

**Prevention and Management of Teenage Pregnancy Symposium: Commemorating the
20th Anniversary of the Maputo Protocol**

Date: 27 September 2023

Venue: Future Africa Conference Centre, University of Pretoria.

By: Well Being Africa

Event Report

INTRODUCTION

Although adolescent birth rates in Sub-Saharan Africa (SSA) are reported to have declined the region bears the brunt of the burden of teenage pregnancy given that one in four young women give birth before the age of 18 years. In 2021, SSA had twice the global average birth rate, with over 100 births per 1,000 women. Early pregnancy and childbearing can disrupt girls' otherwise healthy development into adulthood and have negative impacts on their education, livelihoods, and health. Adolescent girls, especially those in early adolescence, are particularly vulnerable to the health consequences of pregnancy and delivery as their bodies may not be physically ready. Globally, maternal conditions are among the top causes of disability-adjusted life years (DALYs) and death among girls aged 15-19.

Teenage pregnancy has a significant impact on the education outcomes of both the mother and child and is also associated with poorer child health and nutritional outcomes. Other impacts of teenage pregnancy are social consequences for girls, including reduced status in the home and community, stigmatization, rejection and violence by family members, peers, and partners, and early and forced marriage. The need for careful monitoring and quality care during the antenatal, delivery, and postnatal periods is generally more acute during the teenage period because most adolescents who are pregnant are experiencing pregnancy for the first time.

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However, in most regions of the world, fewer adolescent girls and young women receive antenatal, skilled delivery, or postnatal care for themselves or their newborns as compared to all women. Most teenage pregnancies in SSA are unplanned and often concealed, and therefore healthcare is not sought or is not sought timeously increasing the risk of vulnerability to mortality for the teenage and their offspring due to complications.

OVERVIEW OF PRESENTERS' PRESENTATION AND DISCUSSIONS

Teenage pregnancy situation in South Africa

Although the South African government through relevant departments is tackling teenage pregnancy, teenage pregnancy is still a challenge. A recent publication (2022) based on public sector data captured via the District Health Information System indicated that teenage pregnancies increased between the years 2017 to 2021. During this time, the number of births to young teenagers aged 10 - 14 years increased by 48.7% and the birth rate per 1,000 girls in this age category increased from 1.1 to 1.5. In adolescent girls aged 15 - 19, the number of births increased by 17.9% and the birth rate per 1,000 girls in this age category increased from 49.6% to 55.6%. The authors noted that while there was a large increase due to COVID-19, the increases also occurred year on year in a continuous upward trend. These numbers do not include backstreet abortions, home births, miscarriages, and babies whose births are not registered indicating an underestimation of the number of pregnancies. Recent statistics reveal that over 150,000 young girls were pregnant in the 2022/2023 financial year.

Teenage pregnancy also differs among provinces. The provinces with the highest teenage pregnancy based on reported live births include KwaZulu Natal (24.7%) followed by Eastern Cape and Limpopo (each 14.4%) and Gauteng (13.7%). In South Africa, one of the cited barriers to seeking health care by pregnant teenagers is the negative attitude of healthcare workers and teachers.

Causes/risk factors for teenage pregnancy in South Africa

- Societal factors such as child marriages, mostly in rural districts.
- Deficiencies in the health care system - it is not easy to get contraceptives if services are not youth-friendly.

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- Gender-based violence involves young girls who experience sexual abuse. In South Africa, one in three women experiences gender based-violence, and one in five children under the age of 18 experience sexual abuse.
- The South African Council of Educators (SACE) identified blessers and teachers as responsible for impregnating 11,000 learners in Limpopo in 2022.
- The increase in the past 2/3 years is possibly due to decreased access to health and school services as a result of Covid-19.
- Substance abuse, and barriers to accessing termination of pregnancy.

Teenage pregnancy prevention: How can we achieve more?

The efforts by the Department of Basic Education (DBE) regarding teenage pregnancy prevention are laudable. In 2021, DBE published the Policy on the Prevention and Management of Learner Pregnancy in Schools (PPMLPS) aimed at reducing the increasing number of learner pregnancies. The policy affirms the following:

- Provision of comprehensive sexual and reproductive health education (CSE) and services to teenagers.
- Return and retention of learners following childbirth into the appropriate grade.
- Access to ante-natal care for pregnant learners.
- Providing a stigma-free, non-discriminatory, and non-judgmental environment for pregnant learners and those with babies.
- Provide a positive and supportive environment where learners can access professional advice, information referrals, treatment, care, counselling, and support.

While PPMLPS is well articulated and comprehensive, its implementation is not without challenges and is also not consistent across provinces and schools. Some of the highlighted setbacks are: many schools are under-resourced and thus lack adequate infrastructure for effective implementation, not all educators are comfortable or are adequately trained to teach sensitive topics related to sexual health, hence affecting the quality of CSE, and in some cases, there has been resistance from parents or community leaders who feel that such education might conflict with their cultural or religious beliefs. Other hindrances to effective teenage pregnancy prevention include inconsistent messages from different sources to youths, gendered

social norms which put young women at a disadvantage, and poor monitoring and evaluation of strategies and programmes on teenage pregnancy prevention.

Despite the challenges, it has been reiterated that there is a need for collective efforts by all stakeholders (multisectoral approach) to win the fight against teenage pregnancies. For example, a collaboration between schools, healthcare facilities, social services, and community-based organisations can provide a robust support system for teenagers. More efforts are needed to reduce teenage pregnancy risk factors while strengthening the protective factors. For example, the a need to build agency in teenagers to delay sexual debut, involve parents and family, and create a more positive school environment and supportive community structures where risk factors such as gender-based violence are addressed. More awareness on the issue needs to be created in the communities as well as capacitating communities to deal with the issue. Men and boys also need to be included in the conversations regarding teenage pregnancy prevention.

Other opportunities include using trained peers and young people to deliver a planned sexuality curriculum which can lead to more open discussions and higher retention of information. In addition, digital interventions, such as the use of mobile apps, online courses, or social media campaigns can supplement traditional methods of providing information.

Protecting the rights of teenage girls during pregnancy and post-delivery. What can we do more?

Leveraging the DBE policy on the prevention and management of learner pregnancy in Schools and the Maputo Protocol (MP) which South Africa is a party state, is essential to enhancing support for teenagers who become pregnant. The MP includes a section that stipulates, “States should ensure that women can access the necessary information, education, and counselling support to effectively breastfeed their children and should establish and strengthen existing pre-and post-natal health and nutritional services for women during pregnancy and breastfeeding”. More efforts are required to ensure that pregnant teenagers and teenage mothers are supported to achieve their academic and other goals without compromising their health or that of their babies. We need to think about having a more supportive school environment through the following:

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- Intensifying measures to make the school environment non-discriminative and stigma-free for learners who are pregnant or post-delivery. Lactating teenagers in particular would be prone to stigma if their breasts leak at school.
- Having access to maternal health care information for pregnant teenagers and mothers and relevant persons.
- Empowering teachers to be better equipped to assist pregnant teenagers and teenage mothers by providing them with basic training on maternal care.
- Introducing school nurses and school social workers for example to serve a certain number of schools in a region. This is because maternal health is a broad topic, and if squeezed under the sexual and reproductive health topic, it could disturb the Life Orientation syllabus.
- Having policies and strategies that support teenage mothers to provide optimal nutrition for their babies through breastfeeding gives benefits not only for the baby but also for the mother and the community at large. Considerations could include: i) having an exclusive breastfeeding room in the school where teenage mothers can express breast milk, ii) giving breastfeeding mothers extra breaks for expressing breast milk, iii) allowing teenage mothers staying close to the school to go express breast milk or breastfeed, iv) advocacy for donations of breast pumps so that teenagers can easily express breast milk, and v) creating awareness among learners regarding breastfeeding as an optimal mode of feeding infants to encourage and vouch for breastfeeding amongst young mothers in schools.
- DBE in collaboration with organisations and movements that support maternal health including breastfeeding e.g., civil society organisations could help ensure that breastfeeding is supported and encouraged among young mothers in schools.

SYMPOSIUM PARTICIPATION

Attendance

A total of 104 participants took part in the symposium (including speakers), of which 94 attended physically and ten (10) virtually. This indicates great success in bringing stakeholders together because the number exceeded the target of 75 participants. Participants represented a range of stakeholders including relevant government department representatives, academic

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institutions, civil society organisations/community-based organisations, faith-based organisations as well as youth-based organisations (Table 1).

Table 1: Symposium attendance by stakeholder type and mode

Stakeholder type	Attendance mode (n)		Total number (n)
	Physical	Virtual	
Host (Well Being Africa)	9	0	9
Speakers	2	0	2
Moderator	1	0	1
Programme director	1	0	1
Photographer	1	0	1
Media (Journalist)	1	0	1
Government departments			
Dept. of Basic Education	15	0	15
Dept. of Health/ clinics	8	0	8
Academic institutions			
Universities	4	4	8
High school	7	0	2
CSOs/CBOs/NGOs including youth organisations	42	6	48
Faith-based organisations	8	0	8
Total	99	10	109

Participants' evaluation of the symposium

About half of the participants (n=53; ~51%) provided feedback regarding the symposium through an online questionnaire at their convenience after the symposium. Of these, most (n=38; 72%) completed all the questions (Likert scale questions and open-ended for comments) while the remainder (n=15) only completed the comments section.

Participants' responses indicated that the symposium was well received, and participants were highly satisfied with attending. From the quantitative information (Likert scale questions) the feedback showed:

- The majority of the participants (n=35; 92.2%) strongly agreed (n=27) or agreed the symposium (n=8) was relevant to their profession or organisation.
- The majority of participants (n=34; 89%) strongly agreed (n=26) or agreed (n=8) that the information shared will assist their organisation
- Most participants (n=35; 92.5%) strongly agreed (n=28) or agreed (n=7) that they gained new from the symposium
- The majority of participants (n=36; 94.7%) strongly agreed (n=28) or agreed (n=7) that the symposium was well organised
- Most participants (n=28; 73.7%) strongly agreed (n=18) or agreed (n=10) the length of the presentations was sufficient.
- The majority of participants (n=36; 94.7%) strongly agreed (n=28) or agreed (n=8) participation in asking questions was encouraged.
- The majority of participants (n=34; 89.4%) strongly agreed (n=18) or agreed (n=16) that questions were sufficiently answered.
- Most participants (n=35; 92.1%) strongly agreed (n=32) or agreed (n=3) that attending a similar training or symposium in the future would benefit their organisation.

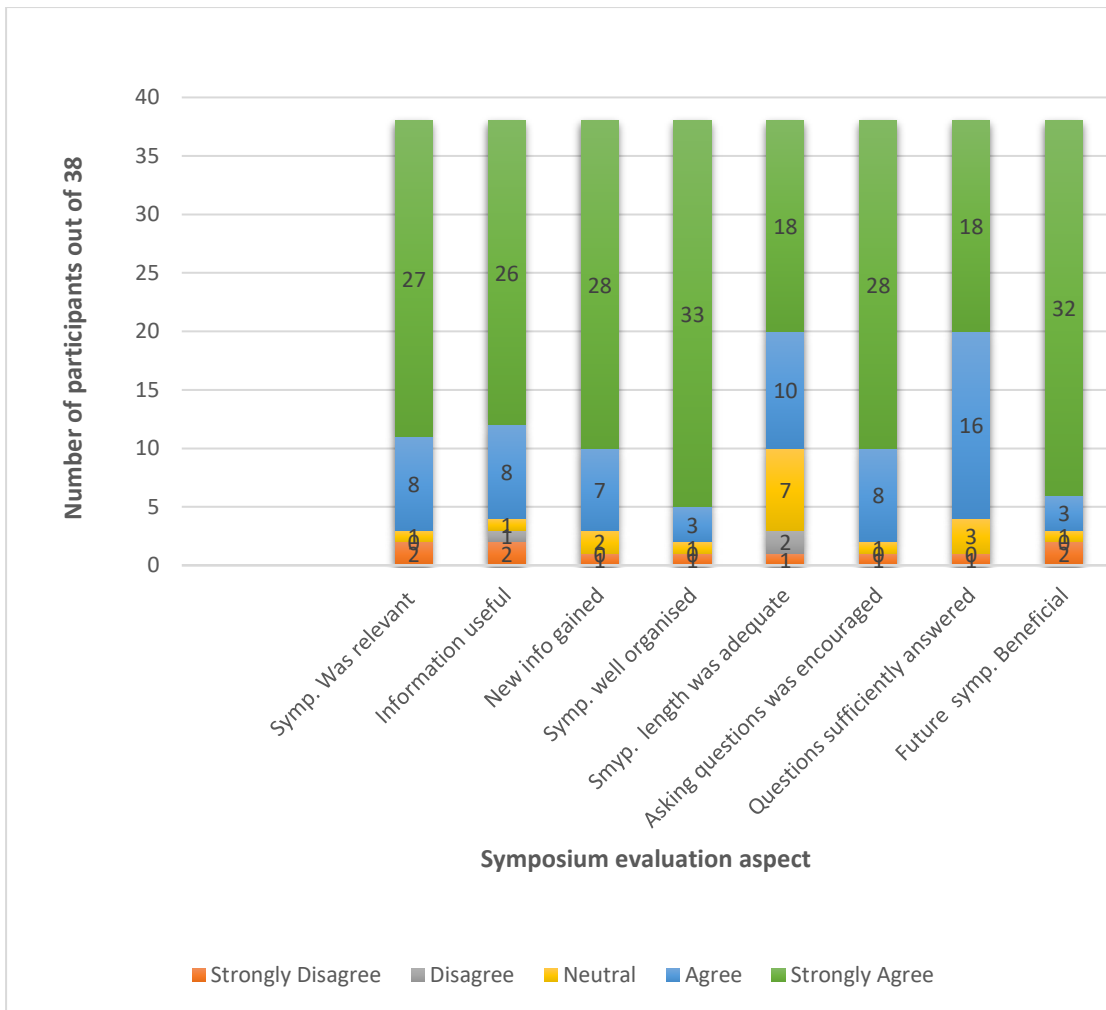


Figure 1: Participants' evaluation of the various aspects of the symposium

- Majority of participants (n=33; 86.8%) rated the overall symposium as very good (n=11) or excellent (n=22) (Figure 2).

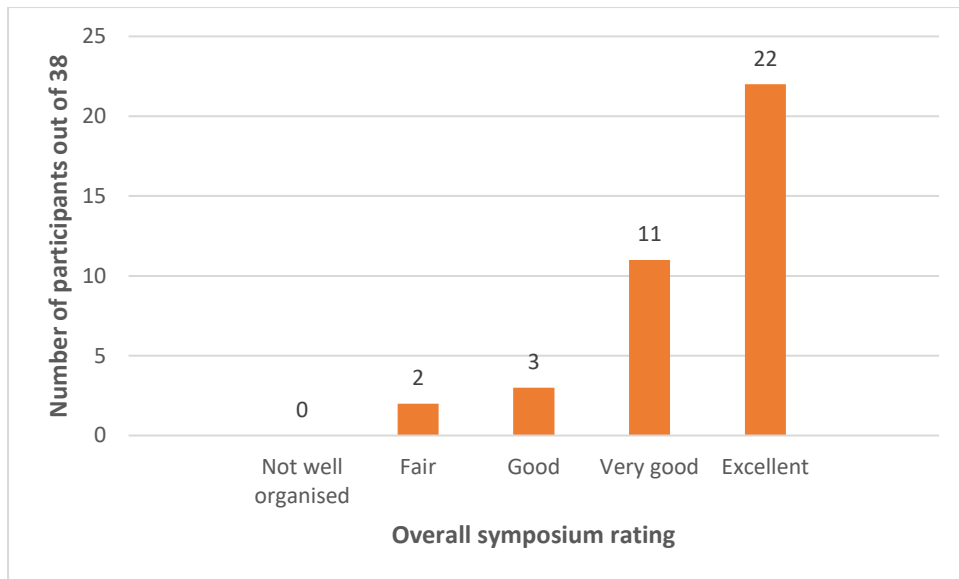


Figure 2: Participants’ overall rating of the symposium

These findings agreed with comments from the participants as seen in these comments.

“Well, everything was well presented”.

“The symposium was well organised and very informative”. “You are doing a good job, information is power, continue doing a good job.

” Well done WBA for a great symposium. The food was great (healthy & good variety). The MC and speakers were all enthusiastic.”

“Yes was very useful for our organisation”.

“Everything was great”.

Participants’ comments revealed some specific perceived benefits including gaining new knowledge. *The policy shared was an eye opener* and another participant *“I was not aware of the legal aspects regarding teenage pregnancy”* and another one *“In-depth knowledge around teenage pregnancy and recent statistics”*. Other participants elaborated on the usefulness of the gained knowledge *“Useful knowledge for our SRHR and skills to succeed under the Health and Nutrition area; “There was good information to share with patients who need this kind of support”*.

Others also shared their plans on how they will use the gained knowledge indicating motivation to act.

“As a social worker, I can use it in the individual cases that I encounter”.

“I will send the message out through media/drama”.

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“I will go back to my school and educate the learners regarding teenage pregnancy, especially the effects and changes that come once the mother has given birth”.

“The statistics shared in the presentations, I will use them with the group of youth ambassadors that we are working with”.

“At Mooi Plaas, I will sit down with my team and plan on how we are going to mobilize both parents and children in the area. Also with young boys, we will encourage them to participate in our community dialogues”.

“We are going to meet with the school and draw a year plan on how to teach about the prevention of pregnancy”.

“I plan to collaborate more with the NGO to help teenage mothers in schools”.

“I plan to use the knowledge gained to streamline my existing work on girls' right to education to have a more targeted response on the pull and push factors affecting their education such as teenage pregnancy”.

“Will work more on programmes geared towards educating and motivating parents on their roles and how important these are”.

Participants also provided recommendations for the future and shared some concerns. Participants' suggestions for future symposiums included allowing more time for questions and answer sessions, having more panel discussions, and a longer duration of the symposium for exhaustive discussions although a participant also felt the presentations by the speakers could be shortened.

“Maybe more time can be allocated for the Q &A session”.

“A few more panel discussions would perhaps contribute to a more robust and interactive symposium”.

“Suggesting that the symposium be extended to a 2-day event, there is a lot to discuss in this area”.

“Particularly on the issue being discussed, academic presentations should be succinct and of a reasonable length, they should not be overly saturated with data and statistics”.

Another recommendation given was to involve more stakeholders in the symposium including boys and parents. *To invite more stakeholders in symposia like school children, educators, and community members”* and another participant, *“Young boys and their*

parents should be involved in the symposium” Another participant felt policymakers are key people who should take part in the symposium given that policies on teenage prevention are in place, but teenage pregnancy problem is prevalent, *The fact that the policies and all the relevant information is in place but nothing is implemented by the relevant stakeholders is not good at all. Next time the heads of all the Departments involved should be involved to help give light as to why all this information does not translate to action”*.

A participant also felt that an action plan for different stakeholders would be an important output of a future symposium *“I wish the symposium would gather for an action plan to be implemented in Schools, Places of Worship, and Community Organizations”*. This was reiterated by other participants, especially for faith-based organisations *“Teenage pregnancy prevention methods and activities for religious groups; “How religious leaders can help in realistically engaging the youth to prevent unintended pregnancies”*.

Participants also recommended several topics which could be covered in future symposiums including topics targeting empowering parents, policies on postpartum care, and ethical issues related to abortion and masturbation as well as breastfeeding.

“Positive parenting, and gender transformative approach”,

“In future symposiums could we discuss more postpartum care for teenage mothers, particularly the policies”.

“Ethical issues, implications and effects of abortion and masturbation options as ways to manage or prevent teenage pregnancy need to be covered in future”.

“Mitigating the exposure and abuse children suffer in low-cost dwelling areas with little or no security and privacy”.

“More education on breastfeeding”.

While participants were appreciative of the content presented at the symposium, some expressed concerns about the appropriateness of abortion and masturbation as strategies for teenage pregnancy prevention and management. Several others seemed to emphasise empowering teenagers to abstain from sex. Some of the participants’ comments:

“The self-help and affordable abortion might help a lot with GBV victims”.

“Gained more knowledge about teaching adolescents and young women about the importance of family planning and what can be done about unplanned pregnancies and safe ways and places to do abortions”.

“The topic was the prevention and management of teenage pregnancy, But I am not sure where abortion fits into those categories, because abortion is termination of pregnancy and not a management strategy of pregnancy. So, if you were to bring in the various options available to the teenagers then you should have added adoption as an option instead of abortion being the only option”.

“I choose to fear and honour God - I will not encourage anyone to kill (abort a baby) and masturbate. What are the long-term effects of all this - mental health etc?”

"Not to promote abortion as it leaves psychological scars that can never be healed. ", "Promoting abstinence and the value of having children when one is ready to take care of them. ", "To empower teenagers on how to say NO, and to protect themselves.

“Topics that can be controversial such as abortion - should probably be given a context- or vetted before presentation. The presentation appeared to promote abortion via self-medication and to give a lot of details on the procedures. While it is good to know such methods exist, I think unless medically indicated, encouraging abortion could negatively impact teenage pregnancy prevention efforts”.

"What generation are we raising, just entitled? We need to speak strongly against being sexually active at young ages. Sex is meant for married people, man, and woman, this can't be changed by this supposedly WOKE generation”.

“Abstinence: Prevention is better and best than cure”.

“I will encourage teenagers to abstain and also advise them to talk to their parents about everything they experience”.

It is apparent that participants felt that more such symposiums are needed and even extended to the communities to increase the impact. In addition, participants emphasised the need to involve more relevant stakeholders: *“More such sessions for greater impact*

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and reach” “I would like this kind of symposium to go to the community as well that is where we can find men & boys- make more people aware”. ”More work is needed to be done with parents, guardians, men's organisations, youth organisations, and other stakeholders”.

CONCLUSION

In conclusion, the Prevention and Management of Teenage Pregnancy Symposium highlighted the persistent and complex challenge of teenage pregnancy in Sub-Saharan Africa, with a particular focus on South Africa. Despite some progress, the symposium highlighted the complex nature of the issue, driven by societal, systemic, and individual factors. The discussions at the symposium emphasised the need for a multi-stakeholder approach including education, healthcare, community, and policy support to address the various causes and consequences of teenage pregnancy. The participants jointly recognised the importance of comprehensive sex education, accessible reproductive health services, and supportive environments for teenagers, pregnant teenagers, and young mothers. The symposium also highlighted the protection of the rights of pregnant teenage girls and post-delivery, leveraging policies like the Department of Basic Education's PPMLPS and an international treaty - the Maputo Protocol. The commitment of various stakeholders, including government departments, civil society, religious organisations, and educational institutions, to collaborate and intensify efforts was seen as a laudable initiative in preventing teenage pregnancy and supporting adolescent mothers.

REFERENCES

Barron P, Subedar H, Letsoko M, Makua M, Pillay Y. S Afr Med J 2022;112(4):252-258. <https://doi.org/10.7196/SAMJ.2022.v112i4.16327>

Maharaj NR (2022) Adolescent pregnancy in sub-Saharan Africa – a cause for concern. Front. Reprod. Health 4:984303. doi: 10.3389/frph.2022.984303.

Statistics South Africa: Profiling health challenges faced by adolescents (10–19 years) in South Africa, 2022. <https://www.statssa.gov.za/publications/03-09-15/03-09-152022.pdf>.

UNICEF. Early childbearing. [Early childbearing and teenage pregnancy rates by country - UNICEF DATA](#). 2022 December.

SABC News. Adolescents/teenage crisis in South Africa. <https://www.sabcnews.com/sabcnews/infographic-adolescent-teenage-pregnancy-crisis-in-south-africa/>