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Evidence Brief

# Protecting the future: Community strategies for reducing adolescent pregnancy in Africa

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## Executive summary

Adolescent pregnancy remains a major global public health and development challenge, contributing to high maternal and neonatal morbidity and mortality, HIV, school dropout, early marriage, and intergenerational cycles of poverty. An estimated 21 million adolescent girls aged 15-19 years become pregnant annually, with most pregnancies occurring in low- and middle-income countries (LMICs), particularly in sub-Saharan Africa (SSA). The persistence of adolescent pregnancy is driven by structural, economic, social, and cultural factors, including poverty, limited educational opportunities, harmful gender norms, weak policy implementation, early sexual debut, and limited parental awareness of sexual and reproductive health (SRH) policies and services. This brief presents evidence on the drivers and interventions related to adolescent pregnancy in low- and middle-income countries (LMICs), with an emphasis on SSA, for informing policies and strategies for reducing adolescent pregnancy in Kenya and other countries in SSA.

## Key findings

- Prevalence of adolescent pregnancy remains high across sub-Saharan Africa, with determinants including low education, poverty, early pregnancy, early sexual debut, low or incorrect sexual and reproductive health knowledge and, peer influence.
- Parental involvement is limited, with many parents unaware of SRH policies and services, reducing their ability to support adolescents effectively.
- Socio-cultural and empowerment factors, including social exclusion, coercion, and lack of autonomy, significantly influence adolescent pregnancy, particularly in urban informal settlements.
- School and Community-based engagement and participatory approaches, such as dialogue initiatives and empowerment programs, have been effective in changing attitudes, reducing early pregnancies, and preventing school dropout.
- Evidence gaps exist on large-scale implementation, sustainability, and integration of structural, social, and cultural interventions across diverse contexts.
- Limited awareness of SRH policies among community stakeholders, including parents, teachers, and local leaders, weakens policy implementation and reduces impact. Strengthening stakeholder engagement and policy communication could enhance the translation of policy into practice.

## Background

Adolescent pregnancy is a major global public health and development challenge (1,2). The World Health Organization estimates that 21 million adolescent girls aged 15-19 years become pregnant annually, with nearly half giving birth (3). Most of these pregnancies occur in LMICs, particularly sub-Saharan Africa (SSA), where structural barriers, poverty, limited access to SRH services, harmful gender norms, and weak policy implementation amplify risks(1,4).

Adolescent pregnancy is linked to higher risks of maternal mortality, preterm birth, poor neonatal outcomes, sexually transmitted infections, and HIV. It has broader social implications, including school dropout, early marriage, and intergenerational cycles of poverty undermining educational attainment and limiting economic opportunities for young girls(1,2,5). Socioeconomic inequalities, cultural expectations, and limited parental awareness of SRH policies contribute to the persistence of adolescent pregnancies across communities (6).

Although there has been a decline in adolescent birth rate (ABR) globally, SSA has continued to have twice the global average, with over 100 live births per 1,000 women aged 15-19 years as of 2021(2). In 2021, the estimated actual number of births among 15–19-year-olds was 6,114,000 and, 332,000 among younger adolescents aged 10-14 years in SSA. Due to the higher proportion of youth in Africa compared to any other continent, adolescent pregnancy rates are likely to increase further in countries in SSA (4,2).

Despite the scale of the problem, there is limited synthesis of evidence on the drivers of adolescent pregnancy and effective interventions in LMICs, particularly SSA contexts. Such evidence is critical for informing policies and programs that address underlying drivers, rather than focusing solely on individual-level interventions. This review consolidates current evidence and provides a foundation for evidence-informed strategies to reduce adolescent pregnancy in Kenya and other countries in SSA.

## Methodology

This evidence brief is based on a rapid review of peer-reviewed literature examining barriers, facilitators, and interventions related to adolescent pregnancy, with a focus on low- and middle-income countries (LMICs), particularly in sub-Saharan Africa. A systematic search was conducted across PubMed and Google Scholar to identify relevant studies published between 2010 and 2025. Data extraction was performed using a standardized tool to capture key study characteristics, intervention details, main findings, and their relevance to community strategies for preventing adolescent pregnancy. Thematic analysis and narrative synthesis were applied to organize the evidence and generate context-specific recommendations, emphasizing approaches that are feasible, culturally sensitive, and aligned with Africa's policy priorities and programmatic needs.

## Findings

The review identified key factors that contribute to and some interventions that are effective in reducing adolescent pregnancy in LMICs, particularly sub-Saharan Africa (SSA).

### *Key factors contributing to adolescent pregnancy*

The review identifies a range of economic, social, cultural, structural and, individual factors that contribute to adolescent pregnancy in LMICs, particularly SSA. Poverty and social exclusion are major barriers, with studies from Kenya showing that low household income and limited access to education significantly increase girls' vulnerability to early pregnancy (2,7). Similarly, Esan et al. (8) highlight poverty as a root cause of adolescent pregnancy in Nigeria, recommending government-led poverty alleviation and compulsory education as long-term solutions. Cultural norms and gender inequality also restrict girls' access to education and reproductive health services, reinforcing early pregnancy risk (2,9). Relatedly, child marriage, which is a practice in some communities and common in some countries like Congo and Central Africa, drives high adolescent pregnancy in SSA (20). Most girls who experience child marriage have low levels of education, live in poor households and often in rural areas and face pressure to have children, increasing their odds of pregnancy in adolescence(2).

The economic status of countries in Africa is also a key contributing factor, which may include power imbalances, gender-based violence, substance abuse, lack of access to safe abortion services, negative attitudes of caregivers and inadequate reproductive health education(2). Lower levels of education have also been found to be associated with adolescent pregnancies(2). At the individual level, a lack of awareness, misconceptions and poor knowledge about contraceptive methods, perceptions about abstinence from sexual intercourse, early sexual debut, low or incorrect use of contraceptives, and negative or incorrect perceptions about contraceptive usage among adolescents may contribute to adolescent pregnancies(2). Low self-esteem has also been found to be a contributing factor, as well as stigma, fear of negative attitudes from parents and elders in the community and discrimination by healthcare providers(2).

Lack of access to reproductive health care, particularly in rural or remote areas, is a key contributing factor. Judgmental attitudes of staff, particularly towards teenagers seeking contraception or reproductive health services, also drive adolescent pregnancy and unsafe abortions(2). The COVID-19 epidemic demonstrated the importance of schools and reproductive health services. School closures and lack of access to or restricted contraception and healthcare services, as well as lockdown of recreational, sporting, and other youth activities that keep youngsters occupied during this period, were associated with increased adolescent pregnancies(2).

### *Key interventions for preventing adolescent pregnancy*

Community-based interventions have been shown to facilitate adolescent pregnancy prevention by engaging community leaders and peer educators. For example, initiatives in Côte d'Ivoire demonstrated that involving local communities in prevention programs effectively changed attitudes and behaviours, reducing early pregnancies (10). Similarly, findings from the RISE Project in Zambia show that teachers and community-based health workers play a pivotal role in promoting adolescent sexual and reproductive health and rights (SRHR) through school and community outreach activities(6) The study found that collaboration between schools, health facilities, and community structures improved access to SRHR information and services among adolescents in rural areas, reduced stigma around contraceptive use, and fostered a supportive environment for behaviour change. However, challenges such as inadequate training, cultural resistance, and limited resources constrained the effectiveness of these initiatives bringing out the need for sustained capacity-building and stronger health-education linkages(6). Maharaj 2022 also identifies behaviour change campaigns as effective in reducing adolescent pregnancy(2). Comprehensive sexuality education in schools and communities has also proven effective, increasing adolescents' knowledge, delaying sexual initiation, and lowering pregnancy risk, as evidenced in several SSA countries (2).

Girl empowerment through education and skills-building emerged as the most consistently supported approach. Multiple studies, among them a systematic review, emphasise that keeping girls in school, providing SRH education, and offering economic opportunities through educational and vocational programs, empowerment initiatives,

and training activities significantly reduce early pregnancy(2,8,12,13). Empowered girls demonstrate stronger decision-making capacity, confidence, and agency, which protects them against early marriage and unintended pregnancies. The consistency of findings across multiple countries and study designs makes this strategy strongly supported.

Support grants, such as conditional and unconditional cash transfers, have a dual effect in preventing teenage pregnancies. However, unconditional cash transfers need close monitoring by authorities to ensure that recipients utilise the grant in the best interest of their children(2). A conditional cash transfer programme in Colombia that gave a subsidy to adolescent girls if they attended school, completed their school year, and enrolled in the following year reduced adolescent pregnancy across all grades that participated in the programme(2).

Parental involvement and family communication were also widely highlighted. Evidence from Zambia (14) and Ghana (4) demonstrates that parents play a critical protective role when they actively communicate with their daughters about SRH. Community dialogue programs have been particularly effective in helping parents overcome cultural taboos and foster open discussions (4,14). However, many parents remain unaware of SRH policies and available services, limiting their ability to support adolescents effectively (15). The cross-country consistency makes parental involvement a moderately strong evidence area. The dialogue approach reduced stigma and contributed to declines in school dropout, early marriage, and pregnancy.

Policy awareness and stakeholder engagement are emerging areas of evidence. Ahinkorah and colleagues (4) revealed that many stakeholders, including parents and local leaders, have limited knowledge of existing SRH policies and programs. This weakens the translation of policy into practice. Expanding awareness campaigns and fostering stronger stakeholder engagement could bridge this gap and improve implementation. Maharaj 2022 reinforces the implementation of sexual and reproductive health policies as a proven effective measure for reducing adolescent pregnancy and the need for an emphasis on human rights issues and gender empowerment programmes to intensify their effectiveness(2).

**Table 1. Study findings**

| Author & Year | Country / Setting | Key Findings | Notes / Relevance |
|---|---|---|---|
| Kassa et al., 2018 | Africa (multi-country) | Pooled prevalence of adolescent pregnancy was high; determinants included low education, poverty, and early marriage. | Provides regional prevalence and determinants |
| Ahinkorah et al., 2023 | Ghana | Limited awareness of adolescent SRH policies and programs among parents and community. | Highlights policy awareness gap and parental involvement |
| Chilambe et al., 2023 | Zambia | Capacity building was key in addressing adolescent SRHR in rural health systems; capacity gaps identified. | Insights on capacity building and need to strengthen this further |
| Machoka et al., 2024 | Kenya | Social exclusion, coercion, and lack of empowerment contribute to early pregnancy. | Highlights socio-cultural and empowerment-related barriers |
| Esan et al., 2022 | Nigeria | Causes of teenage pregnancy include poverty, peer pressure, cultural norms; proposed solutions stress community involvement. | Supports understanding of local determinants |
| Yakubu & Salisu, 2018 | Sub-Saharan Africa | Determinants include low education, poverty, peer influence, and early sexual debut | Confirms common risk factors across SSA |
| Serge et al., 2020 | Côte d'Ivoire | Community engagement helped reduce early pregnancies; parental involvement limited | Demonstrates community-level influence |
| Maharaj, 2022 | Sub-Saharan Africa | Adolescent pregnancy remains high; linked to structural and social factors | Provides overview of regional context and proven interventions |
| Nkhoma et al., 2020 | Multi-country | Empowerment interventions associated with reduced pregnancy risk | Emphasizes role of adolescent empowerment |
| Mohamed et al., 2023 | Global / LMICs | Interventions effective include education, empowerment, and access to contraception | Synthesizes evidence on intervention effectiveness |
| Zulu et al., 2022 | Zambia | Community dialogue approach prevented adolescent pregnancy, early marriage, and school dropout | Highlights participatory, community-driven approaches |
| Ivan, 2020 | Uganda | Parental involvement in SRH education influenced adolescents' knowledge and attitudes; factors included education and communication | Provides evidence on parental role in SRH outcomes |

## Recommendations

- National and county governments, together with the Ministries of Education and Health, should ensure integration of combined sexual and reproductive health education into curricula, support media- and technology-based peer education programs, and expand economic empowerment initiatives such as skills training and scholarships to reduce vulnerability to early marriage and pregnancy.
- Parents, caregivers, community leaders, religious institutions, and NGOs should be supported to communicate openly and sensitively with adolescents about sexual and reproductive health.
- National and county governments, together with the Ministries of Education, Health and Gender, should organise community campaigns to address harmful cultural norms that hinder open and sensitive communication with adolescents about sexual and reproductive health.
- National and county governments, together with the Ministries of Education, Health, community-based organizations, youth groups, and NGOs, should lead dialogue forums that bring together adolescents, parents, and local leaders, while using media and technology to provide adolescents with accurate information and safe spaces for discussion.
- Policymakers, ministries, local leaders, and NGOs should raise awareness of existing sexual and reproductive health policies, strengthen coordination across sectors, and build capacity for teachers, health workers and community leaders to implement policies effectively.
- National and county governments, donors, and development partners should address poverty and structural inequalities through social protection programs, cash transfers, scholarships, and targeted interventions in marginalized communities, integrating adolescent pregnancy prevention into broader economic and development policies.


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