SPECIAL COMMUNICATION

Empowering adolescent girls in Sub-Saharan Africa to prevent unintended pregnancy and HIV: A critical research gap

Sharon J. Phillips a,⁎, Michael T. Mbizvo b,c

a Harvard T.H. Chan School of Public Health, Boston, MA, USA
b Population Council, Zambia
c College of Health Sciences, University of Zimbabwe, Harare, Zimbabwe

A R T I C L E  I N F O
Keywords:
Adolescent girls
HIV
Sexual and reproductive health
Teenage pregnancy

A B S T R A C T
The need to prevent early pregnancy and HIV among adolescent girls in Sub-Saharan Africa has been recognized increasingly over recent years. Although extensive work has been done to determine appropriate interventions for girls in high-income countries, very little evidence is available to guide programmatic interventions in Sub-Saharan Africa. The available evidence has been equivocal regarding improved outcomes. While knowledge and self-reported behaviors frequently change with interventions, including those performed at the community level, educational programs, and direct contraceptive provision, downstream outcomes rarely reflect a significant effect of the interventions; however, provision of financial or other interventions to incentivize continued school enrollment are a promising development. We suggest directions for future research to fill this critical gap in the literature.

© 2015 International Federation of Gynecology and Obstetrics. Published by Elsevier Ireland Ltd. All rights reserved.

1. Background
The year 2015 marks the target date for reporting on global commitments set within the Millennium Development Goals (MDGs), provides a new milestone for achieving Sustainable Development Goals (SDGs), and accords governments and relevant stakeholders an opportunity to reflect on progress made. For sexual and reproductive health, including maternal health and adolescent fertility, this includes accounting for goals and targets set by 179 countries during the 1994 landmark International Conference on Population and Development (ICPD) [1]. Despite the positive trends in a number of global health indicators reported within the MDG frameworks, progress among women and children has neither been equitably distributed nor universally achieved [2]—a problem that has been increasingly recognized at meetings such as the 2014 Girl Summit. The African Union has also convened the first ever African Girls Summit, held in Lusaka, Zambia (November 26–27, 2015), in recognition of the need to address challenges they encounter.

Adolescent girls and young women continue to experience a disproportionately high burden of sexual and reproductive ill health, particularly in Sub-Saharan Africa. High adolescent pregnancy with adverse health and social consequences and HIV incidence continue to be urgent problems facing low- and middle-income countries. Adolescents who become pregnant are less likely to finish school, more likely to have adverse pregnancy outcomes [3,4] including unsafe abortion [5], and more likely to become young mothers a second time [6]. Their infants are also more likely to be born premature and to die in the perinatal period [6]. Adolescent pregnancy and HIV are important causes of death among young women in their prime and potentially most productive years, with maternal factors contributing to 15% of deaths worldwide and HIV/AIDS contributing to 6.1% of deaths [7]. Among young women in the WHO’s Africa region, 26% of deaths are due to maternal causes [7], and one in four unsafe abortions occur among adolescents [5]. Approximately 380 000 young women become infected with HIV each year, and approximately 80% of young women living with HIV live in Sub-Saharan Africa [8]. Up to 2.2% of young women in Sub-Saharan Africa are living with HIV [8]. This has negative consequences to society, families of the young women, and to national socioeconomic development.

Despite the importance and urgency of preventing HIV/AIDS and adolescent pregnancy, there is a paucity of evidence on which interventions are the most effective in the affected regions, most notably Sub-Saharan Africa. Much of the evidence that is available comes from high-income countries; the applicability of such programs to the context of Sub-Saharan Africa has not been subjected to rigorous scientific scrutiny and, as such, may be ineffective in that setting. In the present communication, we report on a desk review of studies from Sub-Saharan Africa aimed directly at adolescent girls that sought to reduce adolescent pregnancy and/or HIV, as specific biological outcomes, and highlight research gaps in the process. We focus on randomized studies with biological outcomes directly relating to unintended pregnancy and HIV.

Although a Cochrane review found that educational and contraceptive provision programs in general do prevent pregnancy, data came primarily from high-income countries [9]. One cluster randomized trial in South Africa randomized participants to a 50-hour participatory learning intervention or a short didactic program [10]. Although herpes
simplex virus 2 (HSV–2) infection rates were decreased in the intervention group (7.7 vs 5.4 cases per 100 person-years), there was no difference between groups in rates of pregnancy or HIV infection.

Another community randomized trial employed a multifaceted intervention including school-based educational programming, youth-friendly health services, community-based condom promotion and distribution, and community-wide health promotion activities. No effects on HIV, HSV–2 incidence, or pregnancy were seen at 3 years [11]. After 9 years of follow-up, knowledge related to sexual and reproductive health was improved, but again there was no difference in incidence of HIV, HSV–2, other sexually transmitted infections (STIs), or unplanned pregnancy [12].

Other community-level approaches have not shown any benefit. A Cochrane review found no evidence overall that structural and community-level interventions decrease the incidence of HIV or HSV–2 [13]. A cluster randomized trial in rural Zimbabwe included a participatory learning-based adolescent program, a health provider training program, and a community-wide program for parents and stakeholders, with the goal being to change societal norms and hence to prevent HIV [14]. Incidence could not be measured owing to substantial outmigration from the target communities; as a result, cross-sectional surveys were conducted for follow-up. Although knowledge of STI and pregnancy prevention improved, knowledge of HIV prevention was unchanged 4 years after the intervention in the target cohort in the intervention community compared with those in the nonintervention community. HIV prevalence and HSV prevalence were unchanged in the intervention communities compared with the comparison communities, and there was no difference in positive pregnancy tests although the number of self-reported pregnancies was lower among those in the intervention communities.

One promising new avenue of research involves financial incentives. One study in Western Kenya compared multiple interventions, one of which was a free school uniform for girls entering grade 6 at selected schools [15]. Girls who stayed in school until the next year got another free uniform the following year. When compared with a control group, they had 17% less early childbearing. A study in Malawi evaluated the effect of conditional cash transfers provided to girls attending school and to recent school dropouts [16]. School fees were paid and girls and their families received on average US $10 for each month that they had at least 75% school attendance. While no effect was seen for girls who were already in school, girls in the dropout group had a marked reduction in pregnancy rate of over 30%.

The dearth of evidence on effective interventions for adolescent girls in Sub-Saharan Africa is concerning, given the challenges they confront and the related burden of illness they face. Other authors have noted the absence of good evidence on interventions to prevent HIV among adolescents in Africa [17], and we similarly remark upon the lack of evidence available on preventing pregnancy. This has a marked effect on socioeconomic development and poverty reduction strategies.

While there are many studies assessing the impact of interventions on knowledge, attitudes, and self-reported behavior, such interventions may fail to provide the desired downstream effects. Although they may have knowledge about how to prevent HIV and pregnancy, young women frequently have difficulty acting on that knowledge because of their social context and status. They are frequently pressured to engage in sexual intercourse, lack the power in their relationships to insist upon use of condoms or contraceptives, may be in relationships they believe are mutually monogamous when they are not, or may become involved in age disparate relationships with older men that are characterized by condom non-use [18] and risk for HIV infection [19]. Adolescents affected by early marriage are deprived of economic empowerment and self-efficacy [20] and are at risk for HIV [21] and early pregnancy [22]. Gender inequality underlies many of the above challenges faced by adolescent girls [23].

Future interventions must address these root causes of HIV and pregnancy in adolescents. Such investigations must include as their primary outcome biological measures (such as sero-status or pregnancy status). Such studies are few and far between. Biological outcomes are key as they avoid the social desirability bias inherent in self-report of behaviors and demonstrate whether or not the programs help with concrete health outcomes. Evidence from randomized studies is also lacking. Many health promotion interventions are multifaceted and complex; randomization further adds to this complexity. However, such studies must remain the gold standard for interventions [24]. Cluster randomized trials are of particular interest for those programs that include a community-level component. Any study performed should have sufficient sample size to ensure that, if present, the effects of the intervention will be evident. Performing randomized studies with biological outcome measurements requires significant investments of time and resources; however, without such investment, the scientific community will continue to be confronted with not knowing which interventions work and have the potential for sustainable up-scaling in the context of Sub-Saharan Africa.

Additional interventions that could be tested for HIV prevention include: (1) pre-exposure prophylaxis (PrEP) studied among adolescents—studies to date have included young women but have limited enrollment to women aged 18 or older and have had mixed results [25]; (2) vaginal microbicides studied among adolescents—similar to PrEP, microbicide trials have had conflicting results and have only been studied in young women [26,27]; and (3) programs aimed at reducing intimate partner violence and HIV prevention specifically for adolescents, similar to the SHARE project carried out in Uganda, which showed a significant decrease in HIV incidence [28]. Interventions aimed at preventing adolescent pregnancy could include a program aimed at making long-acting reversible contraceptives accessible and affordable on a widespread basis, similar to the CHOICE project carried out in the USA, which showed a significant decrease in adolescent pregnancy rates [29].

Also important are interventions that aim to prevent both HIV and pregnancy; a multifaceted intervention promoting contraceptive use, sex education and skill building may also be effective. A meta-analysis of randomized trials conducted in middle- and high-income countries showed a benefit of such an approach [9]. Finally, trials of multipurpose prevention technologies aimed at simultaneously preventing pregnancy and HIV [30] should be undertaken in adolescent populations.

Other approaches that could be investigated include programs that test a combination of HIV postexposure prophylaxis and emergency contraception among vulnerable adolescents, mentoring programs, and sexuality education and targeted messaging programs that link to adolescent-friendly health services.

2. Conclusions

Adolescent girls in Sub-Saharan Africa continue to experience disproportionate morbidity and mortality associated with sexuality and reproduction, which impinge on their safe transition to adulthood and prevent them from breaking free from the cycle of high fertility and poverty. Innovative interventions using rigorous study designs and meaningful outcome measures are needed to identify programmatic and policy approaches to better serve adolescent girls to prevent pregnancy and HIV. The scientific community, governments, and funders must commit resources to ensure such studies can be implemented. It is an opportune moment to reduce vulnerability and advocate for interventions that will ensure not only avoidance of illness but also promote access to higher education and improved social and economic outcomes for girls.

Conflict of interest

The authors have no conflicts of interest.
دانلود مقاله

http://daneshyari.com/article/3952253

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات