Building strong minds for stronger adolescents: a toolkit for psychosocial support for pregnant and adolescent mothers in informal settlements of Nairobi

Introduction

One in five girls in Kenya between 15 and 19 years has begun childbearing according to the most recent <u>national figures</u>, and half of these <u>pregnancies are unwanted</u> and unintended. It is estimated that 11% of all births worldwide are among adolescents 15-19 years of age with majority occurring in low resource settings. Adolescent pregnancies in this setting are linked to low use of appropriate maternal health care services and are a major cause of unsafe abortions and increased maternal and neonatal morbidity and mortality. In the case where girls elect to keep their babies, they are often isolated from their families and are pushed to drop out of school. This combined with the limited knowledge and confidence towards pregnancy, child feeding and care, owing to limited professional support push adolescent girls towards mental stress and ultimately affects the well-being of the mother and the child. Psychological trauma and suicide then become prevalent in such situations (Mumah, Kabiru, Izugbara, & Mukiira, 2014).

Perinatal mental health is still not a priority in many health facilities in the informal settlements due to other competing interests. Research has shown that adolescents do not go to health facilities due to poor staff attitude and stigmatization by hospital staff. With inadequate support around the adolescent girl, it thus becomes important to establish innovative interventions that will provide this needed support and solutions that works for this group.

Objective

Engage the pregnant and adolescent mothers in identifying mental stressors and workable solutions packaged as a toolkit to enable them cope with the stressors identified. Provide a platform for the girls to engage with one another, learn from one another and other skilled mentors, information and skills that will build their resilience and confidence.

Methodology

The girls were initially engaged through visual methodologies (Photovoice and digital story telling) to identify and share their key mental stressors and possible solutions to tackle each of the stressors Identified. The girls also participated in in-depth interviews and focus group discussions (FGD) to further triangulate the information on the stressors and possible solutions. The project provided two platforms for the girls to engage i) WhatsApp (Girl chat) and Face to Face meetings (Girl night out). Girls were selected randomly into the two platforms and 12 sessions were developed incorporating the information the girls provided during the interviews and the visual methodology process. One of the key sessions was by a mental health expert who has been taking the girls through the problem management plus model.

Results

The stressors Identified included stigmatization from close family members, friends, neighbors and school staff and students. Rejection from the partner, boyfriend and family was reported by most of the girls. The rejection and stigmatization led to feelings of high levels of stress, anger, frustration and hopelessness.

"Only that and sometimes I feel I have wasted myself. I feel if I didn't go and get pregnant, I could be in school. Could I have been wise, I could have used family planning or what is it called? Condom I could have used protection. But...too bad I didn't use" (Adolescent pregnant girl).

The challenges of where to live after being chased from home, not being able to get work due to their young age or less academic qualifications or unable to work as they could not afford daycare services were highlighted.

M: What happens when you refuse to terminate the pregnancy after being ordered by your parents to do so?"...you are chased away from home" "What exactly do they tell you when chasing you away from home? "They claim that they never had babies out of wedlock. So, it's an embarrassment to them for you to have a baby out of wedlock" (FGD)

In terms of information and skills needed, the girls indicated the importance of learning issues around birth preparedness, child care, problem solving skills, business and financial skills and confidence building skills.

"It (birth preparedness and delivery complications) will be of great impact to adolescent mothers and makes them to have courage to seek medical attention especially for the first time mothers" "Yes, it will help adolescent mothers to get information on the importance of hospital delivery (Adolescent mothers)

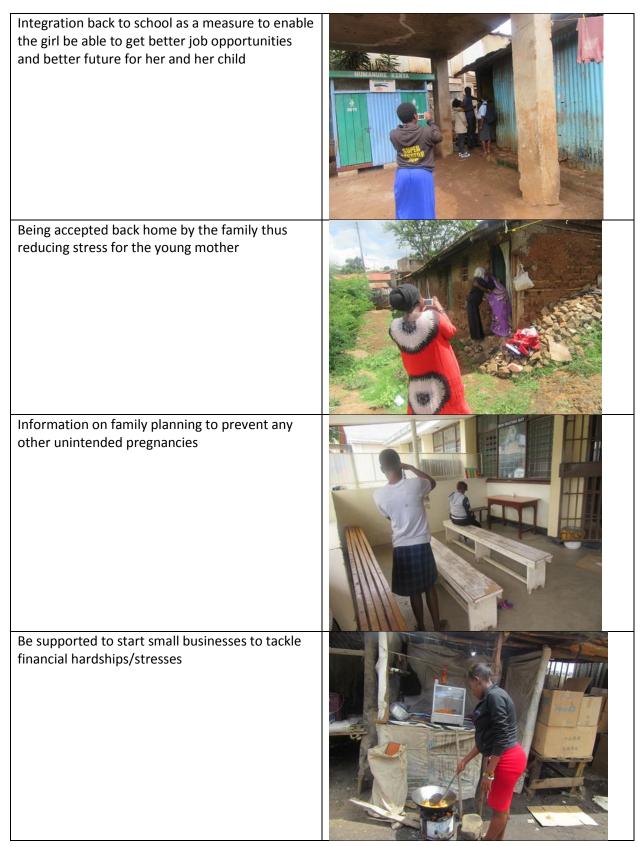
"It (problem solving skills) will help adolescent mothers to know how to approach their parents because most of them run away from home as soon as they realize that they are pregnant" "It will help adolescent mother to avoid / reduce abortion cases" (Pregnant adolescent)

The sessions have incorporated these suggestions and are currently at session 10. There is great participation on both platforms and positivity experienced over the course of the sessions. A short evaluation will be done at the end of the sessions to collect views and opinions of the girls on the toolkit (package of solutions) and the platforms used to deliver the toolkit. The girls will also be taken through short questionnaires to find out if their problem management levels had changed over the course of the sessions.

Conclusion

Pregnant and adolescent mothers are psychologically stressed and do not have sufficient psychosocial support systems. Being able to share with other girls in the same situation, supports and builds the confidence in the girls to be able to face the stressors and manage the triggers of stress. This ultimately improves the survival rate of the young mother and her child.

Recommendations



Create a clean environment to avoid the baby getting sick which then leads to stress for the mother

