

# **Interventions to address teenage pregnancy among girls in school in Malawi: A literature review**

## **Abstract**

Teenage pregnancy is a major public health challenge in Malawi, and has concerning implications for female education. This literature review seeks to shed light on what does and does not work to reduce teenage pregnancy among girls in school in Malawi and similar contexts, with the aim to inform evidence-based interventions. Reviewed interventions fall into three themes: sexual and reproductive health (SRH) education, economic empowerment, and mixed methods interventions that address a multitude of related issues, often including both educational and economic components. Preliminary findings indicate that staying in school is protective against teenage pregnancy by itself, so it is important that girls are supported to stay in school – this includes addressing financial, social, and cultural barriers to girls’ schooling. SRH education is important, but insufficient by itself to address the many factors that result in teenage pregnancy and school dropouts in Malawi and similar contexts.

## **Introduction**

Teenage pregnancy is a major public health challenge confronting developing countries, particularly in sub-Saharan Africa (SSA). In an effort to address this challenge, several prevention strategies including comprehensive sexuality education, skills building, and improving access to contraceptives have been deployed across many countries in the sub-region, especially in settings with high teenage pregnancy rates (Oringanje et al, 2009). However, little is known about the effectiveness of these interventions among girls in school. This paper reviews literature on interventions designed to prevent teenage pregnancy and related SRH outcomes in schools in Malawi and in similar contexts. The evidence from this review will clarify what works and what does not, thus informing the design of future, effective, evidence-based interventions for reducing teenage pregnancy in Malawi. This evidence will also justify resource allocation to particular interventions.

## **Methods**

This review focuses on programmes, interventions and randomised control trials with the following objectives: (i) delaying sexual initiation among adolescents, (ii) increasing contraceptive uptake among sexually active teenagers, (iii) providing knowledge, attitudes and skills for preventing unintended pregnancies among adolescents, and (iv) school-level or

community interventions. Both published and unpublished scientific papers, reviews and reports of interventions are included in the review. The primary search engines used for peer-reviewed literature are JSTOR, HINARI and Google Scholar. For grey literature, we used Google and searched known donor websites for reports and evaluations.

### *Search terms*

We used the following search terms: ['Generat\* evidence' OR 'gather\* research' OR 'generat\* data'] AND/OR ['intervention' OR 'program\*' OR 'project'] AND/OR ['teen' OR 'teenager' OR 'adolescent' OR 'girl\* in school'] AND/OR ['Malawi' OR 'Africa' OR 'Sub Saharan Africa' OR 'low and middle income country' OR 'LMIC' OR 'school' OR 'community'] AND/OR ['reduc\* teen\* pregnancy' OR 'reduc\* early childbearing' OR 'reduc\* adolescent pregnancy' OR 'prevent\* teen\* pregnancy' OR 'prevent\* early childbearing' OR 'prevent unintended pregnancy' OR 'prevent unwanted pregnancy' OR 'delay sex\* debut' OR 'delay sex\* initiat\*' OR 'increase contraceptive' OR 'increase knowledge']

### *Inclusion/Exclusion Criteria*

We included primary and secondary research articles and grey literature written in English that focused on interventions to reduce teenage pregnancy in Malawi, Southern Africa, SSA, and LMICs. We initially limited our search to articles published in the last 10 years, however, we ultimately decided to include articles from over 10 years ago that were particularly relevant to our search. We excluded articles that were not written in English, commentaries or opinion pieces, newspaper articles, and literature from high-income countries.

### **Preliminary Results**

The review of peer-reviewed and grey literature found various interventions in LMICs, including much of SSA and Malawi, designed to reduce teenage pregnancy by addressing related factors like school dropout, teenage marriage, ASRHR, and socio-economic status (SES). Their approaches were varied, with some employing robust and targeted interventions to address a couple of the intermediary determinants of teenage pregnancy, while others were flexible and designed to comprehensively address the determinants of teenage pregnancy. Overall, the interventions fall under three general types, SRH education interventions, economic empowerment interventions, and interventions that employed a mixed method approach, combining education with economic empowerment.

## **Preliminary Discussion and Conclusion**

This literature review found that targeted SRH education interventions by themselves have had an impact on knowledge, attitudes, behaviour intent, and self-efficacy for communication around safe sex. While these impacts are positive, it is unclear if they lead to the desired behaviour changes - for example, the *Mpondombili* Project intervention did not lead to increased condom use. Moreover, it is unclear from these studies if the interventions led to long-term positive changes such as reduced rates of HIV or teenage pregnancies among those who received the interventions.

Most importantly, the evidence shows that education is an intervention in and of itself as school attendance is linked to reduced/delayed teenage pregnancy and marriage. Interventions which sought to reduce or eliminate barriers to school attendance were therefore found to be effective. For example, some interventions addressed the sociocultural barriers to school attendance, through programmes like youth and mother clubs and minimising threats at school. Several programmes providing resources for female reproductive health as well as making the school environment more welcoming to girls and women were also found to be effective. Most commonly, interventions addressed financial/economic barriers to school attendance by providing cash transfers, school bursaries, school supplies and/or uniforms. Among the interventions which used cash transfers to address the financial barriers to school attendance, a greater reduction in teenage pregnancy was observed with unconditional cash transfers (UCTs) than with conditional cash transfers (CCTs). Having said that, CCTs were found to improve school attendance more than UCTs did. There is therefore a trade-off between CCTs' effect on improving school attendance and UCT's effect on reducing/delaying [adolescent] pregnancy. These findings demonstrate how financial empowerment is key to female empowerment and gender equity.

One limitation of this study is a lack of literature on the effect of education quality on teenage pregnancy. This evidence gap must be addressed as keeping girls in school has been found as an effective way to reduce teenage pregnancy. Furthermore, this review did not include interventions or evaluations of programmes designed for out-of-school girls. Further research is therefore needed to understand how to prevent pregnancy among girls who are not in school, including girls who are already mothers and/or married. Additionally, this report only included literature on programmes and interventions which sought to address teenage

pregnancy and does not include those which may have an effect on teenage pregnancy despite having other objectives.

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