They did this with the hope of raising some money from the daughters' immoral activities. Some times they parents encouraged their children to engage in immoral activities with the hope of coercing someone to marry their daughter. They reported that this behavior was mainly among parents with learners with hearing impairments and were advanced in school age.

One (1) out of ten (10) parents said learners with disabilities fell pregnant because they wanted to experiment on what they learnt from school in biology. This was so prevalent amongst learners at secondary school level.

When parents were asked whether they were aware when the learners fell pregnant, the two (2) male out of ten (10) parents said it was not easy for them to detect the pregnancies because they were male and they did not usually come in close range with their girl children. The female parents said they were able to tell when their children were pregnant from the behavior of vomiting every morning and whenever they ate something which they did not like. They added that they were able to detect because children became lazy. Furthermore, they said they were able to tell from the common usual sign of protrusion of the tummy of the girl.

When asked to explain how they treated their school going children with disabilities when they fell pregnant or are found responsible for pregnancy, five (5) out of ten (10) parents responded that such behaviour was expected from adolescents. One of them said:

What could we have done? They still remained our children even after becoming pregnant. The modern world is just problematic. We just had to accept that it had happened and support them in any way possible. The situation was irreversible.

Two (2) out of ten (10) parents chased the children away from their homes saying that they had disgraced them since they were Christians. Further, they said society would have considered them as weak parents because they failed to impart discipline in their children. Society called such girls outcasts.

In addition, three (3) out of ten (10) parents reported of a case where the parents banned the girl from moving around. She was enclosed in the house until the time she gave birth. They further said that if a boy was responsible for pregnancy many of the parents for the girl asked the boy to marry the girl though in many instances, the boys or men responsible were unidentifiable especially if it involved a girl with intellectual challenges.

As regards what the school did when a school girl fell pregnant or the school boy was found responsible for a pregnancy, four (4) out of ten (10) parents said they were granted maternity leave immediately it was discovered that they were pregnant. They viewed this kind of treatment as unfair because the school authorities were expected to treat both categories of the learners in the same way, unlike where they allowed 'normal' girls to continue until time to give birth.

The parents proposed that it was human that the learners with disabilities were granted maternity leave only when it was towards delivery. Their worry was that if they granted them maternity leave just upon discovery of the pregnancy and in case it was just in its earliest stage, the learners, especially those in examination classes would loose a lot on class work. According to the parents, this hindered their children's progress when they reported back for continuation of their education after giving birth.

However, two (2) out of ten (10) parents said the learners with disabilities were granted leave later when they were about to delivery. They complained, though, that it was not easy for such learners to take care of themselves during the time of pregnancy. The late release of the learners with pregnancy made them to be very tired of the pregnancy by the time the school decided to grant them maternity leave. Four (4) out of ten (10) parents reported, sadly, that many learners with disabilities did not report the matter to school administration or anyone, including their parents. They just stopped attending classes and stayed home till it was discovered that they were pregnant.

Most parents expressed surprise to hear from other parents that even the school boy child responsible for pregnancy was also supposed to go on leave. They all said they had never seen or heard of any school sending the boy child on leave for impregnating a school girl.

When asked to explain what should be done in order for the learners with disabilities to re-enter school after giving birth, two (2) out of ten (10) parents said, *“the onus is on us to encourage the children to get back to school to continue with their education after giving birth.”*

Three (3) out of ten (10) parents added that the schools needed to extend the sensitization programmes on the re-entry policy even to the learners with disabilities and their parents. The knowledge that would be acquired would assist the parents to convince or encourage their children to re-enter school. They further said the information would even be shared with other parents who may not have had a chance of learning about the re-entry policy.

Four (4) out of ten (10) parents suggested that the schools needed to partner with some government and Non-Governmental Organisations (NGOs) which could provide bursary loan scheme to re-entered learners with disabilities. They said the bursaries could cushion on the parents’ merger provisions for their children’s education. In addition, parents suggested that government should provide scholarship specifically for learners with disabilities who became pregnant as a result of sexual violence because the learners did not indulge in sexual relations intentionally but they were just victims of abuse.

One (1) out of ten (10) parent said school learners with disabilities were at risk due to lack of transport and boarding facilities, so she suggested that government and co-operating partners should come on board and provide transport such as bicycles or boarding facilities for learners with disabilities who walk long distances to and from school.

Figure 7 shows a summary of the measures which parents proposed to help learners with disabilities to re-enter school after giving birth.

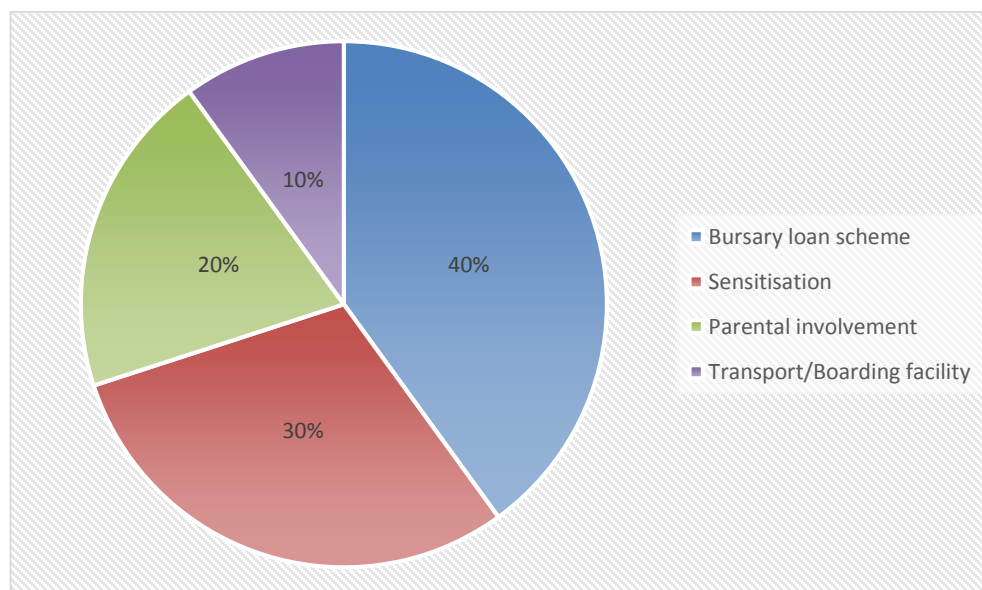


Figure 7: Measures for learners' re-entry

Source: Field Work, 2014

4.1.3. Views of the teachers on why learners with disabilities did not re-enter school

As regards whether the learners with disabilities re-entered school after giving birth, 45 (90%) out of fifty (50) teachers said that many learners did not re-enter. They gave an example of 15 learners with disabilities who fell pregnant in the past three years (2011 – 2013) but only five (5) reported back while ten (10) did not report back.

Concerning why learners with disabilities did not re-enter school after giving birth, four (4) out of fifty (50) teachers indicated that some learners failed to re-enter school because of shyness, they were not ready to face their colleagues back at school. They felt uncomfortable or embarrassed because they felt they had grown older than others in class and so failed to fit in school environment.

Eleven (11) out of fifty (50) teachers said other learners failed to re-enter school because they did not have anyone to take care of the baby. The presence of the baby in the family brought with it multiple responsibilities. The learners had to start learning how to take care of the baby in the meantime they had their own disabilities which posed physical, social,

economical and spiritual challenges. So there was no time space for school by such learners.

One of the teachers of biology explained that some learners with physical disabilities found it difficult to re-enter school because of the effects of the combination of pregnancy and disability. He said:

The increase in the body weight due to pregnancy and the body structure which might also be altered due to pregnancy, associated with pregnancy can have great effect on a girl's mobility, ability to transfer, and her overall independence. The physical changes of pregnancy usually are substantial, and can affect physical functioning of the body so much that even after delivery of a baby some learners may still have some bodily challenges, like failure to sit in a chair uprightly when writing, which may hinder their re-entry into school.

Furthermore, ten (10) out of fifty (50) teachers indicated that the learners with disabilities failed to cope with the situation because by becoming pregnant or being responsible for a pregnancy, they lost scholarships. It became worse if there was no material and financial support from the male responsible for the pregnancy or if the girl was unable to identify the male responsible.

One of the ten teachers explained about a scenario where one learner with intellectual disability was impregnated by a boy she thought she knew. During discussion, the girl changed the story and informed everyone that the boy she took them to was not the one, but a different one. With such precedence, the other boy also refused to have impregnated the girl. This brought shame to the girl's party but she could no longer think of another one because she insisted that the second one was the one but no one listened to her. She lost the case and in addition, lost the would be support from the boy.

Additionally, five (5) out of fifty (50) teachers acknowledged that some parents and friends discouraged the learners from re-entering school saying they would not achieve anything tangible at school especially that they were learners with special educational needs. They added that such parents did not understand the need for learners with disabilities to attain some level of education.

Seven (7) out of fifty (50) teachers said some learners were stigmatized by utterances from some teachers and their peers. Some teachers and learners made the learners with pregnancies feel very guilty and bad about themselves so much that they even thought that they were not fit to be in school.

Eleven (11) out of fifty (50) teachers alluded to the fact that some learners and parents lacked information on the re-entry policy. They did not know the provisions of the re-entry policy and so, they did not re-enter school. They thought by becoming pregnant, they forfeited their school places.

In relation to what the causes of pregnancies for school girls were, fifteen (15) out of fifty (50) teachers said some girls became careless in mingling with the boys and men. They reported that the situation was worse for learners with cognitive challenges or learning disabilities. This was so for such learners because of their impulsive behavior which was characterized by low self esteem and poor decision making skills. Ten (10) out of fifty (50) teachers indicated that some girls fell prey to the boys due to the favours that they ask for, especially in mathematics and braille. Thirteen (13) out of fifty (50) teachers said some girls were just raped or defiled by their relatives while others were raped and defiled by unknown men especially on their way to or from school. Twelve (12) out of fifty (50) teachers said poverty also made the learners with disabilities to indulge themselves in sexual activities so that they were able to raise some money for lotions and other necessities and in the process they became pregnant.

When teachers were asked whether they were aware of learners with disabilities who became pregnant at any particular time in school, 30 (60%) out of fifty (50) teachers acknowledged that they were aware. They said they became aware through other learners who would report about what had happened to their friends. In some cases, they, especially the female teachers, were able to detect on their own. For other teachers, they said they just realised that some girls in class had stopped attending classes regularly and eventually stopped school to stay home.

Twenty (20) out of fifty (50) teachers indicated that they did not know when the learners were pregnant while nine (9) out of fifty (50) teachers reported that it was difficult to tell

who was pregnant and who was not because sometimes some learners stopped school on their own for no apparent reason, so for a teacher to conclude that the girl had stopped school because of pregnancy, it was not always right.

In addition eleven (11) out of fifty (50) teachers said that it was not possible to know about a girl who had fallen pregnant because the learners with disabilities were mostly left out if, by any chance, the school conducted a medical check-up for girls in school. They said of the many times that the learners with disabilities were left out, the justification was that learners with disabilities were less actively involved in sex as compared to their ordinary peers.

Concerning how they treated learners who fell pregnant or responsible for a pregnancy, 22 (44%) out of fifty (50) teachers said they treated them well. They did not harass them but allowed them to learn and go on maternity leave at an appropriate time. They added that advice on what to do during and after delivery was given by the relevant authorities, especially the matrons in boarding schools and the guidance and counselling staff. Whenever there was information about a girl had fallen pregnant, the school authorities which included the head teacher, the school matron, the class teacher and the guidance and counselling teacher/s would sit and inform the parent about what had been observed. The team then would take the girl to the hospital for medical examinations to confirm the pregnancy.

Once the medical personnel confirmed the pregnancy, the school team then would ask the girl to reveal who the responsible boy or man was. This part of the policy implementation was always very difficult for learners with disabilities because some of them could not identify the boy or man responsible simply because many of them were just raped by unknown people. If the boy or man was identified he would also be told to invite parents to school in case of a school boy) though none of the school boys had ever been mentioned. If the responsible person was an independent person or man, the school authorities would invite him to school and inform him of the case. Both parties would receive counselling and would be given forms for application for maternity leave and commitment forms for support to fill in.

The counselling included talks on how to take care of one self during pregnancy and the need to continue attending classes. This was not easy because learners with disabilities often fell sick during pregnancy and so even attendance at school was not regular. To the contrary, 28 (56%) of the teachers reported that some teachers treated the learners badly because they uttered derogatory statements over learners with disabilities who would be discovered to be pregnant.

When asked about what should be done in order for the learners with disabilities to re-enter school, 17 (34%) out of fifty (50) teachers responded that there was need for the consistent implementation of the re-entry policy in all schools. 20 (40%) out of fifty (50) teachers said the sensitisation by the class teachers and all other stakeholders to all schools and communities would enhance re-entry into school after delivery of babies. Furthermore, 13 (26%) out of fifty (50) teachers said that there was need to capacity build the guidance and counselling teachers so that they acquire disability appropriate counselling skills and be able to counsel the learners with disabilities appropriately.

4.1.4 Views of the Head teachers on why learners with disabilities did not re-enter school

When asked whether the school had ever recorded cases of pregnancy in the passed three years, the responses were affirmative. Eight (8) out of ten (10) Head teachers admitted that they had recorded cases of pregnancies among girls with disabilities in the past three years, 2011-2013. Two (2) out of ten (10) Head teachers said they did not have any. Out of the 15 learners with disabilities who fell pregnant, only 5 of them re-entered school after giving birth while ten (10) did not re-enter schools after giving birth.

When the head teachers were asked what the school did when learners did not re-enter school, six (6) out of ten (10) Head teachers said they did nothing while four (4) out of ten said they made follow- ups. Those who made follow ups said they tried to find out from the parents why the learners did not report back to school but the feedback in most cases was negative.

Concerning why the learners with disabilities were not re-entering school, three (3) out of ten (10) Head teachers said many of the learners could not re-enter school because some of them became overwhelmed with the extra responsibility of taking care of the baby especially in situations where the responsible boy/ man, who was supposed to provide material and financial support, was not known or had refused responsibility. They added that the situation was compounded with the disability which posed its own challenges.

Furthermore, two (2) out of ten (10) Head teachers said they (Head teachers) had little knowledge about the re-entry policy on the learners with disabilities. They believed the re-entry policy provisions were meant for the ordinary learners only. They said they would imagine how a learner with intellectual disability could understand the issue of maternity leave and abide by it. In addition, one of them said, “even the re-entry policy guidelines did not mention anywhere about its provisions for learners with disabilities and so it gave the school authorities the mandate to choose who to apply the re-entry policy provisions on”.

Three (3) out of ten (10) Head teachers did not support the re-entry policy. One of them had this to say:

It is not good for the pregnant girls to come back to school because they can influence others who are not pregnant. After all, I do not even support the re-entry policy because it encourages girls to indulge in sexual activities since becoming pregnant does not prevent them from continuing with their education in school.

Head teachers said some learners failed to re-enter school because they received resistance from their parents who either knew little or nothing at all about the re-entry policy.

Furthermore, one (1) out of ten (10) head teachers said there was stigmatisation, due to the fact that when girls tried to re-enter school, some boys and some male teachers used to pass derogatory statements over them so much that they became uncomfortable and stopped school.

In addition, one (1) out of ten (10) head teachers reported that some girls’ pregnancies were as a result of being raped by unknown boys or men. They became traumatised and could not report back to school.

As regards causes of pregnancies among learners with disabilities, four (4) out of ten (10) head teachers said some learners with disabilities became pregnant due to coercion into having sex with their relatives or unknown males. Sometimes learners with disabilities were at risk of being raped because of the long distances that they walked to and from school.

Two (2) out of ten head teachers indicated that poverty was a big problem amongst families for learners with disability. They further mentioned that poverty worked either ways, it could be a causal factor for pregnancy and failure to re-enter school after giving birth.

Three (3) out of ten (10) head teachers said the learners with disabilities fell pregnant because they willfully indulged in sexual activities due to poverty. They said some families were so poor that they could not even afford two meals per day. In such a situation, girls were forced into prostitution and early marriages by their parents.

Two (2) of out of ten (10) head teachers also said the learners were at risk because sometimes they failed to say no to sexual advances by males due to lack of assertive skills. Additionally, they said some learners could have the assertiveness but communication breakdown made them fall prey to sexual abuse by the males. An example was given of a learner with hearing impairments who told a man using sign language that she did not want sex with him but the male did not understand or ignored the sign language and persisted until she gave in. They further said the learners with intellectual challenges were the most vulnerable disability group.

One (1) out of ten (10) head teachers said the desire for favours, gifts and presents from boys and men caused some learners with disabilities to fall prey to sex and pregnancies.

When Head teachers were asked whether the school authorities were aware of learners with disabilities who fell pregnant or boys who impregnated school girls, all the ten (10) head teachers said they were. They added that it was, however, rare that a girl came up to the school authorities to report that she was pregnant. In some instances the reports were made by class or school mates or a teacher who noticed change in the behaviour of the pregnant girl. Furthermore, other Head teachers indicated that parents and guardians sometimes went to school to report. At times, especially for the learners in the boarding schools, the

pregnancy was detected during the routine medical check-ups for girls by the school matron.

As regards what Head teachers did to the learners with disabilities that fell pregnant or responsible for a pregnancy, five (5) out of ten (10) head teachers said the learners who fell pregnant were granted maternity leave after confirming with the medical examination reports that they were pregnant. The schools which were located far from health institutions just confirmed the pregnancies with the school matrons and some female teachers that the suspected girls were indeed pregnant. The parents were invited and informed them about the issue of pregnancy and maternity leave as provided for by the re-entry policy.

Furthermore, two (2) out of ten (10) head teachers reported that they saw it as unlawful to send the boy on paternity leave because some parents did not want to be in conflict with the boy's family and so the boy's name would not be mentioned. In such cases, the two parties preferred sorting out the matter outside school confinements. As a result, the school authorities allowed such boys to continue with school.

Three (3) out of ten (10) head teachers said they directed the guidance and counselling department to offer counselling services for the girls before releasing them on maternity leave.

Concerning what should be done to encourage learners with disabilities to re-enter school, two (2) out of ten (10) head teachers said that the re-entry policy needed to be revised to allow only girls who fell pregnant as a result of unforeseen or unfortunate circumstances like being raped or sexually abused. They said it would compel learners to be assertive in the manner they would conduct themselves so as not to be pregnant carelessly. In addition, it would help learners to re-enter school. Furthermore, the re-entry policy needed to be implemented consistently in all the schools. The status quo at the time of this study was that some schools had implemented the re-entry policy while others had not, thus, disadvantaging learners of the benefits of re-entering school.

One (1) out of ten (10) head teacher said if the government of Zambia developed the stand alone re-entry_policy, it would be easier for all ministry of education, science, vocational training and early education staff to follow and implement it. Furthermore, she said:

The absence of the policy made it difficult for schools even parents to hold the responsible person accountable for the issue and support for the baby including the girl who is pregnant. Most of the boys and men have gone scot free without supporting the girl and the child in any way, meanwhile the re-entry policy guidelines stipulate that the boy or man responsible has to provide material and financial support until the child, who would be born, attains the age of twenty-one (21) years.

In addition, four (4) out of ten (10) head teachers indicated that, sensitisation of all the members of the communities about re-entry policy provisions would enable parents and caregivers encourage girl children to re-enter school.

Further, three (3) out of ten (10) head teachers suggested that government needed to provide some kind of bursary loan scheme for learners with disabilities who may need support in school. The bursary loan scheme would help the learners to afford taking care of the babies. It could further enhance good nutrition for better health of the teen mother and would also help in school fees for the teen mother. They further suggested that improvement of the re-entry policy would be enhanced if the re-entered learners were relocated to different schools or the afternoon session.

4.1.5. Views of the MESVTEE Official on why learners with disabilities did not re-enter school

As regards learners with disabilities reporting back after being on maternity leave, the officer said that it was not easy to trace the records specifically for learners with disabilities. The records for all the schools in the country were designed in such a manner that all learners, be it with disabilities or without disabilities, were regarded as learners and that was how even the statistics appeared in all the educational statistical bulletins ranging from 2004 to 2013. Based on his experience as a former teacher for learners with disabilities at one special school in Zambia, he recalled that two out of three learners with disabilities who fell pregnant did not re-enter school after giving birth.

When the officer was asked to explain why learners with disabilities did not re-enter school after giving birth, he said one of the reasons was that school administrators never bothered to make follow-ups on learners with disabilities who stopped school.

He further said burden of extra responsibilities caused the learner with disabilities not to re-enter school after giving birth. She had to take care of the baby when sick, for under five clinic and many other responsibilities. The other reason was that some parents did not fully understand the benefits of education especially for the girl child. When a girl child fell pregnant, some parents felt good because they had justification for stopping their daughters from pursuing education and marrying her off. Parents who behaved in this manner usually complained of the high fees at school and many other requirements.

Furthermore, the officer said lack of statistics in schools for learners with disabilities who got pregnant especially in secondary schools made the situation awkward. When the guidance and counseling teachers were not vigilant and accurate in record keeping, it was difficult to find statistics about learners with disabilities.

Concerning the causes of pregnancies among learners with disabilities, the officer lamentably reported that many of the learners with disabilities were sexually abused by the males of all ages and from all walks of life. He said the men took advantage of the learners with disabilities because they knew that some of the learners with disabilities lacked social skills and so could not identify them.

4.2. Sensitisation of the Learners with disabilities on the Re-entry policy in schools

This section presents the views of learners with disabilities, parents, teachers and head teachers in special education units in Lusaka province including the MESVTEE official on the sensitisation of learners with disabilities on the re-entry policy in schools.

4.2.1. Views of the learners with disabilities on sensitization of learners with disabilities on the re-entry policy

When the learners with disabilities were asked whether they had ever heard of the re-entry policy, nineteen (19) out of thirty learners with disabilities agreed that they had ever heard of the policy while eleven (11) out of thirty (30) said they had never heard of the re-entry policy.

As regards who sensitized the learners with disabilities on the re-entry policy, nine (9) out of thirty (30) learners with disabilities indicated that they heard from the radio and televisions (TVs) such as the community radios, Muvi TV, Zambia National Broadcasting Corporation (ZNBC) TV and ZNBC radio 1 in local languages. Six (6) out of thirty (30) learners with disabilities said that they heard from their non-disabled friends. Four (4) out of thirty (30) learners with disabilities said, they heard about the re-entry policy being talked about by some teachers. They said:

Sometimes the guidance and counselling teacher would make an announcement during assembly but because of many pupils in the assembly hall, we could not hear what she was saying. The other problem is that she could be talking without using sign language and so we would not get anything. When she decides to use a teacher to sign for us, sometimes the teacher is short and so we would not see what he or she would be saying.

Eleven (11) out of thirty (30) learners with disabilities said they were unaware of the re-entry policy.

Concerning how often they were sensitized, all the thirty (30) learners with disabilities said they did not hear much of the re-entry policy being talked about most of the times. During assembly, other issues were announced often but not the re-entry policy.

Concerning how best they would want to be sensitized, eleven (11) out of thirty (30) learners with disabilities said their teachers at the Special Education unit were capable of sensitising them by talking about it during assembly or when teaching. Ten (10) out of thirty (30) learners with disabilities indicated that the information would better be

disseminated through drama performances at school. The remaining nine (9) out of thirty (30) learners with disabilities said sensitisation would be well done through electronic and print media so as to widen the coverage base among the general populace.

4.2.2. Views of the parents

When the parents were asked if they had ever heard of the re-entry policy, six (6) out of ten (10) parents acknowledged having heard about the re-entry policy though not from the schools where their children attended classes. Four (4) out of ten (10) parents expressed ignorance over the re-entry policy on learners with disabilities.

As regards how they learnt about the re-entry policy, four (4) out of ten (10) parents said they heard on radio when FAWEZA officials were discussing the re-entry policy despite the fact that they did not talk about the re-entry policy in relation to learners with disabilities. Two (2) out of ten (10) parents said they were told by the guidance and counseling teacher during a Parent Teachers Association (PTA) meeting at one school. Three (3) out of ten (10) parents said they heard about the re-entry policy through some drama group performances in the communities and other community sensitization programmes organized by FAWEZA. In addition, parents revealed that all the officials that had ever sensitised them on the re-entry policy never indicated that even learners with disabilities were part of the beneficiaries of the re-entry policy. However, one of the parents acknowledged the fact that one school invited them for a meeting and they were informed about the re-entry policy even on learners with disabilities.

Concerning how best they would want the sensitisation on the re-entry policy to be conducted, three (3) out of ten (10) parents said the school authorities needed to be calling for sensitisation meetings for parents for learners with disabilities at least once a term. Five (5) out of ten (10) parents added that the government needed to partner with organisations like FAWEZA, Zambia National Education Coalition (ZANEC) and Campaign for Female Education (CAMFED) to continually sensitise the masses through community sensitization programmes, without the exclusion of the traditional leadership, so that parents learn the importance of the re-entry policy. Furthermore, they said if parents were sensitised, many learners with disabilities would re-enter school because then they would know the benefits of the re-entry policy.

On the contrary, two (2) out of ten (10) parents said they did not see the benefits of the re-entry policy and so they were for the idea that school authorities kept quiet about it because it was just encouraging immorality among learners with disabilities. They further indicated that they did not support the introduction of the re-entry policy in schools considering the fact that Zambia was a Christian nation.

4.2.3 Views of the teachers

When asked whether they had ever heard of the re-entry policy, 40 (80%) out of fifty (50) teachers acknowledged that they had ever heard of it. 10 (20%) out of fifty (50) teachers did not know about the re-entry policy but they said they knew that when a learner became pregnant, she was allowed to go on leave and report back for school after giving birth.

Concerning who sensitized the learners with disabilities about the re-entry policy, twenty (40%) of the fifty teachers indicated that the learners with disabilities were sensitized during school assemblies. Eleven (22%) out of fifty (50) teachers said the guidance and counselling teachers conducted sensitization programmes on the re-entry policy during boys' network and SAFE clubs meetings though not many of the learners with disabilities knew about the existence of boys' network and SAFE clubs in schools. Eighteen (38%) of the teachers said the learners with disabilities learnt about the re-entry policy through peer educators.

When asked about how often the sensitization of the re-entry policy on learners with disabilities was conducted, all the 50 (100%) teachers indicated that the sensitization was not often conducted. It was seriously and often conducted during the first few years of its introduction only among the non-disabled learners. They said when the re-entry policy was introduced in the late 1990s; there were a number of sensitization meetings and workshops including monitoring of schools over the re-entry policy around early 2000s. One teacher said:

I do not know whether it is due to the passage of time from inception of the re-entry policy that the sensitization has stopped. Nowadays, not even the head teachers, the ministry officials or guidance and counselling teachers talk about the re-entry policy frequently.

One teacher in the department of guidance and counselling said sensitisation on daily or weekly basis was costly and time consuming considering the fact that she was not only catering for guidance and counselling programmes for the teachers but also for the learners. In addition, she was tasked to attend to her classes for lesson delivery on a daily basis. Thus counselling took place only when she was free. Furthermore, it was revealed that many teachers in the guidance and counselling department were not trained in guidance and counselling generally and re-entry policy specifically.

Other than the way of sensitisation done by the schools, it was suggested that other methods of sensitisation like, media discussions, memos sent to schools, drama, posters, debate, poetry and class discussions needed to be used. Furthermore, the teachers said all the stakeholders, like, the PTA members, parents, learners with disabilities, teachers, NGOs, traditional leaders and the community at large, could be sensitised using the various methods mentioned herein. If all stakeholders got sensitized, it would be easier to sensitise the learners.

4.2.4. Views of Head teachers

When the Head teachers were asked on how they came to learn about the re-entry policy, all the ten (10) head teachers said it was through workshops and seminars. Furthermore, they said:

We got sensitized through the circulars which were circulated to all Provincial Education Officers, District Education Officers (now District Education Board Secretaries, DEBS) and School Head teachers by the Ministry of Education in 1997 and later; through the Principal Inspector of Schools (now Principal Education Standards Officer)'s addresses; reading the policy guidelines; FAWEZA workshops and seminars; Community radio presentations and community sensitization programmes organized by MOE and FAWEZA.

Concerning how the re-entry policy was disseminated to learners with disabilities in schools, three (3) out of ten (10) Head teachers reported that they used clubs and committees like the SAFE, peer mentors, debate and boys' network clubs. One of them further said:

As a school, we formed a committee of female teachers headed by the female deputy Head teacher, which started sensitizing girls according to classes, sessions and age.

Three (3) out of ten (10) head teachers indicated that they sensitized the learners with disabilities through announcements made during school assemblies. Admittedly, one of the head teachers said she did not often sensitise the learners with disabilities on the re-entry policy on the premise that she feared it could give the learners with disabilities the impetus to indulge in sexual activities and become pregnant or contract the HIV and AIDS and other Sexually Transmitted Infections (STIs).

On the contrary, two (2) out of ten (10) head teachers admitted that they rarely sensitised the learners with disabilities for they felt the learners with disabilities did not need the information because even when they talked to them about the re-entry policy, they could not have understood it and especially that not many of them fell pregnant or became responsible for a pregnancy.

As regards to the use of the re-entry policy guidelines document, four (4) out of the 10 head teachers acknowledged that they made use of the document when granting the learners maternity or mandatory leave. Six (6) out of ten (10) head teachers, especially those at primary schools, said they had never seen the document before but they allowed learners with disabilities to go on maternity or mandatory leave when they fell pregnant. They added that they had never sent any boy on leave because no boy had ever been reported being responsible for pregnancy. In addition, they said they were aware of some procedures on how to grant the maternity to girls when they fell pregnant.

When the head teachers were asked if they followed the sensitisation procedures provided for in the 2004 re-entry policy guidelines by MESVTEE, six (6) out of ten (10) head teachers agreed that they followed the procedures because it was part of their mandate to implement government policies while four (4) out of ten (10) head teachers had never seen the document especially those in primary schools.

Concerning how the sensitization procedures provided by the ministry of MESVTEE were to be improved, the following suggestions were made: The head teachers said the government of the republic of Zambia needed to construct schools where the learners with

disabilities who had fallen pregnant were to be learning from. Secondly, government to include a clause in the policy guidelines to allow only those who fell pregnant as a result of being raped, defiled or those who were forced into sexual relationships by their parents or guardians. Thirdly, government to avail and access all schools with the re-entry policy guidelines documents. Furthermore, government needed to revise the re-entry policy and are it with all schools. In addition, sensitisation about the re-entry policy in various forms like poetry, drama, community sensitization and radio programmes be strengthened. The head teachers further said all stakeholders regardless of colour, religion, disability and economical status should be sensitised on the re-entry policy. They added that support structures namely; guidance and counselling department, SAFE clubs, Peer Educators committee, Gender and Equity committee, communication boxes, School Councils, PTA committee, be strengthened to help reduce the prevalence rates of pregnancy among learners with disabilities.

4.2.5. Views of MESVTEE Official

When the officer was asked on how the ministry sensitized the schools on the re-entry policy in the country, he said it was through seminars, workshops and electronic and print media. He further mentioned that there were no more national workshops specifically for re-entry policy because Provincial Education Officers (PEOs), District Education Board Secretaries (DEBS) and head teachers were expected to be sensitising their officers, teachers and learners through various avenues at each level.

Concerning how the re-entry policy could better be disseminated, the officer said when sensitising the learners with disabilities, the learners' needs needed to be taken into consideration, thus for example, for learners with hearing impairments, they needed written communication or use of sign language and total communication. For the learners with visual impairments, they needed communication in Braille and bold print for those with partial visual impairments.

In addition, he mentioned that if learners were to re-enter school, they needed much sensitisation on the re-entry policy and to avoid stigmatisation, it would be better to take them on transfer to other schools though as a country, there were very few boarding

schools with special education units. He further mentioned that monitoring of the re-entry policy in schools would encourage sensitisation. Consistent implementation of the re-entry policy in all the schools would also enhance sensitisation and re-entry of learners into schools after giving birth. He also indicated that sensitisation would be very much enhanced if all educational policies contained issues on Children with Special Educational Needs (CSEN) and the re-entry policy. He added that there was need for the head teachers at primary schools to sensitise the learners and teachers since much of the sensitisation was mainly at secondary schools.

4.3. Attitude of teachers and peers towards learners with disabilities who fell pregnant or found responsible for a pregnancy

This section presents the views of learners with disabilities, parents, teachers, head teachers and MESVTEE official on the attitude of teachers and peers towards learners with disabilities who fall pregnant or responsible for pregnancy.

4.3.1 Views of the learners

When learners with disabilities were asked about the attitude of teachers towards them when they fell pregnant and when found responsible for pregnancy, eighteen (18) out of thirty (30) learners said it was negative because of the comments that they passed. They passed comments like: *Tulamyeba ati ifyakulya ubushiku fitulukila kumalushi, Kanshi uli iule mwaice, CSEN!* (We usually tell you that what you eat in the night will be seen through the vomitus, so you are a prostitute you young child, CSEN!).

Furthermore, twelve (12) out of thirty (30) learners with disabilities indicated that there were some teachers who considered them as their own daughters and advised them accordingly.

When asked about the attitude of their peers towards the learners with disabilities who fell pregnant, six (6) out of thirty (30) learners with disabilities said the attitude of their peers was not very bad especially at the school where there was **boys' network**, a group whose mandate, among others was to uplift the dignity and protection of the rights of both the boy and girl children. Four (4) out of thirty (30) learners said in some schools, boys were in the

forefront laughing at the girls who had fallen pregnant. In other schools, it was the boys and girls from the ordinary section of the school who teased the learners with disabilities who had fallen pregnant. Further, the learners indicated that there were also situations where classmates teased the girl with pregnancy that she was too full and needed no food. Others would even say:” *Do not sit close to me, you have lost shape and you smell breast milk. You are now a mother, not a learner*”.

4.3.2 Views of parents

When parents were asked to talk about the attitude of the teachers towards learners with disabilities that fell pregnant or responsible for pregnancy, six (6) out of ten (10) parents said the attitude of the male teachers towards learners with disabilities who fell pregnant or found responsible for a pregnancy was bad. Their derogatory remarks about the girls made them feel intimidated and choose to leave school earlier than expected. An example of the derogatory remarks is: *‘These CSEN do not even feel for themselves over their disabilities! And how can a man in his wisdom go to bed with such a one?’* (Such remarks indicated that learners with disabilities were not human beings enough to indulge in sexual activities). Contrary views came from four (4) out of ten (10) parents who argued that teachers’ attitude was good because none of the learners with disabilities ever reported in the negative about the teachers’ attitude towards them.

When parents were asked about the attitude of the peers towards learners with disabilities when they fell pregnant or responsible for pregnancy, five (5) out of ten (10) parents said most of the girls had positive attitude towards their colleagues. For example, some of the peers were very understanding and helpful to their friends. The other five (5) out of ten (10) parents indicated that the peers’ attitude was negative following the comments and behavior that they portrayed against their colleagues who fell pregnant.

4.3.3. Views of teachers

When teachers were asked about their attitude towards learners with disabilities who fell pregnant or found responsible for pregnancy, 25 (50%) out of fifty (50) teachers said that they treated every learner equally, whether with a disability or not. Furthermore they said, their parental attitude enabled some learners to continue with school until time to give

birth. 25 (50%) out of fifty (50) teachers reported that there were other teachers with bad habits of passing irresponsible statements against learners with disabilities who fell pregnant or responsible for pregnancy. For example, one teacher said:

In my view, the policy was developed in order to ensure that the pregnant learners with disabilities do not lose out their time by waiting for delivery of babies. However, government overlooked the negative impact and influence which it is causing to more than repairing. It is simply sending a clear and loud message that teenage pregnancy has in fact become a moral practice in school, letting learners free to engage themselves in sexual activities with their partners. That is why grant-aided schools are not ready to implement a policy that allows immoral activities.

As regards attitude of the peers towards learners with disabilities who fell pregnant or responsible for pregnancy, 40 (80%) out of fifty (50) teachers acknowledged that some boys and girls from the ordinary section at the school passed irritating comments like ‘*so even CSEN can also become pregnant!*’ and laughed at the girls with pregnancies. They further said some peers, especially those with disabilities, were very accommodating and helpful to their colleagues who fell pregnant or responsible for pregnancy.

4.3.4. Views of head teachers

When the head teachers were asked about how their attitude was towards learners with disabilities who fell pregnant or responsible for pregnancies, seven (7) out of ten (10) head teachers indicated that their attitude towards such learners was that of a concerned parent. They further said they only regretted the occurrence because the learners were already under pressure with the disability. So they felt such learners were supposed to be treated as special cases by granting them leave immediately the pregnancy was confirmed. In addition, the head teachers said it was just sad that head teachers in mission schools never accepted learners who fell pregnant. It indicated that their attitude towards learners with disabilities who fell pregnant was very negative. The head teachers said this because some of them had attended meetings where mission schools’ authorities refused to accept the re-policy.

Concerning the attitude of teachers towards learners with disabilities, four (4) out of ten (10) head teachers' responses were that, most teachers nowadays, had positive attitude towards the said learners. Some of them even participated in counselling such learners. However, six (6) out of ten (10) head teachers acknowledged that there were some teachers who teased the learners with pregnancies and even uttering bad remarks over the learners' situations.

Asked as to what the attitude of peers was, the response from two (2) out of ten (10) head teachers was that most learners, especially those who had been sensitized did not laugh but gave a helping hand by being accommodating and granting them leave. The other eight (8) head teachers said some learners especially boys uttered bad remarks.

4.3.5. Views of the MESVTEE Official

Concerning the attitude of teachers towards learners with disabilities who fell pregnant, he said the attitude of most teachers was not good because of the irresponsible statements that some teachers uttered especially on learners with learning disabilities. He added that even the attitude of some Head teachers was not good because they sometimes allowed teachers to create an atmosphere which was not conducive for learners with disabilities in schools without disciplining the erring teachers. They also demonstrated their bad attitude by considering learners with disabilities as less human beings who did not need sensitisation.

4.4. Summary

This chapter presented the findings of the study in line with the objectives. The study found out that learners with disabilities did not re-enter school due to various reasons namely: burden of extra responsibilities such as bearing and taking care of the baby including management of the health issues arising as a result of pregnancy; stigmatization and shame due to derogatory remarks from the teachers and peers; security reasons or parental guidance because of fear that the sexual abuse might happen again and so there is over-protection from their parents. Lack of support from the parents and the boy or man responsible to help take care of the baby is another reason for not re-entering school. The other reasons were inadequate guidance and counseling, poverty, trauma due to sexual abuse; teachers' and peers' bad attitude towards learners with disabilities who fell pregnant

and peer pressure. Inconsistent implementation of the re-entry policy was also one other reason for learners' failure to re-enter school. This was according to the majority of the respondents.

As regards sensitisation of the re-entry policy, the findings were that learners with disabilities did not receive much of the sensitisation because they were considered to be asexual. As a result, they remained ignorant about the re-entry policy and failed to re-enter school after giving birth. In relation to attitudes of teachers, peers and parents towards learners with disabilities who fell pregnant, it was negative.

The disability group which was more vulnerable to pregnancy and failure to re-enter school was those with intellectual impairmentss.

CHAPTER 5

DISCUSSION OF THE FINDINGS

5.0. Overview

This chapter discusses the findings of the study which was aimed at investigating reasons for learners with disabilities not re-entering school, in selected special education units in Lusaka province. The findings are discussed in line with the objectives which were to;

1. To establish the reasons for learners with disabilities not re-entering school.
2. To determine how learners with disabilities are sensitized on the re-entry policy in schools.
3. To examine the attitude of teachers and peers towards learners with disabilities who fall pregnant or found responsible for causing pregnancy.

5.1. Reasons for learners with disabilities not re-entering school after giving birth

The findings were that fifteen out of all the learners with disabilities fell pregnant in the period 2011 to 2013 in the schools visited. Out of the fifteen learners with disabilities who went on maternity leave, ten (10) learners with disabilities did not re-entered school after giving birth. It was a revelation that learners with disabilities were not taking advantage of the re-entry policy. Furthermore, the study brought out the reasons which caused the learners with disabilities not to re-enter school after giving birth. The reasons included:

5.1.1. The burden of extra responsibilities

From the study, it was found that the burden of extra responsibility caused learners with disabilities to fail to re-enter school after giving birth. They had to feed and bath the babies, take them for under five clinics, take them to the hospital when sick and do the usual household chores. Having a disability placed the learner at further risk for pregnancy, as the disability itself led to poor academic performance and low cognitive and emotional development for some learners. Learners with disabilities faced substantial barriers that limited their access to health care services. These included physical, attitudinal, and policy

barriers; lack of information about how disability affected health; limited finances; and insufficient personal assistance. Similarly, Hubbard (2008) in Rundu, Namibia, noted that re-entered school girls had “double responsibility” of schooling combined with parenting. This was cited as a contributing factor to poor attendance by young mothers, especially with respect to extra-curricular activities which forced them out of school. Jones et al (2005) also found that children born to teen mothers often had birth weights below 5½ pounds, placing these infants in a high-risk category. This translated into a greater risk of low cognitive and emotional development, an increased probability for mortality and morbidity including mental retardation, cerebral palsy, or hyperactivity, and it doubled the risk of learning disabilities such as dyslexia. This indicates that even when the learner decided to re-enter school, she could not manage school work because much of the time, she needed to attend to the baby’s welfare. Further, children born to teen mothers frequently performed lower academically in school and had a higher rate of behavioral problems than their peers. As teens, they, in turn, had an increased chance of becoming teen parents.

It is therefore cardinal to note that learners with disabilities were overburdened with extra responsibilities. They had to care for the health of their children, their disability and the transition from adolescence to young adulthood and parenthood. The girls were expected to do the household chores, as mothers, they had to see to it that their babies’ needs were met and as learners, they had to comply with school routines. There is, therefore, need for assistance or support for the learners with disabilities when they fall pregnant so that the burden brought about by the triple roles of a learner, daughter and mother which work simultaneously is lessened and be able to re-enter school after giving birth.

5.1.2. Stigmatisation and shame

It was found that learners with disabilities did not re-enter school because of stigma and shame. This information came from learners who said their peers sometimes passed bad statements which made them feel rejected or not worth living. One girl reported that fellow learners would say things such as: *“We do not want to see an old woman in our class”*. Two parents said their children could not go back to school because some teachers and

learners passed very negative comments every time they saw the learners with pregnancies. Eleven teachers mentioned that the learners with disabilities were at times under pressure from their classmates who would be calling them all sorts of names. One head teacher including the MESVTEE official also said some teachers had bad tendency of passing irresponsible statements over the learners' situations. It became even worse if the learner had at one time refused the teacher's sex proposal. Being pregnant was also perceived by some learners as being teenage parents who did not belong to the school environment any more, and some learners reportedly used negative words and names when referring to young mothers. Such attitudes bred feelings of isolation and rejection. These results are consistent with a study conducted by FAWENA (2002) in Namibia which found shame and stigma to have been a problem. For example, a primary school girl in Kunene Region who became pregnant felt that everyone was "talking about her" and that her teachers refused to accept her after her return. Lack of interest in school among teenage mothers arose from the fear of being stigmatised, over- aged and desired to marry.

5.1.3. Resistance from parents who thought it was a waste of resources

The study noted that learners with disabilities did not re-enter school because parents told them not to. Eight learners said they could not re-enter school because their parents got disappointed when their children got pregnancies and so they concluded that it was a sheer waste of money and other resources. For example one learner had this to say:

I have not been allowed to come back to school by my parents. They are saying that I might become pregnant again. Furthermore, they are saying, they have no more money to waste on me because I might not even gain anything from school education.

It was also found that some girls were not allowed by their parents to re-enter school after giving birth because they feared that the girls might be raped or defiled by unknown boys or men again. Security for the girls to and from school was not guaranteed and even trust for anyone was lost.

5.1.4. Negative attitudes by parents and peers

The findings indicated that four learners and ten teachers agreed that lack of support made the learners with disabilities fail to re-enter school. They said negative attitudes from the parents, teachers and the peers towards them due to pregnancy contributed to their failure to re-enter school. Their utterances and general behavior further indicates opposition to the re-entry policy. This attitude could be traced back to the time of introduction of the re-entry policy in 1997. According to FAWEZA (2006), Teachers, pupils, ZNUT and the church opposed the re-entry policy citing problems of encouraging immoral conduct and indiscipline among learners. In this vein, learners lacked emotional and material support which they needed from their parents. This is in line with the study by Mutombo et al (2010) in Zambia, the findings were that lack of care and support from parents, both emotionally and financially was a social factor linked to teenage pregnancy. It caused learners to look for love and support elsewhere which usually landed them in the hands of men who asked for sex in exchange for the support. This led them into becoming pregnant and failing to re-enter school. It is important, therefore, that parents strive to provide support for the learners so that pregnancies are avoided

5.1.5. Lack of guidance and counselling

The study revealed that there were inconsistent practices in respect of the provision of counselling to pregnant school girls with disabilities. It was found that the guidance and counselling conducted in schools was not disability inclusive, as a result many learners with disabilities were left out. This was more so because no teacher had the training in counselling learners with disabilities on pregnancy-disability related issues. Similar studies by Kapenda (2002) and (2006) in Namibia found that while many schools had a specific female teacher who counselled girls on issues pertaining to sexuality – either a teacher formally assigned to play this role by the school management or someone who had taken the task out of her own initiative, none of the teachers had specific training in counselling skills, although some had attended workshops on the topic. Techniques for counselling and supporting pregnant learners and learner parents could be a topic of in-service training for school guidance counsellors and selected teachers.

Furthermore, the study found out that some teachers and head teachers did not bother about educating the learners with disabilities on issues of sexuality, pregnancy prevention and how to take care of oneself during pregnancy because they assumed that learners with disabilities would not understand or that they had no emotions or feelings. This is consistent with Irwin (1993) who conducted a study in the USA. In his findings, he said the subject of sexuality and reproductive health was often avoided when teaching youths with disabilities, leaving them with an information void that decreased their chances of protecting themselves from unintended pregnancy and parenting. Few pregnancy prevention or parenting education programmes made the necessary accommodations or even recognise that they were serving youths with disabilities yet, available research indicated that youth with disabilities were likely to need special help if they were to acquire socially appropriate sexual behaviour, to make safe sexual choices, and to become less vulnerable to sexual abuse.

It was further found that learners with disabilities were marginalised when it came to guidance and counseling in schools. Many guidance and counselling teachers did not remember them whenever it was time for counseling. Similarly, Healthy Teen Network (2009) conducted a study in California, USA on preventing teen pregnancies among the marginalised youths. The findings were that youths with disabilities were at an increased risk for abuse and were often ignored when it came to sexuality education because of the perception that they were unlikely to engage in sexual activity. Furthermore, the study indicated that no theories were found to show new thinking around how to best serve the youths with disabilities regarding their sexual and reproductive needs.

The assumption that learners with disabilities were asexual cannot be accepted because fifteen (15) pregnancies were recorded amongst them and out of this number, ten (10) did not re-enter school after giving birth. It showed that learners with disabilities were human beings who also had emotions and capable of engaging in sex. Their being neglected on sensitisation or guidance and counseling in schools subjected them to a high risk of being abused sexually. It is imperative to realise that they needed to be empowered with information and the manner of dissemination of the said information matters. Therefore, when counselling learners with disabilities on sex education the teacher or the counsellor

need to start with assessing the learner's knowledge level. With the use of visual aids, the teaching should be brief, specific and clear. It is also advisable to task analyse, that is, breaking the skills to be taught into small and manageable tasks. Repetition of the instruction combined with practicing of the skill is cardinal because it enables the learners with disabilities to retain the information and be able to implement it.

5.1.6. Poverty

The study found that one of the reasons that contributed to female learners who got pregnant not to re-enter school after giving birth was poverty. In situations where parents were already hit by poverty and were expected to support their child with her baby, it became a big burden to bear. Such a child brings a challenge to the Zambian government. Zambia is a signatory to the United Nations Convention on the Rights of Persons with Disabilities but by this finding implies that access and support are not adequately provided. Article 28(1) and (2c) states:

1. States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.

2. States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures:

c. To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care;

This article should be put into practice by government through MESVTEE.

5.1.7. Trauma as a result of unwanted sex

The study found that trauma was one of the eventual causes of failure to re-enter school after giving birth. Forced sex left the person with trauma and ended in pregnancy. When a pregnancy occurred, the learners with disabilities failed to re-enter school because of fear and confusion that surrounded its source. Similarly, Raphael (2005) found that female teenagers with disabilities easily succumb to sexual pressure from males to gain peer acceptance but left them traumatised. However, the study found that three learners with intellectual challenges were forced into unwanted sex by men and not by peer pressure.

Ingram (2012) added that sexual abuse and exploitation is four times higher among the group of learners with cognitive disabilities because of possible physical and cognitive limitations to determine safety; lack of knowledge of sexuality and lack of information on exploitation; and impulsivity, low self-esteem, poor decision-making skills and lack of social opportunity.

Furthermore, the study revealed that girls who were sexually abused never reported the matter to school but parents reported at a later time though nothing was done but in a study conducted by AVON & WLSA (2012), it was revealed that girls who experienced incidents of sexual abuse in school rarely reported them, fearing stigma, blame, retaliation, or unresponsiveness on the part of school authorities. These fears were well justified; school and civil officials often failed to respond effectively to sexual harassment and violence in schools, and girls who reported were frequently unable to obtain redress. Yet these patterns of conduct caused serious physical and emotional injuries to young girls, discouraged them from continuing their education, and reinforced discriminatory patterns in the family and society.

In addition, the study found out that youths with disabilities such as emotional and behavioral disorders and attention deficit disorders were challenged by impulsivity, inability to attend, and poor organizational skills that impact their ability to learn new information as well as to relate socially. Such challenges led to the harsh environment of defilement and rape. It made the learners that were sexually abused often experience

feelings of fear and distrust as a result of abuse. They felt bad, insecure, discriminated, harassed and victimised. And they no longer trusted anybody or anything, school inclusive. This is similar to the study by Human Rights Watch (2001). It found that there was sexual violence against girls in South African schools by male teachers and students. The girls were raped and verbally abused. Unwanted touching also took place through out the school premises. It further reported that sexual violence contributed to girls' early withdrawal from school on their own and by their parents. It is, therefore important to note that learners with disabilities and girls in general are also human beings who deserve to be respected as stipulated in Part II, 6(2) of Persons with Disability Act No. 6 of 2012: *A person shall not exploit or subject a person with disability to abusive, violent or degrading treatment including their gender- based aspects.*

5.1.8. Inconsistent implementation of the Re-entry Policy

From the study it was found that there were inconsistencies in how the current guidelines were being understood and implemented, particularly with respect to the amount of time a learner with disabilities was allowed to remain in class after it became known that the learner was pregnant. Nine (9) out of thirty learners said in some school, girls were allowed to stay on until they were due for delivery of babies, while twelve (12) out of thirty learners revealed that in other schools they were asked to stay home as soon as the pregnancy became visible. Nine (9) other learners reported that still in other schools, they were stopped going to school immediately the pregnancy was identified. In some schools, no maternity leave was granted. Girls would just stop reporting for classes but would be admitted back into school if they happened to report back for classes after delivery. Some school authorities told girls to report back to school a year after giving birth while in other schools, girls were told to report back at the time that would be convenient for them, considering the disability. Such conditions made some girls not to report back for school.

Further investigation into the causes of inconsistency in the implementation of the re-entry policy by the head teachers revealed that inadequate knowledge and understanding of the policy was rife. For instance, from the findings, four head teachers never had the re-entry policy guidelines for effective implementation of the re-entry policy. Three head teachers

said learners with disabilities were not mentioned in the re-entry policy guidelines and so they thought re-entry policy was not applicable to the learners with disabilities while three other head teachers did not support the re-entry policy.

Others head teachers never attended any orientation workshop or seminar for re-entry policy implementation. This resulted into some school authorities having little information or not caring about the re-entry policy. This is consistent with the study undertaken by Mluma, (2000) in Botswana. Her study revealed that the readmission policy was not well known. Only 37 percent of students interviewed in Botswana knew something about it. Head teachers in primary schools seemed to know less about it than those in secondary schools.

Similarly, Maluli and Bali (2014) in his study in Tanzania said despite the government authorization of the re-entry policy, it was not always a straight forward issue as some school heads did not want to give teenage mothers space in their schools. They continued to believe that, giving a chance of education to teenage mothers would encourage more girls to become pregnant. As a result, pregnant and mothering students were still expelled from schools and some were struggling to continue with studies under difficult situations. Worse still, there was limited information on students' experiences of mothering in this situation of the lack of explicit policy. This poses a problem because the head teachers are the people that are supposed to interpret and implement government policy. With such attitude or arrangement, inconsistency of the implementation of the re-entry policy cannot be doubted.

The study further found that inconsistency was also shown in the manner in which some head teachers refused to implement the re-entry policy because the re-entry policy guidelines did not mention learners with disabilities. This is consistent with mission and grant aided school secretaries' refusal to implement the re-entry policy in their schools. They said it was on moral grounds that they refused to comply with government's directive to implement the re-entry policy. This was in a meeting held in Mongu, Western province, on 8th August, 2013 by the then Provincial Permanent Secretary, Mr. Emmanuel Mwamba.

He met Education Secretaries from the Roman Catholic Church, United Church of Zambia, Anglican Church and Evangelical Church of Zambia, Mr. Mwamba stated that policy directives were given and granted by Cabinet and it was imperative that they were followed and enforced. He had established that mission schools were not exempted from accepting pregnant girls and refuse to allow girls to re-enter schools after giving birth as required by the Education Re-entry Policy (Muzalain, 2013). However, the head teachers in the schools visited were ready to implement the re-entry policy on learners with disabilities once the policy included the guidelines on learners with disabilities.

This uncoordinated pattern or inconsistent implementation of the re-entry policy in different schools and countries contributed to learners not re-entering school after giving birth. Consultation needed to be wide where head teachers, teachers, parents, learners, NGOs, MOESVTEE officials and line ministries had to sit and discuss in detail before developing the stand alone re-entry policy. It would assist in coordinated or consistent implementation of the policy. Even the mission schools may agree to implement it. This would enhance re-entry of learners into schools.

5.1.9. Threatened health and social welfare

Findings revealed that learners with disabilities' health and social welfare were threatened and so failed to re-enter school. Pregnancy for any teen involved many challenges, but for teens with disabilities, the challenges were greater. The pregnancy led to sickness and impaired mobility, especially for learners with physical impairments. The learners were faced with challenges in accessing maternal health care because the medical professionals mainly focused on disabilities and not reproductive abilities. Deliveries were mainly through caesarian section. Further, the pregnancy reduced on the rate of interaction with the peers because of shame due to the altered body shape in general. When the stress of two developmental stages, adolescence and young adulthood were compressed, successful completion of either set of developmental tasks was compromised. This is consistent with studies conducted by Yampolskaya, Brown and Greenbaum (2002) on early pregnancy among adolescents and females with serious emotional disturbance. The outcomes were that pregnancies among learners threatened their health and social welfare and the health

and welfare of the children born to them. Pregnancies often caused learners to terminate their education. The researchers indicated that having a disability placed a teen at further risk for pregnancy, as the disability itself may lead to inadequate school performance and low cognitive and emotional development.

Similarly, Slocum (2014) noted that pregnant teens were more likely to suffer complications during pregnancy. Their babies were more likely to experience premature birth, low birth weight or other serious health problems. These issues put babies at a greater risk of suffering newborn health problems, disability or death and keeping the mother from school.

The findings of the study were that out of the ten learners with disabilities, who did not re-enter school, six of them had babies who were sickling and so the teen mothers were always in and out of hospital. Consistent with Bodeed (2014), he said patience, maturity and ability to handle stress were required by pregnant mothers of all ages. A teen pregnancy may also impact the baby. Babies born to teens may have weaker intellectual development and lower skill set scores at kindergarten. They may also have ongoing medical issues and behavioral issues that may prevent the teen mother from reporting back to school.

5.2. Causes of teenage Pregnancies

The findings from the study were that two learners with disabilities fell pregnant as a result of being raped or defiled by unknown boys or men. This was pointed out by learners themselves, parents, teachers, head teachers and the ministry official. Learners with disabilities became vulnerable to sexual abusers because they had to cover long distances to and from school. The findings are consistent with a study, on the ordinary learners, conducted by Human Rights Advocacy Center (HRAC) in Gofer (2012) in Ghana on “teenage pregnancy should not end girls’ education”. They indicated that learners were sexually abused and as a result, they became pregnant. One of the more horrifying stories that were revealed during HRAC’s research involved the rape of female students by a school administrator. Multiple students became pregnant as a result of being raped and the

school administrator ran away. Furthermore, in most cases, the culprits were boys or teachers who were not reported.

The above sentiment is no exception to the Zambian situation among the non-disabled learners. In a study conducted by Avon Global Centre and WLSA (2012) on “Sexual violence against girls in Zambian schools” also found that some girls got pregnant after being raped. Boys continued with their education with the promise that if allowed to continue with their education, would be able to take better care of the child and probably marry the girl which they rarely did. Girls who were subjected to sexual abuse at school faced multiple barriers to obtaining redress. Most schools did not have clear policies or procedures for responding to reports of sexual abuse or educating girls about how to protect themselves from such abuse. Many school administrators failed to recognise or respond effectively to harassment and violence that occurred at their schools. The situation left the girls with the multiple responsibilities of caring for the baby and failed to re-enter school after giving birth. It calls for intervention by the school guidance and counseling department contacting organizations like Victim Support Unit (VSU), paralegal service providers and many more as highlighted in MESVTEE (2012).

In addition, learners and parents mentioned that girls fell pregnant because of peer pressure or envying what their friends had. Some times due to lack of social skills which could enhance decision making, the learners with disabilities were enticed by their peers to indulge in sexual activities which resulted in pregnancies. The adverse effects of teenage pregnancy created an environment which was not conducive for re-entry into school after giving birth.

The study found that poverty was one of the social factors that drew learners with disabilities into indulgence in sexual activities. Parents, teachers and head teachers reported that many families where learners with disabilities belonged were poor. Some of the learners were under the custody of their aged grand parents, others were kept by their single parents mainly females who had no stable source of income. The home background made the learner engage in illicit behaviours so as to make ends meet. Through such kind of living, they became pregnant. The findings agree with those of Mutombo et al (2010)

who in their study on the review of the re-entry policy on ordinary learners in Zambia, asserted that high poverty levels and peer pressure were factors enhancing teenage pregnancies. The girls wanted to live better lives than their parents could afford, they had sexual relations with men who ‘showered’ them with gifts, eventually giving in to their sexual demands and fell pregnant. Such scenarios disadvantaged girls of their better future due to inability to re-enter school after giving birth.

The causes mentioned above indicate that there were a lot of barriers for learners with disabilities to surmount. As earlier alluded to, the girls became vulnerable at the mercy of the boys and men who took advantage of their situations (poor, disability) and sexually abused them and they became pregnant. The effects of the pregnancies hindered girls’ re-entry into school after giving birth.

5.3. Suggested measures by respondents for learners to re-enter school

The study noted that in order for the learners with disabilities to re-enter the following measures needed to be taken; sensitisation of the learners, parents, teachers and all other stakeholders interested in the learning and teaching of learners with disabilities on the re-entry policy has to be conducted. This is similar to the findings of the study undertaken by Jones et al (2005) in the USA on pregnant and parenting teens with disabilities. They said youths with disabilities needed information about values, morals, friendship, dating, love and intimacy, how to protect themselves against unwanted pregnancies and sexual exploitation, and positive parenting roles and responsibilities. The situation is not an exception to the Zambian situation. The learners need to be supported through implementation of legal instruments that protect them and sensitise them on such in order for them to make informed decisions about their lives. This is in agreement with Avon Global Centre and WILSA (2012) in their study on ordinary learners in Zambia on sexual violence against girls in Zambian schools.

Their findings were that in recent years, sexual violence against girls in schools has received increased attention from the Zambian government, which has taken important steps to address the problem. For instance, MESVTEE has banned teachers from

conducting private tutoring sessions in their homes and has partnered with some NGOs that have instituted promising programs aimed at empowering school girls to protect themselves against sexual violence. In 2011, the Zambian Parliament enacted two important pieces of legislation, the Anti-Gender-Based Violence (GBV) Act and the 2011 Education Act, which provide heightened protection and support for girls who experience school-based sexual abuse. In addition, the MESVTEE is presently in the process of drafting a National Child Protection Policy for Schools, which, among other things, will establish guidelines for preventing and responding to sexual violence in schools.

Parents and head teachers alluded to the fact that the government of Zambia in partnership with some NGOs needed to provide a bursary scheme for learners with disabilities who fell pregnant. This would help the learners who may be pressured by hurdles of multiple responsibilities and poverty, to be able to re-enter school. This finding is in line with the study conducted by Mutombo et al (2010) on review of the re-entry policy. Their findings were that some of their interviewees suggested that there be changes in the implementation of the re-entry policy. One of the changes suggested included setting up of a special bursary scheme for girls who became pregnant. This does not necessarily support girls becoming pregnant but just to assist in waving off some of the unbearable challenges that the girls encountered once they fell pregnant.

Consistent implementation of the re-entry policy was supported by teachers and head teachers. It was observed that the re-entry policy was managed differently in all the schools including countries outside Zambia. It was as if each head teacher had to take it his or her own way. This created a situation where in some schools; the policy was implemented while in other schools it was not. It was also observed that some schools failed to implement the re-entry policy adequately because since the re-entry policy was implemented, they had never seen the re-entry policy guidelines. Teachers suggested that the teachers in the guidance and counseling department be capacity built in the area of re-entry policy on learners with disabilities and other cardinal areas. They believed it could enhance effective counseling of the learners and eventually re-enter school after giving birth.

5.4. How sensitisation of learners with disabilities on the re-entry policy was conducted

Findings from the study were that some school authorities reported that they did not see the need to sensitise learners with disabilities on the issues of pregnancy; its prevention and the re-entry policy as a whole because they considered learners with disabilities as being asexual. Available research by Jones, Woolcock and Domenica (2005) indicated that youth with disabilities were likely to need special help if they were to acquire socially appropriate sexual behavior, to make safe sexual choices, and to become less vulnerable to sexual abuse. This indicates the fact that learners with disabilities were disadvantaged. They received less sensitization thus rendering them ignorant about the re-entry policy hence failure to re-enter school after giving birth.

Other school administrators assumed that it was not usual for learners with disabilities to become pregnant or if they did, the number was too small to affect the girl populace or raise concern. Fritz (2003) and Sugar (1991) also discovered that “there are many misconceptions about the sexuality of youths with disabilities. One of the most common is that people often view students with developmental disabilities as asexual, thus ignoring their emerging sexuality issues and believing they do not need education regarding their sexuality.”

From the aforesaid, it is an infringement of the rights of learners with disabilities as enshrined in Article 21(a) on “Freedom of Expression and Opinion, and Access to Information” of the ‘Convention on the Rights of Persons with Disabilities’ and it states:

States Parties shall take all appropriate measures to ensure that persons with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice, as defined in article 2 of the present Convention, including by:

Providing information intended for the general public to persons with disabilities in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner and without additional cost;

The laws of Zambia, on freedom to access information entails that every Zambian citizen, regardless of colour, religion, class, disability, etc has the right to information. By the school authorities' failure to provide information to learners with disabilities means they are infringing on the rights of such learners. It should be noted that not every learner with disability can fail to make a decision once confronted with some of life's challenges. They are learners who, like their ordinary peers, can make well informed choice as long as they have the information.

SAFE clubs, which operate under the auspices of FAWEZA were used for sensitization in some schools. This was cardinal because, if well implemented, they use mentoring and peer mentoring to improve the well-being of the girl child. Among other things, the clubs help girls make informed choices, resist negative pressure, build self esteem, discuss issues openly and freely, and avoid risky behaviour. The clubs seek to help girls to avoid situations which would lead into getting pregnant, they also help to raise awareness about the re-entry policy, and remove the stigma against re-entered girls (FAWE, 2005). It is therefore, cardinal for the government to scale up proven national interventions in Zambia by integrating them into mainstream curriculum activities rather than treating them as extra-curricular activities as is currently the case. For example, the Students Alliance for Equality (SAFE) Clubs, Anti AIDS Clubs and Peer Education models in school. All these are for the purpose of offering assistance or help in form of information to the learners but in some schools, learners with disabilities do not benefit because they are not sensitized on the provisions of the structures.

Although youths with disabilities are at an extremely high risk for teen pregnancy, an extensive review of the literature by Carter (1999) revealed few studies that specifically addressed the learning needs of pregnant and parenting students with disabilities. Most of the literature on pregnancy prevention was designed primarily for regular education students; the subgroup of youths with disabilities was rarely acknowledged in literature addressing teen pregnancy. Much of the available printed material on reproductive health was generic in nature, rarely mentioning considerations that may be needed for youths with disabilities. In addition, a large portion of references are related to sexuality and sex education rather than pregnancy and parenting. Several of these resources are over 10 years

old. This leaves learners with disabilities vulnerable and ignorant about pregnancy and parenting. As a result, they fail to re-enter school after giving birth.

Some parents received sensitization through PTA meetings, print and electronic media while others just heard from other people. School was the best institution to conduct sensitisation through meetings with parents and community sensitization meetings organised by co-operating partners like FAWEZA, CAMFED and UNICEF while teachers were sensitized through meetings and workshops. This is cardinal because if the parents have the necessary information concerning re-entry, they would be better positioned to assist in educating their children on the issues of re-entry after giving birth.

Despite the fact that sensitisation structures are in place in schools, learners with disabilities do not access them easily and hence the information gap which made them less assertive even when they could see signs of sexual abuse.

5.5. Attitude of teachers and peers towards learners with disabilities who fall pregnant or responsible for a pregnancy

The study found that the attitude of most teachers and peers was not good. eighteen learners, five parents, fifteen teachers, five head teachers and the MESVTEE official said the attitude that the teachers and the peers portrayed towards learners with disabilities who fell pregnant was negative. The assertion was justified by the responses from various respondents about the negative utterances that were made against the learners. The teachers' and male learners utterances induced fear, shame and stigma in the learners who were pregnant and they refused to re-enter for fear of the harassment.

The change in status of a learner with disabilities who fell pregnant meant that they became teenage parents and did not belong to the school environment any more, as reported by some learners. In addition, some learners reportedly used negative words and names when referring to young mothers. One teen mother reported that fellow students might say things such as: *"We do not want to see an old woman in our class"*. The result of such attitudes could be feelings of isolation and rejection.

A study by Slocum (2014) indicated that learners with disabilities needed to be given contraceptive measures so that they do not bear children for fear that they may bear children who would also have disabilities. This assertion was not true because if a close look at the causes of various disabilities was taken, it would be discovered that not all disabilities are hereditarily caused. Some of the causes of disabilities were disease, injury to the brain, anoxia, absence of body part and abnormal electrical impulses (Gearheart, Weishanh and Gearheart 1988). Such attitude infringed on human rights. Every human being has the right to reproduce. It is up to an individual to make a decision as to whether to reproduce or not rather than making a decision on the learners with disabilities' behalf. If well informed, the learners with disabilities can make informed choices over what the world feel the learners with disability do not have the capacity to do. Negative attitude could also be seen from the quote by Paul (2014):

Schools do not have enough resources like textbooks for quality teaching of students with learning disabilities and this is a major challenge to teachers. Parents have negative attitudes towards their children with learning disabilities and do not assist them to do homework, do not provide them with learning resources at home and schools and do not consult the teachers on the learning progress of their children (Paul, 2014)

5.6. Summary

This chapter has discussed the findings based on the study objectives. It started with the first objective which looked at the reasons for learners with disabilities not re-entering school after giving birth. It was found out that the reasons why learners with disabilities did not re-enter school in selected special education units in Lusaka province were: the burden of extra responsibilities, stigmatization and shame, resistance from parents or security reasons, lack of support, inadequate and inappropriate counseling, poverty, trauma and threatened health and social welfare.

Furthermore, the second objective looked at sensitisation of the re-entry policy on the learners with disabilities. The findings of the study were that sensitisation structures were in place in some schools but access to the structures by learners with disabilities was

inadequate. Teachers were discovered not to have the counseling skills needed for the learners with disabilities.

In addition, the third objective was on the attitude of teachers and peer towards learners with disabilities who fell pregnant. The attitude of teachers and peers was negative, as a result, it contributed to the learners' failure to re-enter school after giving birth.

Lastly, the statistics on the learners with disabilities who fall pregnant are not usually explicitly highlighted because they are merged with statistics for learners without disabilities hence the absence of the information on it. It is therefore, cardinal that statistics for learners with disabilities who fall pregnant be documented separately from the general statistics which include learners with disabilities.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.0. Overview

This chapter presents the conclusion and recommendations emanating from the findings and discussion of the study. The objectives were to:

1. To establish the reasons for learners with disabilities not re-entering school.
2. To determine how learners with disabilities are sensitized on the re-entry policy in schools.
3. To examine the attitude of teachers and peers towards learners with disabilities who fall pregnant or found responsible for causing pregnancy

6.1. Conclusion

Based on the findings, the study concludes that learners with disabilities did not re-enter school because of negative attitude of parents, peers and teachers towards learners with disabilities; threatened health and welfare; lack of appropriate and adequate guidance and counseling; inconsistent implementation of the re-entry policy; shame and stigmatisation due derogatory remarks; trauma as a result of unwanted sex; burden of extra responsibility; lack of support and poverty. As regards how sensitisation on the re-entry policy was conducted, it was done through guidance and counseling, SAFE clubs, HIV and AIDS clubs, boys' network and peers educators. However, the sensitization was not adequate. The attitude of teachers and peers towards the learners with disabilities who fell pregnant or responsible for pregnancy was also negative as a result, it contributed to girls with disabilities not re-entering school after giving birth.

6.2. Recommendations

1. Schools and parents should co-exist in making timely interventions in the quest to help learners with disabilities re-enter school after giving birth.

2. MESVTEE should design and implement guidelines for schools which would enhance effective and quick response to reports of sexual violence or harassment and for disciplining teachers or learners found to have engaged in such kinds of behaviours.
3. MESVTEE to strengthen monitoring of the implementation of the re-entry policy so as to identify good practices and re-strategize for effective implementation of the re-entry policy on the learners with disabilities.
4. Since some respondents expressed misgivings over the re-admissions (re-entry policy), the Government and other stakeholders should carry out sensitisation campaigns to highlight the benefits of this policy to all learners including those with disabilities.
5. Above all, MESVTEE, under the auspices of the government of the Republic of Zambia should endeavour to enact the re-entry policy into law. This legal framework will compel all stakeholders and grant-aided schools to make a commitment to the effective and uniform understanding and implementation of the re-entry policy.

6.3. Suggestions for future research

Currently, there is little research and information available on the incidence of pregnancy among youths with disabilities. There is also insufficient information on whether the educational needs of youths with disabilities differ from those of their non-disabled peers in regards to sexuality, reproductive health, pregnancy, and parenting. Additionally, many teen pregnancy programmes do not adequately address specific needs of youths with disabilities. Thus, further research is necessary to design interventions that address the needs of this particular population of youths on topics including sexual activity and pregnancy.

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APPENDICES

APPENDIX I

QUESTIONNAIRE FOR THE TEACHERS

Dear Respondent,

I am a post graduate student at the University of Zambia carrying out a research concerning the Re-Entry policy on the learners with disabilities. You have been selected to participate in this research. The information you will provide is purely for academic purposes and will be treated with highest degree of confidentiality. You are therefore required to be objective as you can possibly be in your responses. You need not to give the details of your identity.

Instructions

- Give your answers either by writing in the blank spaces provided or by ticking where appropriate.
- Please try as much as possible to make your answers specific. Your truthful and specific answers will immensely be appreciated.

SECTION A: PERSONAL INFORMATION

1. What is your gender? Male [] Female []
2. What is your age range? 24-30 years [] 31-35 years [] 36-40 years [] 41-45 years [] 46-50 years [] 51-55 years []
3. How long have you been in the teaching service?-----
4. What is your highest professional qualification?
Primary Certificate [] Certificate in Special Education [] Primary Diploma [] Diploma in Special Education [] Secondary Diploma []
BE.D Special Education [] BA.ED [] BA []
5. Are you a special education trained teacher? Yes [] No []

**SECTION B: QUESTIONS RELATED TO WHY LEARNERS WITH
DISABILITIES DO NOT RE-ENTER SCHOOL**

6. Do the learners who fall pregnant come back to school after delivery?

Yes [] No []

7. If the answer to question (6) is YES, what encourages them to come back after delivery?

8. If the answer to question (6) is NO, what makes them to fail to come back to school after delivery?

9. What are the causes of pregnancy?

.....
.....

10. Are you aware when some learners in school fall pregnant? Yes [] No []

11. If the answer to question (10) is YES, how do you know that a learner is pregnant?

12. How are the learners treated by the school when they are found pregnant or responsible for a pregnancy?

13. What measures can be put in place to encourage learners with disabilities who fall pregnant to re-enter school after giving birth?

SECTION C: QUESTIONS RELATED TO SENSITIZATION OF THE RE-ENTRY POLICY IN SCHOOL

14. Have you ever heard of the re-entry policy?

Yes [] No []

15. Who sensitizes teachers about the re-entry policy in school?

Teachers [] Head teacher [] DEBS' office []

16. If your answer to question (14) is YES, how did you come to know about the re-entry policy?

17. Other than the method in question (16), what other ways are used to teach about the re-entry policy?

18. From the time you came to learn about the re-entry policy, how often do you hear about it?

Very often [] Often [] Not often [] Not very often []

19. Why would you say the re-entry policy is a good policy?

20. How best would you like the following stakeholders in school to learn about the re-entry policy?

a) Learners:-----

b) Teachers:-----

c) Parents:-----

d) Other stakeholders such as PTA, organizations-----

21. How best can the re-entry policy be disseminated in school?

**SECTION D: ATTITUDE OF TEACHERS AND PEERS TOWARDS LEARNERS
WITH DISABILITIES WHO FALL PREGNANT OR FOUND RESPONSIBLE FOR
CAUSING PREGNANCY**

22. What is your attitude towards girls who are pregnant or boys who are responsible for pregnancies in your school?

Very Positive [] Positive [] Very Negative [] Negative []

23. Provide reasons for your response to question 22 above.

24. What is the attitude of learners towards fellow learners that fall pregnant and those that are responsible for pregnancy?

Very Positive [] Positive [] Very Negative [] Negative []

25. Provide reasons for your response to question 24 above.

Thank you for your co-operation

APPENDIX II
INTERVIEW GUIDE FOR THE HEAD TEACHERS

Dear Respondent,

I am a post graduate student at the University of Zambia carrying out a research concerning the Re-Entry policy on the learners with disabilities. Your school has been picked to help find out why learners with disabilities do not re-enter school. The information you will provide is purely for academic purposes and will be treated with highest degree of confidentiality. You are therefore required to be objective as you can possibly be in your responses

Introduction

You are required to answer the questions accordingly.

SECTION A: BACKGROUND INFORMATION

1. Gender: Male [] Female []
2. How long have you been in the teaching service?
 - a) Less than 10years [] b) 10-15years [] c) 15-20years []
 - d) Over 20years []
3. How many years have you served as Head teacher?
 - a) Less than10years[] b)10-15years[] c) 15-20years[] d) over 20years[]

SECTION B: WHY LEARNERS WITH DISABILITIES DO NOT RE-ENTER SCHOOL

4. Has the school ever recorded learners who have fallen pregnant or found responsible for a pregnancy at this school for the past three years? Yes [] No []
5. How many learners with disabilities fell pregnant or responsible for a pregnancy in the past three years?-----

6. Did the learners with disabilities who fell pregnant or responsible for pregnancy report back to school after giving birth?.....

7. How many have re-entered in the past three years?

.....

8. Why did the learners with disabilities not or report back to school?.....

.....

9. What could be the causes of pregnancy?.....

.....

10. How do you, as a school, treat learners who fall pregnant and those found responsible for causing pregnancies?

.....

11. What do you do when the learners do not re- enter school?

.....

.....

12. How do you deal with learners who re-enter school to enhance retention?

.....

.....

SECTION C: SENSITIZATION OF LEARNERS WITH DISABILITIES ON THE RE-ENTRY POLICY

13. How did you disseminate the re-entry policy in school?

.....

.....

14. Do you use the guidelines for the re-entry policy?

Yes [] No []

15. How do the learners know about the re-entry policy in school?

16. Do you follow the sensitization procedure provided by the Ministry of Education, Science, Vocational Training and Early Education (MOESVTEE)?

Yes [] No []

17. Provide reasons for the response to question 16 above.

18. How should the sensitization procedures provided by MOESVTEE be improved?

19. Why do you think it is relevant to sensitize the parents and other members of the community on the re-entry policy?

20. What support structures are in place for learners who fall pregnant or responsible for pregnancy?

21. Are learners with disabilities sensitized of these structures?

Very much [] Much [] Not much [] Not very much []

SECTION D: ATTITUDE OF TEACHERS AND PEERS TOWARDS LEARNERS WHO FALL PREGNANT OR FOUND RESPONSIBLE FOR A PREGNANCY

22. What is the attitude of teachers towards learners who are pregnant and those found responsible for pregnancies?

Very positive [] Positive [] Very Negative [] Negative []

23. Provide reasons for your response to question 22 above.

24. What is the attitude of learners towards their fellow learners who fall pregnant or those who are responsible for pregnancies?

Very Positive [] Positive [] Very Negative [] Negative []

25. Provide reasons for your response to question 24 above.

Thank you for your cooperation

APPENDIX III

INTERVIEW GUIDE FOR MINISTRY OF EDUCATION, SCIENCE, VOCATIONAL TRAINING AND EARLY EDUCATION (MESVTEE) OFFICIAL

Dear Respondent,

I am a post graduate student at the University of Zambia carrying out a research concerning the Re-Entry policy on the learners with disabilities in selected Special Education Units in Lusaka Province. You have been selected to participate in this research. The information you will provide is purely for academic purposes and will be treated with highest degree of confidentiality. You are therefore required to be objective as you can possibly be in your responses. You need not to give the details of your identity.

Introduction

You are required to answer the questions accordingly.

SECTION A: BACKGROUND INFORMATION

1. Gender: Male [] Female []
2. How long have you been in the ministry?
 - (a) Less than 10years [] (b) 10-15years [] (c) 15-20years []
 - (d) Over 20years []
3. How many years have you served as Principal Education Standards Officer – Special Education?
 - (a) Less than 10years [] (b) 10-15years[] (c) 15-20years[]
 - (d) Over 20years []

SECTION B: WHY LEARNERS WITH DISABILITIES DO NOT RE-ENTER SCHOOL

4. Does the ministry have statistics on learners with disabilities who have fallen pregnant or found responsible for pregnancy in Lusaka Province?

Yes [] No []

5. How many learners with disabilities fell pregnant or responsible for pregnancy in the past three years in Lusaka province?

6. How many learners with disabilities re-entered school after giving birth in the past three years in Lusaka province?

7. Are there any learners with disabilities who do not re-enter school after giving birth?

Yes [] No []

8. Why do the learners with disabilities not re-enter school after giving birth?

.....
.....

9. What advice do you give to schools whose learners with disabilities do not re- enter school after giving birth?

10. How do you help provinces and schools to enhance retention of the learners with disabilities if they re-enter school after giving birth?

SECTION C: SENSITIZATION OF LEARNERS WITH DISABILITIES ON THE RE-ENTRY POLICY

11. How did you disseminate the re-entry policy to schools when it was just introduced in 1997 and thereafter?

12. How was the distribution of the guidelines for the re-entry policy?

.....
.....

13. Do you follow the sensitization procedure provided by the Ministry of Education, Science, Vocational Training and Early Education (MOESVTEE)?

Yes [☐] No [☐]

14. Provide reasons for the response to question 13 above.

15. How should the sensitization procedures provided by MOESVTEE be improved?

16. Which stakeholders are cardinal in the sensitization process of the re-entry policy on learners with disabilities?

17. What support structures are put in place by the ministry for learners who fall pregnant or responsible for pregnancy?

18. Are the schools with disabilities sensitized of the structures?

Very much [] Much [] Not much [] Not very much []

**SECTION D: ATTITUDE OF TEACHERS AND PEERS TOWARDS LEARNERS
WHO FALL PREGNANT OR FOUND RESPONSIBLE FOR A PREGNANCY**

19. What is the attitude of teachers towards learners who are pregnant and those found responsible for pregnancies?

Very positive [] Positive [] Very Negative [] Negative []

20. Provide reasons for your response to question 19 above.

21. What is the attitude of learners towards their fellow learners who fall pregnant or those who are responsible for pregnancies?

Very Positive [] Positive [] Very Negative [] Negative []

22. Provide reasons for your response to question 21 above.

Thank you for your cooperation

APPENDIX IV

FOCUS GROUP DISCUSSION GUIDE FOR LEARNERS ON WHY LEARNERS WITH DISABILITIES DO NOT RE-ENTER SCHOOL

Personal Information

1. Age group of learners: How many between
13-15years[] 16-18years[] 19-21years []
2. Grade -----
3. Gender: Males----- Females-----
4. Name of school:-----

WHY LEARNERS DO NOT RE-ENTER SCHOOL

5. What happened to learners who fell pregnant or responsible for pregnancy?-----

6. When they were sent home did they come back to school to learn?

7. Why did some of them not come back?-----

8. What should be done for them to come back to school?

SENSITIZATION ON THE RE-ENTRY POLICY

9. Who sensitizes learners on the re-entry policy?

10. How did you come to know about the re-entry policy?

11. From the time you came to learn about the re-entry policy, how often do you hear about it?-----

12. Which other people, apart from the teachers and the head teacher, sensitize you of the re-entry policy?

ATTITUDE OF TEACHERS AND PEERS TOWARDS LEARNERS WHO FALL PREGNANT OR RESPONSIBLE FOR A PREGNANCY

13. What is your attitude towards your fellow learners who fall pregnant or responsible for pregnancy?-----

14. Provide reasons for your response to question 13 above.

15. What is the attitude of teachers towards learners who fall pregnant or responsible for pregnancy?

16. Provide reasons for your response to question 15 above.

Thank you for your participation in this study.

APPENDIX V

**FOCUS GROUP DISCUSSION GUIDE FOR PARENTS FOR LEARNERS WITH
DISABILITIES ON WHY LEARNERS WITH DISABILITIES DO NOT RE-ENTER
SCHOOL**

Personal information

1. Marital status: married----- unmarried----- widow/
widower-----

WHY LEARNERS WITH DISABILITIES DO NOT RE-ENTER SCHOOL

2. What happens when a school girl falls pregnant or a school boy is found to be responsible for causing a pregnancy?

3. How do you treat your child when she falls pregnant or responsible for a pregnancy?

4. Would you allow a girl who is pregnant or a boy responsible for a pregnancy to re-enter?
Yes [] No []

5. Provide reasons for your response to question 4 above.

6. What could be the reasons for not re-entering school?
.....
.....

SENSITIZATION OF LEARNERS ON THE RE-ENTRY POLICY

7. Have you ever heard of the re-entry policy? Yes [] No []
8. If your response to question 7 is YES, how did you come to know about it?

9. Which other people sensitized you on the re-entry policy?

10. How often are you sensitized on the re-entry policy?

Very often [] Often [] Not often [] Not very often []

11. How best would you want to be sensitized on the re-entry policy?

**ATTITUDE OF TEACHERS AND PEERS TOWARDS LEARNERS WITH
DISABILITIES WHO FALL PREGNANT OR FOUND RESPONSIBLE FOR
PREGNANCY**

12. What is the attitude of the teachers towards learners who fall pregnant or responsible for pregnancy? Very Positive [] Positive [] Very Negative [] Negative

13. Provide reasons for your response to question 12 above

14. What is the attitude of the learners towards learners who fall pregnant or responsible for a pregnancy?

Very Positive [] Positive [] Very Negative [] Negative []

15. Provide reasons for your response to question 14 above

Thank you for participating in this study