WHAT DO I DO NOW?

A toolkit for helping adolescent mothers manage stress
A TOOLKIT TO SUPPORT AND BUILD RESILIENCE AND STRONG MINDS OF ADOLESCENT MOTHERS
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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)
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
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)**

<table>
<thead>
<tr>
<th>Session Objective</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content of discussion</td>
<td>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.</td>
</tr>
</tbody>
</table>
## 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.

### 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

Sue’s Mum, Single Mother.

Card, Sue’s Late Father’s Sister.

Muna, Elder Sister.

Sue, 15 Years Old High School Student.

Nurse Mary

Brayo, Sue’s Boyfriend, a Local Matatu Tout 22 Years Old.
Hallo? Muna, sasa?

Sue? Ni nini?

Kila mtu ako poa lakini. (Sighs)

Poa sana, Sue! Siku mob. Mnaendeleaje?

Hii hio si normal. Uko sure nauna ball? Mara ya mwisho ulikuwa na periods ilikuwa lini?

Umm...Nimekaa kama miezi mbili bila periods zangu.

Mara tumbo, mara kizunguzungu na kichwa inahumajiha. Lifu saa zingine naskia kutapika.

Ebu wacha mchezo. Hakutumia pesa saa hii uende ununue test kwa chemist. Ukipata results ndio tutajua cha kufanya.
SASA NITA-DO? MATHETE ATANIMALIZA NA SHULE? MABESHTE WANGU WATASEMA NINI NA BRAYO?

SASA BRAYO, NIMEKUWA NIKIKUSAKA HATA NIMEJABIKU KUKUPIJA HUSHIKI SIMU ZANGU.

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

NIMEKUWA BUSY KIASI, SI UNAJUA LAZIMA HATAFUTE KAKITU NDIO NIKUNUNULIE HIZO VITU UNAPENDANGA?

ATI BALL? YA NANI?

SI NI YAKO? KWANI NIMEKUWA NA NAHI MWINGINE?

WE! HIO NI SHIDA YAKO, SIEZI KWANA SURE KAMA HYO BALL NI YANGE AMA YA CHAI MWINGINE. ITABIDI UJEANGE MI SIKI READY KWANA BABA YA MTU.
Later, Sue and her mother have a confrontation.

Sue, ebu kuja hafa.

Nini hihi nasikia? Ndugu zako wanajamia ati umekuwa ukitapikatapika asubuhili na kila saa unaema wewe husikii vizuri. Ni nini inaendelea hapa? Ong'ea!

Mum, ni... niko na balli!

Muna, mum ameniambia nipeleke hii mimba kwa mwenye na akiifuza.

Ghaali! Usiali, itabidi vende tu kwa aunty caro akusadie.
MSICHANA WANGI, NIAMBIE NI NINI NAIFANYIKA?

NIMEAMBIA MUM NIKO NA BALL AKANIFUKUZA.

WOI SUE! NALEWA SAHIZI UKO NA STRESS MINI SANA, TUTANG'ANG'AN'A TU NA Wewe HAPA KWANGU. LAKINI NAJUA SIKU MOJA MAMA Yako ATAKUSEMEHE, MIMBA Yako Iko na miezi ngapip?

NIKO KARIBU MIEZI NNE SASA.

LAKINI AINTY NINAOGOPA. WATU HUKO NIE WASHAANZA KUNISENGENYA, WANAEMA ATI MIMI SASA NIMECHAFA RAFIKI YANGU HATA ALINIAMBIA MIMI NI FALA SASA KUSHIKA BALL. EURYO PIA HADAI STORI ZANGU YAANI HATA SIJKII KUENDELEA SHULE AMA KUONEKANA NA WATU. KAMA SI KUBONGA NA MUNA, LABDA HATA NINGEKUWA NIMEFANYA KITU MBEYA SANA.

HIO BADO NI NDOGO SANA NA BADO UNAWEZA KUENDELEA NA SHULE. MIMBA SI UGONJWA AU MWISHO WA MAISHA.
Msichana wangu, lakini usifikiria juu ya zile vitu wato wanaeseka juu yako. Huku nje, watu huongea mengi, lakini usiku wanalala. Cha muhimu ni afya yako na ya mtoto wako. Ushaanza kuenda clinic?

Bado sijaanza. Nilikuwa naogopa mtu ataniona aende kuambia mathee lakini sasa...

Ni muhimu sana unaweza kuenda clinic kila mwezi. Ukienda huko, madaktari watameza kufuatilia hali yako na ya mtoto, wakupatie dawa za kudumisha afya yako na information mob, kama chakula na mambo mengine mengi. Kesho asubuhi tutaenda pamoja.
(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. Nimeletwa na Aunty Yangu.

Haya basl tutaanza na tests kadhaa. Ndio tunweze kujua kwa harika momba yako ni ya miezi ngapi na pia tiuje halii yako ya afya. Sawa?


Na pia ningependa kikueleze kuwa unafaa kukuja clinic at least mara nane kasla ya kujifungu ili kuhakikisha afya yako na ya mtotouko sawa, kutataua shida yoyote kama iko na pia kuhakikisha kuwa uko na experience poa ukima na momba, unapofungua na baada ya kujifungu.

Ndio daktari. Lakini najaribu kukuja lakini sana sana sina appetite. Pia ninapatika sana.
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
<table>
<thead>
<tr>
<th>Trimester</th>
<th>Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First trimester</strong></td>
<td>Contact 1: up to 12 weeks</td>
</tr>
<tr>
<td><strong>Second trimester</strong></td>
<td>Contact 2: 20 weeks, Contact 3: 26 weeks</td>
</tr>
<tr>
<td><strong>Third trimester</strong></td>
<td>Contact 4: 30 weeks, Contact 5: 34 weeks, Contact 6: 36 weeks, Contact 7: 38 weeks, Contact 8: 40 weeks</td>
</tr>
</tbody>
</table>

Return for delivery at 41 weeks if not given birth.
HIO NI KWAITA DA LAZIMA UJARIBU KUTULA, HATA KAMA UNAKULA KITU KIDOJO LAZIMA MARA NYINGI. NITAKUANDIKIA DAWA YA IFAS YA KUONGEZA DAMU MWILI. NAONA BADO WEWE NI MDogo. JI, BADO UKO SHULENI?

NDIO, LAKINI NAFIKIRIA KUACHA SHULE. NAJARIBU KUPacha BALL LAKINI NAFIKIRI KINA WAALimu WANANISHUKU. WANAULIZA MAshWALI MINGI, NA SAA ZINGINE NAONA MASTUDENTS WENGINE WANAAANZA KUCHeka NKIPITA.

USIFANYE HIVYO. NAJUA WATU WATAKUSEMA SANA LAKINI NI MUNimu KUKIREE BUSY. SHERIA INASEMA MSICHANA AKO NA HAKI YA KUENDA SHULE MPaka WAKati ATACHOKA AMA AKIJIFUNGU. UKKAA BURE KWA MTAA. NDIO UTAPATA UNAFIKIRIA MAMBO MENGi NA HIO SI POA. UKUKUWA NA STRESS MINGI INA-AFFECT MOTO WAKO. UKO NA HTO UNATRUST UNAWEZA KUONGEA NA YEYE?

NILIFUkUZWA KWTU LAKINI NINAISHI NA AUNTY YANGU. PIA NIKO NA SISTER MKUBWA ANAhISAIANGA KIDOJO.

HIO NI VIZURI-
UKISIKIA STRESS IMEPAnda SANA,
ONGEA NAO, AMA UTOKE UJENDE KUMBUSA KIDOJO-
NI EXERCISE POA PIA. PIA, KWA VILE UMESEMA HUSHI KWA WAZazi WAKO, NI MUHimu UREGISTER NA PROGRAM INAITWA LINDA MAMA. HIO ITASALDIA KULIPIA BILLS ZOZOTe ZA CLINIC NA PIA MALiro YA HOSPITALI UTAKapo JIFUNGU.

SAWA, DAKTARI.

UTAONYESHWA VILE UNAWEZA KUREGISTER (LINDA MAMA)- MTATOMIA NAMBA YA AUNTY YAKO KWA SABABU BADO HUJAFIKA 18 YEARS.
HABARI DAKTARI?

NINASIKIA POA.
KUTAPIKA IMEPUNGA KIASI NA NIMEANZA KUACCEPT BALL.

EH, KILA SAA ANAPIGA TEKE.
HATA SAA ZINGINE NASIKIA ANANIKANYANGA KANYANGA.

TUMEANZA KUJIPANGA KIDOGO.
UNAJUA KWETU HATUJWEZI, ILIBIDI NIWACHE SHULE HDO NIWEZE KUFANYA VIBARUA MTAANI LI NIWEZE KUPATA PESA KIDOGO YA KUIJKUMA KIMAISHA.
PIA, BALL ILIKUNA UMEANZA KUONEKANA NA NILIKUNA NA AIBU YA KWENDA HIVYO SHULE

SAWASAWA, LAKINI HIKO NA SWALI-LAMA SIWEZI KUFANYA KAZI MINGI, NITATO AWA PESA ZA KUNUNJA VITU ZA MTO?
NA MAMBO YA HOSPITALI AKISHAZALIWA?

KWA SARABU ULRREGISTER KWA LINDA MAMA SERIKALI
INALIPA KILA KITU MPAPA WAKATI WA KUJIFUNGA.
LAKINI PIA UNAWEZA KUNENGA PESA KIDOGOKIDOGO KAMA 30 BOB, 50 BOB KWA MTIBA. HIO NI PLAN YA KUSAVE PESA KWA SIMU NA UNAWEZA KUTUMIA HIO PESA KWA MATBABA Yako NA MTO HOSPITALINI DAADA 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

- 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. Wang'aulionatuma 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#
NVIKIA UCHINGU SANA KWA MGONGO, INAENDA IKIRUDNIKISIAMAMA NATAKA KUKETI. HATA SIJELEWI.

UMEKWA HIVYO KUTOKA SAA NGAPI?

IMEANZA JANA USIKU NIKILA LAKINI NILIFIKIRI NI MTOTO TU ANACHEZA.
SUE, UNANAMBIA HIVYO SAA HII, SAA SITA? ULPACK ILE BAG YA HOSI VILE NIKUAMBIA?

NDIO. NILIWEKA NGUO MBILI ZA MTOTO, LESO, TOWEL, HDG60, COTTON WOOL, NGUO ZANGU MBILI, PAMPERS, SLIPPERS NA SHAWL YA MTOTO.

NA KADI YA HOSPITALI NA LINDA MAMA?

HAYA HARAKA! NI KAMA MAJI YAKO IMBREAK! CHUKUA HII BAG, HIVYO MTOTO NI KAMA ANAKUA LEO NA LAZIMA AZALIWE KWA HOSPITALI, SI HAPA NYUMBANI.

ZIKO HAPA ZOTE.

MAMAYO! NASKIA MAJI MAJI KWA NGUO YANGU.
At the Hospital

Sue is sent to the labour ward and examined by the nurse.

Daktari! Daktari!
Tusaidie! Tusaidie!

Daktari! Naskia kwenda haja kubwa

Wacina tuangalie umefunguka kiasi gani

Sue is rushed to the delivery room.
CONGRATULATIONS! SUE, UMEBARIKWA NA MTOTO MVULANA.
Sue, jana usiku huyu mtoto alilia sana, ulilala hata?

Ni mungu tui hata sjalala usiku yote. Sijui kumweka vizuri kwa matiti ndo anyonye, matiti zangu zinauma, ziko na tu vidonda na sidhani niko maziwa ya kutosha sasa hata mtoto hawezi shiba.

Eh! Pole sana, nitakufunza jinsi ya kumweka kwa matiti ili aweze kunyonya vizuri. Oh! Na pia unafaa kupunguza mawazo na kukula vizuri vile uliambiwa hospitalini.

Atleast hatuna stress ya pampers kwa sababu tulikuwa tumesaye.
HABARI YA MAMA ANYENI?

HZURI SANA, DAKTARI.

MMEKUKA CHANO YA PILI?

NDIO.

NAPENDA VILE UNAFUA TILIA CLINIC. IDIO NI MHIMU SANA ITAKUSADIA WEWE NA MTOTO WAKO. CHANO ITAMKINGA MTOTO WAKO KUTOIKANA NA MACOHWA MENGI. BADO UNAMONYYESHA?

HDIO. LAKINI. DAKTARI. HUYU NI KAMA HASHIBI. HATA NAFAKIRIKA KUMWANZISHA UJU.

HUYU BADO TUMBO YAKE HAJIAKOMA KWA HUYO KAZANA NA YEYE NA MAZIWA YAKO. JARIBU KUKULA VITU AMBAYO VITAKUONGEZA MAZIWA, HALAFU, UNAKUMBUKA TULIONGELEA MAMBO YA CONTRACEPTIVES CLINIC YAKO YA KWAJIA, ULIAMUAJE?

BADONGAFIKIRIKA HATA HIMEONGEA NA AUNTY YANGU. LAKINI KWA SAHI BADO NA ABSTAIN.

HYO NI POA LAKINI NI VIZURI UJUE OPTIONS ZINGINE.
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 SIUI NINGEKUWA WAPIL KILA TIME NIKIKUANGALA MTOI WANGU, NABAMBIA TU SANA, ENYEWE NI GOD!

KWEHDA CLINIC IMENSAIDIA SANA PAMOJA NA MTOI WANGU, TUKO HEALTHY. HATA WALE MARAFIKI WALIKUWA WANAICHeka SAHIzi HAWAWEZI KUBELIEVE VILE NIKO NA CONFIDENCE.

HII SIO MWISHO WA MAISHA, NIHAHUSTLE ILI NHAHAKISHE EITHER NIMERUDI SHULE AMA NIMEJOIN SHORT COURSE KAMA HAIR DRESSING. HOPEFULLY HII ITANWEZESHA KUPATA JOB ILI NI NIAFATIE MTOI WANGU MAISHA POA.
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)**

<table>
<thead>
<tr>
<th>Session Objective</th>
<th>To identify major events in life that precipitate emotional uncertainties</th>
</tr>
</thead>
</table>
| Content of discussion | 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.  
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. |
| Exercise | Allow the girls to depict life events by making a sketch on a piece of paper. While sketching the river provide explanations along the river or in the river.  
An example of the feeling achieved by the girls after drawing the river of life  

“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). |
| Resources | Plain drawing paper, assorted crayons & pencil |
| Recommendations | This exercise requires a relaxed atmosphere |
### Step 3: Addressing information gaps

<table>
<thead>
<tr>
<th>Session Objective</th>
<th>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.</th>
</tr>
</thead>
</table>
| Content of discussion | These sessions will be structured around six hours (two hours each) addressing the following areas:  
- 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 | ![Antenatal Care](resource1.png) ![2016 WHO ANC model](resource2.png) |
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
- 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.

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)

<table>
<thead>
<tr>
<th>Session Objective</th>
<th>The aim of this session is to get the girls to develop confidence in self care skills that counter mental stressors in life.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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 &amp; stress)</td>
</tr>
<tr>
<td>Content of discussion</td>
<td>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 &amp; PSYCHLOPS.</td>
</tr>
<tr>
<td></td>
<td>The session helps the individual girl understand adversity by appreciating the intervention with sessions that take about 1-2 hours with the following themes;</td>
</tr>
<tr>
<td></td>
<td>• Managing stress</td>
</tr>
<tr>
<td></td>
<td>• Managing Problems</td>
</tr>
<tr>
<td></td>
<td>• Get going and keep doing</td>
</tr>
<tr>
<td></td>
<td>• Strengthening social support</td>
</tr>
<tr>
<td></td>
<td>• Staying well</td>
</tr>
<tr>
<td>Exercise</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>
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.

Handout notes, case studies, pictorials, weekly calendars, assignments are shared with participants get to interact with each other through case studies and feedback sessions

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.

<table>
<thead>
<tr>
<th>Resources</th>
<th>Consider working with yoga instructors from the community, yoga and meditation videos from the internet. A sound system or small speakers to play soothing music or instructions during the exercise. A convenient and spacious room with yoga mats. Inform the participants to wear appropriate clothes for the exercises prior to this engagement.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Problem management plus is a therapeutic treatment plan that requires fidelity to the sessions and needs. The management approach is not recommended for girls with suicidal ideation or high scores of depression. 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.</th>
</tr>
</thead>
</table>

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

<p>| 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>
<table>
<thead>
<tr>
<th>Content of discussion</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise</td>
<td>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.</td>
</tr>
<tr>
<td>Resources</td>
<td><img src="image" alt="WELLNESS Diagram" /> Stationery-pens, pencils, crayons and papers for the exercise. Printed forms of various mental health assessment tool to be used such as the EPDs.</td>
</tr>
<tr>
<td>Recommendations</td>
<td>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.</td>
</tr>
</tbody>
</table>
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.