Webinar recap: Strategies and Approaches for Prevention of Teenage Pregnancies in East, Central and Southern Africa

On May 30th, 2024, the East, Central, and Southern Africa Health Community (ECSA-HC) co-hosted a webinar with Knowledge SUCCESS on teenage pregnancies in the region, including the policy and programmatic interventions to address rising fertility rates among young people. Two moderators co-moderated the four-person panel of experts from Kenya, Tanzania, and Zambia, which included one youth expert to speak specifically on efforts to improve youth-friendly adolescent and youth sexual and reproductive health (AYSRH) services. Read a summary of each presentation below, followed by the question and answer (Q&A) section and a brief conclusion.

Dr. Marwa Majaliwa, UNFPA Tanzania (06: 58)
Dr. Marwa began by framing the issue of teen pregnancy, and then shared regional policy measures to address increasing trends in the region. Globally, in 2022, an estimated 13% of women and girls gave birth under the age of 18, and Sub-Saharan Africa was accountable for about half of that. Adolescent pregnancy (age 15-19) rates in the East and Southern Africa (ESA) region are twice the global average at 92 births per 1,000 girls.

Teen pregnancy, or early and unintended pregnancies (EUPs) are associated with adverse health, educational, social, and economic outcomes. Adolescent pregnancies are at greater risk of eclampsia and postpartum complications such as hemorrhage. Health implications also extend to the health of the infants, such as perinatal death and low birth weight.

Following a rights-based approach to family planning, policies in the region aim to respond to the issue by acknowledging that EUP is not an isolated issue, and should be integrated with AYSRH policies, **comprehensive sexuality education (CSE)**, and gender-based violence interventions.

However, many gaps exist within these policies, most notably, that they do not always have clear targets and interventions are not costed. Dr. Marwa provided some recommendations to address these gaps, including a multi-sectoral approach, and developing both context-specific budget plans, and indicators to track progress.

Dr. Chris Barasa, OB/GYN, Kenya (21:58)
Dr. Barasa added more data points to Dr. Marwa's issue framing, as he sought to explain the barriers in reducing EUP and teen pregnancy. One barrier he presented is the lack of demand for contraception and peer pressure. A very small majority use long-acting contraceptives, and most use condoms, at the will of their male partners. A study from the CDC shows that some adolescents do not opt for contraception because they do not think they can get pregnant, or because their partners think sex will not be enjoyable. **Population-based approaches** can help address these barriers, meaning not applying a blanket intervention to diverse population groups. For example, the contraceptive use patterns, and reasons for not using contraception, among adolescents in Kenya varies greatly based on whether or not they are in union.

Dr. Barasa also addressed **social determinants of health**, which acknowledges the critical role that social norms and cultural taboos play in the experience of teen access to contraception. In this vein, he discussed the importance of developing health workforce members to improve their behavior towards teens and adolescents seeking contraceptive services or counseling. Providers should be empathetic, competent, and knowledgeable about contraception. He presented tenets of training for providers geared towards this, such as behavior change and in service mentorship and coaching.

Miranda Ziba, Zambia Youth Platform, Zambia (42:30)
Miranda Ziba is a youth advocate who spoke about her work implementing strategies that respond to the needs of youth and adolescents in Zambia. She highlighted the importance of CSE and the challenges with delivering effective curricula. LIke the previous speakers, she called on a multifaceted approach to create an enabling environment to meet the unmet contraceptive needs of adolescents. When outlining strategies to support this, she noted the importance of community involvement and engaging leaders.

Ziba discussed **youth-friendly services:** this includes non-judgemental care, free or subsidized contraceptives, and mobile clinics that can reach adolescents in remote or underserved areas. In Zambia, Ziba and her team have begun offering weekend clinics to address the adolescents' lack of time during the week with school and other obligations, making it challenging to visit the clinic.

She provided an example on training health workers to be sensitive to adolescents' needs, including **face-to-face meetings**. These meetings involve dialogues between healthcare providers and community members, including adolescents. They share challenges faced in access services and plans to address them, which has proven effective because the youth themselves feel invested in the solutions. In turn, it also helps create empathy and understanding among providers of adolescents' needs.

Dr. Choolwe Jacobs, University of Zambia School of Public Health (1:04:20)
Dr. Jacobs explored the role of learning institutions in reducing teenage pregnancy, including: providing education and awareness, providing access to reproductive health services, and community engagement. She stressed a need for schools to provide youth-friendly reproductive health services, including contraceptives, by partnering with nearby health centers. As an academic, Dr. Jacobs supports the idea that learning institutions should be inclusive and allow for open dialogue about reproductive health.

Q&A - Moderated by Dr. Andrew Silumesii and George Apiyo (1:20:50)
As you reflect on what we have discussed, what are some political actions that are driving us in the right direction? (Dr. Marwa)

- Eastern and Southern Africa Ministerial Commitment: adopted commitments for CSE, and much progress has been made since then for countries that have affirmed commitments and implemented programming.
- It's important to ensure that policies do not conflict with one another - for example, if CSE content is mandated to be taught in schools but then is not rights-based, or promotes abstinence as contraception - we need to ensure this aligns with current evidence.

What more can we do to listen to youth and use that to shape our policies? (Miranda Ziba)

- Young people's voices are being heard, but not enough is being done about it. Sometimes this is due to lack of funding. We also don't see enough collaboration between young people and the government to implement policies together. She suggested youth advisory councils, which would open up communication between policy makers and youth to advise on youth-friendly health services.

The role of academic institutions, which have done a lot to generate evidence. How is the evidence being used, or can we do better?

- When we disseminate research findings, we need to ensure they are communicated in a way that is meaningful and useful to policy and programming audiences.
- Through research, we can use participatory approaches such as human centered design to co-create solutions together with young people, programmers, and policy makers.

Conclusion
The four panelists in this webinar outlined the problem of teen and early pregnancy in the ECSA region, policy and programming to address it, and barriers to achieving success. Their perspectives and recommendations such as, ensuring that AYSRH services are youth-friendly

and offering CSE in schools that align with the current evidence, are vital in this discussion of reducing growing rates of early and unintended pregnancies in the region and around the world.