

## Teenage Pregnancy During a Pandemic

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### Background

Covid-19 and lockdown have put a strain on all aspects of life, including the economic and social climate and challenges of accessing essential services. Many non-essential health services had to be limited. In some instances, the fear of contracting the disease at the facility level results in many patients being denied or having delayed access to primary health services. COVID-19 was prioritized over other conditions, and all these factors saw a decline in patients' health-seeking behavior for essential and primary healthcare. A reduction of movement was required, which led to reductions in the acquiring of antenatal or postnatal care. Reduced access to maternal healthcare was observed during lockdowns, including limited access to antenatal care resources, limited social support and other uncertainties. The ongoing lockdowns left many women without access to time-sensitive maternal and reproductive health care, from routine gynaecological check-ups to prenatal care to abortion. The unfortunate by-product of this shift is the de-prioritization of other essential health care services, such as ac-

cess to contraception [2,3].

### Teenage Pregnancy During a Pandemic

Several reports depict that lockdown measures during a pandemic cause a rise in teenage pregnancy. Past epidemics indicated that health resources are often diverted from routine health services, which further reduces access to reproductive health services and maternal, newborn and child health services (Plan International) [4,5]. Studies have reported that the Ebola outbreak in West Africa gave rise to an increase in teenage pregnancy. The Ebola outbreak in Sierra Leone saw an increase in teenage pregnancy by as high as 65 percent, due to non-pharmaceutical interventions such as school closures (Save the Children, World Vision International, Plan International and UNICEF) [6,7]. Other commentators argue against this phenomenon in that even before the Ebola outbreak, teenage pregnancy rates in Sierra Leone were high (Amnesty) [8]. The table below depicts evidence from other countries on the impact of COVID-19 on adolescent pregnancy.

**Table 1: Evidence Linking the COVID-19 Pandemic to Unintended Pregnancies**

Extract	Country	Source
There is 40 percent increase three months into lockdown due to COVID-19 in teenage pregnancy in three of the country's monthly averages.	Kenya	Global Citizen [9]
During COVID-19, the Krachi West Area Programme in Ghana experienced an almost ninefold rise in teenage pregnancy.	Ghana	World Vision [10]
The number of adolescent pregnancies reportedly doubled in the Nwoya district when comparing January to March and April to June 2020 trends.	Uganda	(Edwards, 2020) [11]
In July 2020, the Health Principal Secretary noted a potential 35 percent increase in the number of pregnancies among young girls ages 10 to 19 in the first half of 2020, compared to a year earlier (Davies, 2020)	Malawi	(Davies, 2020) [12]
<i>An increase in teenage pregnancies and child marriages was reported in Zimbabwe during COVID-19.</i>	Zimbabwe	(Xinhua, 2021) [13]
<i>Lockdown contributes to millions of unintended pregnancies.</i> Sierra Leone saw a 65 percent increase in teenage pregnancy due to girls not being in school during the Ebola crisis.	Sierra Leone	Save the Children [14] UNDP [15]

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## Proposed Solutions

More significantly, rural areas seem to be areas where people are not aware of the free maternal health services available, leading to less utilization of maternal benefits. Therefore, other means to let communities know must be implemented and involve social media pages used by people in those areas. Lastly, girls' and women's sexual and reproductive health and rights must continue to be prioritized, funded and recognized as lifesaving, and must include:

- access to modern contraception,
- menstrual health and hygiene management,
- antenatal and postnatal care,
- clean and safe delivery,
- access to safe and legal abortion facilities, and
- and provisions for the clinical management of rape.

Disruption of schools as a non-pharmaceutical intervention to arrest the pandemic has been depicted as a contributing factor to increased teenage pregnancy rates during the pandemic. Access to primary health services and community-level centers should still be operational during the lockdown. Innovation on how these services is offered is required, including continuing information sharing, communication, and supporting adolescents. Technology and other virtual platforms have also been used to assist young girls and boys during the pandemic. Sierra Leone experienced pandemics such as Ebola and saw the effect of the pandemic surge employed innovative measures such as developing an interactive game app for boys and girls that provides reliable information on sexual health and how to stay safe from coronavirus [16]. Undoubtedly, social media platforms such as social media and telehealth could be exploited as tools to educate young girls and boys (Plan International, 2020). These could include programs to keep young boys and girls busy during school closures during a pandemic, to help them make sound decisions and empower them. Support structures for young girls exposed to gender-based violence should be activated to provide immediate access. These could be community-based types of systems. Government and Business need to be visible in terms of support programs and initiatives, and these should be proactive in nature rather than reactive. Partnerships with donors and other civil societies, community leaders and church leaders could be agents of change when curbing increased teenage pregnancy. Lastly, greater confidence in the justice system and the police need to be instilled. However, this can only be achieved if these structures are adequately capacitated and have trained personnel to deal with Gender-Based Violence and other related cases.

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