




African Population and
Health Research Center



WHAT DO I DO NOW?

A toolkit for helping adolescent mothers manage stress

A close-up, high-contrast portrait of a young Black woman. She has a serious, contemplative expression, looking slightly off-camera. Her hair is pulled back, and she is wearing a dark earring. The lighting is dramatic, highlighting the texture of her skin and the intensity of her gaze.

A TOOLKIT TO
SUPPORT AND BUILD
RESILIENCE AND
STRONG MINDS
OF ADOLESCENT
MOTHERS

CONTENTS

01 Acknowledgements

02 Introduction/Background (incl. mental stressors and coping strategies)/Background (incl. mental stressors and coping strategies)

03 Overview of the toolkit (This can be as a self assessment toolkit for the adolescent mothers or facilitated sessions)

04 General instructions for administering the toolkit

05 Sections of the toolkit:

Step 1: Empathy- the pregnant adolescent's journey (Story ya-Sue)

Step 2: Pre-assessment of mental health status of pregnant and adolescent mothers

Step 3: Addressing information gaps- This session will be structured around six hours (two hours each) addressing the following areas:

- Antenatal and Hospital delivery by healthcare provider
- Family planning-Facilitated by healthcare provider/CHV
- Post natal care and Childcare session facilitated by a health provider
- Economic empowerment
- Health Insurance

Step 4: Confidence- building (Problem Management plus, managing stress, get going keep doing, symbol of hope) (Breathing exercises, Meditation, pre and post natal yoga)

Step 5: Post-assessment of mental health (River of life and Mental health assessment)

04 General instructions for administering the toolkit

05 Sections of the toolkit:

ACKNOWLEDGEMENTS

The Project team would like to acknowledge the immense contribution to the following on the successful engagement of the project; the funder Melinda and Gates foundation for making it possible to conduct the study; the adolescent girls from Kawangware, Kangemi, Viwandani and Korogocho; the community representatives who gave us the go ahead to work with the communities in their areas; the parents, guardians and spouses who gave consent for the girls to participate in the project; the community based organizations that supported in mobilization of the adolescent girls; the consultants for their tireless efforts in ensuring that the project was on track; the mentors and facilitators for availing their valuable time and to APHRC for the support in actualizing the project on the ground.

INTRODUCTION

The adolescent stage is coupled by a myriad of challenges during the changes from childhood to adulthood. This stage is influenced by factors including physical and social changes as well as emotional and hormonal changes. To cope with these changes, the adolescent acquires new habits, change of behavior and acquires new relationships/friendships.

Key Facts (WHO 2012):

- About 16 million adolescent girls give birth every year - most in low- and middle-income countries, Kenya included.
- An estimated three million girls aged 15-19 undergo unsafe abortions every year.
- In low and middle-income countries, complications from pregnancy and childbirth are a leading cause of death among girls aged 15-19 years.
- Stillbirths and newborn deaths are 50% higher among infants of adolescent mothers than among infants of women aged 20-29 years.
- Infants of adolescent mothers are more likely to have low birth weight.

The reproductive health status of adolescent girls in Nairobi slums is of concern; with approximately 41% having experienced a pregnancy and nearly half of which are unintended (Beguy et al., 2013). Giving birth as an adolescent has many risks including adverse maternal and perinatal outcomes (Ganchimeg et al., 2014). Lack of contraceptive knowledge stemming from poor and/or limited sexual health education is a major factor. Unintended pregnancies among adolescents in this setting are linked to low use of appropriate maternal health care services and are a major cause of unsafe abortions.

Most of the public health facilities in Nairobi slums do not have skilled personnel or the basic equipment needed to provide quality information and services (APHRC, 2014). In the facilities that do exist, perinatal mental health is usually not prioritized due to other competing health challenges that require urgent attention (Jenkins et al., 2010; Kakuma et al., 2011; National Academies of Sciences & Medicine, 2016). Therefore, the mental health and wellbeing of slum populations, and adolescents in particular, is constantly under threat. Research has shown that adolescent pregnancies are on the rise in low income countries, especially in informal settlements (Beguy, Mumah, & Gottschalk, 2014; WHO, 2012).

The adolescent girls who elect to keep their babies are often isolated from their families and are pushed to drop out of school. There is limited knowledge and confidence towards child feeding and care, owing to limited professional support. As a result the adolescent girls who face such challenges have a high risk of postpartum mental stress.

It is thus imperative to provide a circle of support around the adolescent girl that will seek to understand and acknowledge and address these changes and challenges; provision of youth friendly services as well as tailored made communication for this adolescent stage is also a necessity in addressing the increased adolescent pregnancies in the country.

References

- Muganda-Onyando, R. and Omondi, M., 2008. Down the drain: Counting the Costs of Teenage Pregnancy and School Drop Out in Kenya. Centre for the Study of Adolescence. WHO. Adolescent pregnancy fact sheet. Adolesc. Pregnancy Fact Sheet 1-4 (2012). doi:<http://www.who.int/mediacentre/factsheets/fs364/en/>
- Ganchimeg, T. et al. Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study. *BJOG* 121 Suppl 1, 40-48 (2014).
- Osook, J., Kigamwa, P., Stoepe, A., Vander, Huang, K.-Y. & Kumar, M. Depression and its psychosocial risk factors in pregnant Kenyan adolescents: a cross-sectional study in a community health Centre of Nairobi. 1-10 (2018). doi:10.1186/s12888-018-1706-y
- Kumar, M. et al. Adolescent Pregnancy and Challenges in Kenya Context: Perspectives from Multiple Community Stakeholders. *Glob. Soc. Welf.* 5, 11-27 (2018).
- Mumah, J. et al. Unintended Pregnancies in Kenya: A Country Profile. *STEP UP Res. Rep.* 110 (2014).
- Ziraba, A. K., Mills, S., Madise, N., Saliku, T. & Fotos, J. C. The state of emergency obstetric care services in Nairobi informal settlements and environs: Results from a maternity health facility survey. *BMC Health Serv. Res.* 9, (2009).
- Jenkins, R. et al. Integration of mental health into primary care and community health working in Kenya: Context, rationale, coverage and sustainability. *Ment. Health Fam. Med.* 7, 37-47 (2010).
- Beguy, D., Mumah, J. & Gottschalk, L. Unintended pregnancies among young women living in urban slums: Evidence from a prospective study in Nairobi City, Kenya. *PLoS One* 9, 1-10 (2014).
- Kabiru, C. W., Beguy, D., Ndujwa, R. P., Zulu, E. M. & Jessor, R. 'Making It': Understanding Adolescent Resilience in Two Informal Settlements (Slums) in Nairobi, Kenya. *Child Youth Serv.* 33, 12-32 (2012).



A VENUE THAT
PROVIDES A CLEAN,
SAFE AND SPACIOUS
ENVIRONMENT
FOR DISCUSSION

OVERVIEW OF THE TOOLKIT

The Sasa Mama Teen (maternal mental health) Project aimed to co-design and test the feasibility of a youth-friendly toolkit of information, skill and confidence building and coping mechanisms that can effectively shield them and their peers against the risks of mental stress during pregnancy and early motherhood. The project had three phases. Phase 1 consisted of initial interactions with adolescent girls and qualitative data collection to capture their experiences with stress or/and depression during pregnancy and early motherhood in Nairobi slums. A representative sample of 30 adolescent girls aged 12-19 years old, pregnant or who recently gave birth (up to 12 months postpartum) were drawn from 4 major slums (Kangemi, Kawangware, Viwandani and Korogocho). Phase 2 consisted of analysis of the data from Phase 1 and development of the toolkit. Phase 3 the project team tested the feasibility of the designed toolkit in promoting resilience and stronger minds among adolescent girls. Approximately 128 girls were recruited and enrolled into the feasibility phase that was to run for 3 months. The inclusion age and status was 12-19 years old, pregnant or who recently gave birth, and a resident from the 4 slums. The girls were grouped based on status (pregnant, 0-6 months, 7-12 months and 12 months++). The 12 sessions of the toolkit were carried out weekly for 3 months by specialized facilitators. Qualitative Interviews were conducted at the end of the phase to capture the perceptions of the participants on the toolkit.

GENERAL INSTRUCTIONS FOR ADMINISTERING THE TOOLKIT

This toolkit is intended for use by researchers and community development professionals with a focus on maternal health and wellbeing. Some key things to consider prior and during its use include:

- A venue that provides a clean, safe and spacious environment for discussion
- A convenient time for discussion. In our experience, any time after 9 o'clock was okay and duration of not more than 2 hours.
- Recruitment - employ fairness and willingness to participate in the recruitment process. The

user can use word of mouth/ referral system to recruit the girls.

- It is important to consider having snacks or meals during the discussions, as most girls are either expectant or breastfeeding.
- There is also need for a babysitting service for the older children where they can be taken care of, allowing the mother peace of mind.
- For some of the sessions, healthcare providers and mental health experts may be required.
- Consider providing stationery during discussions, such as notepads, pencils, markers, plain paper and pens.
- If incorporating relaxation exercises such as yoga, please consider working with yoga instructors or using yoga videos, and provide a suitable environment and equipment for these exercises.

SECTIONS OF THE TOOLKIT

- **Step 1: Empathy - the pregnant adolescent's journey (Story ya Sue)**

Session Objective	The main aim of this session is to identify the different mental stressors and coping strategies used by adolescent mothers in Nairobi's informal settlements.
Content of discussion	During the discussions, the girls should be encouraged to discuss the various mental pressures they are undergoing, and the different coping mechanisms that they use. To aid the discussions, the Story of Sue can be used as a guide as it depicts some of the stresses and coping strategies that girls in our engagement used.

Exercises

As part of the exercises, ask the girls to write down their mental stresses. If possible, get them to take photos of issues they consider as stressors, and share with other members of the group. See examples of documentation of stresses and coping mechanisms produced during our engagement.



Girls being chased away from home... They (parents) 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...they also claim that our age mates are still in school" (FGD with adolescent girls)



Getting a job is hard with a baby"...house job will be difficult to go with your kid...so they think that instead of working you will concentrate with your child...so you will not be given the job" (FGD with adolescent girls)



The dirty environment has consequences... brings diseases...the baby gets sick and you don't have money to go to hospital...our issue is money (FGD with adolescent girls)



there is a problem because you will just keep quiet. You get discriminated by others because you are pregnant and laughed at...some go back to school but no concentration as their mind is thinking about the baby at home. In school, some friends will make you the topic of the day..." (FGD with adolescent girls)



Friends reactions..." they rejected me and that's where my worries began because they were avoiding me...they started talking behind my back that I even let my parents down, I disappointed them". (IDI with pregnant adolescent)

Resources

Stationery during discussions, such as notepads, pencils, markers, plain paper and pens.

Recommendations

- Use available resources within your reach.
- Be aware that participants may already be experiencing some form of mental stress that may manifest in different ways. Find ways of getting them engaged without causing further distress.



STORY YA SUE

LOCATION: AN INFORMAL SETTLEMENT, SOMEWHERE IN THE HEART OF NAIROBI.



THE PEOPLE IN SUE'S LIFE



CARO,
SUE'S LATE
FATHER'S SISTER.



MUNA,
ELDER SISTER.



SUE'S MUM,
SINGLE MOTHER.



SUE,
15 YEARS OLD
HIGH SCHOOL
STUDENT.



NURSE MARY



BRAYO
SUE'S BOYFRIEND,
A LOCAL MATATU TOUT
22 YEARS OLD



HALLO? MUNA, SASA?

POA SANA, SUE!
SIKU MOB.
MNAENDELEAJE?

KILA MTU AKO POA LAKINI...
(SIGHS)

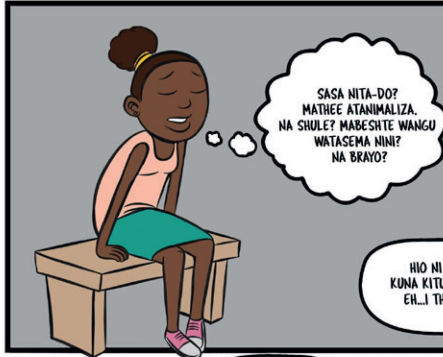
SUE? NI NINI?

NIMEKUWA NIKISIKIA SUIJI AJE..
MARA TUMBO, MARA KIZUNGUZUNGU
NA KICHWA INANIUMA. HALAFU
SAA ZINGINE NASIKIA KUTAPIKA.

AII HIO SI NORMAL..
UKO SURE HAUNA BALL?
MARA YA MWISHO ULIKUWA
NA PERIODS ILIKUWA LINI?

UMM...NIMEKAA KAMA MIEZI MBILI
BILA PERIODS ZANGU.

EBU WACHA MCHezo. NAKUTUMIA PESA
SAA HII UENDE UNUNUE TEST KWA CHEMIST.
UKISHAPATA RESULTS NDIJO TUTAJUA
CHA KUFANYA.



SUE MEETS WITH BRAYO.

SASA BRAYO, NIMEKUWA NIKIKUSAKA
HATA NIMEJARIBU KUKUPIGIA HUSHKI
SIMU ZANGU.

NIMEKUWA BUSY KIASI, SI UNAJA
LAZIMA HITAFUTE KAKITU NDIU
NIKUNUNULIE HIZO VITU UNAPENDANGA?

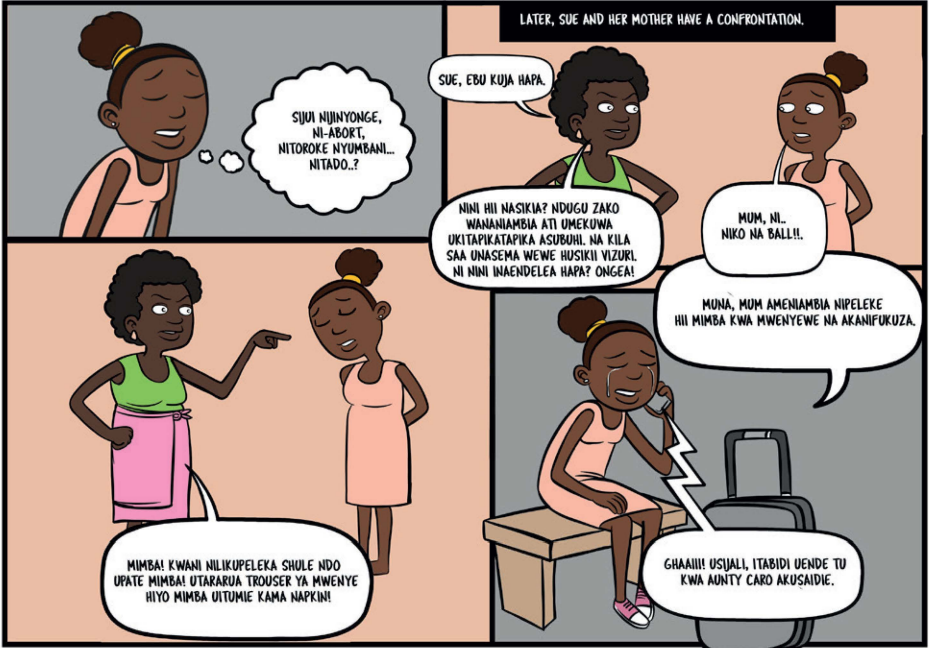
HIO NI POA. LAKINI, EH,
KUNA KITU LAZIMA NIKUSHOW.
EH...I THINK NIKO NA BALL.

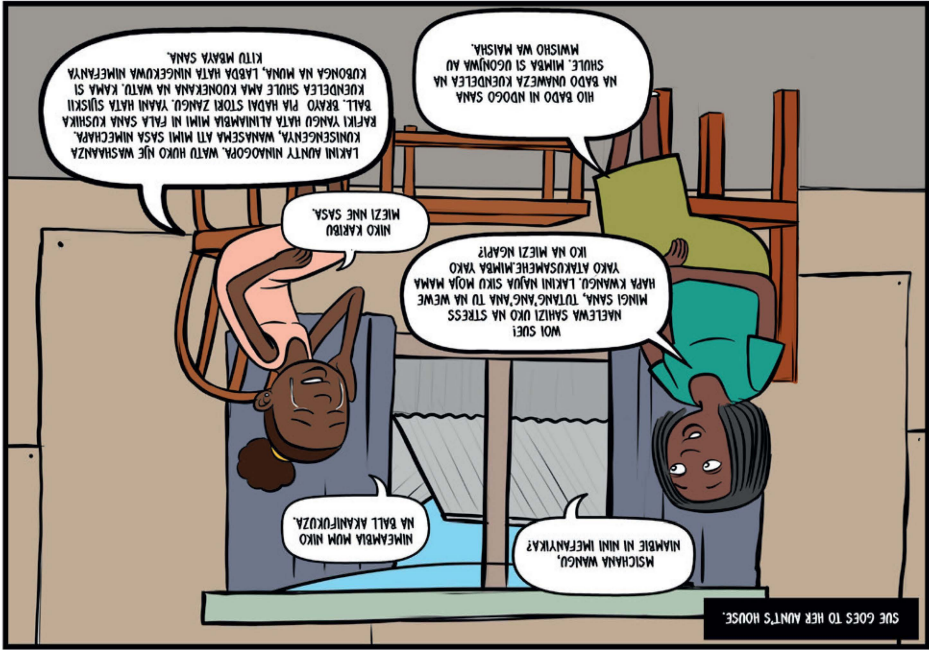
ATI! BALL? YA NANI?



WE! HIO NI SHIDA YAKO, SIEZI KUWA SURE
KAMA HIYO BALL NI YANGU AMA YA CHALI
MWINGINE. ITABIDI UJIPANGE NI SIKO READY
KUWA BABA YA MTU.







LAKINI ANTY NINAGOPA, WATU HUKO NIE WASHAANZA
KUNISEGENTY, WANASEMA KTI NIMI SASA NIMECHAKA.
RAFIKI YANGO HATA ALINAMBIA NIMI NI FALA SANA KUSIKIKA
BALL. BRARO PIA HADAI STORI ZANGU, YAMANI HATA SIUKSI
KUENDELA SHULE PIA KUONKANA NA WATU KAMA SI
KUBONGA NA MUNA, LABDA HATA NINGEKUWA NIMEFANYA
KITU MBAYA SANA.

HIO BADO NI NDOGO SANA
SHULE. MIMBA SI UGONJWA AU
MWSHIO WA MAISHA.

NIKO KARIBU
MEZI NNE SASA.

WOI SUE!
NALEWA SAHIZI UKO NA STRESS
MNGI SANA, TUNACANG'ANA TU NA WEME
HAPA KWAKU. LAKINI NINUA SIKU MOJA MAMA
YAKO ATAKUSAMEHE MIMBA YAKO
IKO NA MEZI MGAPI?

NIMEAMBA MUA NIKO
NA BALL AKANITUKA.

MICHANA WANGU,
NIAMBIE NI NINI IMEFANYIKA?

SUE GOES TO HER AUNT'S HOUSE.



(FIRST TIME ANC) SUE AND HER AUNT WALK INTO A CLINIC. THERE ARE WOMEN AT VARIOUS STAGES OF PREGNANCY AND MOST OF THEM SEEM OLDER THAN HER. SHE CAN ONLY IMAGINE WHAT'S RUNNING THROUGH THE MINDS OF THE OTHER WOMEN. AS IF READING HER MIND, HER AUNT GRABS HOLD OF HER HAND AS THEY TAKE THEIR PLACE IN THE QUEUE. THERE ARE BENCHES LINED AGAINST THE WALLS, WHICH BEAR COLOURFUL POSTERS OF DIFFERENT HEALTH MESSAGES. ONE, IN PARTICULAR, JUMPS OUT AT HER- 'A HAPPY HEALTHY MOTHER, IS A HEALTHY BABY.'



HABARI YA LEO,
SUSAN,
HII NI MARA YAKO
YA KWANZA HUKU?

NDIO, NIMELEWA NA
AUNTY YANGU.

HAYA BASI, TUTANZA NA TESTS KADHA MNDIO
TUWEZE KUWA KWA HAKIKA MIMBA YAKO NI YA MIEZI
NGAPI NA PIA TUIJE HALI YAKO YA AFYA, SAMWA?

KABLA UENDE KWA LABORATORY, NINGERENDA
NIKULEZE KUWA NI MOHINI UJANGALIE-
KWA SASA HII MWILI SI YAKO PEKE YAKO, NI VIZURI
KWILA A BALANCED DIET, YAANI, CARBOHYDRATES,
VITAMINS NA PROTEINS
USTUMIE MADAMA YA KULEEVA

NA PIA NINGERENDA KUKULEZA KUWA
UNAFIKA KUKUWA CLINIC ATIKASTI MARA MANE
KABLA YA KUJIFUNGUWA ILI KUNAKIKISHA AFYA
YAKO NA YA MOTOZI KWA SAMWA, KUTAYAWA
SHIDA YA WOTOZI KAMA IKO NA PIA
POA OKIWA NA MIMBA, UNAROUJIFUNGA
KUNAKIKISHA KUWA UNO NA EXPERIENCE
NA BADA YA KUJIFUNGA.

NDIO DAKTARI, LAKINI
NAJARIBU KUKUWA LAKINI
SANA SANA SINIA APPELITE
PIA NINATAPIKA SAMA.

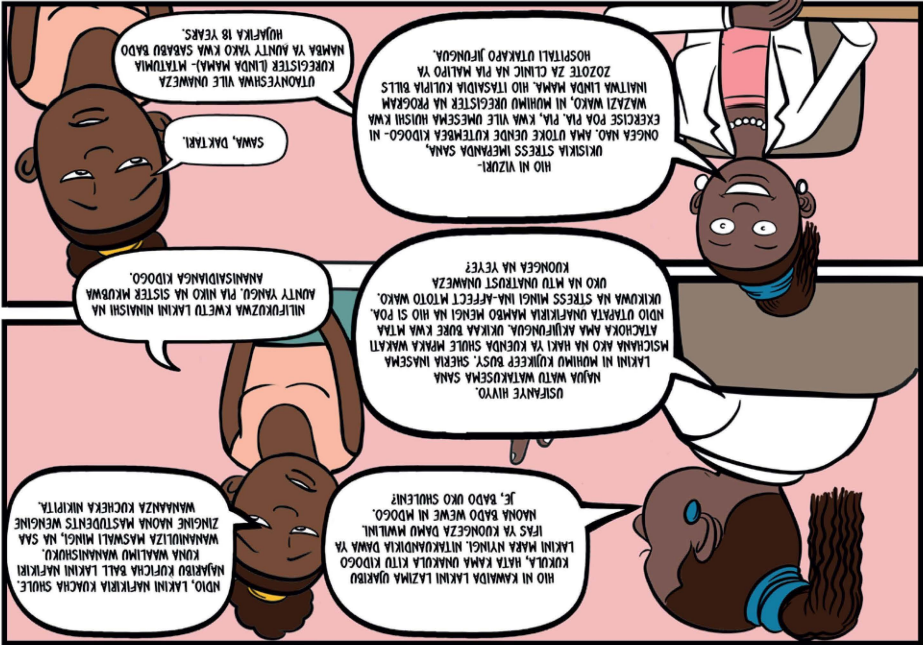
ANTENATAL CARE

What to expect: Tetanus vaccine, Iron andolate (IFAS) and Prevention of Mother to Child transmission (PMTCT) - to mothers who have tested HIV positive. Calculation of Expected delivery date.

- Laboratory tests
- Haemoglobin levels (Hb)
- Blood group
- Rhesus
- Serology (VDRL/RPR)
- HIV testing including counseling
- Urinalysis

2016 WHO ANC model	
<i>First trimester</i>	
	Contact 1: up to 12 weeks
<i>Second trimester</i>	
	Contact 2: 20 weeks Contact 3: 26 weeks
<i>Third trimester</i>	
	Contact 4: 30 weeks Contact 5: 34 weeks Contact 6: 36 weeks Contact 7: 38 weeks Contact 8: 40 weeks

Return for delivery at 41 weeks if not given birth.



HIO NI YIZURI-
UKISIKIA STRESS IMEPANDA SAMU,
ONGEA NAU. AMA UJORE UENDE KUTEMBEA KIDOGO- NI
EKERISE POA PIA PIA, KWA VILE UMESOMA MASHI KWA
WAZAZI WAKO, NI MOHINI UREGISTER NA PROGRAM
INATUMA LINDA MAHA, HIO ITASHAIDIA KULIHA BILIS
ZODOTE ZA CLINIC NA PIA MALIRO YA
HOSPITALI UTAKAFO JIFUNGUU.

USITAYE NIUYO,
MAJUA WATU WATAKUSOMA SAMU
LAKINI NI MOHINI KUJICEF BUSY, SHERIA INASOMA
MASHAANA AKO AMA HAKI YA KUENDBA SHULE HAKKA WAKATI
ATOKWA MA AKUJIFUNGUWA, UKIKAA BURE KWA MTA
NDIO UTAPATA UNAFIKIRIA MAMBO MENGI NA HIO SI POA,
UKIUMA HA STRESS MINGI INA-AFFECT MTOYO WAKO.
KUONGEA NA YEEZ

HIO NI KAMWIDA LAKINI LAZIMA UKIRIBU
KUKULA, HATA KAMA UNAKULA KITU KIDOGO
LAKINI MARA NINGI, NITAKUANDIKIA DAMA YA
IFAS YA KUONGEZA DAMU MWILINI.
MAONA BADO WEWE NI MDOGO,
JE, BADO UKO SHULENI?

NDIO, LAKINI NAKIRIA KUAKA SHULE,
HABARIBU KUICHA BALL, LAKINI NAKIRI
KUNA WAKALIMU WANAMIKISHUKU
WANUNUULIZA MASHALI NINGI, NA SAA
ZINGINE MAONA MASTUDENTS WENGINE
WANANZA KUCHEKA MIKIRITA,
WANANZA KUCHEKA MIKIRITA.

USITAYE NIUYO,
MAJUA WATU WATAKUSOMA SAMU
LAKINI NI MOHINI KUJICEF BUSY, SHERIA INASOMA
MASHAANA AKO AMA HAKI YA KUENDBA SHULE HAKKA WAKATI
ATOKWA MA AKUJIFUNGUWA, UKIKAA BURE KWA MTA
NDIO UTAPATA UNAFIKIRIA MAMBO MENGI NA HIO SI POA,
UKIUMA HA STRESS MINGI INA-AFFECT MTOYO WAKO.
KUONGEA NA YEEZ

UTKONYESHWA VILE UNAMEZA
KUREGISTER (LINDA MAMA)- MTATUMIA
KUMEA YA AMUTY WAKO KWA SABABU BADO
HUJAFIKA 18 YEARS.

SAMU, DAKTARI.

HABARI DAKTARI?

MINASIKIA POA KUTAFIKA MEOHNGA KAKISI NA NIMENZA KUACCERT BALI.

EHI, KILA SAA ANPIGA TEKE HITA SAA ZINIKWA NASIKWA AMANIKANYANGA KANYANGA.

MWZI MERTI TAVARI? MWENDELEJE?

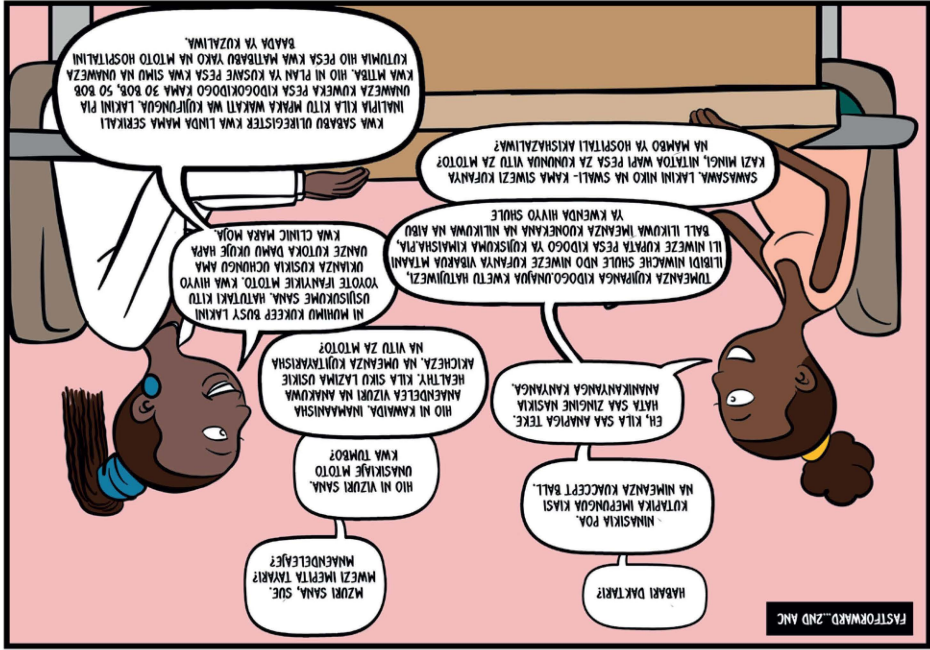
HIO NI VIZURI SANA. UNASIKIAE MOTO? KWA TUMBO?

HIO NI KAMANDA. INAMANISHA ANADELEA VIZURI NA ANAKUWA HEALTRY. KILA SIKU LAZIMA USIWE AKICHEZA. NA GMEENZA KUTAVARISHA NA VITU ZA MOTO?

HI MAMBA KUKCEE BUSTI LAKINI USIUKUME SANA. HATUTAKI KITU VOTOTE IFAANYIWE MOTO. KWA HAYO UKANZA KUSIKIA UCHINGU MWA UNANZE KUTOKA DAMU UKUJE HAPA KWA CLINIC HAPA MOJA.

TUMENZA KUJIRANGA KIDODONAJUA KWETU HATUJIMWEZI. ILI NIWEZE KUWATA PESA KIDODO YA KUNISUKUMA KIMASHISHA. PIA, BALL ILIKOWA IMENAZA KUDONKANA NA NILIKOWA NA AIRU YA KWENDA HIYO SHULE KAZI MINGI, NITAKO WAPI PESA ZA KUNUNUA VITU ZA MOTO? SAMASAMA. LAKINI NIKO NA SMA-LI. KAMA SIWEZI KUJANYA NA MAMBO YA HOSPITALI AKISHAZALIWA?

KWA SABABU ULIEGISTER KWA LINDA MAMA. SERIKALI INALIPYA KILA KITU MKA WAKATI WA KUJIRANGA. LAKINI PIA UNAMWEZA PESA KIDODOGODOGO KAMA 30 BOB. SO BOB KWA MITA. HIO NI PLAN YA KUSAVE PESA KWA SHU NA UNAMWEZA KUTUMIA HIO PESA KWA MATIBAYI YAKO NA MOTO HOSPITALINI. BADA YA KUZALIWA.





- NHIF COVERS MATERNITY INSURANCE EVEN IF THE MEMBER JOINS THE SCHEME WHEN THEY ARE ALREADY EXPECTING.
- COVERS BOTH IN AND OUT PATIENT SERVICES.



- PREGNANT WOMEN AS WELL AS INFANTS HAVE ACCESS TO QUALITY HEALTH CARE FOR 6 MONTHS AFTER DELIVERY AT NO CHARGE.
- OTHER REGISTRATION PLATFORMS: NHIF REGISTRATION PORTAL, CONTRACTED HEALTH CARE PROVIDERS , NHIF SERVICE CENTERS ,HUDUMA CENTERS

Our flagship is M-TIBA, a mobile health wallet



- FUNDS STORED IN M-TIBA CAN ONLY BE USED TO PAY FOR SERVICES AND MEDICATION AT SPECIFIC HEALTHCARE FACILITIES WHICH CARRY THE M-TIBA LOGO.
- DIAL *253# AND CHOOSE REGISTER TO M-TIBA.



MOTHER JOURNEY PROGRAM

- AIMS TO ENHANCE MATERNAL CARE.
- CATERS FOR NORMAL AND COMPLICATED DELIVERY (INCLUDING CAESAREAN SECTION), 4 ANTE NATAL CLINIC VISITS, 2 POST NATAL CLINIC VISITS, IMMUNIZATION OF NEWBORN UP TO 14 WEEKS (KEPI) AND ONE ULTRASOUND SCAN.
- THIS PROGRAM IS AVAILABLE AT SPECIFIED HEALTH FACILITIES E.G.MWANGAZAULIONATUMAINI HEALTH CENTRE AND REDEEMED GOSPEL CHURCH HEALTH CENTRE.
- JOINING REQUIREMENTS; PREGNANT, HAVE NATIONAL ID OR ID OF GUARDIAN/SPOUSE.
- REGISTERED SAFARICOM LINE
- GET IT THROUGH M-TIBA, DIAL *253#

SUE AT 9 MONTHS...



UMEKUWA HIVYO
KUTOKA SAA NGAPI?

NASIKIA UCHUNGU SANA KWA MGONGO,
INAENDA IKIRUDILIKISIMAMA NATAKA
KUKETI. HATA SUJELEWI.

IMEANZA JANA USIKU NIKILALA LAKINI
NILIFIKIRI NI MTOTO TU ANACHEZA.

SUE, UNANIAMBIA HIVYO SAA HII, SAA SITA?
ULIPACK ILE BAG YA HOSI VILE NILIKUAMBIA?

NDIO, NILIWEKA NGUO MBILI ZA MTOTO, LESO,
TOWEL, NDOGO, COTTON WOOL, NGUO ZANGU
MBILI, PAMPERS, SLIPPERS NA SHAWI YA MTOTO.

NA KADI YA HOSPITALI NA LINDA MAMA?

ZIKO HAPA ZOTE.

HAYA HARAKAI
NI KAMA MAJI YAKO IMEBREAK!
CHUKUA HIO BAG. HUYO MTOTO NI KAMA
ANAKUJA LEO NA LAZIMA AZALIWE
KWA HOSPITALI, SI HAPA NYUMBANI.

MAMAYO..! NASKIA MAJI MAJI
KWA NGUO YANGU.

AT THE HOSPITAL



SUE IS SENT TO THE LABOUR WARD AND EXAMINED BY THE NURSE



SUE IS RUSHED TO THE DELIVERY ROOM



AT HOME...

SUE, JANA USIKU HUYU MTOTO
ALILIA SANA, ULILALA HATA?

EHI POLE SANA,
NITAKUFUNZA JINJI YA KUMWEKA KWA
MATITI ILI AWEZE KUNYONYA VIZURI. OH! NA PIA UNAFAA
KUPUNGUZA MAWAZO NA KUKULA VIZURI VILE ULIAMBWA
HOSPITALINI.

NI MUNGU TU! HATA SJALALA USIKU
YOTE. SJUJI KUMWEKA VIZURI KWA MATITI NDO
ANYONYE, MATITI ZANGU ZINAUMA,
ZIKO NA TU YIDONDA NA SIDHANI NIKO MAZIWA
YA KUTOSHA SASA HATA MTOTO HAWEZI SHIBA.

ATLEAST HATUNA STRESS YA
PAMPERS KWA SABARU
TULIKUWA TUMESAVE.

HABARI YA MAMA AIDENI?

MZURI SANA, DAKTARI.

NDIO

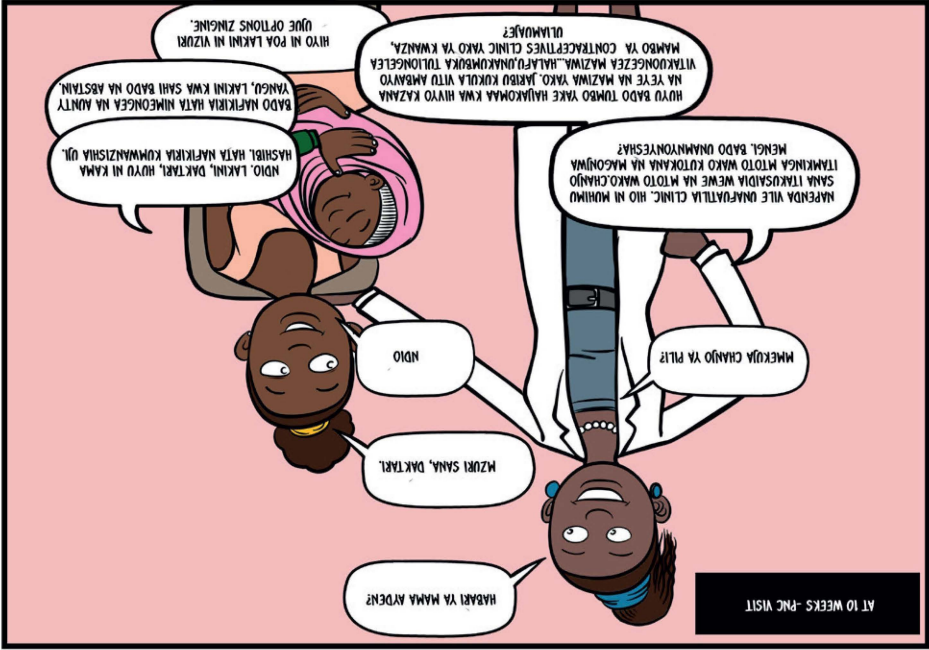
MWERUJA CHANJO YA PILI?

NAFENDA VILE UNAVUALIJA CLINIC. HIO NI MUHIMU
SANA TIKUSADIA WEME NA MOTO WAKO. CHANJO
ITAMKINGEA MOTO WAKO KUTOKANA NA MAGONWA
MENGEL BADO UNAMANYONYESHA?

HUYO BADO TUMBO YAKE HAIKIKOMAA KWA HIYO KAZANA
NA YE NA MAZIWA YAKO. JARIBU KUKULA VITU AMBAYO
VITAKUNGOGEZA MAZIWA. HATAFUJUNAKUMBEKA TULIONGOGEZA
ULIAMUVAJE?

HIYO NI POA LAKINI NI VIZURI
JUUE OPTONS ZINGINE.

BADO NAFKIRIA HATA NIMEONGEA NA ADNTTY
YANGU. LAKINI KWA SAHI BADO NA ABSTAIN.
HASHIRI. HATA NAFKIRIA KUMWAZISHIA UJI



Contraception methods



Condom



Female condom



Oral contraception



Hormonal ring



IUD



Contraceptive injection



Surgical sterilization
(TUBAL LIGATION)



Implant



Coitus interruptus



Calendar rhythm method
(SAFE DAYS)



Vaginal douche



Contraceptive patch



Diaphragm / cap

FOR MORE INFORMATION ON ABOVE METHODS, VISIT A HEALTH FACILITY.

BACK HOME-SUE IS SELF REFLECTING ON HER JOURNEY.


PLACE NIMETOKA NI MBALI, KAMA SI AUNTY
CARO NA MUNA SIJUI NINGEKUWA WAPL
KILA TIME NIKIKUANGALIA MTOI WANGU,
NABAMBIKA TU SANA, ENYEWU NI GOD!

KWENDA CLINIC IMENSAIDIA SANA PAMOJA
NA MTOI WANGU, TUKO HEALTHY. HATA WALE
MARAFIKI WALIKUWA WANANICHEKA SAHIZI
HAWAWEZI KUBELIEVE VILE NIKO NA CONFIDENCE.

HII SIO MWISHO WA MAISHA, NITAHUSTLE ILI NIHAKIKISHE
EITHER NIMERUDI SHULE AMA NIMEJOJA SHORT COURSE
KAMA HAIR DRESSING. HOPEFULLY HII ITANIWEZESHA KUPATA
JOB ILI NI NIMPATIE MTOI WANGU MAISHA POA.



**African Population and
Health Research Center**



OBJECTIVE:
IDENTIFY MAJOR
EVENTS IN LIFE
THAT PRECIPITATE
EMOTIONAL
UNCERTAINTIES

- Step 2: Pre-assessment - (River of Life, and Mental health assessment - continuous assessment of weekly calendar)

Session Objective	To identify major events in life that precipitate emotional uncertainties
Content of discussion	<p>The session entails describing life through a river metaphor and allowing the girls to depict major events both positive and negative that have evolved around their pregnancy to the day of the sitting.</p> <p>Introduce depression and anxiety screening tools and allow the girls to fill in the questionnaire (World Health Organization depression & Anxiety scale -WHODAS) scores of 4 & 5 require immediate referral and linkage with the nearest health facility or mental health facility.</p>
Exercise	<p>Allow the girls to depict life events by making a sketch on a piece of paper.</p> <p>While sketching the river provide explanations along the river or in the river.</p> <p>An example of the feeling achieved by the girls after drawing the river of life</p> <p><i>"I did not like that river of life at the beginning because whenever I drew the challenges I was going through it was not a very good experience because I had passed through a lot. I was not finding it easier to write but as I continued to write and it is information that was supposed to be kept well, I just wrote and I felt better finding that it was not just me alone going through those challenges" (FGD participants).</i></p>
Resources	Plain drawing paper, assorted crayons & pencil
Recommendations	This exercise requires a relaxed atmosphere

- Step 3: Addressing information gaps

Session Objective	The main aim of this session is to provide information identified as not readily available to adolescent mothers, that would enable them to take better care of themselves and their children.																				
Content of discussion	<p>These sessions will be structured around six hours (two hours each) addressing the following areas:</p> <ul style="list-style-type: none"> • Antenatal and Hospital delivery by healthcare professionals. • Family planning-Facilitated by healthcare professionals. • Post natal care and Childcare session- facilitated by health professionals. • Economic empowerment- facilitated by financial experts • Health Insurance - this can be facilitated by a professional from the health insurance industry 																				
Exercise	These sessions will involve going over the different illustrations as provided.																				
Resources	<div data-bbox="284 647 714 953" style="background-color: #2c5e8c; color: white; padding: 10px;"> <p style="text-align: center;">ANTENATAL CARE</p> <p>What to expect: Tetanus vaccine, Iron andolate (IFAS) and Prevention of Mother to Child transmission (PMTCT) - to mothers who have tested HIV positive. Calculation of Expected delivery date.</p> <ul style="list-style-type: none"> -Laboratory tests -Haemoglobin levels (Hb) -Blood group -Rhesus -Serology (VDRL/RPR) -HIV testing including counseling -Urinalysis </div> <div data-bbox="730 656 999 941" style="border: 1px solid black; padding: 10px; margin-left: 20px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #003366; color: white; text-align: center;">2016 WHO ANC model</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="background-color: #e6f2ff; text-align: center;">First trimester</td> </tr> <tr> <td style="text-align: center;">Contact 1: up to 12 weeks</td> <td></td> </tr> <tr> <td colspan="2" style="background-color: #e6f2ff; text-align: center;">Second trimester</td> </tr> <tr> <td style="text-align: center;">Contact 2: 20 weeks</td> <td style="text-align: center;">Contact 3: 26 weeks</td> </tr> <tr> <td colspan="2" style="background-color: #e6f2ff; text-align: center;">Third trimester</td> </tr> <tr> <td style="text-align: center;">Contact 4: 30 weeks</td> <td style="text-align: center;">Contact 5: 34 weeks</td> </tr> <tr> <td style="text-align: center;">Contact 6: 36 weeks</td> <td style="text-align: center;">Contact 7: 38 weeks</td> </tr> <tr> <td style="text-align: center;">Contact 8: 40 weeks</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; background-color: #cccccc;">Return for delivery at 41 weeks if not given birth.</td> </tr> </tbody> </table> </div>	2016 WHO ANC model		First trimester		Contact 1: up to 12 weeks		Second trimester		Contact 2: 20 weeks	Contact 3: 26 weeks	Third trimester		Contact 4: 30 weeks	Contact 5: 34 weeks	Contact 6: 36 weeks	Contact 7: 38 weeks	Contact 8: 40 weeks		Return for delivery at 41 weeks if not given birth.	
2016 WHO ANC model																					
First trimester																					
Contact 1: up to 12 weeks																					
Second trimester																					
Contact 2: 20 weeks	Contact 3: 26 weeks																				
Third trimester																					
Contact 4: 30 weeks	Contact 5: 34 weeks																				
Contact 6: 36 weeks	Contact 7: 38 weeks																				
Contact 8: 40 weeks																					
Return for delivery at 41 weeks if not given birth.																					

Resources

Economic Empowerment

How to get/make money as a start

- Self-employment for example *cooking and selling food like chips, mandazi; selling clothes and shoes; selling vegetables and fruits, plaiting hair*
- Casual/short-term employment like *washing clothes for other people, washing dishes, fetching water for other people, casual work in hotels/kiosks, farming, working in industries*
- Long-term employment including *working in salons, hotels/kiosks, small offices, supermarkets, house-help work, teaching jobs, working in industries*

How to save our money



i)Home banking

ii)Saving in the bank

iii)Saving on phone

Other types of savings

- iv)Table Banking
 - It is a method of saving where members save and can borrow directly from their savings.
 - This can be either short-term or long-term loans.
 - The group meets once a month and at this meeting members place their savings and loan repayments on a table.
 - Members contribute money and when a member wants an amount, they take a loan from the kitty and pay back with interest.
- v) Merry go round
 - Members of the group come together and contribute a certain amount, and all the money goes to one person.
 - The member to receive the money can receive it either daily, weekly or monthly.
 - Members can use the money to start a business as they continue contributing.

Importance of saving

- Always save with a goal- why are you keeping the money aside, to start a business, to buy household goods etc.
- Being economically empowered gives you peace of mind when it comes to being able to provide for your children.
- Look for other girls around you whom you want to do business with or start a savings scheme with to empower yourselves.

It's Not About
How Much Money
You Make
It's How You Save It!

Recommendations

To support these sessions, other relevant materials available in your context/ setting may be used.

- Step 4: Confidence - building (Problem Management plus, managing stress, get going keep doing, Strengthening social networks, symbol of hope)(Breathing exercises, Meditation, pre and post natal yoga)

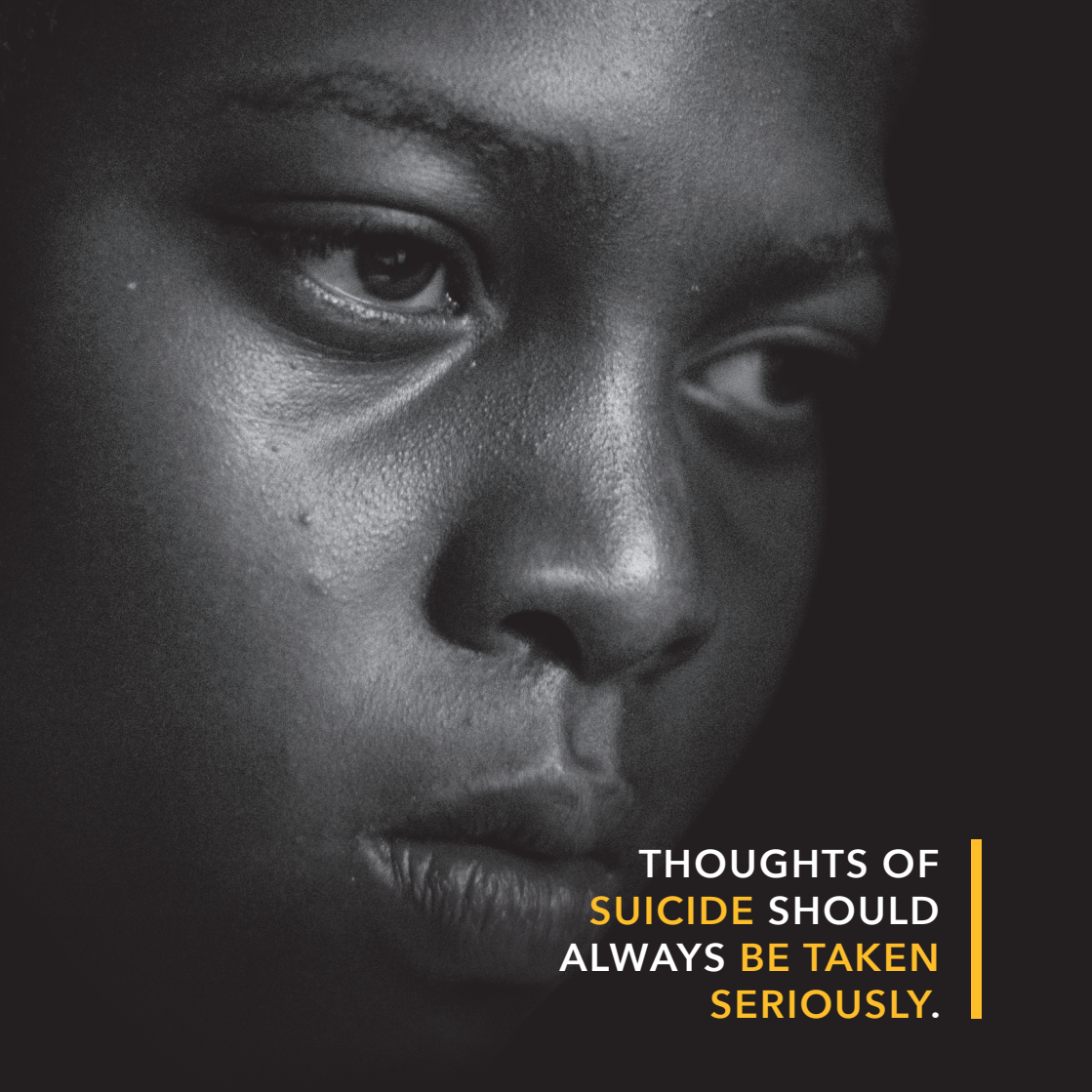
Session Objective	<p>The aim of this session is to get the girls to develop confidence in self care skills that counter mental stressors in life.</p> <p>A WHO mhGAP manual adaptation for use among non mental health specialist that can be used in community settings to provide therapeutic management for distress.(Depression, anxiety & stress)</p>
Content of discussion	<p>The manual provides basic helping skills in 5 sessions that start with an explanation of the manual contents ,objectives and structure then followed by an Pre-PM+ assessment ,intervention feedback and post intervention evaluation as well as a WHODAS & PSYCHLOPS.</p> <p>The session helps the individual girl understand adversity by appreciating the intervention with sessions that take about 1-2 hours with the following themes;</p> <ul style="list-style-type: none"> • Managing stress • Managing Problems • Get going and keep doing • Strengthening social support • Staying well
Exercise	<p>Each of the sessions are guided by trained personnel who work with a group of 12-20 girls to engage in the discussion that yields in identifying the 5 key themes.</p> <p>An outline of the session is made before each session commences then relaxation techniques like breathing exercises to get the girls to relax are encouraged -this can be guided by a local yoga instructor.</p>

	<p>During the session the facilitator is expected to find out how the girls have been since the last interaction, review homework or assigned work as areas that require emotional changes.</p> <p>Handout notes, case studies, pictorials, weekly calendars, assignments are shared with participants get to interact with each other through case studies and feedback sessions</p> <p>At the end of each of the sessions the facilitator summarizes by sharing home work or agreed practice task and clarifies with the participants on the PSYCHLOPS assessment .</p>
Resources	<p>Consider working with yoga instructors from the community, yoga and meditation videos from the internet.</p> <p>A sound system or small speakers to play soothing music or instructions during the exercise.</p> <p>A convenient and spacious room with yoga mats.</p> <p>Inform the participants to wear appropriate clothes for the exercises prior to this engagement.</p>
Recommendations	<p>Problem management plus is a therapeutic treatment plan that requires fidelity to the sessions and needs.</p> <p>The management approach is not recommended for girls with suicidal ideation or high scores of depression.</p> <p>During the intervention the facilitators are encouraged to keep tabs with a supervisor or clinical psychologist who can provide guidance on the emerging emotional needs.</p>

- **Step 5: Post-assessment of mental health ((Symbol of life and Mental health assessment)**

Session Objective	To identify whether participants have developed resilience ,confidence in self care and the ability to articulate levels of distress that require follow up and linkage to care.
-------------------	--

<p>Content of discussion</p>	<p>The activity requires the facilitator to link hope with symbol metaphors that break down cultural practices and rites to individualized adaptations that create purpose by attaching meaning.</p>
<p>Exercise</p>	<p>Participants engage in sketching the symbol of life which depicts what symbol they attach hope and meaning for life. Fill in a WHODAS Post evaluation assessment. The facilitator should encourage participants to be honest, expressive and follow instructions for success of this exercise.</p>
<p>Resources</p>	<div data-bbox="319 380 952 784" data-label="Diagram"> <p style="text-align: center;">WELLNESS</p> <ul style="list-style-type: none"> EMOTIONAL Coping effectively with life and creating satisfying relationships. FINANCIAL Satisfaction with current and future financial situations. SOCIAL Developing a sense of connection, belonging, and a well-developed support system. SPIRITUAL Expanding our sense of purpose and meaning of life. OCCUPATIONAL Personal satisfaction and enrichment derived from one's work. ENVIRONMENTAL Good health by occupying pleasant, stimulating environments that support well-being. INTELLECTUAL Recognizing creative abilities and finding ways to expand knowledge and skills. PHYSICAL Recognizing the need for physical activity, diet, sleep, and nutrition. </div> <p>Stationery-pens, pencils, crayons and papers for the exercise.</p> <p>Printed forms of various mental health assessment tool to be used such as the EPDs.</p>
<p>Recommendations</p>	<p>The facilitator needs to allow the participants to think through and share their symbols to each other to identify diversity in hope and resilience building.</p>



THOUGHTS OF
SUICIDE SHOULD
ALWAYS **BE TAKEN**
SERIOUSLY.

CRITICAL REFERRALS

When a person poses an immediate danger to self or others (for example, suicidal behavior, severe aggressive behavior, an eating disorder that is out of control, self-mutilation like cutting, or other self-destructive behavior).

Thoughts of suicide should always be taken seriously. They may not share these thoughts with you, but the family members may be aware of concerning behaviors, like isolation. A person who is seriously suicidal should be considered a psychiatric emergency and immediate psychiatric evaluation/ consultation should be sought. Do not hesitate to call 911/Emergency Medical Services (EMS) for assistance; ask if a person with Crisis Intervention Team (CIT) training is available.

HELPLINES

If you need to talk to someone, you can reach out through the free helplines below:

- **One2One Hotline:** For any information on sexual and reproductive health, including HIV/AIDS, dial **1190**. The service is free for Safaricom subscribers.
- **The national Gender-based Violence hotline:** Access quick GBV services on referral through a confidential system by dialing **1195**.



**African Population and
Health Research Center**

Transforming lives in Africa through research.

African Population and Health Research Center
APHRC Campus, Manga Close, Kitisuru Nairobi, Kenya

info@aphrc.org

254 (20) 400 1000 / 266 2244

+254 722 205 933 / 733 410 102

www.aphrc.org