



ADOLESCENT PARENTING SUPPORT PROGRAMS AND INTERVENTIONS

A review of existing parenting programs in Africa to
assess responsiveness to adolescent parents' needs

ECDAN Knowledge Fellows
Program Project

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Abbreviations

ECD	early childhood development
ECDAN	Early Childhood Development Action Network
HIC	high-income country
LMIC	low- and middle-income countries
RCT	randomized controlled trial
SSA	sub-Saharan Africa
UNICEF	United Nations Children's Fund



Executive Summary

Supporting parents by equipping them to better provide nurturing care to their young children holds the potential for improving early childhood development (ECD). The issue of adolescent pregnancy and parenting is globally acknowledged as a crisis in the Global South.¹ Considering the implications of adolescent pregnancy on ECD and the continued increase in incidence of early pregnancies regardless of measures to reduce and end them, increased efforts to support adolescent parents are needed to ensure positive ECD outcomes.² The vulnerabilities of parenting as an adolescent are multifaceted, hence the need for a multidimensional approach to supporting adolescents who are parents.³

This paper explores which evidence-based parenting support programs and interventions have been successful and how these can contribute to global efforts toward improving adolescent parenting support, with the ultimate focus on improving ECD outcomes. It reviews innovative and effective parenting support programs and interventions and their work, considering their suitability to be adapted globally to provide support for adolescent parents. The review looks at programs in six African countries—namely, South Africa, Rwanda, Zambia, Uganda, Madagascar, and Ethiopia. It summarizes three existing parenting interventions that are suitable to be adapted for adolescent parents based on content and approach.



1. Background

A child's development is supported by a complex system of relationships. It is well established that parents are a child's first and best teacher and that secure attachment with a caregiver underpins early childhood development (ECD).³ Parenting is strongly linked to positive child development outcomes.

Recognizing the critical importance in the quality of early parent-child relationships for children's socioemotional, cognitive, neurobiological, and health outcomes has contributed to a shift in efforts to identify relational determinants of child development outcomes.⁴ Regardless of whether the parent is young, middle-aged, or old, parenting invariably has a strong impact on a child's life.⁵ The progress of a child depends on and is impacted by caregiver relationships.^{6,7} The parent-child relationship has substantial and enduring impact on brain development. Affectionate, supportive, and respectful interactions between parents and their children are affiliated with advantageous cognitive development outcomes.⁸ For example, positive maternal interactions during early years are connected with structural alterations in brain regions linked to enhanced cognitive development and mental well-being.³

UNICEF defines parenting as the interactions, behaviors, emotions, knowledge, beliefs, attitudes, and practices affiliated with the provision of nurturing care.⁹ This refers to the process of promoting and supporting the development and socialization of the child. It is the responsibility and duty of parents to care for their children as they grow and develop. Amid the multitude of influences on child development, parents are crucial to the development, protection, and facilitation of lifelong experiences of children.¹⁰

2. Introduction

2.1 Adolescence

An adolescent is defined as an individual between the ages of 10 and 19 years old, according to the World Health Organization.^{10,11} Younger adolescents are between 10 and 14 years old, and older adolescents are between 15 and 19 years old. However, it is important to note that in different contexts and cultures, definitions of childhood and adolescence differ vastly, and in some cases it is considered that children transition directly to adulthood, which has implications for parenting. In sub-Saharan Africa (SSA), some cultures that practice child marriages and betrothment do not fully recognize adolescence.¹⁰

Adolescence is a crucial and significant developmental phase that marks the transition from childhood to adulthood.¹² It is characterized by physical changes such as growth spurts, the development of reproductive parts, and puberty. Psychologically, adolescents experience a new sense of self-identity; the need to explore personal passions, beliefs, values, and goals; a desire for experiencing increased independence and discovering and creating a life outside the family; growing responsibility; increased risk-taking behavior; emerging sexuality; an



amplified significance of peers; intensified gender stereotypes; and evolving relationships with parents and caregivers.¹³

The scarcity of research on adolescents' lived experiences should prompt a review of the evidence to identify gaps and inform interventions. There is a crucial need to prioritize their mental health alongside their physical health. A scoping review on the lived experiences of pregnant and parenting adolescents in Africa compared the impact of efforts to support their physical versus mental health and concluded that the effects of mental health are dire.² Postpartum depression, guilt, suicide ideation, anxiety, loneliness, and stress are some of the prominent mental health challenges pregnant and parenting adolescents face. Handling pregnancy and parenting without support forces many to drop out of school to regain control over their lives while caring for their newborns. Of those adolescent parents who do drop out, 70 percent never return to school and end up with repeat pregnancy and/or HIV and in poverty.² Across Africa, the issue of repeat pregnancies is most prevalent in South Africa, Nigeria, Uganda, and Kenya, with 17 to 40 percent of recorded pregnant adolescents in those countries having repeat pregnancies.¹⁰

Despite existing school reentry policies in African countries, a significant number of pregnant and parenting adolescents remain out of school rather than face discrimination and inflexible environments upon return. Mabila et al. underscore the association of adolescent pregnancy with child marriage, a practice that is driven by the need to escape stigma or gain financial support.¹⁰ However, child marriage exposes adolescent mothers to mental health issues, school dropout, and intimate partner violence. The social exclusion of pregnant and parenting adolescents carries severe implications for gender equality, hindering the ability of pregnant adolescents to achieve educational goals and participate in the labor force.¹⁰

2.2 Adolescent parenting

Although globally there has been a decline in the incidence of adolescent pregnancies and births, in SSA the number of adolescent pregnancies and births continue to increase. It is twice the global average, with over 100 births per 1,000 women in 2021.¹⁴ The estimated number of births among SSA adolescents 15 to 19 and 10 to 14 years old for that year was 6,114,000 and 332,000, respectively.¹⁵ Africa has a higher proportion of youth compared to any other continent, which means adolescent pregnancy rates are likely to increase further in SSA countries.¹⁵

Adolescent pregnancies are therefore a significant health concern and have been recognized as a key objective in the United Nations Sustainable Development Goals.¹⁶ Existing data on the contributing factors for adolescent pregnancies collated from country-specific studies and collective data are limited. However, a few studies that combined data from single-country studies on the determinants of adolescent pregnancy have been conducted. These studies suggest that adolescents' socioeconomic status, lack of parental communication and support, early marriage, religion, and low educational status are contributing factors to early pregnancies.¹⁷ Figure 1 shows a map of global birth rates of adolescents 10 to 14 years old.

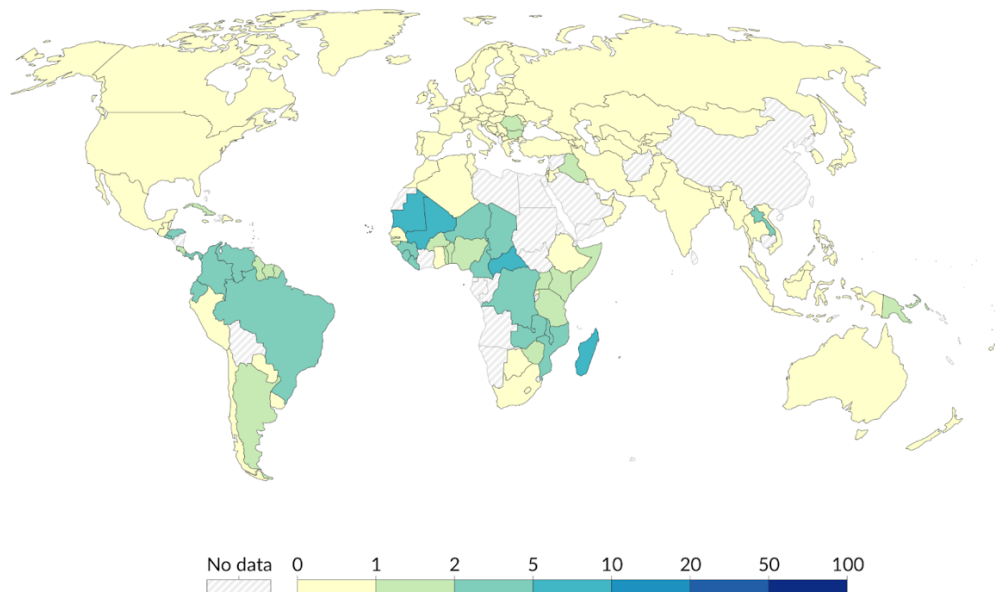


Figure 1. Map of global prevalence of young adolescent births in 2021.

Adolescent birth rate, 10–14 year olds, 2021

The adolescent birth rate is the number of live births per 1,000 women aged 10 to 14 years old.

Our World
in Data



Data source: Data from multiple sources compiled by the UN

[OurWorldInData.org/maternal-mortality](https://ourworldindata.org/maternal-mortality) | CC BY

Source: Our World in Data. Adolescent fertility. Accessed October 15, 2023.

<https://ourworldindata.org/grapher/adolescent-fertility>

2.3 Vulnerability of adolescent parenting

There is substantial agreement in the literature that girls and young women who become pregnant and give birth very early in their reproductive lives are subject to higher risks for complications, or even death, during pregnancy and birth, as are their children.

Adolescents who are parents arrive at early pregnancy because of various vulnerabilities: intergenerational risks (i.e., being a child of an adolescent parent), such as repeat cycles; the family's socioeconomic background; the type of parenting received from the adolescent's own mother; and sibling influences, such as a sibling who got pregnant as an adolescent.¹⁸ Another vulnerability is that their bodies are not fully grown. Biologically, their reproductive systems are still in development; hence, pregnancy puts a strain on their bodies. Additionally, according to Laurenzi et al., adolescents do not necessarily have the same cognitive capacity, decision-making skills, and ability to multitask as adults, and that poses a threat to their lives and the lives and development of their newborn children because they will not be able to provide the requisite care unless they have the needed support.¹⁹

2.4 Intervention and support

Intervention programs for pregnant adolescents and adolescents who are parents in the Global South are limited, and there is a critical evidence gap in this area.¹⁹ The existing literature primarily focuses on interventions in developed countries, and there are no studies based in low- and middle-income countries.²⁰ However, some successful initiatives have been implemented in developing countries to address teenage pregnancy and childbirth.^{21,22} These programs include effective care and support during the antenatal, childbirth, and postnatal periods and promotive, preventive, and curative care. Efforts to reduce adolescent pregnancy rates, support adolescent reproductive health services, and address barriers to reproductive health services for adolescents are important components of these programs. The evidence shows that more programs aim at preventing or supporting adolescent parents from the angle of health rather than that of parenting skills.¹⁴

2.5 Problem statement

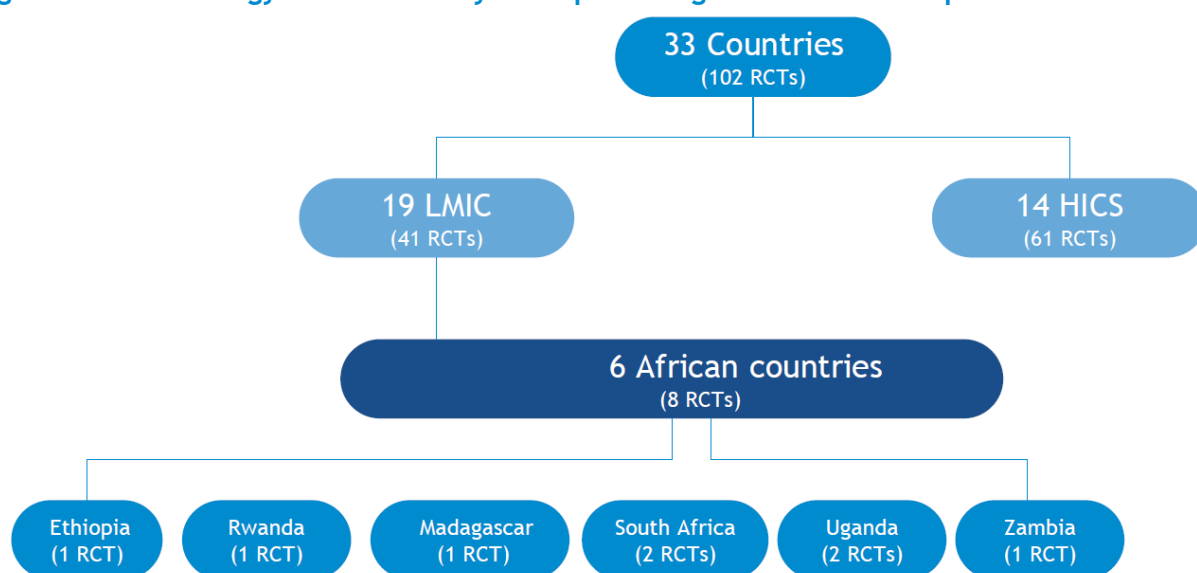
Adolescent pregnancy and parenting come with unique complications—namely, from a combination of the stresses of pregnancy on a developing body and the complexities of adolescence as a developmental stage as well as consequences. Adolescence is arguably the most stressful development period, characterized by developmental tasks and emotional stress.²³ The perspective of adolescent parenting is colored by whether adolescents should be parents. This is potentially blaming and deficit focused (e.g., what should have been done, and what are things adolescent parents cannot do). This is a big problem because of the impact on both adolescent mothers and their children.²⁴

Complications related to pregnancy and childbirth are the leading cause of death among adolescent girls 15 to 19 years old, and the average birth rate in Africa for that age group is 41 births per 1,000 girls.²³ This rate varies substantially across countries and regions: in West and Central Africa, the average is 110 births per 1,000 girls for the same age group. Given the relatively high incidence of adolescent pregnancy and parenting in Africa, there is a clear gap between the numbers of adolescent parents across the region and the interventions and support available to them.

3. Methodology

To learn about the characteristics of parenting programs suitable for adolescents in Africa, an initial internet and network search was done to identify promising programs. A global systematic review and meta-analysis of parenting interventions to promote ECD in the first three years of life was published in 2021.²⁵ This systematic review included all the parenting support interventions for ECD (children 0 to 3 years old) and positioned itself as a resource hub for existing interventions. The systematic review consisted of 102 randomized controlled trials from 33 countries, out of which 41 trials were from 19 low- and middle-income countries, including 6 African ones. Eight parenting programs, which are detailed later in this paper, were pulled out for further examination using an adolescent parent's perspective. Emphasis on the 6 African countries was due to the statistics that show their high prevalence and need, making them a good starting point.²⁵ Figure 2 provides an overview of the methodology used for the systematic analysis.

Figure 2. Methodology for meta-analysis on parenting interventions to promote ECD.



Source: Adapted from: Jeong J, Franchett EE, Ramos de Oliveira CV, et al. Parenting interventions to promote early child development in the first three years of life: A global systematic review and meta-analysis. PLoS medicine, 18(5), e1003602 <https://doi.org/10.1371/journal.pmed.1003602>

Abbreviations: ECD, early childhood development; HIC, high-income country; LMIC, low- and middle-income countries; RCT, randomized controlled trial.

4. Findings

A total of eight parenting interventions were reviewed:

1. Educating parents on book sharing and mother-child interactions in South Africa.^{26,27}

This intervention focused on providing components of both child and maternal care and support using a peer-led approach through media and health professionals and paraprofessionals who were trained and sensitized to meet the holistic needs of mothers, with a focus on mental health and emotional needs as well as physical health and wellness. The intervention enhanced interactions between caregivers and their children through play, book sharing, and communication activities, as well as used practical approaches such as providing cooking classes, sourcing food products, and creating recipes to meet both the mother's and child's nutritional needs. The intervention included follow-up home visits and one-on-one contact with the mother and child and their families.

2. Providing counseling for managing parental stress and child distress in South Africa.⁷

This intervention deployed multiple dissemination approaches. The different focus groups provided for mothers were small, with four to five mothers in a group, allowing them to share and interact with each other. The intervention was presented to the caregivers in their local language, isiXhosa. It focused on equipping mothers to foster language and

cognitive development in their children. The local community centers were open for all social activities and were felt to be suitable for adolescent mothers.

3. Teaching practical nutrition to new mothers in Uganda.^{28,29}

This program integrated health care services with community services, with paraprofessionals and community workers using a hands-on approach in delivering the intervention. It included practical food sourcing and preparation classes, and it focused on practical nutrition feeding practices and health care for both mother and child. The use of a community center with peer paraprofessionals was suitable for adolescents as a place to learn and experience parenting and growth together. The limitations of this intensive intervention were that its duration was too short (and adolescents need more time to practice being conversant with the processes), and it focused on delivering to all target groups together, including older mothers, family members, and other adult caregivers, which could feel intimidating to adolescents.

4. Using the First Steps approach - [Intere za Mbere](#).³⁰

The use of media as a tool for disseminating information works well for reaching adolescents, as it is widely accessible. This intervention combined media outreach with home visits that allowed adolescent mothers to receive needed support in their homes. It focused on equipping mothers to provide for their children's health and nutrition needs and teaching them the importance of vitamin A. Limitations of the intervention were that it used health care centers, which were intimidating and not regarded as youth friendly, and the intervention focused on caring for the child, with no support for the mother's well-being.

5. Addressing maternal psychological well-being and child development and growth in rural areas in Uganda.³¹

This intervention used both center- and home-based approaches in its delivery. The strengths of the intervention program were that it focused on equipping the mother to support the child's cognitive and emotional development, and it included father-only counseling sessions that provided emotional support and guidance. The home visits and individual care and support designed to complement the group sessions will be useful for adolescent mothers. The limitations included the fact that local community workers and other community members were used in delivering the intervention, hence the delivery of this intervention would require more training for adolescent mothers. There was also more of a focus on child development and stimulation than on the mothers. In fact, the only focus on the mothers was an assessment to find out whether they exhibited any depressive symptoms. Finally, the group sessions included all caregivers, including fathers, grandparents, and other adults, which could be intimidating for adolescents.

6. Using play-based stimulation for better nutritional outcomes, Ethiopia.³²

This intervention focused on developing psychomotor and psychosocial stimulation of severe acute malnourished children to improve their gross motor functions. The approach was to combine stimulation with standard nutrient-rich diets. It was center based, at the healthcare facility and offered group sessions that included older mothers, family members, and community workers. This intervention is not suitable to be adapted for

adolescents because it did not provide care for the mother. Secondly, since being in a group with older mothers could be intimidating for adolescent mothers, this intervention is not considered adolescent friendly. Additional limitations were that the content was not practical, and it was not comprehensible for those with low literacy.

7. Using a parenting intervention to promote early childhood development in rural areas, Zambia.³³

This intervention took a community-based approach to reach parents with the goal of improving child health and development using an early childhood intervention package designed for rural Zambia. This program is not suitable for adolescent parents because it only included a clustered group approach in delivery. The distance of the healthcare facility was found as a limitation since that hindered mothers from accessing the intervention. The intervention was available for all mothers regardless of age meaning older mothers and younger mothers were grouped together. According to Frosch, Sullivan and O'Banion,³ younger mothers feel intimidated when paired with older mothers. In addition, the intervention was targeted at mothers with children ages 6 to 12 months leaving out mothers of newborns. Cooper et al.⁷ posits that interventions for parents in the newborn stage is the most crucial in supporting them.

8. Applying the Programme National de Nutrition Communautaire (National Community Nutrition Program) / [MAHAY](#) (“smart” in Malagasy) study, Madagascar.³⁴

This intervention combined existing community-based services for growth monitoring and nutrition education. The intervention contained a parenting component, providing education on standard nutrition practices. The intervention was delivered through home visits by a community health worker who provided nutrition education and counselling. The curriculum was adapted from the programs combined namely the Reach Up and Learn program, Lipid based nutrition supplementation for children 6-18 months and nutrition supplementation for pregnant and lactating mothers. This program is not suitable for adolescent parents because the limitations of the existing programs that were combined had challenges and limitations that were not adjusted or modified. The mothers complained that the community healthcare workers were not sensitive to their needs hence the home visits were not beneficial to them. The adaptation of the existing programs in developing this curriculum did not include practical nutritional education. Though pamphlets with nutrition education were handed out, adolescent friendly interventions should include more hands on nutrition education.⁴ The program focused only on equipping the mother to care for the child and did not include care for the mother or primary caregiver.

5. Recommendations

The literature clearly indicates that adolescent pregnancy is occurring at high rates in Africa, and therefore these parents must be considered and reached by parenting programs. For program planners and implementors looking to start or scale parenting programs that have been proven effective by literature and that this analysis has found to be sensitive to the

needs of adolescents, this section discusses elements to look at. According to the research, to be supportive of adolescent parents, interventions must use a tailored curriculum. It is important to design parenting programs that are tailored to the specific needs of adolescent parents. Specifically, in addition to providing for their physical and maternal needs, it is important to provide the following:

- *Mental health support.* This is particularly important to combat adolescents' tendency toward depression, guilt, suicide ideation, anxiety, loneliness, and stress. A scoping review on the lived experiences of pregnant and parenting adolescents in Africa compared the impact of efforts to support physical versus mental health and concluded that the effects of mental health are dire; hence, it is imperative to include mental and emotional health support (i.e., support services such as counseling and therapy).²
- *Social interaction with peers.* This is important to combat the disconnection adolescent parents may experience due to social stigma. Types of support from peers and the community could include support groups, parenting workshops, and social activities where adolescent parents can share their experiences, exchange advice, and build supportive networks. It is also important to sensitize the community, including health care facilities, schools, churches, mosques, and community centers, to prevent stigmatization and ensure adolescent parents have access to support.^{35,36}
- *Individualized support.* It is important to offer adolescent parents individualized support to meet their specific needs and challenges. This may include financial support or economic empowerment, legal services, academic support to meet an educational goal, counseling or therapy, and/or mentorship to provide guidance, stress management, etc.³⁷
- *Flexible approach to delivery of interventions.* In planning and implementing parenting programs for adolescents, it is necessary to consider their varied preferences. Interventions could include one-on-one interactions, education through online platforms or media outlets, or a combination of multiple methods. Additionally, it is important to consider making these programs more accessible and removing barriers to participation by providing childcare, transportation assistance, and/or language support (using the local languages).

In conclusion, implementing these recommendations in providing support and interventions for adolescent parenting is far reaching. It can reduce the emotional and mental burden of parenting in adolescence hence facilitating and promoting better mental health for parent and the child. In addition, the burden of social stigma that forces adolescent parents to drop out of school will be reduced resulting in school reentry as well as enhancing educational achievements. This will also facilitate social integration. These elements in interventions and support provide a holistic approach to providing support for adolescent parents resulting in holistic development mentally, physically and socio-emotionally. In providing support for adolescent mothers, gender equity is promoted. Young women are empowered, society is sensitized to be more gender responsive and inclusive through rallying all men and women towards social change. Collectively, these efforts will transform the lives of adolescent mothers and their children which will positively influence child development outcomes as well as pave the way for sustainable development.



Appendix. Evidence review datasheet



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