

Leveraging the Learning –  
Insights from HIV programmes

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# Leveraging the Learning

## Insights from HIV Programming for Pregnant and Parenting Adolescent Girls



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Sabi Kere, a 20-year-old pregnant woman in Bobo-Dioulasso, located in the Southwest of Burkina Faso, was born with HIV. Sabi learned she was living with HIV at the age of 10 when her mother explained the importance of taking ART medication. "I never had any scares because I never knew otherwise, and I was never sick," says Sabi. "My mom always emphasized the importance of consistently taking my medication. Despite it being a taboo topic, I lead a normal life. I recently mustered the courage to tell my boyfriend during a pregnancy checkup, and he has been tested negative." In the photo, Sabi was 6 months pregnant and said she was eagerly awaiting the arrival of their first child, feeling confident that the baby would be healthy.





Denise Idouma, 21 years old, at the Etonga Health Center in Kinshasa, the capital of the Republic of Congo. She is five months pregnant and has come for a prenatal visit, during which she also underwent an HIV test. Denise is in good health and is eagerly anticipating the birth of her first child.

## Introduction

Pregnancy and childbirth during adolescence profoundly affects the lives of millions of girls worldwide, and is a leading cause of maternal mortality and morbidity, and infant and child mortality. Every year, an estimated 21 million girls aged 15–19 years old in low- and middle-income countries become pregnant, and approximately 12 million give birth.<sup>1</sup>

For many adolescent girls, the ability to control their sexual lives remains limited.<sup>2</sup> Long-standing gender inequalities and discrimination, marginalization, harmful social and gender norms, and denial of rights, compounded by poverty and violence, render them vulnerable to early pregnancy, HIV and other health threats.<sup>3 4 5 6</sup> Lack of age-appropriate sexual and reproductive health and rights (SRHR) information and services create additional barriers to care and support; as a result, adolescent girls who become pregnant are much more likely to go on to have rapid repeated births.<sup>7</sup>

Adolescent and young mothers experience consistently poorer maternal health and HIV outcomes compared to adult mothers.<sup>8</sup> In the absence of access to quality nutritional services and guidance, pregnant adolescents, who are already vulnerable to anemia and micronutrient deficiencies, will struggle with the demands that pregnancy

and breastfeeding place upon them. Babies whose mothers have poor nutritional status are much more likely to face growth and developmental challenges.<sup>9</sup>

Preventing early and adolescent pregnancy has consequences far beyond public health.<sup>10</sup> It is a human rights issue, an education issue, and an economic issue. However, despite the increasingly well documented articulation of the context, risks and the harmful outcomes of pregnancy for adolescent girls, the resources, guidance, and services remain patchy, separated and insufficient. More holistic, integrated, multisectoral, and age- and gender-responsive approaches are needed,<sup>11</sup> including:

- Integrated HIV and SRHR programmes to prevent and respond to the outcomes of unprotected sex, including HIV and other sexually transmitted infections (STIs), and adolescent pregnancy

- Maternal health interventions targeting high rates of adolescent pregnancy and associated poor outcomes for the mother and baby
- Education interventions for adolescent girls, including comprehensive sexuality education, catch-up and 'second chance' education, and vocational training
- Social protection schemes to provide childcare, cash transfers, food and nutritional support, access to early child development support, and address child marriage
- Gender-transformational approaches to address the root causes of gender and social inequities

UNICEF's HIV programme has long recognized the necessity of such a multisectoral approach.<sup>12</sup> This brief sets out to leverage those learnings for stakeholders working to respond to and reduce early and adolescent pregnancy, support young mothers, and improve health and well-being outcomes for adolescent girls and their children. It captures promising practices for differentiated services for pregnant adolescents living with HIV that are relevant and transformational for programming for all pregnant adolescent girls, or those at risk of early pregnancy, regardless of their HIV status. These approaches can accelerate action toward the SDGs and meet global commitments to ensure that no girl is left behind.<sup>13</sup>

## Harmful Impacts of Early and Adolescent Pregnancy

### Health Impacts

Despite adverse outcomes, most HIV and health services treat women the same, regardless of age, and programmes designed for adolescent girls give little attention to managing pregnancy and parenthood.<sup>14</sup> The health implications for the adolescent mother and her baby are numerous, including:

- Increased risk of HIV infection in mothers and higher rates of vertical transmission of HIV from mothers to their babies
- Increased risk of maternal and newborn illness and mortality
- Higher risk of complications during pregnancy and childbirth
- Higher neonatal mortality rates
- High risk of repeat pregnancies within a year of childbirth
- Challenges to maternal mental health
- Poor child developmental outcomes<sup>15</sup>

### Socio-Economic Impacts

Whether they are at risk of, or already living with HIV, adolescent girls face widespread gender-based violence (GBV) and socio-economic disparities. Globally, 16 per cent of adolescent girls between the ages of 15 and 19 have experienced physical or intimate partner violence in the past year.<sup>16</sup> Girls can face increased vulnerability to stigma, rejection, and

violence, from their families and communities, due to their pregnancy and/or HIV positive status. It is not uncommon for pregnant or parenting adolescent girls to be excluded from, or not supported to return to, school,<sup>17</sup> reducing their future educational and employment opportunities and further negatively affecting their children's health and development.<sup>18</sup> Economically, adolescent girls are likely to have limited access to resources or to a means of income generation, leaving them vulnerable to resorting to high-risk strategies to earn a living, including transactional sex. Managing HIV in tandem with pregnancy and motherhood, and the stress of having to navigate complex risks, brings with it a heavy mental health toll.<sup>19</sup>

### Healthcare Engagement

Adolescent girls engage with healthcare services during their pregnancy and after the birth in a very different manner than adult mothers, and face additional barriers to accessing SRHR services. Adolescent girls frequently have limited or no contact with health services until late in their pregnancies, and when they do, they are often confronted with profound levels of judgement, disrespect, and even violence – particularly during childbirth.<sup>20</sup> They may not know that they are pregnant, and if they do, they may avoid antenatal clinics for fear of the abuse they will face. Compared to adult mothers, adolescent mothers are much more likely to attend fewer than the WHO-recommended number of antenatal visits.<sup>21</sup>

# Key Learnings from the Global HIV Response

Based on decades of experience supporting governments and partners to respond to the risks, vulnerabilities and challenges faced by pregnant and parenting adolescents living with and at risk of HIV, UNICEF's HIV programme is uniquely placed to offer insights that can serve as the building blocks to help create more comprehensive, high-quality health services that are supportive and meet the needs of all pregnant and parenting adolescent girls. These insights and experiences are increasingly recognized by partners, including the Global Fund<sup>22</sup> and PEPFAR.<sup>23</sup>

## 1. Generating and using evidence to inform policies and programmes

Partnering with governments, communities, partners and most importantly adolescent girls, UNICEF has documented evidence on ways to assess and improve policies, programmes and service delivery to address early and adolescent pregnancy.

Results from a study in Malawi<sup>24</sup> underscored the value of peer-led approaches, which led to the adaptation of a mentor mother model where young mothers living with HIV are trained to become peer supporters, helping to link adolescent girls to health services, strengthen family support networks, and negotiate barriers to treatment and care. When girls have support systems that include advice and guidance from someone like them, who understands their point of view, their outcomes improve.

In collaboration with Oxford and Cape Town Universities, the "Hey Baby" study in South Africa<sup>25</sup> highlighted three vital, integrated areas to address adolescent girls' unique challenges: First, establishment of harmonized age-of-consent laws to enable adolescent girls to make informed decisions about their sexual health and improve access to SRH services. Second, standardized return-to-school policies for adolescent mothers, bolstered by childcare and familial support. Third, expanding gender-responsive social protection, including cash transfers which help adolescent girls access food and supplies, eliminating or reducing their dependence on parents or partners, and reducing their vulnerability to risky means of income generation, including transactional sex. Integrated support, combining cash transfers with health linkages, has been demonstrated to be successful, especially in HIV-affected communities.<sup>26</sup>

In Indonesia, research led by UNICEF and UNFPA sought to understand the pathways to adolescent pregnancy.<sup>27</sup> The outcomes of the study underscored the many factors contributing to adolescent pregnancies and

the need to take them into account when developing programmes. Addressing gender norms and enhancing girls' agency in relationships, providing space for men and boys to articulate their own vulnerabilities, the need for gender-transformative sexuality education, addressing contraceptive access barriers, and focusing on male accountability were highlighted as critical factors for relevant and responsive programming for pregnant adolescents.<sup>28</sup>



Dhaphen and Aisheck (6 months) at the Luumbo Health Centre, Zambia. "Aisheck is my only son, I love him very much."





A young mother and her daughter from the Chacalte Chichen Mayan community, participate in a UNICEF-supported parenting workshop in Chirrepec, Alta Verapaz.

## 2. Influencing government policies, plans and strategies

National and sub-national plans and strategies that both acknowledge adolescent girls as a priority group, including those living with HIV, and set targets for the provision of care and support, are vital. Once the policy space is created, appropriate programmes can be developed, financed and implemented at scale.<sup>29</sup>

Until 2020, visibly pregnant girls in Sierra Leone were banned from school. Recognizing the harmful impact and the necessity of ensuring girls' rights to an education, Sierra Leone's parliament enacted the Basic and Senior Secondary Education Act, 2023, which highlighted the creation of inclusive environments, targeted support for vulnerable learners and engaging families and communities.<sup>30</sup>

Creating the policy space for dialogue around the SRH, maternal, newborn and child health (MNCH), and HIV needs of adolescent girls allows for discussion on costed roadmaps for action with targets and milestones to measure progress. For example, with UNICEF's support, the Government of Botswana has supported the integration of differentiated care and support provisions for adolescent mothers into national plans and guidelines, emphasizing actionable priorities. This led to enhanced funding for district-wide plans benefitting young mothers in 10 key districts.<sup>31</sup>

## 3. Engaging and listening to adolescent girls

Adolescent and young mothers should be meaningfully engaged in conceiving strategies and programmes related to addressing adolescent pregnancy and supporting adolescent parents and their babies, as peers and as change agents.<sup>32</sup> Their firsthand experience brings insights, informing the development of interventions and approaches that are both relevant and impactful. UNICEF collaborates with governments, civil society, especially young people, and communities to prioritize activities that empower adolescent girls to participate in the design, implementation and monitoring of programmes.

In Zimbabwe, UNICEF supported production and distribution of "What Every Adolescent Should Know on Pregnancy, Breastfeeding and Other Related Facts," a comprehensive and adolescent-friendly information package developed in consultation with adolescents and in collaboration with government and civil society.<sup>33</sup>

Tanzania has piloted government-endorsed standard operating procedures (SoPs) which focus on creating supportive relationships and understanding young mothers' unique experiences. The SoPs address HIV services, mental health, contraception, gender-based violence, and financial barriers to healthcare.<sup>34</sup>

In six countries in Eastern and Southern Africa, UNICEF is partnering with Y+, the Global Network of Young People Living with HIV, to support adolescent girls' capacities through mentorship and training to promote the leadership of youth-led HIV, health and sexual and reproductive health networks.<sup>35</sup>

#### 4. Improving service delivery for adolescent mothers through differentiated services

Differentiated service delivery is a client-centered approach that simplifies and adapts HIV and health services to reflect the preferences, expectations and needs of different groups of individuals. Involving adolescent girls who have lived experience and knowledge of what works to improve uptake of health services by pregnant adolescents (and what does not) can better inform how the services are delivered.

The Indian Ministry of Health placed a Model Adolescent Friendly Health (M-AFH) clinic in each district of the country. The M-AFH clinics are a safe, confidential, and non-judgmental space for adolescents where they can access mental health services, nutrition advice, SRHR and HIV services, and advice and support for early and unwanted pregnancy. Just under twelve million adolescents have accessed the 7,968 M-AFH clinics in the past two years.<sup>36</sup>

UNICEF has worked with the government of Jamaica to initiate the St. Thomas Teen Hub - an innovative integrated health and social services project.<sup>37</sup> The hub addresses challenges faced by young girls in the region, including adolescent pregnancy, child abuse and sexual violence, and provides holistic services, including HIV/STI testing, family planning guidance, life skills education, health screening, and career counselling. The initiative works closely with the local community support structures already in place at schools and homes, bridging any service gaps and ensuring a comprehensive and sustainable assistance framework.

#### 5. Strengthening social support for adolescent and young mothers through integrated community support

Social connections are vital to adolescent and young mothers' well-being. Pregnancy often leads to school withdrawal, diminished social networks, mental health challenges, and stigmatization. Helping adolescent mothers, especially those living with HIV, to be resilient is imperative. Providing access to social support programmes that are tailored to their experiences can be life-changing.

UNICEF supports initiatives in Lesotho, Malawi, South Africa, and Zimbabwe, partnering with organizations like mothers2mothers and Africaid Zvandiri, that emphasize peer-led interventions for young mothers. Results of programming show increased access to HIV services, improved diagnosis, and better treatment adherence. These programmes also prioritize specific support for infants and children.<sup>38</sup> The Zvandiri programme has expanded their evidence-based model to eight African countries, with



Seema, aged 15, gets a hemoglobin test in Chattisgarh, India. A hemoglobin test can be part of a routine medical examination to monitor general health, and may help diagnose anemia, or other medical conditions.

significantly enhanced national HIV responses, improved HIV and health outcomes for children and adolescents, strengthened data management systems, greater community engagement, and stronger linkages to social protection services.<sup>39</sup>

The SAKHI Initiative, launched in Andhra Pradesh, India in 2022, champions holistic adolescent development, tackling health, nutrition, socio-economic, and educational challenges. With UNICEF's support, 85,000 girls are grouped into clusters of 50, mentored by female role models such as women police, auxiliary nurse midwives, and female schoolteachers, who provide a support system focusing on themes like health, nutrition, HIV, education, and women's safety.

Social support also means provision of childcare and parenting support. Research on risk pathways in Eastern and Southern Africa found that adolescent girls and their babies who had benefitted from childcare provision as a part of their support to return to school also showed improved practice of positive parenting and their babies had better child development scores.<sup>40</sup> Family and caregiver support is also associated with better nutritional and health habits from the early years until adolescence. Growing evidence also shows that positive parenting practices potentially reduce school dropout rates and result in better learning outcomes for adolescents, boys and girls.<sup>41</sup>





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Young women attending an HIV counseling and testing session at the Princess Christian maternity hospital in Freetown, Sierra Leone.

## 6. Fostering multi-sectoral linkages and programming

UNICEF collaborates cross-sectorally with partners, emphasizing the value of comprehensive, multi-sectoral services for adolescent girls that include health services, education, social protection, and community-based support to enhance adolescent and young mothers' well-being.<sup>42</sup>

The Maternal Child Cash Transfer plus initiative in Sudan, co-designed by the government and UNICEF, works with female frontline service providers to support pregnant and breastfeeding adult and adolescent mothers with young children. The programme merges MNCH services, including adolescent responsive services, with cash transfers, behavioral change communication, GBV prevention, prevention of child marriage components, and life-saving nutrition interventions.<sup>43</sup>

In Ghana, UNICEF's "Safety Net" programme aids the Ghana Health Service to empower and support pregnant adolescent girls. Offering responsive SRHR, HIV and MNCH services, including links to social support systems addressing gender-based violence, the initiative promotes educational continuity for pregnant adolescents and provides vocational skills training. Addressing both health and education in an integrated approach, the Safety Net programme is helping to provide adolescent mothers with the services they need to be healthy and educated.

Children exposed to HIV are especially at risk of developmental delay, with young HIV-infected children at highest risk. The Malezi project in Tanzania emphasizes integrating Early Childhood Development (ECD) into MNCH and HIV services to support young mothers to nurture their child's developmental potential. Using UNICEF and WHO's Care for Child Development package, the programme trains health staff and community health workers to guide families in supporting the development of young



children. Building the skills of caregivers, health staff, and community workers, the initiative fosters early stimulation and caters to young children's developmental needs within health settings. This approach builds on caregivers' existing understanding, and incorporates ECD into current MNCH and HIV services, supporting mothers to feel more confident with their child's needs.<sup>44</sup>

In Eastern and Southern Africa, UNICEF-supported mentor mother programmes train peer counsellors to support young mothers through the transition from pregnancy to birth and early childcare and breastfeeding. The peer counsellors are also trained to provide screening and referral for sexual and gender-based violence, and health screening including for STIs, tuberculosis, cervical cancer and mental health.

## Reaching Adolescent and Young Mothers during Emergencies

Humanitarian crises amplify underlying vulnerabilities due to heightened risk behaviours and fractured healthcare access. In emergencies, safeguarding adolescent and young mothers, especially those living with HIV, is paramount.

Post-Cyclone Idai badly affected Malawi, Zimbabwe, and Mozambique in 2018. UNICEF collaborated with the Mozambiquan government and the African NGO Doctors in Africa CUAMM to reinstate services for vulnerable adolescent girls. Adolescent-friendly health services tested over 17,700 adolescent girls for HIV, with 2.4 per cent newly diagnosed with HIV. Crucially, of the pregnant and breastfeeding women who missed HIV appointments, 79 per cent were re-engaged in care, spotlighting the importance of these emergency-integrated initiatives.<sup>45</sup>



Septi, 18 years old, at her school in Jakarta, Indonesia, posing for a photo in front of her classroom.

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## Data to Drive us to Act

with and for Adolescent Girls and Young Women



Adolescent girls and young women **living with HIV who become pregnant and give birth face additional challenges to keep themselves and their babies healthy**

Girls account for 77% per cent of new HIV infections in 15-24 year olds in sub-Saharan Africa.<sup>46</sup>

HIV-related stigma, including from health-care providers,<sup>47</sup> unsupportive school environments<sup>48</sup> and the emotional and behavioural challenges associated with adolescence make it difficult for many pregnant adolescents living with HIV to receive and adhere to treatment and remain in antenatal care.<sup>49</sup> As a result, only 65 per cent of adolescents (aged 10–19 years) living with HIV were receiving antiretroviral therapy in 2022, lower than the 77 per cent antiretroviral therapy coverage among adults (aged 15+ years).



Adolescent girls and young women who give birth have **poorer health outcomes for themselves and their babies** than older mothers

Adolescent girls have higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20–24 years.<sup>50</sup>

The children of adolescent girls face higher risks of low birth weight, prematurity, stillbirths, and failure to thrive.<sup>51</sup>

Infant mortality rates range from 1.5 to 4 times higher in mothers younger than 19 than in older mothers.<sup>52</sup>



Adolescent girls and young women in **low- and middle-income countries** are becoming pregnant and **delivering babies while they are still very young**

Nearly a third of women living in low- and middle-income countries had their first child in adolescence. Almost 50 per cent of adolescent births are to girls younger than 17. Six per cent are to girls younger than 14.<sup>53</sup>



Adolescent girls and young women who give birth are likely to have **rapid repeat pregnancies**

Nearly 75 per cent of girls who give birth at 14 years of age or younger will have a second birth before they are 20. Forty per cent of those who gave birth twice will have a third birth before they reach 20.<sup>54</sup>

Almost 50 per cent of girls who give birth for the first time between the ages of 15 and 17 years will have a second birth before they are 20, and 11 per cent of those who gave birth twice will have a third birth before they are 20.<sup>55</sup>

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Mamathae Tseliso helps in a community project in Lesotho that offers peer-to-peer counselling to pregnant adolescents and young women.



# Key Strategic Actions:

## PROVIDE, PROMOTE, and PARTNER

While pregnant adolescent and young mothers face significant challenges, we already have the evidence and the experience to move towards widespread solutions. Strategic actions at scale to PROVIDE integrated, evidence-based and comprehensive services across sectors, PROMOTE the rights of adolescent girls, and PARTNER with adolescent girls and communities, are crucial to ensure that all pregnant girls, irrespective of their HIV status, can access the necessary tools to build a thriving future for themselves and their children.

The following section draws on programming supported by UNICEF and partners and reflects on key strategic actions highlighted in a number of documents including the joint WHO-UNICEF Technical Brief, *Safeguarding the Future: Giving Priority to the Needs of Adolescent and Young Mums Living with HIV*,<sup>56</sup> and UNICEF's *Addressing the Needs of Adolescent and Young Mothers affected by HIV in Eastern and Southern Africa*.<sup>57</sup> While these strategies were developed with the challenges and vulnerabilities of adolescent girls living with HIV in mind, much of what is recommended is equally relevant for all pregnant and parenting adolescent girls.

can take place through a health clinic or through community health outreach services, including peer mentors. Beyond the immediate healthcare needs of pregnant or young mothers, referrals to appropriate services, such as social protection programmes, or response and prevention of gender-based violence programmes, are required to address immediate needs, to offset potential additional risks, and to support their broader well-being. Many successful programmes that link to additional cross-sectoral services leverage the work of community-based health systems, including working with and supporting peer mentors approaches.

### 1. PROVIDE

#### a. Provide an integrated package of services and differentiated care

Strengthening health services with essential packages of evidence-based, adolescent-friendly services is needed to address and support pregnant and parenting adolescent girls. Differentiated service delivery (DSD) recognizes that one size cannot fit all and provides services that are responsive to the needs of different groups of individuals. DSD for adolescent girls could include targeted prevention of vertical HIV transmission services, and SRHR services to avoid rapid repeated and unintended pregnancies. A package of integrated health services for the new mother and baby can include maternal, newborn, child health, HIV, SRHR, nutrition support, immunization and other services.

#### b. Provide and link to a range of services beyond healthcare

Services both within and outside the healthcare system need to be linked, allowing for referrals for pregnant and parenting adolescent girls. Initial screening for vulnerabilities such as food insecurity, mental health challenges, gender-based or sexual violence, and poverty



Steven with his child while his wife, Phiona is at work. Phiona is a peer mother who supports mentorship to other mothers living with HIV in Uganda. UNICEF and partners support training for primary healthcare providers and community health workers in case finding, to reach undiagnosed children living with HIV.



Louisa Pedro Luis from Buzi, is pictured here with her child at the Ifapa camp in Beira, Mozambique. She sought accommodation for herself and her three children after losing everything to Cyclone Idai.

## 2. PROMOTE

### a. Promote girls' right to an education

The multiplier effects of girls' education are well documented<sup>58</sup> and yet worldwide 129 million girls are out of school.<sup>59</sup> Ensuring that pregnant girls can stay in school until they have their baby, and then be able to return afterwards, enables them to fulfil their right to an education and unlock a brighter future. It is crucial to ensure that policies exist and are implemented that reduce the stigma, exclusion and discrimination faced by pregnant adolescents. School educators, including teachers, need to champion a girls' fundamental right to remain in school, and educators must create and promote a supportive space for girls to learn. Supporting programmes that support childcare for young mothers also increases the possibility of a young mother returning to school and completing her education.<sup>60</sup> Parents of pregnant and parenting adolescent girls and the wider community play an important role in supporting and encouraging young mothers to stay in school.

### b. Promote inclusive policies and create an environment that addresses social, economic and legal barriers

Evidence-based policies and strategies create the space and allow for health programmes to become integrated, and move away from inefficient, siloed approaches. Forward-thinking education policy supports and encourages pregnant and parenting girls to stay in school. Beyond eliminating laws that actively prevent pregnant or parenting girls from going to school, policies need to actively encourage the girls to stay in school and acknowledge the

value that education has both for the girls and the broader society. Age of consent policies should be adapted to allow adolescent girls to seek and receive support to know their HIV status and to initiate antiretroviral therapy (ART) or access contraceptives without the permission of their parents, so that they have access to the care and support they need to keep themselves and their babies healthy and safe.

## 3. PARTNER

### a. Partner with Adolescent Girls

All programmes for adolescent girls and young mothers should center on adolescent girls and what they need. Adolescent girls are the experts on themselves, and are best placed to say how and where they need services that speak to them. When health programmes are informed by, and responsive to, adolescent girls, they have a greater sense of agency and are able to manage their health needs more confidently and proactively. Providing them with opportunities to inform the development of health, SRHR and HIV programmes, and to continue to participate in the ongoing monitoring and adaptation of outreach efforts, improves impact and outcomes.<sup>61</sup>

Partnering with adolescent girls will also ensure parenting programmes address their complex needs including health, nutrition, early learning, security and safety, and responsive caregiving. Robust evidence associates positive parenting and nonviolent family environments with holistic cognitive and physical development in children, which is particularly critical during the early years.<sup>62</sup>



## b. Partner with the Community, especially Peers

Family and social support networks are essential to helping adolescent girls and their children stay healthy and thrive. The girls' mothers and mothers-in-law, who often wield power and influence over their ability to access services, can be an obstacle to a pregnant adolescent seeking services or support; it is important to engage them to join the girls when they are seeking health services, and help them to understand HIV or other health treatment, or other referrals for services, to improve outcomes for their children and grandchildren.<sup>63</sup>

Peer-to-peer networks are a well-established approach of providing young mothers with support and information on healthcare and their rights. Peer mentors, or community health workers, are also well suited to screen for mental health challenges, food and livelihood security issues, or potential signs of violence or abuse. With the appropriate support structures, they can link or refer girls to the broader services that are available to help them.

## c. Partner with, and engage Men and Boys

Opportunities for the male partners of adolescent girls to learn how to be a good parent enables them to create a role for themselves in supporting the mother and new baby. In addition to sharing information and services around sexual health and the prevention and treatment of HIV, giving young fathers the chance to establish positive engagement with their baby and be a supportive partner helps to set the tone for a positive ongoing relationship with their child.

Positively addressing adolescent pregnancy and parenthood involves reshaping gender norms and enhancing girls' agency in relationships. The inclusion of men and boys in reevaluating gendered narratives, and providing space for them to articulate their own vulnerabilities and narratives, is essential<sup>64</sup> to redefining gender norms, empowering girls in relationships, and recognizing their own roles in changing the dynamics. Efforts should include gender-transformative sexuality education, addressing contraceptive access barriers, a focus on male accountability, and recognizing the relationship between GBV and violence against children.<sup>65</sup>



Jessica Francis (11), Aliyah Currie (11), and Mickayla Lynch (12), pictured from left to right, attending the opening ceremony of the St. Thomas Teen Hub in Jamaica. The Teen Hub is integrated health and social services project is initiated by the government and supported by UNICEF. It addresses challenges faced by young girls, such as adolescent pregnancy, child abuse, and sexual violence. The Hub provides holistic services, including HIV testing, family planning guidance, life skills education, health screening and career counseling.

## The Way Forward

UNICEF is putting adolescent girls at the center of its programming. We are committed to harnessing the strengths of our partnerships with adolescents, governments, donors, UN sister agencies, and communities to share, adapt and implement effective multi-sectoral, multi-layered programming for pregnant and parenting adolescents. This includes sharing learnings from across HIV, SRHR, health and education sectors, and highlighting best practice in policies and programmes that support adolescent and young mothers and protect their rights. UNICEF will continue to advocate and support implementation, investment and scaling up of evidence-based programmes, so that adolescent girls and their children can realize their full potential.

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# Document, share, learn and advocate



The following list is a non-exhaustive list of documents, reports and resources that were particularly helpful in informing the development of the report.

Explore our website for comprehensive information on children, adolescents and HIV and AIDS:  
[Children & AIDS](#)

1. [2gether 4 SRHR \(2022\) Learning and insights to improve joint UN programming at the regional level: Lessons from 2gether 4 SRHR \(a UNAIDS, UNFPA, UNICEF and WHO joint UN programme\)](#)
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