



**EXECUTIVE
SUMMARY**

IN HER WORDS



CONRAD N.



FOUNDATION

In her words

EXECUTIVE SUMMARY

INTRODUCTION

Ensuring health and well-being for young mothers and their children

Children everywhere deserve an opportunity to lead fulfilling lives - to survive, develop and thrive throughout childhood and adolescence and to reach their full potential. Adolescent girls are worthy of opportunity and agency to lead their lives in the way they choose. This should remain true for those who become mothers. And yet, adolescent mothers and their young children (ages 0-3) are uniquely vulnerable, often invisible to funders, policymakers and NGOs and shunned by their families and communities.

By listening to and amplifying young mothers' voices in Kenya, Mozambique and Tanzania, *In Her Words* takes a first step towards ensuring opportunity for young mothers and nurturing care for their children. Grounded in the perspectives of nearly 200 young mothers in Kenya, Mozambique and Tanzania, *In Her Words* offers a framework for funders, policy makers, program designers and other power holders to take a two-generation approach to promoting nurturing care for children aged 0-3 and expanding opportunities and the realization of human rights for young mothers.

For further reading, please see the report upon which this executive summary is based, and country briefs for Kenya, Mozambique and Tanzania.

CONTEXT

Early childbearing, early marriage, poor health and violence are common

In Kenya, Mozambique and Tanzania, a large share of very young children are being raised by adolescent parents. Adolescent mothers are parenting in an extremely difficult context for sexual and reproductive health and rights (Table 1). Although data on adolescent fertility are focused on births between age 15

and 18, girls younger than 15 are also parenting and face specific challenges. As many as 14% of girls in Mozambique had a child before age 15, and there is a well-documented trend of Tanzanian girls facing expulsion from primary school (up to age 14) for pregnancy (Jaén-Sánchez, 2020 and Center for Reproductive Rights, 2013). Girls who participated in this research also commented on their experiences of pregnancy and parenting before age 15.

Table 1: Childbearing, marriage and health indicators for girls and young women in Kenya, Mozambique and Tanzania

	Kenya	Mozambique	Tanzania	World
Adolescent fertility rate (births per 1000 women aged 15-19)	73	144	115	41
Married by age 18 (among women aged 20-24)	23%	53%	31%	n/a
Maternal mortality ratio (maternal deaths per 100,000 live births)	342	289	524	211
% of women who experienced physical or sexual violence in last year (age 15-49)	26%	16%	30%	13%

Note. Data on adolescent fertility rates are from the World Bank, 2022. Data on share of women 20-24 who were married before age 18 are from the World Bank, 2022a. Data on maternal mortality ratios are from UNICEF, 2021. Data on violence are from the World Bank, 2022b and UN Women, 2022.

KEY INSIGHTS

What young mothers say about pregnancy and parenting in Kenya, Mozambique, and Tanzania

Young mothers are clear about the challenges they face, articulating inequities at the interpersonal, community and systemic levels. They are determined to give their children the best, but isolation, discrimination, violence and a loss of opportunity are major barriers. Four key

As displayed in figure 1, gender inequality constrains young mothers' options at every turn. It is built into formal rules and informal norms they must navigate. Gender inequality reduces young mothers' access to resources and even shapes how they are taught to think about themselves.

insights were shared across the three countries, and at the center of them all, young mothers were grappling with shame. Shame damages young mothers' social and

Figure 1: Mapping Gender Inequities in Young Motherhood

	Informal	Formal
Individual	Trauma as a result of gender-based violence and lost childhood harms young mothers' well-being. Shame keeps young mothers isolated and disconnected from services.	Gendered poverty puts girls at risk of early marriage, a key driver of early pregnancy. Absence of quality childcare blocks young mothers from pursuing education and work. Lack of viable livelihoods puts young mothers at risk of violence.
Systemic	Gender-based violence is a pervasive rights violation. Discrimination pushes young mothers from educational and healthcare settings. Stigma against single motherhood pressures pregnant girls to marry.	Policies meant to protect girls and young women from violence and ensure educational access are not enforced.

Note. This analytical framework was adapted from Gender at Work.

emotional wellbeing, curtails their education, harms their health and constrains their future. It limits young mothers' wellbeing and their ability to provide nurturing care for their children.

Motherhood has changed her identity; she has lost her childhood and become an adult overnight. In a short time, young mothers go from being children themselves to bearing sole financial, emotional and caretaking responsibilities for another person. This experience is a significant source of trauma for girls and young women. Young motherhood is often an isolating experience, as many young mothers lose the companionship of friends and schoolmates and face abandonment from partners and family. Further, despite being highly motivated to provide for their children, young mothers face barriers due to the lack of knowledge and preparation to be parents and the stigma they and their children face in the community and from service providers.

"What is challenging about becoming a mother is feeling guilty about not having a future. Being anxious about my future and the future of my child."

ADOLESCENT MOTHER, KISUMU, KENYA

Young mothers experience violence and abandonment from their partners and families. Economic, emotional, and sexual violence are pervasive problems affecting young mothers in Kenya, Mozambique, and Tanzania. They are often shunned by their families, some are rejected by their partners, and many experience domestic violence. The experience of violence fundamentally violates young mothers' rights. It puts their children in ongoing danger of experiencing violence themselves and witnessing violence against their mothers and threatens their early childhood development.

"First, he forbid me to leave the house, then he beat me a lot. I heard from the older women that this is just the way it is. My husband sometimes gave me money so that helped me. When I got pregnant and told him, he denied it, said that it was from other men."

YOUNG MOTHER, MOZAMBIQUE

Young mothers, and their children, experience discrimination and violence by the systems meant to protect and support them, especially the health and education systems. Young mothers make it painfully clear that school no longer feels like a

welcoming place after they become pregnant. Despite legal protections against discrimination at school, in nearly all conversations, girls talked about hostility from teachers, peers and school systems. Leaving school before they have completed their education compounds their vulnerability, limiting their chances to earn an adequate living and increasing the risk that their children will not receive a good education. In the health setting, young mothers and their children are denied services; are given inadequate health information, especially as it relates to sexual and reproductive health; and are subjected to physical violence by nurses and doctors. With a poor understanding of sexual and reproductive health, along with discriminatory health care, young mothers

have little chance of preventing additional pregnancies and keeping themselves and their children healthy.

“I had to stop going to school because of my belly, it wasn't exactly because they expelled me but because I felt ashamed to be there, to hear the teachers point to me as an example of a person who chose a bad path. I became a little more homely with the arrival of the baby.”

YOUNG MOTHER, MOZAMBIQUE

Excluded from the informal and formal labor force, young mothers have limited opportunity to become financially self-sufficient and provide for their children.

Young mothers have few opportunities to earn money; they most often engage in irregular and inconsistent work such as cleaning clothes or houses, fish mongering, or selling food or porridge. For some, the only option is sexual exploitation. These are all forms of labor that put them at risk of violence. Without access to reliable childcare, livelihood opportunities, and capital, young mothers struggle to find sustainable ways to support themselves and their children. In some contexts, this is compounded by early marriage, which can be a driver or a result of pregnancy.

“I feel like I started a new page to fight for a new life, I have to work hard so I can help my child and I don't have time to go back to school. I want to become a businesswoman selling clothes.”

YOUNG MOTHER, MWANZA, TANZANIA

RECOMMENDATIONS

Listen to young mothers for solutions to the challenges they are facing

Young mothers shared what would have helped during pregnancy and birth and what support they need now from families, communities and governments. Young mothers called for **safe spaces** to be girls, opportunities to be in **community with other mothers**; respectful **health services** for themselves and their children and youth-friendly, comprehensive **sexual and reproductive health and rights** information; educational opportunities for themselves and their children; and opportunities to become financially self-sufficient.

“I feel good to be able to share my issues and challenges and be able to find community in young mothers going through the same issues as me.”

YOUNG MOTHER, MATHARE, KENYA

Figure 2: Holistic Solutions for Young Mothers and their Children

	Informal	Formal
Individual	Support safe spaces to build community with other young mothers and disrupt internalized shame.	Resource young mothers to access health care, education, childcare and livelihoods opportunities.
Systemic	Champion young mothers' efforts to build social capital and leadership and shift culture and social norms around gender-based violence, including early marriage, single motherhood, and young motherhood.	Support advocacy efforts to ensure an enabling policy environment for pregnant and parenting girls to access health care, education, childcare and livelihoods opportunities.

Note. This analytical framework was adapted from Gender at Work.

“Girls should be taught about family planning early to avoid pregnancy. I didn’t get any family planning and I didn’t have much information about pregnancy when I was in school.”

YOUNG MOTHER, TANZANIA

“I wish schools could be nicer. Encourage the girls to continue their studies. They used to badmouth and insult pregnant girls and now they ignore them.”

YOUNG MOTHER, MOZAMBIQUE

“I would love to be supported to start a business, so I don’t keep depending on others, I want to be able to provide for my child.”

YOUNG MOTHER, TANZANIA

This approach looks to young mothers as sources of valuable solutions to the challenges they and their children are facing. Acting on young mothers’ solutions puts power back into the hands of those who are most invested in the health and wellbeing of their children – young mothers.

As a starting framework, funders, policy makers, program designers and other power holders might consider:

- **WHO: Do not overlook younger mothers. They face the most risk, as do their children.**

E.g., Prioritize work that specifically serves adolescent (<18) mothers’ needs for social support, education, livelihood opportunities and health; support work that specifically serves very young adolescents (<15) to help prevent pregnancy and/or support

- **WHAT: Champion efforts to build young mothers’ power and social capital.**

E.g., Support girls and young mothers’ groups, NGOs, projects that integrate empowerment with livelihoods, childcare and SRHR training.

E.g., Resource work led by young mothers that provides opportunities to challenge the systemic harms they face, build their social networks of support and to work collectively to meet their needs.

- **WHEN: Prioritize efforts to meet young mothers’ needs during and after pregnancy.**

E.g., Increase access to affordable high-quality childcare to allow young mothers

to go back to school; develop programs explicitly focused on pregnant and parenting girls.

- **HOW: Support direct service, systems change, and social norm-shifting efforts so young mothers have access to critical services like health, education, and childcare for their children.**

E.g., Contribute to advocacy efforts to ensure pregnant and parenting girls have access to quality and stigma-free education and healthcare, including access to childcare while learning.

E.g., Campaigns targeting patriarchal norms around marriage, pregnancy and men’s and boys’ responsibility as parents.

Gender inequality limits young mothers’ options at every turn. It reduces their access to resources and even shapes how they are taught to think about themselves. As presented in Figure 2, the solutions that young mothers identified would build their social capital, increase access to resources and reduce gender inequality.

CONCLUSION A better future for all

When young mothers and their young children are safe, healthy, connected to their communities and cared for, they are linchpins of families and communities. They are the best chance for their young children to survive, develop and thrive. They are deserving human beings, worthy of respect and rights. Supporting a young mother is making an investment in her future, that of her children, and the future of her community. It is an investment we can’t afford not to make.

REFERENCES

Center for Reproductive Rights. (2013). *Forced Out: Mandatory Pregnancy Testing and the Expulsion of Pregnant Students in Tanzanian Schools*. Retrieved from: <https://reproductiverights.org/forced-out-mandatory-pregnancy-testing-and-the-expulsion-of-pregnant-students-in-tanzanian-schools/>

Gender at Work. (No date). Gender at Work Framework. Retrieved from: <https://genderatwork.org/analytical-framework/>

Jaén-Sánchez, N., González-Azpeitia, G., Saavedra-Santana, P., Saavedra-Sanjuán, E., Manguiza, A., Manwere, N., Carranza-Rodríguez, C., Pérez-Arellano, J.L., Serra-Majem, L. (2020). Adolescent motherhood in Mozambique. Consequences for pregnant women and newborns. *PLoS One*, 15(6).

UN Women. (2022). Facts and figures: Ending violence against women.' [online] Retrieved from: <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures#notes>

UNICEF. (2021). Trends in estimates of maternal mortality ratio (MMR), maternal deaths and lifetime risk of maternal death, 2000–2017. Retrieved from: <https://data.unicef.org/topic/maternal-health/maternal-mortality/>

The World Bank. (2022). Adolescent fertility rate (births per 1,000 women age 15–19) – Kenya, Mozambique, Tanzania. Retrieved from: <https://data.worldbank.org/indicator/SP.ADO.TFRT?locations=KE-MZ-TZ-1W&view=chart>

The World Bank. (2022a). Women who were first married by 18 (% of women ages 20–24) – Kenya, Mozambique, Tanzania. Retrieved from: <https://data.worldbank.org/indicator/SP.M18.2024.FE.ZS?locations=KE-MZ-TZ&view=chart>

The World Bank. (2022b). Proportion of women subjected to physical and/or sexual violence in the last 12 months (% of women age 15–49) – Kenya, Mozambique, Tanzania. Retrieved from: <https://data.worldbank.org/indicator/SG.VAW.1549.ZS?locations=KE-MZ-TZ&view=chart>



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