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Strengthening Midwives' Role in Reproductive and Mental Health Counselling for Adolescent Girls: A Narrative Review

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ABSTRACT

Adolescence is a pivotal window for lifelong health, yet adolescent girls face persistent sexual and reproductive health (SRH) and mental health (MH) burdens amid stigma, access barriers, and digital-era risks, necessitating midwife-led responses. This study aims to examine how the role of midwives with various interventions can optimise the reproductive and mental health of adolescent girls. Narrative review of studies published in the last five years. A computerised search identified 1,032 records (PubMed=666; ScienceDirect=325; Scopus=41). Titles/abstracts were screened using prespecified inclusion criteria (English; alignment with the objective). Fifteen studies involving girls aged 10–19 years in clinics, schools, communities, and primary-care settings were included. Data on midwife-led SRH–MH interventions were extracted and synthesised thematically. Midwife-delivered, youth-friendly SRH–MH models were feasible and acceptable, and were associated with increased SRH service uptake, better engagement and continuity, and reductions in depressive/anxiety symptoms in several digital or hybrid interventions. Enablers included confidentiality, respectful non-judgmental counselling, trained staff, clear referral pathways, and flexible access; barriers included stigma, privacy concerns, costs/transport, and restrictive social norms. It can be concluded that Midwife-led, integrated, and digitally enabled SRH–MH services show promise for optimising outcomes among adolescent girls. Implications for midwifery practice include adopting AYFHS standards, institutionalising routine PHQ-A/GAD-7 screening with referral pathways, ensuring confidential, trauma-informed counselling and contraceptive choice, leveraging blended in-person/mobile follow-up, and monitoring quality indicators (screening coverage, service use, completed referrals).

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1. INTRODUCTION

Adolescence is a crucial period in shaping lifelong health behaviours and capacities. However, adolescent issues related to reproductive health (SRH) and mental health (MH) still require attention and intervention from various parties. Globally, teenage pregnancy is experiencing a slow and uneven decline. By 2023, the birth rate

for adolescent girls aged 15-19 will be approximately 39 per 1,000 women worldwide, with the highest rate in Sub-Saharan Africa (UNICEF, 2024; WHO, 2024a). Sexually transmitted infections (STIs) such as chlamydia, gonorrhea, syphilis, and trichomoniasis are estimated to occur at over 1 million new infections daily, with adolescents and young adults representing the highest incidence group (WHO, 2025).

Meanwhile, adolescents also experience a high burden of mental disorders, as confirmed by WHO data, which states that approximately 1 in 7 adolescents aged 10-19 years experience mental disorders, depression and anxiety, which are the main causes of illness, up to suicide, which is the third leading cause of death in 15-19 year olds (WHO, 2024b).

Social and cultural environmental factors strongly influence how adolescent girls maintain their reproductive and mental health. The current digital era is changing the way adolescents make friends, learn, and shape their identities. Teenage girls exposed to social media platforms (Instagram, TikTok, etc.) exhibit appearance idealization and conformity pressures, resulting in high rates of eating disorders and body image distress (Dahlgren et al., 2024). Adolescents also easily access pornographic content, leading to early sexual intercourse, casual sex, and the transmission of STIs (Pathmendra et al., 2023).

Conversations about sexuality, menstruation, contraception, and mental health are often considered "inappropriate" for adolescents. This leads to feelings of shame, fear of judgment/ridicule, and girls hiding questions about reproductive and mental health, which then leads to seeking less reliable sources of information. Adolescents living in rural areas demonstrate barriers at the individual level (low knowledge, myths), interpersonal (poor parent-child communication), socio-community (rigid gender norms, stigma), and even service levels (limited access, negative experiences) (Wahyuningsih et al., 2024). Stigma also strongly affects mental health: adolescents with depressive symptoms report lower intention to seek help and several barriers (e.g., fear of negative labelling/judgment), even though they are more likely to have previously accessed help (Baldofski et al., 2024; O'Neill et al., 2023).

Adolescent girls' lives are closely intertwined with their families and schools. However, the question remains whether schools and families can provide appropriate information about reproductive and mental health to adolescent girls. Consequently, teenage girls' access to counselling regarding reproductive and mental health issues remains a challenge. Midwives are health professionals with a comprehensive scope of services across the women's life cycle, including adolescence. Globally, midwifery services focus on mothers and children and are centred in health facilities such as hospitals, primary care, and home care. Adolescent girls may not consider visiting these midwifery service locations for reproductive health information. Therefore, this narrative review examines best practices, opportunities, and intervention strategies for midwifery services to optimize adolescent reproductive and mental health, based on research published in the past five years. This article also highlights the urgency and challenges for midwives in providing reproductive and mental health counselling to adolescent girls, and offers conceptual and evidence-based recommendations to improve midwifery policy, education, and practice. This study aims to explore the role of midwives in efforts to optimize the reproductive and mental health of adolescent girls.

2. METHOD

This narrative review was conducted using a rigorous, structured approach to synthesize contemporary literature on the role of midwives in reproductive and mental health counselling for adolescent girls.

Search Strategy and Search Terms

A comprehensive computerized literature search was performed across three international electronic databases: PubMed, ScienceDirect, and Scopus. The search was completed on May 15, 2026. The search strategy utilized a combination of Medical Subject Headings (MeSH) terms and relevant keywords connected by Boolean operators (AND, OR). The standardized search string used was as follows: ("midwifery" OR "midwives" OR "primary care nursing") AND ("adolescent" OR "adolescent girls" OR "youth" OR "teenagers") AND ("reproductive health" OR "sexual health" OR "contraception" OR "STIs") AND ("mental health" OR "counselling" OR "depression" OR "anxiety" OR "psychosocial support").

Screening Process and Study Selection

The total number of records yielded by the search was 1,032 (PubMed: n=666; ScienceDirect: n=325; Scopus: n=41). All identified citations were exported to reference management software, where duplicates were removed

automatically and manually. Two independent reviewers screened titles and abstracts against the predefined selection criteria. Full-text articles of potentially relevant records were retrieved and independently reviewed for eligibility. Any disagreements during the study selection phase were resolved through discussion and consensus among the entire research team.

Inclusion and Exclusion Criteria

To be eligible for inclusion, articles had to meet the following criteria:

* Inclusion Criteria: (1) Peer-reviewed original research articles, systemic or scoping reviews, or official textbook chapters published in the English language; (2) Published within the last 5 years (2021–2026); (3) Target population focused on adolescent girls aged 10–19 years; (4) Substantive focus on midwife-led or primary-care-led sexual, reproductive, and mental health interventions, service delivery models, or counseling practices.
* Exclusion Criteria: (1) Conference abstracts, editorials, opinion pieces, or grey literature; (2) Studies focusing strictly on intrapartum/postpartum maternal care without adolescent-specific SRH-MH components; (3) Non-English publications.

A final pool of 15 articles was selected for complete synthesis.

Data Extraction and Quality Appraisal

A standardized data extraction template was developed to log essential study parameters, including author, publication year, study design, geographic location/country, study population characteristics, description of the intervention or service model examined, and main clinical or behavioural findings. Methodological quality and risk of bias were appraised using the Joanna Briggs Institute (JBI) Critical Appraisal Tools appropriate for each respective study design. Only studies meeting a minimum quality threshold (scoring >70% on relevant JBI checklists) were integrated into the final narrative review.

3. RESULTS AND DISCUSSION

3.1. Characteristics and Outcomes of Integrated SRH–MH Interventions

The structured synthesis of the 15 selected studies indicates that providing integrated SRH–MH care through midwives in youth-friendly formats was both feasible and positively received, yielding greater SRH uptake, better and more sustained engagement, and lower depression/anxiety symptoms in multiple e-health or hybrid interventions. Success was enabled by confidentiality, empathetic non-judgmental counselling, adequately trained staff, explicit referral systems, and flexible entry points, whereas stigma, worries about privacy, financial and transport barriers, and rigid social norms limited participation.

To provide a clear, detailed overview of the evidence base informing these findings, Table 1 delineates the specific study designs, geographic settings, target populations, interventions, and main outcomes of the synthesized literature.

3.2. The Role of Midwives in Delivering Integrated Sexual and Reproductive Health and Mental Health Services for Adolescents

Recent evidence reviews indicate that services that integrate reproductive health (SRH) and mental health (MH) for adolescent girls tend to improve affordability, engagement with services, and clinical outcomes—especially when designed to be youth-friendly and user-centred (Ferrand et al., 2025; Jakobsson et al., 2024; Musindo et al., 2023). These findings align with WHO progress reports that assess the global response to HIV, hepatitis, and STIs as still "off-track," necessitating the strengthening of comprehensive primary care for young people (WHO, 2024c).

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Table 1. Synthesis Matrix of Included Studies on Midwife-Led SRH-MH Interventions

Author & Year	Study Design	Country / Region	Population	Intervention / Service Model Covered	Main Findings & Outcomes
Agyepong et al. (2024)	Systematic Review	ECOWAS Region (West Africa)	Adolescents	Integrated mental, sexual, and reproductive health interventions.	Demonstrated that co-packaged SRH and mental health delivery increases accessibility and clinical effectiveness across primary care networks.
Baldofski et al. (2024)	Cross-Sectional Study	Germany	Adolescents & young adults	School-based mental health project evaluating help-seeking intentions and barriers.	Identified high depression severity correlates with significant fear of stigma/negative labeling, emphasizing the need for confidential school-clinic linkages.
Dahlgren et al. (2024)	Cross-Sectional Study	Norway	Adolescents	Assessment of social media exposure and eating disorder pathology.	Confirmed a significant association between platform-driven appearance idealization and body image distress, requiring proactive counseling.
Embleton et al. (2025)	Consortium Cohort Study	Global Paediatric Research	Adolescents & youth	Adolescent and youth-friendly HIV services (AYFHS).	Adherence to AYFHS structural and process standards correlated significantly with superior treatment

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Author & Year	Study Design	Country / Region	Population	Intervention / Service Model Covered	Main Findings & Outcomes
					retention and psychological coping.
Ferrand et al. (2025)	Cluster Randomised Trial	Zimbabwe	Adolescent girls & youth	Integrated community-based HIV and SRH services.	Proven to significantly improve care engagement, contraception uptake, and mental health indicators compared to standard single-focused models.
Garney et al. (2025)	Clinic Intervention Evaluation	United States	Teenagers	"Total Teen" integrated clinic model merging SRH and MH workflows.	Yielded marked enhancements in clinical access, rapid referral fulfillment, and heightened patient-perceived support scores.
Isaacs et al. (2024)	Systematic Review	Global / Multi-country	Adolescents	mHealth digital applications for sexual and reproductive health.	Found mHealth highly effective at shifting adolescent SRH knowledge and baseline attitudes, though long-term behavioral persistence requires longitudinal verification.
Jakobsson et al. (2024)	Review of Reviews	LMICs (Global)	Adolescents & youth	Adolescent- and youth-friendly health interventions.	Affirmed that user-centered, multi-component primary interventions improve user satisfaction and long-term affordability in

Author & Year	Study Design	Country / Region	Population	Intervention / Service Model Covered	Main Findings & Outcomes
					resource-limited systems.
Kumah et al. (2024)	Structural/Process Audit	Five West African countries	Adolescents	Evaluation of WHO global standards for adolescent SRH service delivery.	Noted that operationalized privacy protections, continuous quality audits, and targeted clinician training directly increase service utilization rates.
Martínez-García et al. (2022)	Randomized Controlled Trial	Spain	Adolescent females	"Crush" mobile application delivering SRH and contraceptive coaching.	Driven app usage resulted in verified increases in active contraceptive service utilization and improved sexual risk mitigation behaviors.
Musindo et al. (2023)	Scoping Review	Sub-Saharan Africa	Pregnant/parenting adolescents	Psychosocial and mental health components integrated within SRHR/HIV programs.	Indicated that embedding structured mental health tracking significantly boosts the holistic well-being and clinical compliance of vulnerable young mothers.
O'Neill et al. (2023)	Exploratory Survey	Ireland	Adolescents	Analysis of emotional distress attribution and formal help-seeking.	Determined that clinical validation and minimizing perceived judgment from frontline providers are core enablers for

Author & Year	Study Design	Country / Region	Population	Intervention / Service Model Covered	Main Findings & Outcomes
					early help-seeking.
Pathmendra et al. (2023)	Systematic Review	Global	Adolescents	Systematic evaluation of digital pornography exposure impacts.	Linked unguided exposure with early sexual debut and risky casual behaviors, highlighting the urgent need for structured clinical guidance by midwives.
Tsai et al. (2024)	Validation Study	United States	Adolescents	Screening performance trends using the PHQ-A instrument.	Validated the PHQ-A as an efficient, highly sensitive tool for routine implementation in primary screening environments.
Wahyuningsih et al. (2024)	Systematic Review	Indonesia (Rural contexts)	Rural adolescents	Barrier analysis against reproductive health awareness.	Highlighted pervasive socio-community stigma, deep-rooted myths, and rigid gender norms that midwives must navigate through community outreach.

SRH issues, such as unplanned pregnancy or STIs, increase the risk of psychological distress, depression, and anxiety, while mental disorders reduce contraceptive adherence, increase risky sexual behaviour, and decrease help-seeking (Agyepong et al., 2024; Fitch, 2024). Therefore, a dual focus on SRH–MH is a necessity, not an optional addition, in adolescent services.

Midwives are at the forefront of primary care, trusted by families, and possess relevant promotive-preventive competencies for SRH counselling and screening for common mental health issues. Studies in adolescent clinics have shown that midwives and similar providers view digital services for young people positively but emphasize the need for organizational support, privacy, and clear referral pathways (Zettergren et al., 2024). Youth-centred clinic initiatives integrating SRH and MH have also shown increased access and engagement (Garney et al., 2025).

Midwives can implement clinical interventions by providing brief reproductive and mental health screenings using several instruments, such as the PHQ-A for depression, the GAD-7 for anxiety, safety questions (violence/GBV), and an SRH risk checklist (contraception, STIs, menstrual history) (Tsai et al., 2024; Wani

Damanik et al., 2023). Following the screening, midwives respond to findings by providing brief counselling (e.g., motivational interviewing), offering appropriate contraception, condom/STI education, a safety plan for suicide risk, and prompt referral to a psychologist/psychiatrist.

One example of an adolescent intervention service for monitoring adolescent SRH and MH is Adolescent/Youth-Friendly Health Services (AYFHS). The effectiveness of this service is in its ease of access, flexible hours, trained staff, and guaranteed confidentiality, all of which encourage adolescents to visit it (Kumah et al., 2024). In adolescent HIV services across various countries, meeting AYFHS standards correlates with improved patient experience and engagement in therapy (Embleton et al., 2025).

Community-based service models integrating SRH support for adolescents have improved relevant care and engagement indicators for adolescent girls (Ferrand et al., 2025). A scoping review in Sub-Saharan Africa also found that adolescent SRH programs that include psychosocial/mental health components are more likely to improve the overall well-being of adolescent mothers and pregnant adolescents (Musindo et al., 2023). This underscores the added value of integrated services over a single approach.

Digital innovation can also be applied to midwifery services to strengthen adolescent SRH and MH services. Research evidence on the use of digital innovations suggests that mobile applications can increase the use of SRH and contraceptive services among adolescent girls (Martínez-García et al., 2023). A cross-country systematic review also concluded that internet-based applications are effective in improving SRH knowledge and attitudes, although longitudinal studies are needed to assess long-term behavioural impacts (Isaacs et al., 2024). Regarding MH, a 2024 review of digital mental health interventions for adolescents in low- to middle-income countries showed promising results for depression/anxiety, provided the intervention design is participatory and includes human support (Wani Damanik et al., 2023). In midwifery practice, digital innovations need to be integrated with privacy standards and parental/guardian consent, as required by local regulations.

Strengthening the role of midwives requires clear performance indicators: the proportion of adolescents screened for SRH and MH, adolescent contraceptive coverage, referral follow-up, and changes in depression/anxiety scores. The Global Action for Measurement of Adolescent Health (GAMA) framework provides prioritized global adolescent health indicators that can be adapted to local contexts (Marsh et al., 2022). A study of the implementation of the AYFHS standards provides lessons on how audits and feedback drive continuous improvement (Kumah et al., 2024).

3.3. Limitations and Strengths

This review exhibits several notable strengths and limitations. In terms of strengths, it bridges two typically siloed dimensions of clinical adolescent care sexual/reproductive wellness and mental health screening within the operational landscape of primary-care midwifery. It relies on an explicit and structured computerized search strategy that covers three prominent databases over a five-year period. However, as a narrative review rather than a strict meta-analysis, a primary limitation is the high heterogeneity among the included studies, which span a wide range of regions with vastly different socioeconomic conditions (ranging from high-income European settings to lower-income sub-Saharan African settings). This limits direct empirical comparisons. Furthermore, the midwifery education curriculum and midwife competency development need to address aspects of reproductive health and adolescent mental health. Midwives are expected to be able to effectively communicate empathetically and trauma-informed, provide brief screening and counselling for depression/anxiety and the risk of violence, provide STI education, use mHealth for reminders and follow-up, and provide cross-sector referral mechanisms (health centres, psychologists, and schools).

3.4. Recommendation

Educational institutions are expected to integrate clinical and community-based models into the midwifery education curriculum to help strengthen the role of midwives as frontline counsellors for SRH and MH in adolescent girls. Policies must institutionalize routine primary screenings using verified psychological instruments alongside primary contraceptive delivery frameworks.

4. CONCLUSION

Midwifery services integrating adolescent-friendly SRH and MH can improve access, engagement, and clinical outcomes; because the SRH and MH relationship is two-way, this dual focus is essential. Midwives are in

a key position for brief screening (PHQ-A, GAD-7, GBV, SRH risk checklist), brief counselling/motivational interviewing, contraceptive offerings, condom/STI education, safety plans, and cross-sector referrals. Sustainability requires performance indicators (adapted from GAMA) and audit-feedback, capacity building/trauma-informed curricula, and the use of mobile health applications, in addition to governance and financing in primary care. Long-term implementation research is still needed; with the support of policies and quality systems, midwives can become frontline counsellors protecting adolescent girls' reproductive and mental health.

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