

Policy Brief



African Population and
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Advancing Gender-Transformative Parenting to Improve Early Childhood Development Outcomes in Kakamega County

INTRODUCTION

Teenage parenthood continues to pose serious developmental and socioeconomic challenges in Kenya. According to the Kenya Demographic and Health Survey (KDHS) 2022, 15% of adolescent girls aged 15–19 have begun childbearing. While this national average remains high, some regions experience significantly greater prevalence.

In Western Kenya, and specifically Kakamega County, the situation is especially urgent. Between 2019 and 2022, the county recorded over 58,000 adolescent pregnancies. In 2022 alone, 12,057 cases were reported, placing Kakamega among Kenya's top five counties for adolescent pregnancies (KHIS, 2022). Estimates by the County First Lady's office suggest that the adolescent pregnancy rate may range between 20% and 25%, far exceeding the national average (Kakamega County Government, 2023).

Adolescent mothers in Kakamega face limited access to quality health care, social support, and economic opportunity. They are often forced out of school, stigmatized by their communities, and left to care for their children with little or no involvement from fathers. This situation poses risks not only to the young mothers' well-being, but also to the developmental outcomes of their children.

To address these interlinked challenges, the Gender Transformative Skillful Parenting (GTP) Program was introduced. The program promotes equitable caregiving, supports adolescent mental health, and improves early childhood development (ECD) by transforming harmful gender norms that undermine shared parenting.

About The GTP Program and ICS SP

APHRC is evaluating the GTP Program, a community-based intervention designed and implemented by Investing in Children and their Societies (ICS SP). The program is tailored to support adolescent parents and their families by strengthening caregiving practices and promoting mental health, while also addressing gender norms that often exclude men from parenting roles.

The evaluation, conducted in Shinyalu and Malava sub-counties of Kakamega County, uses a cluster-randomized controlled trial (c-RCT) design with a mixed-methods approach that incorporates quantitative interviews, focus group discussions, in-depth and key informant interviews.

The assessment focuses on early childhood outcomes, caregiver parenting practices, adolescent mental health, and community-level shifts in gender and social norms. ICS-SP is a regional child-focused organization operating in East Africa. Its mission is to create safe and nurturing environments for children by empowering families, promoting positive parenting, and preventing child abuse and neglect.



The GTP program is a structured, multi-session initiative combining group-based training and personalized home visits for adolescent mothers aged 15–24 years.

It is delivered by trained community health promoters and frontline workers.

The program seeks to:

- Improve developmental outcomes for children aged 6–24 months
- Build responsive caregiving skills among adolescent caregivers
- Encourage the involvement of men, including fathers, grandfathers, and male partners in parenting
- Integrate mental health and psychosocial support into parenting practices
- Challenge harmful gender norms and promote equitable parenting within households and communities

Gaps Identified

1. Limited male engagement in parenting: Most parenting programs focus exclusively on mothers. Fathers are often excluded, reinforcing traditional caregiving roles and overburdening adolescent mothers.
2. Neglect of adolescent mental health: Despite widespread emotional distress among young mothers exhibited by depression, anxiety, and suicidal ideation, mental health is rarely integrated into parenting or ECD programs.
3. Harmful gender norms: Deep-rooted cultural norms discourage male involvement in caregiving and foster stigma against young mothers, limiting their ability to seek support or return to school.
4. Lack of practical parenting skills: Many adolescent mothers understand the need for proper caregiving but lack the skills and confidence to provide responsive care, stimulation, and attachment-building.
5. Barriers to essential services: Adolescent parents face transport costs, fear of judgment, and lack of awareness as barriers to accessing health care, mental health support, and parenting resources.

Key Findings

- Caregiving practices
 - Adolescent mothers provide basic care but lack hands-on experience with responsive caregiving and early stimulation.
 - Grandmothers frequently serve as co-caregivers but are stretched thin financially and emotionally.
- Mental health and emotional well-being
 - Twenty-five percent of adolescent mothers reported mild to moderate depression; 15% showed signs of anxiety.
 - Slightly more than a quarter (28.5%) reported suicidal thoughts; 10% had attempted self-harm.
 - Stigma and isolation contribute significantly to poor mental health outcomes.
- Gender norms and male involvement
 - Fathers are generally uninvolved in caregiving due to societal expectations.
 - Young men are open to engagement but fear being perceived as weak or controlled by women.
 - Adolescent mothers want co-parenting support, especially to return to school or work.
- Access to services
 - Many caregivers are unaware of support programs or fear judgment if they seek help.
 - Distance, cost, and stigma deter utilization of essential services.
- Discipline and communication
 - Physical punishment remains common, but alternatives like verbal correction and praise are slowly being adopted.

Policy Implications

1. Institutional adoption of gender-transformative parenting
 - Policymakers should integrate gender-responsive parenting approaches into county and national strategies for early childhood development (ECD), adolescent health, and child protection.
 - Capacity-building initiatives should ensure that community health promoters (CHPs), ECD officers, and youth champions receive adequate training to promote inclusive caregiving practices.
2. Policy measures to enhance male caregiver participation
 - Government-led parenting programs must actively engage fathers, grandfathers, and male caregivers by addressing societal barriers that discourage shared caregiving.
 - Positive role models and community advocacy should be leveraged to normalize male involvement in child-rearing.
3. Investment in adolescent mental health services
 - Mental health support should be mainstreamed into adolescent parenting interventions, ensuring that young caregivers access both peer-based and professional psychosocial support.
 - Education policies should integrate emotional and psychological wellness modules to ease school reintegration for adolescent parents.
4. Reforming gender norms through public policy
 - Communication campaigns, media engagement, and community-based dialogues should be institutionalized to challenge restrictive gender norms and reduce stigma against adolescent mothers.
 - Traditional and religious leaders should be engaged in national and county-level policy discussions to shift cultural attitudes toward caregiving equity.
5. Improving access to parenting and health services
 - Policymakers should allocate funds to provide logistical support, such as transport assistance and mobile clinics, to enhance service accessibility for adolescent parents.
 - Youth-friendly spaces should be established within healthcare and community centers to encourage uptake of parenting and mental health resources.

By implementing these policy measures, stakeholders can foster an environment where adolescent parents receive adequate support, fathers are engaged in caregiving, and harmful gender norms are systematically addressed - ultimately leading to better developmental outcomes for children in Kakamega County.

Conclusion

The persistently high rates of adolescent pregnancies in Kakamega County highlight the urgent need for comprehensive, gender-transformative approaches that address the interconnected challenges of young parenthood, early childhood development and gender norms. The GTP program, spearheaded by ICS SP and evaluated by APHRC, presents a promising evidence-based model for fostering equitable parenting, improving adolescent mental health and enhancing child development outcomes. By integrating gender-transformative parenting into broader social protection, education, and health initiatives, policymakers and stakeholders can break cycles of stigma and inequality, ensuring that adolescent parents and their children thrive.