

COVID-19 AFTERSHOCKS: ACCESS DENIED

TEENAGE PREGNANCY THREATENS TO BLOCK A MILLION GIRLS ACROSS
SUB-SAHARAN AFRICA FROM RETURNING TO SCHOOL

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The names of all pregnant and married teens have been changed to protect their identities and keep them safe.

Summary

The COVID-19 pandemic has wreaked unprecedented havoc on children, families and communities around the globe, disrupting vital services and putting millions of lives at risk. Since March, attempts to avert the global health crisis have seen nationwide school closures in 194 countries, affecting nearly 1.6 billion learners – over 90 per cent of the world’s school-going population.¹

For the most vulnerable children, especially girls, accessing education and staying in school is hard enough. The pandemic has caused additional, unanticipated disruption, and the likelihood of vulnerable children being able to continue their education has plummeted. Prior to the COVID-19 crisis, 258 million children and youth of primary and secondary school age were already failing to access education. On top of that, the United Nations now estimates that nearly 11 million primary and secondary school learners worldwide – 5.2 million of whom are girls – are at risk of not returning to education following school closures due to COVID-19.²

This report spotlights one particular vulnerability that is known to be exacerbated by school closures in times of crisis and risks the continued education of vulnerable children: teenage pregnancy. School closures during crises can result in girls spending more time with men and boys than they would were they to be in school, leading to greater likelihood of engagement in risky sexual behaviour and increased risk of sexual violence and exploitation. Teenage pregnancy is further linked to lack of sexual and reproductive health education and services, child marriage, health and well-being risks, and increased poverty and insecurity. Complications from teenage pregnancy and childbirth are the leading cause of death of girls aged 15 to 19 years worldwide.³

Sub-Saharan Africa is home to more out-of-school children than any other region in the world.⁴ It also has the highest teenage pregnancy rates globally, making the region uniquely confronted by how to address and accommodate pregnancies and young mothers in school.⁵ Policies range across the region – from outright expulsion of pregnant girls to strategies that support the continued education of adolescent mothers – yet social norms, practices and other barriers still typically result in pregnancy being the end to one’s education. World Vision estimates that as many as one million girls across sub-Saharan Africa may be blocked from returning to school due to pregnancy during COVID-19 school closures. With school closures related to COVID-19 threatening to lead to an increase in teenage pregnancy, sub-Saharan Africa is poised for a further crisis in girls’ education unless governments and partners act now.

Key findings of this report

- *School closures during crises can lead to increases in teenage pregnancy by **as much as 65** per cent, as closures result in girls spending more time with men and boys than they would were they to be in school, leading to greater likelihood of engagement in risky sexual behavior and increased risk of sexual violence and exploitation.*
- *With increases in teenage pregnancies looming and policies and practices that ban pregnant girls and young mothers from school, **an estimated one million girls in sub-Saharan Africa** may be blocked from returning to school once they reopen after closures due to COVID-19.*
- *A lost education is catastrophic to young mothers, their children, and their communities. If countries across sub-Saharan Africa fail to ensure the continued education of adolescent mothers, the region could see its economy suffer from a further **US\$10 billion loss** in GDP above and beyond the immediate, crippling effects of COVID-19.*

Recommendations

1. ***Ensure continued learning during school closures** through distance education, including sensitisation messages on gender equality, to continually engage and educate all girls throughout school closures and ease their return upon reopening of schools.*
2. ***Create an enabling policy environment to allow access to education** by eliminating policies and practices that expel pregnant girls and establishing continuation policies and strategies to facilitate the continued education of pregnant girls and adolescent mothers.*
3. ***Organise public awareness and targeted back-to-school campaigns** to help mitigate teenage pregnancy while schools are closed and ensure that girls who become pregnant return to school upon reopening.*
4. ***Deliver gender-responsive teacher training and education** to create discrimination-free classroom environments, including sexual and reproductive health education to help reduce teenage pregnancy and facilitate accelerated learning programmes for adolescent mothers returning to school.*
5. ***Fully finance education**, both domestically and internationally, to protect education budgets from potential cuts and to facilitate supportive measures for pregnant girls and adolescent mothers to continue their education, and recover education systems from the COVID-19 crisis.*

Background

During the 2014 Ebola outbreak in West Africa, schools were closed for eight months in Sierra Leone. During that time, teenage pregnancy rates doubled by some accounts, with 11,000 adolescent students becoming pregnant.⁶ When schools reopened, these girls were met with a country-wide ban on their reenrolment.⁷ This decision had grave consequences as these girls faced the end of their education, thereby condemning them and their children to fewer opportunities, greater health and well-being risks, and increased poverty and insecurity.

The world is now faced with another crisis, at an exponentially larger scale. Since March 2020, COVID-19 has seen nationwide school closures in 194 countries, affecting nearly 1.6 billion learners – over 90 per cent of the world’s school-going population. Currently, schools are closed nationwide in 106

countries, with others beginning localised re-openings.⁸ Meanwhile, the continued spread of COVID-19 and second waves in some areas threaten ongoing, intermittent closures and re-openings.

Prior to the COVID-19 pandemic, 258 million girls and boys of primary and secondary school age around the world were already failing to access a basic education. With nearly 97 million, or 38 per cent, of these children, adolescents and youth, sub-Saharan Africa is home to more out-of-school children than any other region in the world, closely followed by South and West Asia. Eight out of the ten countries with the highest rates of out-of-school children worldwide are in sub-Saharan Africa, with South Sudan (62 per cent), Equatorial Guinea (55 per cent), Eritrea (47 per cent), and Mali (41 per cent) being the highest, highlighting the additional risks and access limitations faced by children across fragile and conflict affected contexts, many now also impacted by COVID-19.⁹

Sub-Saharan Africa experiences some of the highest rates of gender inequality in the world, resulting in unequal access to education and high rates of violence against girls, early pregnancy, and child marriage.¹⁰

- Sub-Saharan Africa has the highest regional rate of adolescent pregnancy in the world.¹¹
- In 2018, the estimated global adolescent birth rate was 42 births per 1,000 girls aged 15 to 19. In sub-Saharan Africa, the regional adolescent birth rate is more than double the global average, with 101 births per 1,000 girls aged 15 to 19 – ranging from 39 births per 1,000 girls aged 15 to 19 in Rwanda to 184 births per 1,000 girls aged 15 to 19 in Niger.¹²
- One in four (26 per cent) women aged 20 to 24 in sub-Saharan Africa report having given birth for the first time by the age of 18, compared to one in ten (11 per cent) in South Asia.¹³

With policies and social norms and practices that prohibit the re-entry of pregnant girls and adolescent mothers into schools, many parts of sub-Saharan Africa already struggle to uphold the right to education for pregnant girls and young mothers. Due to COVID-19 school closures, the region is even more vulnerable to a follow-on crisis in girls' education. World Vision is particularly concerned about the impact of COVID-19 on girls in this region and their access to future opportunities for education.

Exclusion due to pregnancy

Policies and practices excluding pregnant girls and adolescent mothers from school vary across sub-Saharan Africa: some countries maintain outright expulsion policies while others have begun to offer strategies that actively support their re-entry.¹⁴

For example, in Sierra Leone, a government decision was made in 2010 to prevent pregnant girls from attending school and sitting exams after a regional examination board criticised the government for “wasting money” by allowing pregnant girls to sit exams.¹⁵ The government upheld this ban when schools reopened in 2015 after the Ebola outbreak, with the Minister for Education at the time explaining that the ban would apply to “visibly pregnant” girls, in part because their “presence in the classroom would serve as a negative influence to other innocent girls.”¹⁶

In March 2020, after the Economic Community of West African States (ECOWAS) Court of Justice ruled that the “discriminatory” policy had denied girls their right to education, Sierra Leone lifted its ban on pregnant girls attending school.¹⁷ The new Minister for Education has praised the policy change as a

lesson learned from the Ebola crisis at a time when the country is preparing for potentially similar impacts due to COVID-19.¹⁸

In other places like Tanzania, school expulsion due to pregnancy dates back to law from the 1960s, with a 2002 education regulation used to expel pregnant students under “offences against morality.”¹⁹ In 2017, the Tanzanian president recommitted the country to this practice: “As long as I am president...no pregnant student will be allowed to return to school...After getting pregnant, you are done.”²⁰

Community outcries against the practice and related mandatory pregnancy testing prior to admission and throughout the school year,²¹ as well as a new law making it illegal to question official statistics, contributed to the World Bank withdrawing a US\$300 million loan to Tanzania in 2018 and most recently delayed a US\$500 million education loan in early 2020.²² The World Bank project now includes provisions to support the continued education of pregnant girls and adolescent mothers while the government of Tanzania has not changed its expulsion regulations or put in place a re-entry policy.

While other countries across sub-Saharan Africa have begun to adopt laws, policies, or strategies to guarantee girls’ rights to stay in school during pregnancy and to return afterwards, these laws and policies are often insufficiently implemented and sometimes present different barriers. Specific measures and targeted support are needed to ensure their effective implementation. With school closures due to COVID-19 threatening to lead to an increase in teenage pregnancy, all countries across the region urgently need to develop plans for the continued education of pregnant girls and re-entry of adolescent mothers into schools.

Causes of teenage pregnancy and heightened vulnerabilities due to COVID-19

In times of crisis, harmful gender norms and sexual violence are often exacerbated. School closures in response to crises, such as those experienced during the 2014-2016 West Africa Ebola outbreak and now COVID-19, further increase the chances that adolescent girls will be exposed to different forms of gender-based violence and the risk of teenage pregnancy where incidence of sexual violence has been heightened. **During the Ebola outbreak in Sierra Leone, school closures were shown to increase teenage pregnancies in some communities by as much as 65 per cent.**²³ As further revealed by a study that tracked the lives of 4,700 women in Sierra Leone over the course of the Ebola crisis, the increase in pregnancies was largely a product of increased time out of school, which resulted in girls spending more time with men and boys than they would had they been in school, leading to greater likelihood of engagement in risky sexual behaviour and increased risk of sexual violence and exploitation.²⁴

Lack of sexual and reproductive health education and services

Many teenage pregnancies relate to lack of education on sexual and reproductive health. In the home, children may receive little or no guidance on sexuality, or it may be based on stereotypical gender roles and social expectations. Meanwhile in schools, many African governments have failed to implement comprehensive, scientifically accurate, age-appropriate sexual and reproductive health education.²⁵

Countries across sub-Saharan Africa have the world’s youngest median ages of first intercourse.²⁶ Many children and adolescents lack understanding of relationships, consent, sexually transmitted infections, healthy timing and spacing of pregnancies or family planning. The resulting lack of basic reproduction knowledge can prevent girls from knowing that they can become pregnant in their first intercourse or how to identify signs of pregnancy. Lack of adequate access to health services and contraception can

leave girls without information about their options, increases the likelihood of engaging in risky behaviour and increases the likelihood of seeking an abortion.²⁷

Many women and girls already had insufficient access to sexual and reproductive health education and services before COVID-19. As highlighted by a previous World Vision report, the pandemic has further disrupted essential sexual and reproductive health services around the world, including prenatal, maternity, and postnatal care, and regular check-ups for mothers and their young children to ensure proper nutrition and immunization.²⁸ Already strained facilities have become further stretched, overloaded, limited in the number of services provided or closed. Women and girls, including those in sub-Saharan Africa, face increasing challenges to accessing vital health services and information. Additionally, many pregnant women and girls may be less likely to seek critical pre- and post-natal care out of fear of contracting COVID-19 at health facilities, putting them and their families at increased risk.²⁹

Case study: The state of emergency drags girls to early pregnancy in Nampula

By Henriqueta Paulo, Coordenadora de Advocacia, Comunicação e Relações com o Governo - Tete/Mozambique, World Vision

14-year-old Telma* lives with her mother and stepfather in Kazuzu, Nampula province, in northern Mozambique. Four months ago she fell pregnant from an 18-year-old boy in the community.

Her dream of becoming a nurse is now uncertain - she isn't sure she can go back to school as a teenage mother, even once schools reopen after the threat of COVID-19 passes. "I really don't know what will happen with me in near future. Everything seems a blur now. I don't even know how I will raise the child," Telma says, wiping her eyes. She regrets what she did, but she realizes it is too late.

Before the pandemic hit, Telma was in 4th grade. When the schools were closed and her family started to struggle from the financial impacts of the lockdown, Telma decided to help make ends meet. "During this period that we don't go to school I used to sell fried cakes by the road in order to help increase my family's income," she murmured.

However, her efforts to help her family led Telma into trouble. Her grandmother's neighbour offered to help and she would meet this young man whenever she visited her grandmother in the settlement. "I met a boy who gave me 300.00 MZM¹ when I was spending some time at my grandma's."

Telma is now pregnant and her boyfriend is nowhere to be found. "When I found out that I was not feeling well I informed my boyfriend and he asked me to induce a miscarriage, but when I was afraid and refused, he suddenly disappeared from the community for the city," said Telma.

Her mother was not aware of her daughter's pregnancy until Telma finally worked up the courage to tell her. "I did not know that my daughter is pregnant. I wish she could continue going to school as we parents never had that opportunity to go," said Sandra, Telma's mother.

The Mozambican Ministry of Education recently revoked its hardline 2003 guidance which ordered all pregnant schoolgirls to attend night classes and banned them from day classes. However, even though Telma can now technically still go to school when they

¹ About \$4.23

reopen, she will probably have to go back to work in order to feed her child. She desperately wants to provide a bright future for her baby.

There are many girls in Nampula who are in the same situation. Since March, World Vision has registered 35 pregnant teenagers, ranging in age between 12 and 17 years old in Kazuzo. World Vision Mozambique has been working with local authorities and other partners to discourage sexual abuse, early marriage and all kinds of children's violence.

Sexual violence

Gender-based violence is a widespread human rights abuse. It includes rape, sexual assault, physical assault, early or forced marriage, denial of resources (including opportunities), and psychological or emotional abuse. A growing body of evidence from sub-Saharan Africa suggests that the first sexual experience of many girls is often unwanted or forced.³⁰

“Gender-based violence” is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty. These acts can occur in public or in private.

— UNFPA, *Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*

In cases of early or adolescent pregnancy, sexual violence is the most common form of gender-based violence leading to pregnancy. This includes, among other forms, rape and sexual exploitation. World Vision estimates that up to 85 million more girls and boys worldwide may be exposed to physical, sexual and/or emotional violence as a result of COVID-19 quarantine.³¹

Poverty drives the sexual exploitation of adolescent girls as a means of economic survival for the family or the individual. Poverty-stricken parents may turn to exploitative means of reducing burden on household finances or supplementing it. Sexual exploitation of girls – either perpetrated by boys their own age or, more often, by adults in the community – is frequently seen as the only option for survival in various communities that World Vision supports, including in sub-Saharan Africa. Girls who are in school are also at risk of sexual exploitation by their peers and even teachers in order to afford costs of their education, such as school fees, transportation, textbooks and meals.³²

Out-of-school girls may also migrate to cities in search of work and be confronted by basic income needs and even homelessness, making them vulnerable to sexual exploitation and child trafficking. A recent World Vision analysis of 2,400 micro-entrepreneur clients across eight African countries (DRC, Ghana, Kenya, Malawi, Rwanda, Tanzania, Uganda and Zambia) reveals that 92 per cent of surveyed microfinance clients running small businesses are facing reduced income affecting their loan repayment capacity due to the economic impact of COVID-19. The analysis also found that 80 per cent of women in small businesses and involved in informal trading are members of savings for transformation groups, and they now risk losing both their savings and income-generating activities, with potentially devastating impacts on their children.³³ As economic shocks to adolescent girls and their families increase due to COVID-19, so do the risks of sexual exploitation and teenage pregnancy.

Adolescent pregnancy is also both a cause and a consequence of early and forced marriage. Social norms and stigma about pregnancy out of wedlock limit girls’ opportunities as they are quickly pressured to marry and end their education to fulfil duties as mothers and wives. Additionally, social norms may also pressure child brides to bear children soon after marriage.³⁴

During economic shocks or crises that threaten family well-being, parents who are struggling to provide for themselves and their children may see the immediate value of their daughter’s marriage into another family as a way to cope financially. In some cultures, a bride price or dowry could be a means to provide a source of income for the family, including for their other children.³⁵ Evidence from shocks such as droughts have been shown to push families to ‘marry off’ their daughters earlier than they might have otherwise (‘famine brides’).³⁶

The threat of early and forced marriage increases as the COVID-19 crisis strains family income and livelihoods. Prior to COVID-19, sub-Saharan Africa already had the highest levels of child marriage in the world, with 35 per cent of young women married before the age of 18 compared to 30 per cent in South Asia and 24 per cent in Latin America and the Caribbean.³⁷ World Vision estimates that globally at least four million more girls will enter into child marriages over the next two years due to COVID-19 shocks, with the majority of these in Africa.³⁸ The vast majority of these girls were already failing to access education, especially in fragile and humanitarian contexts, while similar increased risks exist for those who were in school prior to COVID-19 closures.

Case study: Sexual exploitation during lockdown in Ghana

By: Samuel Tseganu, Sponsorship and Child Protection Officer , Krachi West Area Programme, World Vision Ghana

During COVID-19, Krachi West Area Programme in Ghana has experienced an almost ninefold rise in teen pregnancy. Between March and May 2020, 51 children have been reported pregnant. There were just six cases of teen pregnancy recorded in all of 2018. The majority of these pregnancies came because of the lockdown instituted by the government as a preventive measure to stop the infection and spread of COVID-19. Efua* shed tears while explaining how she became pregnant during the school closure. Efua is 17-years-old and in year 3 of Junior High School (JHS). She was preparing to write her Basic Education Certificate Examination (BECE) this year. Efua lives with her single mother and three other siblings in Krachi West. She was sexually exploited by a young man in her community who took advantage of her mother's financial struggles. He offered to help support Efua, and used his offer of support to have sex with her during the school closures.

The challenges that confront girls in order to continue their schooling after pregnancy and birth are worrying. However, Efua wants to continue her education after delivery irrespective of the challenges and the stigma associated with being a young mother, so that she can achieve her goals in future.

The Ministry of Education in Ghana has developed guidelines that support teenagers with unplanned pregnancies to continue schooling or opt to return after delivery. This guideline is in conformity with the government policy of compulsory universal basic education for every child in Ghana.

Although the legal age of marriage is 18 years, a child older than 16 can consent to sex in Ghana. What has not been addressed, however, is if a child is sexually exploited and becomes pregnant at 16 or 17, what happens to the perpetrator? There is no provision for any form of sanction and the teenage girl must bear the brunt alone. This injustice is supported by the Criminal Offences Act of 1960, which entrenches violators' impunity.

World Vision Ghana and partners are working with local authorities to develop byelaws to enforce, prohibit and sanction perpetrators of sexual exploitation or abuse against girls while awaiting the long and laborious legislation review process to go through.

Impunity and lack of justice

Another driver of teenage pregnancy is the lack of accountability for perpetrators. Some countries lack laws protecting girls from abuse, while others are not enforced. For example, there is no minimum age for marriage in certain countries, and in others, violence against women within marriage is not a punishable offence. Most countries in sub-Saharan Africa consider sexual abuse (defilement/rape), child sexual exploitation and child marriage to be crimes. These crimes, however, can often go unreported due to stigmatisation, fear of reprisal, or difficulty accessing the criminal justice system. They can also be unprosecuted or otherwise insufficiently handled by law enforcement and schools. Where protective laws do exist, they may go unenforced due to social norms, further exacerbating gender inequality and removing the agency of women and girls in these contexts.³⁹ The resulting impunity of offenders disempowers victimised girls, allows re-offenses and fails to deter others from committing crimes of sexual violence against children.⁴⁰

Already weak legal protection and gaps in law enforcement mechanisms tend to widen during times of crisis. COVID-19 movement restrictions additionally make reporting sexual violence harder, limiting women's and girls' access to public services like police, justice and social services. Overstretched law enforcement capacities further reduce response services, contributing to a heightened perception of impunity among perpetrators and increasing rates of violence against women and girls.⁴¹ Some global estimates suggest that there could be as many as 31 million additional cases of gender-based violence as a result of COVID-19.⁴²

Conflict settings

Armed conflict also impacts teenage pregnancy rates, in part due to increased sexual violence against women and girls committed by armed forces and armed groups, as well as by civilians, linked to exacerbation of harmful gendered power dynamics, inequality and disrespect for human rights. Extreme poverty and interruption or collapse of policing and judicial systems and institutions also severely limit accountability and deterrence of sexual violence.

Sub-Saharan Africa is home to over 26 per cent of the world's refugees.⁴³ Studies from post-conflict Liberia, Rwanda, Uganda and Burundian refugee camps in Tanzania illustrate how sexual violence and pregnancy can be exacerbated in conflict and post-conflict settings. In many conflicts, including in the Rwandan genocide, rape was used as a strategy to destabilise communities and as a tool of "ethnic cleansing."⁴⁴ Economic hardship and violence against women during conflicts such as the Burundian civil war also led to sexual exploitation being seen by some women as safer options than being alone, where they could be more exposed to abuse and violence by unknown delinquents and armed gangs.⁴⁵

Armed conflict can also lead to violence and threats of violence directly against students, teachers, and education personnel and military use of schools and universities. Fifteen of the 37 countries that experienced at least ten reported attacks on education or military use of educational facilities in 2017 and 2018 were in sub-Saharan Africa. Such attacks on education may include the use of explosive weapons, arson, or gunfire to damage or destroy schools, or directly targeting students and education personnel with force or threats of force, including sexual violence.⁴⁶ Experts have warned that COVID-19 will increase conflict and the vulnerability of conflict-affected children, particularly adolescent girls.⁴⁷

For more on the causes of teenage pregnancy and how to prevent them, see World Vision's September 2019 report [The Violent Truth about Teenage Pregnancy](#).

Barriers to adolescent mothers' return to school

Across the developing world, pregnancy often makes returning to school extremely difficult for girls, even in places where it is legally permitted. In West and Central Africa, parents report that typically 10-30 per cent of school dropouts by girls are due to early pregnancy or marriage, though these estimates may be low.⁴⁸ This is especially true for girls from marginalised communities including refugees and internally displaced persons (IDPs). The reasons are broad and range from stigma about teenage pregnancy, to policies that expel pregnant girls and young mothers from school, to the financial costs of education, to social norms about the roles of women and girls in supporting domestic labour and caring for children.

Shame and stigma

In many conservative cultures, stigma about adolescent pregnancy and harmful social norms about pregnancy outside of marriage is strong. Stigma around sexual violence itself – which cannot be ‘hidden’ if there is a pregnancy – can lead to further ostracisation of both the mother and child. Parents and family of pregnant daughters may dissuade them from returning to school to protect their reputation and limit their exposure to stigma from their peers and teachers.⁴⁹

In some places, teachers commonly shame and stigmatise adolescent girls who have early or unintended pregnancies. In Tanzania, teachers often support the country’s policy on expelling pregnant girls as, in their view, not doing so could “contaminate” or “corrupt” other female students to engage in sexual behaviour and potential early pregnancies. Another common perception is that adolescent mothers cannot concentrate or perform as well in the classroom due to their competing caregiving responsibilities at home and therefore should not be in school. These generalised views lack evidence and may instead be a product of harmful, discriminatory stereotyping.⁵⁰

These arguments extend into public discourse and policymaking spaces, with the media and political leaders exacerbating the stigmatisation of pregnant girls and adolescent mothers. In some communities and cultures, there is a widespread belief that permitting pregnant girls and adolescent mothers to continue their education could normalise extra-marital pregnancy, excuse the girls of their “wrongdoing” and create a “domino effect” by which more girls will become pregnant. These arguments are not supported by authoritative evidence, and adolescent girls are often already aware of the challenges and responsibility of becoming a young mother without additional punishments being imposed.⁵¹ The fact that expulsion itself may be contributing to stigma often goes unmentioned.⁵²

Case study: Choosing marriage over school amidst COVID-19 in Malawi

When Malawi shut its schools in March due to the spreading COVID-19 pandemic, 16-year-old Esinta was in year 4 at primary school. She married a boy soon after.

The legal marriage age in Malawi is 18, and World Vision, who runs a development programme in the community, has been campaigning to end child marriage through its national *It takes a world* campaign.

Esinta's community sprang into action and tried to prevent the marriage. It was brought before the traditional leader Chiwalo, who ruled the marriage illegal and void. Esinta and the boy's parents were also both made to pay a fine.

But within a few days, Esinta went back to her 'marital home' to stay with her husband. Both parents tried to reason with their children, but they refused. And now Esinta is pregnant.

James Michael is the chairperson of the child protection committee for Chiwalo in Phalombe District. He took a leading role in trying to rescue Esinta from the marriage. "We have been conducting counseling sessions with them, but they are set on the marriage," says Michael.

Michael says that cases of child marriages and teenage pregnancies are not new in the area but have become more common since schools closed due to the Covid-19 pandemic. The closure of schools has affected the work of the child protection committee. In the past, he says, he could send pupils back to school after counseling them.

"But now we are failing to convince them of the importance of education because they have no hope for the future," he concludes sadly. Michael said that so far they have registered ten child marriages and one pregnancy during the lockdown. Malawi's Education policy further complicates matters; young mothers are suspended for one year before being allowed to re-enrol.

Esinta has no intention of going back to school after delivering her child. To her, schools are closed and chances of reopening are very slim. "I would rather be married than waiting for something that I am not sure of," she said. "I see no problem being married. I am comfortable and I will take care of my baby."

Lyson Pagone is a child protection officer from Phalombe District Welfare Office in the area of GVH Chiwalo. He commended World Vision Malawi for rolling out good programs that are focusing on teenage pregnancies and adolescent mothers and eradicating barriers that make girls have no access to quality education.

“We can only hope that many girls will go back to their schools once they open,” he says.

World Vision is currently working with the Education Department to run a “Back to Schools campaign” with support of the CVA Committees, Mother Groups and Pastor's Fraternal. Together, they help to bring back to school all learners who have dropped out of school during the pandemic for various reasons.

Exclusion policies

In several African countries, such as Togo, Equatorial Guinea and Tanzania, laws and policies expel pregnant girls from school and ban them from returning. As mentioned above, Sierra Leone had a similar policy until recently reversing it after an ECOWAS court ruled it discriminatory. The government is now praising this policy reversal as it anticipates similar impacts from COVID-19 and has additionally initiated a nationwide campaign to protect girls and prevent teenage pregnancy during school closures due to COVID-19.⁵³

In addition to restrictive laws and policies that expel pregnant girls, countries with discriminatory policies may also resort to harmful means of identifying pregnant students. For example, in Tanzania girls may be subjected to mandatory pregnancy testing prior to admission and throughout the school year, often without consent of the girls. Stigma and fear of humiliation cause many to pre-emptively drop out of school when they learn that they are pregnant, while others may seek unsafe abortions.⁵⁴

While other countries across sub-Saharan Africa have begun to establish continuation or conditional re-entry policies to help ensure that adolescent mothers return to school, these policies sometimes present additional barriers or may be poorly implemented. Continuation policies allow pregnant girls to remain in school without a mandatory absence after giving birth, whereas re-entry policies typically require a departure from school once the pregnancy is discovered but provide pathways for the student's return after delivery. However, in order to re-enter, adolescent mothers are required to meet certain conditions, such as readmission into a different school, mandatory pregnancy screening, or, as in Senegal, presentation of medical certification demonstrating their health and fitness to study. In Malawi, pregnant girls are immediately suspended for one year but may be readmitted the following academic year after requesting approval by the Ministry of Education and the school she wishes to attend. These additional conditions or requirements can easily prevent already at-risk and vulnerable adolescent mothers from continuing their education.⁵⁵

In addition to conditions that can present barriers to adolescent mothers from re-entering school, implementation and adherence to re-entry policies can vary. Poor dissemination of policy information at the school level creates a lack of awareness of re-entry policies by teachers, communities, and girls themselves, limiting the effectiveness of such policies in many places. Typically, little monitoring exists, and teachers do not usually follow up on girls who left school due to pregnancy to initiate re-entry.⁵⁶

Case study: A teen at the crossroads in Kenya

By Susan Otieno, World Vision Kenya Communications Officer

“COVID-19 has destroyed everything. If it were not for the pandemic, I would have been busy in school and not pregnant,” laments Cathy, 17.

Cathy had been in her second year of high school when all the schools in Kenya were closed mid-March 2020 as part of government’s response to COVID-19. She is now five months pregnant.

Cathy was terrified of telling her mum what had happened. “She told me that I have wasted the school fee she has been paying,” Cathy recalls, sadly. She still has yet to tell the baby’s father – her former primary school teacher.

Like many, Cathy’s mum struggled to cover the costs of high school, like new uniforms, books and other needs, and her former teacher came to her aid.

“When I was joining my first year of high school, he bought me everything, including my personal effects like sanitary pads. When I needed something, I told him. It was difficult for mum because she does not earn much,” Cathy explained.

Cathy’s case is unfortunately not rare. When children interviewed their peers about [teen pregnancy](#), they discovered stories of rape, abuse by schoolteachers, and large numbers of girls exploited due to extreme poverty and the high cost of schooling. When girls became pregnant, it was overwhelmingly as a result of sexual abuse by an adult.

The lockdowns, meant to keep children and families safe from COVID-19, unfortunately seem to have exacerbated this trend. Recent headlines in Kenya have highlighted the situation in [Machakos County](#) where nearly 4,000 school-aged girls have become pregnant in the last five months.

Cathy explains that every day her mother looks for casual jobs, but does not earn much. It’s been even tougher than usual for her mum to make money during COVID-19.

“There is a problem because mum is not earning much with casual jobs. I wonder who will provide for me and the baby. I still don’t know if I will be able to go back to school,” Cathy said.

She adds, “I have no one to support me, even friends. In church, I have not yet told anyone. My peers are laughing at me. Girls in my village are talking bad about me.”

World Vision has been working with the government in Kisumu County to raise awareness about COVID-19 prevention and child protection as a result of the increase in reported cases of teen pregnancies. Other initiatives include training faith leaders to provide psychosocial support, and assisting girls with sanitary towels at a time when families such as Cathy’s are struggling to make ends meet.

Cathy prays that even if she can't, hopefully her baby will get a good education in the future. But for now, she only hopes that everything will work out well for her and her baby, and that soon COVID-19 goes away.

Costs of childcare and education

With new caregiving responsibilities, adolescent mothers need additional childcare support if they are to return to school. Without it, their chances of doing so almost disappear. There is little provision of free or affordable childcare services in most parts of Africa. As one study in Kenya found, adolescent mothers who managed to go back to school were only able to do so through the support of a close female family member, such as a mother, sister, or grandmother, who was able to take care of the child while the mother was at school.⁵⁷ However, due to the stigma around adolescent pregnancy, many girls are faced with opposite reactions from their parents and families who may instead withdraw their support from adolescent mothers and their children and neglect to hold fathers accountable.

School fees and other costs are common barriers to accessing education for children around the world, including in sub-Saharan Africa. Even in countries that have made primary and secondary education free and compulsory by law, ancillary charges such as those for uniforms, textbooks, transportation, meals, exams, security and groundskeeping still keep children out of school. These barriers are even greater for families of pregnant girls and adolescent mothers who have newfound additional healthcare and childcare costs to afford. Many pregnant girls and young mothers may remain committed to their education yet, even where permitted to do so, may not be able to return to school due to these costs.⁵⁸ With economic shocks and strains due to COVID-19, these costs are amplified as barriers to returning to school.

Countries at risk

While the situation is fluid, with countries in different stages of school closings and re-openings (which may also continue to change as the COVID-19 situation is ongoing) the World Bank broadly estimates scenarios in which schools may be closed for three months (optimistic), five months (intermediate), and seven months (pessimistic).⁵⁹ Using current adolescent pregnancy rates of females aged 15-19 with secondary education in sub-Saharan Africa and a teenage pregnancy increase factor of 65 per cent when schools are closed for eight months, **World Vision estimates that as many as one million girls across sub-Saharan Africa may be blocked from returning to school due to pregnancy during COVID-19 school closures.** See the Methodology section for details.

Consequences of ending education for adolescent mothers

Ending an adolescent mother's education puts her and her child at risk. Without education as an option, the prospects of early marriage greatly increase, as do the chances of the mother being sexually exploited as an alternative means of survival. Due to the stigma and shame surrounding adolescent pregnancy, some adolescent girls may be forced out of their parents' homes and may end up living on the streets, where they are at risk of commercial sexual exploitation or human trafficking.⁶⁰ The loss of education and related welfare losses and increases in stress and violence can have irreversible consequences for adolescent girls, young women and the families they support.

Increased teenage pregnancy

Pregnancy is both a barrier to girls' continued education as well as a consequence of dropping out given its association with child marriage. The longer a girl stays in school, the less likely she is to be married as a child or become pregnant during her teenage years.⁶¹ Each additional year of secondary education is associated with an average six per cent decrease in risk of having a child before the age of 18, and if

universal secondary education was achieved, adolescent pregnancies could be reduced by up to 75 per cent.⁶²

Health and well-being risks

Teenage pregnancy carries extremely high health risks. Worldwide, complications related to early pregnancy and childbirth are the number one cause of death for girls aged 15 to 19 years.⁶³ An African woman faces a 1 in 31 chance of dying from complications due to pregnancy or childbirth, compared to a 1 in 4,300 chance in the developed world.⁶⁴ Adolescent mothers aged 10 to 19 years face higher risks of eclampsia, puerperal endometritis and systemic infections than women aged 20 to 24 years.⁶⁵ Infants born to mothers younger than 18 years of age have a 60 per cent higher risk of dying in the first year of life, compared to those born to mothers older than 19 years.⁶⁶

In contrast, a mother with a secondary education reduces the chance of her child dying in its first five years by about one-fifth and can reduce stunting rates by more than a third. Universal secondary education also increases women's knowledge of healthcare, improves psychological well-being and confidence and decreases the risk of intimate partner violence.⁶⁷

Decreased livelihoods of women and loss of human capital wealth

An early end to education as an adolescent reduces one's chances of securing gainful employment as an adult. It can put adolescent mothers at risk of alternative means of economic survival such as early marriage and sexual exploitation. Given the associations between higher levels of educational attainment and livelihood, women with a secondary education are estimated to earn almost twice as much relative to those with no education at all. Compare this to those with a primary education, who earn only 14-19 per cent more than those with no education.

Lower earnings for women in adulthood due to low educational attainment lead to nationwide losses in human capital wealth (future earnings of the labour force). The loss in human capital wealth incurred today because many adult women did not benefit from secondary education in their youth is estimated to be between US\$15 trillion to US\$30 trillion globally.⁶⁸ Add to this the other losses due to the health and nutrition complications described above. For example, stunting in early childhood leads to lower earnings in adult life.⁶⁹ Each percentage point increase in girls' secondary education completion rate is estimated to raise the average gross domestic product (GDP) by 0.3 per cent and annual GDP growth rates by 0.2 per cent.⁷⁰ **World Vision estimates that sub-Saharan Africa could lose over US\$10 billion in GDP and see its overall annual GDP growth rate slowed by 1.6 per cent if adolescent mothers are not able to return to school after COVID-19 closures.** See the Methodology section for details.

What is World Vision doing to help?

As part of the global COVID-19 emergency response, World Vision is helping girls and boys and their families cope with the physical, emotional and social implications of being socially distanced. By providing outreach and psychosocial support to help stabilise families and children, World Vision is working with families and communities to reduce the stress and anxiety that expose girls to increased vulnerabilities such as domestic and gender-based violence, early/unintended pregnancies and child marriage. World Vision is providing families and teachers with education materials, supporting reading camps, and helping parents learn how to keep their children emotionally and psychologically healthy and cope with fears about the virus.

Global impact highlights:

- 345,433 education materials provided to enable or support remote learning
- 1,231,505 children reached with targeted, age-specific health education
- 19,845 teachers provided with education training and support
- 833,087 people provided with education support or training

This also involves an array of complementary World Vision project models including: **Safe and Nurturing Schools**, to create a positive and violence-free learning environment; **Channels of Hope for Gender**, which engages and mobilises faith communities to promote positive attitude and behaviours change around gender equality, power dynamics and gender-based violence; and **Citizen Voice and Action**, World Vision’s proven local-level advocacy approach for social accountability.

Girl-focused COVID-19 Education Response – Zimbabwe

World Vision has been intensively working to improve girls’ education in Zimbabwe since 2013 through the **Improving Gender Attitudes Transition and Education Outcomes (IGATE)** project as part of the UK’s Department for International Development’s Girls’ Education Challenge portfolio. Close community and school collaboration, outreach and knowledge of the most vulnerable children and households, in addition to rigorous monitoring and research has allowed World Vision to rapidly respond to COVID-19 measures and lockdowns to ensure continuity of protective and supportive measures as well as continuity for learning.

Through a WhatsApp network of facilitators, teachers and mentors for girls, nearly 8,000 of the most vulnerable children have been connected and monitored. World Vision has distributed learning materials, supplies, psychosocial support, gender-based violence prevention and response messaging and other learning support through IT platforms such as WhatsApp, SMS and radio broadcasts. Through Community Learning Champions, community members that interface with households and learning, community learning circles were created for students and girls to be able to receive more individualised support in continuing their studies. Through the same networks, World Vision is supporting the professional development of teachers and development of diagnostic tools to help remediation.

World Vision has established a remote monitoring and learning support framework through virtual IGATE groups to accompany and backstop student learning via multiple platforms, including radio lessons, peer support groups and printed materials for students without access to phones. The project has continuous learning processes for adaptive management – girls at risk of dropping out are monitored closely and a whole school approach to remediation is being developed.

As in most countries, World Vision Zimbabwe is an active member of the local Education Cluster, working in close partnership with the UN, government agencies and development partners. World Vision is engaged in grassroots back-to-school campaigns and is working with government ministries to address the widening gap affecting marginalised learners and ensure that schools meet safe water, sanitation and health standards before reopening.

Preventing and Addressing Early Pregnancies – South Sudanese Refugees in Uganda

In the Bidibidi Refugee Settlement, home to 232,722 South Sudanese refugees, World Vision’s partners are grappling with increasing cases of gender-based violence, including sexual violence and occurrence of teenage pregnancies following the COVID-19 lockdown. Since March 2020, 19 cases of teenage

pregnancy, six cases of child marriage, five rape cases and two forced marriages have been reported. Incidences of gender-based violence are consistently underreported, with reported cases acknowledged by UN and other data collecting agencies to effectively represent only a small portion of actual incidence or prevalence rates.

World Vision is supporting teenage mothers and survivors of gender-based violence so that they can return to their studies or vocational education. Many new mothers find themselves alone and negatively affected, they drop out of school and some end up as single child mothers who head families. World Vision offers referral services for psychosocial counselling, medical and material support, such as maternity clothes, soap and other basic necessities a mother needs during pregnancy and after delivery. World Vision also fosters greater trust between communities and Child Protection Committees that deal with cases of violation of child rights and support referral systems for assessments, documentation and management.

World Vision is also working with the Ministry of Education and the local Education Cluster to provide alternative learning opportunities and radio and distance learning programmes for the more than 183,000 children whose learning has been interrupted due to COVID-19.

Social Accountability for Teenage Pregnancies – Ghana

World Vision's social accountability methodology **Citizen Voice and Action** specifically addresses civic education of policies and local level implementation through community governance mechanisms. This has led to a reduction in teenage pregnancies as well as improved access to education for teenage mothers in several African countries.

In Ghana, for example, communities have used World Vision's Citizen Voice and Action social accountability methodology to come together with parents, teachers, administrators and local politicians to address teenage pregnancy. Based on concrete examples from the community, messaging was created in the Talensi-Nabdam district of northern Ghana around the issues of school drop-out, stress, early marriage, and untimely deaths and used for civic education, awareness raising, and monitoring of national policy implementation, including re-entry policies for adolescent mothers. At Datuko High School, the community and its chief used the Citizen Voice and Action approach as a rallying point to address teenage pregnancy, and at Datuko Junior High School teenage pregnancies have dropped from seven in 2015 to three in 2016 to none in 2017 to date.

Recommendations on how to support pregnant girls and adolescent mothers to continue their education during and after COVID-19

Expulsions and drop-outs from school by adolescent girls due to pregnancy, exacerbated by COVID-19, need not materialise if the world acts now to prevent this looming crisis in girls' education. Based on our decades of experience working with children, families and communities in crises, World Vision calls on governments, UN agencies, donors, NGOs and the private sector to act together to:

I. Ensure continued learning during school closures

A key measure to ensuring that girls will return to school once they reopen is to ensure that they have access to continued learning while schools are closed. The most vulnerable girls often lack the means to

access certain technologies to benefit from distance learning, interrupting their studies and making it more difficult for them to continue when schools re-open.

Governments should limit the impact of school closures and education disruption by urgently rolling out child-friendly, age-appropriate distance education methods such as television, radio, or online learning, as well as printed learning materials where there is no connectivity. Curriculum developed for distance education should include life skills education aimed at minimising the risks related to exclusion and helping children to recognise and mitigate the risks of gender-based violence.

Many countries in Africa are using mass broadcasting channels like radio and television as a means of reaching rural populations and vulnerable groups, including those at risk of unintended pregnancy, with distance learning and remote education while schools are closed, during intermittent closures or in hybrid in-person and distance models. Educational content through these platforms, as well as print materials distributed as part of distance learning solutions, can also include sensitisation messages regarding gender equality, healthy relationships, sexual and reproductive health education and teenage pregnancy. Governments like those of Ethiopia and Uganda are already taking such measures.⁷¹

2. Create an enabling policy environment to allow access to education

To deny a pregnant girl or adolescent mother her right to return to school is to impoverish her, the child, the community and the nation, at a time when COVID-19 is already presenting serious challenges. Laws and policies that expel pregnant girls are clearly problematic, and those that provide conditional re-entry and disregard the underlying needs of adolescent mothers can still prevent young mothers from continuing their education. COVID-19 school closures present the opportunity for governments to increase awareness of continuation policies globally, nationally, and at the community level, to ensure effective implementation, and to identify any barriers that must be eliminated, as is planned, for example, by the Kenyan government as part of its COVID-19 response.⁷²

In alignment with the Safe Schools Declaration, continuation policies should also be developed in humanitarian contexts to ensure that pregnant girls and young mothers, who may have become pregnant as a result of rape during attacks on education centres, are supported to continue their education while pregnant, re-enter school after giving birth, or relocated to schools in secure areas.⁷³ In anticipation of the surge in teenage pregnancy related to COVID-19 school closures – but also regardless of the current crisis – policies and practices that expel pregnant girls and adolescent mothers should be immediately eliminated, and continuation policies and strategies should urgently be adopted to facilitate their continued education.

As part of such policy development, children, girls and adolescent mothers should be consulted to increase their agency and leadership to develop more effective policies and programming. Children and adolescents are best placed to articulate their own needs, but many girls, especially young mothers who face societal stigma, may remain silent about their experiences with gender-based violence, sexual and reproductive health, early pregnancy and exclusionary policies. By meaningfully consulting girls in the design and implementation of policies that affect them, such policies and programming will be more reflective of their realities and more effective at addressing them.

3. Organise public awareness and targeted back-to-school campaigns

As with Sierra Leone's nationwide campaign around teenage pregnancy, public awareness and sensitisation campaigns should be conducted to help mitigate teenage pregnancy while schools are closed due to COVID-19. Governments of countries like Burundi, Ghana, Rwanda, Senegal, Tanzania

and Zambia have already included sensitisation campaigns, with a focus on teenage pregnancy, in their COVID-19 response plans.⁷⁴ Governments should launch similar nationwide campaigns based on the example of their counterparts. This can be done as part of existing awareness campaigns on the prevention and impacts of COVID-19 being promoted through television, radio and social media. Additional messaging about gender equality, healthy and respectful relationships, sexual and reproductive health education, teenage pregnancy and psychosocial support to vulnerable girls and boys can be included as part of the COVID-19 response. Such campaigns should also promote reporting mechanisms such as gender-based violence referral systems, child helplines and community-based solutions for child-friendly monitoring, reporting and response.

As schools reopen, countries will see nationwide back-to-school campaigns. Special emphasis should be made to raise public awareness around the particular need for adolescent girls to return to school in order to prevent dropout, the harm that comes when their education is cut short, and the importance of staying in school. As part of back to school campaigns, vulnerable children – those with the most difficulty accessing education in the first place and who are at greatest risk of not returning – should be specifically targeted to ensure their return to school. Attendance or re-enrolment should be closely monitored when schools reopen, and if formerly present adolescent girls are absent, teachers should work with community members such as parents, caregivers, and social workers to follow up with those students, learn about their situation and help facilitate their return to school.

With increased financial and childcare responsibilities – on top of shocks on household income and stability already caused by COVID-19 – adolescent mothers also need targeted assistance if they are to return to school. Parents, guardians, caregivers and relatives should be sensitised and encouraged to help with childcare as a shared responsibility. Further support can be provided through removing school fees, additional school grants and direct financial assistance to adolescent mothers (e.g., cash transfer programmes and distribution of educational materials and essential childcare supplies). Many of these actions – such as eliminating barriers and reducing requirements to entry, waiving school fees and other costs, and community engagement to support girls' return to school – are recommendations of the UNESCO, UNICEF, World Bank and World Food Programme *Framework for Reopening Schools*.⁷⁵

Various support elements also exist as part of some countries' re-entry policies and continuation strategies. For example, in Cape Verde and Senegal, young mothers are provided special accommodations such as time for breastfeeding or time off when their children are ill. In South Africa, social and financial support is given to adolescent mothers. Gabon has established nurseries and early childhood centres close to secondary schools. And in Namibia, pregnant girls and adolescent mothers have access to school-based counselling services.⁷⁶ Re-entry and continuation strategies across sub-Saharan Africa should be examined and urgently revised to include similar support elements if lacking and ensure they are fully implemented.

4. Deliver gender-transformative teacher training and education

As COVID-19 prevention and awareness campaigns and distance learning can include violence prevention and psychosocial support, gender-transformative teacher training and learning materials can also help to create environments for girls to continue their education and return to school. Supporting and training teachers with gender-transformative education will help ensure that they are not furthering harmful gender norms and ideology that discriminate against girls and can help to curb school-related gender-based violence. National and global recognition of the importance of training qualified teachers should be increased. Teachers who are untrained and poorly paid are more likely to reinforce stigmas about pregnant girls and young mothers, help perpetuate school-related gender-based violence and reduce access and quality of learning.

Delivering sexual and reproductive health education will also help prevent and reduce teenage pregnancy. Gender-transformative training – including safeguarding, protection from sexual exploitation and abuse, and how to safely report concerns – should be delivered to teachers to best enable them to support efforts to ensure that all girls return to school upon re-opening and to create discrimination-free classroom environments.

Once able to return to school, accelerated learning programmes, or ‘catch-up’ classes, are essential for adolescent mothers, who may have been out of school before and after delivery, in order for them to regain the same level of education as their peers and not fall behind. Flexible learning arrangements, such as the option to attend morning or evening classes (e.g., Zambia) help young mothers who are unable to return full-time.⁷⁷ While pregnant girls and young mothers should not be discriminated against and should ultimately have their right to education upheld, contexts in which pregnant girls are currently expelled and banned from returning to school should provide alternative education for adolescent mothers to receive an equivalent level of education and be able to pursue onward education opportunities.

5. Fully finance education

The COVID-19 crisis threatens to strain education financing, both domestically and internationally, which has already been largely underfunded even prior to the pandemic. Efforts are now needed to ensure that education budgets are not only protected from potential cuts but also increased to facilitate the needed adaptations and full recovery of education systems. Now more than ever, governments need to meet internationally agreed benchmarks of spending 15-20 per cent of national budgets on education, or 4-6 per cent of GDP, while expanding their tax revenue bases.⁷⁸

Donors must urgently fund the UN Global Humanitarian Response Plan for COVID-19 and multilateral platforms like the Global Partnership for Education and Education Cannot Wait. These mechanisms and partnerships have been vital to the education interventions that help curb and recover from the impact of COVID-19 and should be supported by donors to replenish their resources and expand their assistance.

Appendix: Methodology

Estimating increases in adolescent student pregnancy due to COVID-19 school closures is difficult due to limited data availability, significant under-reporting and the fluid state of school closures. This report estimates the projected number of adolescent student pregnancy due to COVID-19 school closures in sub-Saharan Africa based on the following factors:

- **Number of females enrolled in secondary education in 2018 or latest year per country:** Obtained from the UNESCO Institute for Statistics database.⁷⁹ Where lacking in some instances, figures found in national education sector plans, education sector analyses, or composites of gross enrolment rates and gender parity were used.
- **Latest adolescent pregnancy rates of females aged 15-19 per country:** Obtained from the country’s latest Demographic and Health Survey or Malaria Indicator Survey.⁸⁰ Where lacking in some instances, the sub-Saharan Africa regional average was used.
- **Latest percentage of adolescent pregnancies (age 15-19) of females with secondary education:** Obtained from Tanzania Demographic and Health Survey 2015-16 of 10 per cent and used as regional proxy.⁸¹

- **Disrupted education factor on adolescent pregnancy:** Derived from World Bank, Rissa-Gill and Finnegan, and Peterman et al.⁸² Teenage pregnancies increased 65 per cent in Sierra Leone during school closures in the 2014-2016 Ebola outbreak. Schools were closed for eight months. The World Bank estimates three general school closure scenarios due to COVID-19: Optimistic (schools are closed only for three months, and the effectiveness of mitigation measures put in place by governments is high; Intermediate (schools are closed for five months, and the mitigation measures have a middle level of effectiveness; and Pessimistic (schools are closed for seven months, and the mitigation measures have low levels of effectiveness). Using a 65 per cent increase factor during an 8-month school closure, an optimistic 25 per cent, intermediate 40 per cent, and pessimistic 60 per cent increase factors on adolescent pregnancies were derived. The pessimistic school closure scenario and related increase factor on adolescent pregnancies was used in the findings described in this report.

The estimated economic impact from failing to ensure that pregnant girls and adolescent mothers continue their education in sub-Saharan Africa is based on:

- **Estimated loss in female secondary education:** Based on the above projected number of adolescent student pregnancies in a pessimistic school closure scenario in relation to the total number of female population ages 15-19 per country in 2018, using World Bank DataBank figures on total number of female population (except for Eritrea, for which UN World Population Prospects data was used) and percentage of female population aged 15-19.⁸³
- **Current US\$ GDP in 2019 per country:** Obtained from the World Bank Databank, except for two cases using older figures (Eritrea 2011 and South Sudan 2015) and one using International Monetary Fund data (Somalia).⁸⁴
- **Estimated loss in GDP from 1 per cent loss in female secondary education:** Obtained from the World Bank, indicating 0.3 per cent on average.⁸⁵
- **Current annual GDP growth rate in 2019:** Obtained from the World Bank Databank, except for an older figure for South Sudan (2015), a separate World Bank report for Eritrea, and IMF data for Somalia.⁸⁶
- **Estimated loss in GDP growth rate from 1 per cent loss in female secondary education:** Obtained from the World Bank, indicating 0.2 per cent on average.⁸⁷

Limitations

Beyond those already noted, the estimates in this report are based on a number of additional assumptions, including that trends in observed increases in incidence of teenage pregnancy from previous crises that led to school closures (i) are representative of regional trends, (ii) are representative of current trends related to school closures due to the COVID-19 crisis, and (iii) are consistently proportional to the amount of time schools are closed. Given the fluid state of school closings and re-openings and potential future 'lock-and-lift' scenarios, current actual periods of school closures per country have not been used. Scenarios of varying potential lengths of school closure as estimated by the World Bank have been used on the assumption that they are representative of possible total durations of school closures that could be experienced across all countries of sub-Saharan Africa.

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