



**African Population and
Health Research Center**

Sasa Mama Teen Project

Building strong minds for stronger adolescent mothers in Nairobi slums

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Background



- Adolescence is a stage where rapid development occurs in particular the emotional, physical and psychosocial changes.
- The characteristics of an individual and external factors like the environment influence the rapid changes.

Adolescents entry into motherhood in Kenya



- About 47% of adolescents are sexual active by age 18 years and from this, 1 in 5 are either pregnant or already a mother;
- Most of the teen pregnancies are either **unwanted or unplanned**;
- **Social consequences** of teen pregnancies can include being ostracized, reduced employment opportunities, stigmatization and poor educational achievements.
- There are also a number of **psychological consequences** including loss of confidence, mental and emotional distress, depression and suicidal ideations

Maternal mental health services provision in Kenya

- 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; and
- Perinatal mental health is usually not prioritized due to other competing health challenges that require urgent attention;
- **This means that the mental health and wellbeing of slum populations, and adolescents in particular, is constantly under threat;**
- The Sasa Mama Teen Project seeks to fill **the unmet maternal mental health needs** of adolescent girls **at community level.**

The Sasa Mama Teen project



Ojective: To engage adolescent mothers living in Nairobi slums to co-design and test the feasibility of a toolkit of information, skills and confidence building and coping mechanisms that can effectively shield them against the risks of mental stress during pregnancy and early motherhood.

Vision: To build stronger minds among adolescent mothers, which will translate in better care of themselves and their babies.

Figure 1. Sasa Mama Teen Project conceptual and operational framework

ACTIVITIES

- Generate an inventory of causes of mental stressors during pregnancy and early motherhood among adolescent girls (symptom recognition exercise)
- Build a package of specific solutions for each stressor, ranging from provision of information, problem-solving skills, to confidence building
- Deliver the package of solutions through youth-friendly channels (cognitive behavior therapy)

MEASURES OF SUCCESS

- Adolescents have greater awareness of their daily life stressors and how to deal with them
- Adolescents have improved skills to deal with stress during pregnancy and early motherhood

GOAL

Stronger adolescents with strong minds



Study Design

Study setting

Four Nairobi slums: Kangemi, Korogocho, Viwandani and Kawangware

Study Population

Adolescent girls aged between 15-19 years who were:

- either pregnant, or
- mother of a child aged 2 years or below

Study Methods

1. Visual methodologies including Photovoice and digital story telling
2. Qualitative interviews including focus group discussions, key informant interviews and in-depth interviews
3. Feasibility testing of toolkit. Content arranged into 12 sessions and given to adolescent girls over a period of 3 months. Facilitated by experts in healthcare, insurance, economic empowerment and mental health. Sessions delivered through two channels, WhatsApp and Face to Face meetings.

Methods used for the mental health assessment

- The adolescents were assessed for perinatal depression using the Edinburgh postpartum depression scale that had been translated to Swahili;
- The mental health expert also used the problem management plus which aimed to create awareness and acceptability and management of the problems at hand;
- The girls were given exercises to do during the sessions including drawing river of life, symbol of hope, and filling a calendar of their daily emotions.

Findings from the mental health assessment

- EPDS and DASS results:
 - $\frac{3}{4}$ of the 128 girls had no depression or mild/moderate depression symptoms
 - $\frac{1}{4}$ had severe depression (these girls were supported at an individual level and also referred for further clinical evaluation and management)
- The river of life indicated unstable emotions among the young mothers, some based on the level of exposure and experience in life events while others are based on extreme poverty
- A diverse gap on the expression of emotion exits ranging from guarded emotional needs to expressions of anger and resentment.

Main causes of mental stress

Being chased 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 and we wasted the school fees" (FGD with girls)

Difficulties in getting a job



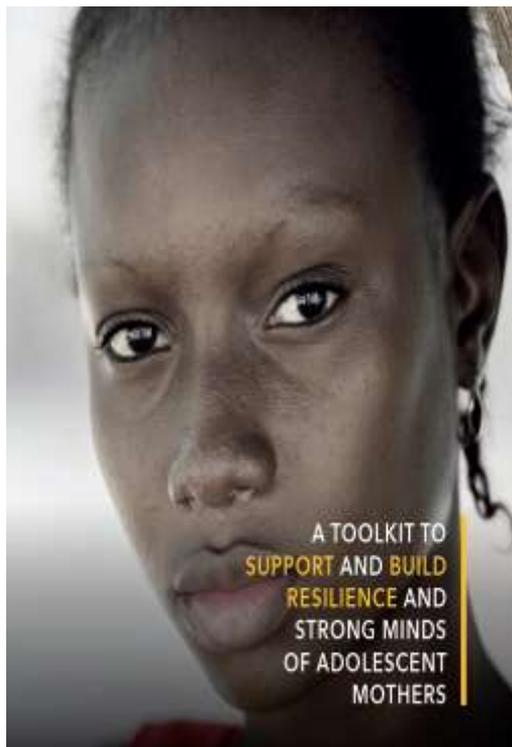
Getting a job is hard with a baby "...House girl job will be difficult to go with your kid...R6: they think that instead of working you will concentrate on your child...so you will not be given the job" (FGD with girls)

Dirty/hopeless slum environment



The dirty environment is a challenge... there are trenches all over and you may find that the baby went to play there with dirty water... a dirty environment causes infections to the child...the baby gets sick and you don't have money to go to hospital...our issue is money (FGD with girls)

Contents of the toolkit co-created with girls



CONTENTS

- 01** Acknowledgements
- 02** Introduction/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)

Story of Sue- Dramatization of the story of a young girl through the challenges of pregnancy to motherhood



Perceptions on the sessions/toolkit

“I was very stressed before I joined WhatsApp and even when I got pregnant I wanted to abort so that I can go on with my life. My sister convinced me not to abort. When the baby came I thought I should go and give up the baby or throw away...one of my friends came and told me that there is another project that has come...they started teaching how you are not supposed to lose hope just because you are pregnant, and if you have a baby your life has not ended it just continues. And I knew that we are many who have children and many that are pregnant so there was no need to look down upon myself” (IDI with Adolescent mother)

“..it helped me that I could ask anything especially about a baby if sick and you would be told what to do. Maybe there were some things I had never seen in my baby and when I ask you find that someone’s baby already passed that stage and so they are able to help.” (IDI with adolescent mother)

I even had suicidal thoughts by the way and I used to sit like this and think that I need to kill myself. But when we came to the group, we were told not to think about such things because who will stay with the baby when you are gone (IDI with pregnant adolescent)

Next steps...

- Finalize the toolkit and explore ways to make it accessible to all adolescent girls through youth groups, health facilities, and mobile platforms (a mobile app?).
- Expand the project activities (scale-up phase) to include activities geared at reducing the community stigma, supporting/engaging parents, and engaging schools to enable smooth return to school

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